

Unacceptable Words and Phrases
Fairmont Specialty Limited Medical Insurance

The following are phrases that are not permitted in any form or variation. Any use, or variation, of the following, is required to be submitted, reviewed and approved, in writing, by United States Fire Insurance Company, doing business as Fairmont Specialty, prior to use. Use of any of the following, in any form, without prior written approval from Fairmont will result in termination of agent. If agent is affiliated with an agency, agency may also be terminated.

The following list is subject to change without notice and immediate compliance is required.

Unacceptable Words or Phrases	Explanation
Healthcare Reform	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by Fairmont, in writing, prior to use.
Obama care	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by USF in writing, prior to use.
Comparing USF Limited Medical Insurance to Major Medical or Health Insurance	USF Limited Medical Indemnity Insurance is NOT Major Medical or Health Insurance and is NOT a substitute or replacement for Major Medical or Health Insurance. USF Limited Medical Indemnity Insurance is supplemental and is NOT PPACA compliant.
Comprehensive	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by USF, in writing, prior to use.
Complete or Full Medical	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by USF, in writing, prior to use.
Group Like Benefits or Corporate or Employer Like Benefits	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Terms are not allowed.
Affordable	Objective term, varies by person. Term is not allowed.
Peace of Mind	Objective term, varies by person. Term is not allowed.

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Vital	Objective term, varies by person. Term is not allowed.
Put your mind at ease	Objective term, varies by person. Term is not allowed.
Thorough	Objective term, varies by person. Term is not allowed.
Open enrollment	There is no open enrollment period. Term is not allowed.
No deductible	<ol style="list-style-type: none"> 1. A deductible applies to any USF Accident Medical Expense Benefit 2. Is directly related to Major Medical or Health Insurance and does not apply to USF Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by USF, in writing, prior to use.
No Co-pay	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance which pays a fixed dollar amount for named medical expenses. Phrase is only permitted if explaining the difference between Health Insurance and Limited Medical Indemnity Insurance, potential phrase must be submitted and approved by USF, in writing, prior to use.
No Pre-ex	A 12-month pre-ex applies to any Hospital Admission, Hospital, ICU or CCU, Surgery or Anesthesia Benefits
This coverage is for people with pre-ex	Not true. Term is not allowed.
Association is a non-profit and required to have X% of group with pre-ex	Not true. Term is not allowed.
Maternity covered	Maternity is NOT covered. Term is not allowed.
PPO Plan	Term is not allowed. Any PPO is a member benefit. There is no plan that is a PPO Plan. Association Group Policyholders may contract directly with a PPO provider in an attempt to help their members stretch their medical dollar. Any reference to a PPO network is required to include disclaimer that PPO network is NOT insurance and USF does not provide and is not affiliated with the PPO Network. Potential phrase must be submitted and approved by USF, in writing, prior to use.
Savings of/ or up to X%	Savings are the result of the PPO member benefit. The potential savings available when utilizing a network provider vary significantly nationwide and by type of medical provider. Any reference to "savings" has to include a range of savings from the lowest possible national savings percentage to the highest, referencing only "up to" is not permitted. If Savings is utilized the disclaimer notifying any member or potential member that Savings are the result of a PPO network and is not insurance and not provided by or affiliated with USF. Wording has to be submitted, reviewed and approved by USF prior to use.

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Plan pays or Coverage provided for (up to) X%	Not true. USF Limited Medical Indemnity insurance pays a fixed dollar amount for named medical expenses. Term is not allowed.
X/X plan (i.e. 80/20 plan)	Not true. USF Limited Medical Indemnity insurance pays a fixed dollar amount for named medical expenses. Term is not allowed.
X Covered (i.e. hospital is covered)	Not true. USF Limited Medical Indemnity insurance pays a fixed dollar amount for named medical expenses. Term is not allowed.
Can't send any plan material until after purchase	Not true. Each member or potential member inquiring about USF Limited Medical Insurance is required to be provided material for review in advance of purchase. Member or potential members can be referred to a website or sent material via mail or e-mail. All material, including e-mail content, is required to be submitted to USF for review and written approval prior to use. Term is not allowed.
No rate increase	Not true. Term is not allowed.
Health Insurance	Phrase only permitted if explaining the difference between Health insurance and Limited Medical Indemnity Insurance. Potential phrase must be submitted and approved by USF, in writing, prior to use.
Hospitalization	Is a reference to Major Medical or Health Insurance. Phrase only permitted if explaining the difference between Health insurance and Limited Medical Indemnity Insurance. Potential phrase must be submitted and approved by USF, in writing, prior to use.
Bonus	There is no bonus. Term is not allowed.
After being covered for X months can switch to major medical	Not true. Term is not allowed.
Enroll today/now/etc to avoid rate increase/to lock in rate	Not true. Term is not allowed.
No rate increase for X (weeks, months years)	Not true. Term is not allowed.
Premium won't increase more than X%.	Not true. Term is not allowed.
Creditable Coverage	Is directly related to Major Medical or Health Insurance and does not apply to Limited Medical Indemnity Insurance, which pays a fixed dollar amount for named medical expenses. USF Limited Medical Indemnity Insurance is NOT creditable coverage.

I hereby acknowledge that I have read and understand that the phrases outlined, in any form, are not permitted when representing United State Fire Insurance Company Limited Medical Indemnity Insurance.

Agent Name: _____

Agent Signature: _____ Date: _____

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I hereby acknowledge that agent _____ has read and acknowledged his understanding that the phrases outlined, in any form, are not permitted when representing United States Fire Insurance Company Limited Medical Indemnity Insurance.

Agency: _____

Agency Representative: _____

Date: _____