



National General Accident & Health Agent Sales Guide

For agent use only. Not for distribution to consumers.
National General Accident and Health markets products underwritten by
National Health Insurance Company, Time Insurance Company, Integon National
Insurance Company, and Integon Indemnity Corporation.

National General 
Accident & Health

Thank you for your interest in National General Accident & Health

We are committed to your success and will make every effort to provide you with the products and resources you need, so you can focus on helping your customers and grow your business.

Our broad portfolio of products gives you the opportunity to sell all year long. With solutions in nearly every state, you have the opportunity to meet more needs of more customers, no matter where you choose to focus your business.

- ✓ **Short Term Medical & New Enhanced Short Term Medical**
- ✓ **National General Access**
Fixed-benefit medical
- ✓ **National General Foundation Health**
Fixed-benefit medical
- ✓ **National General Foundation Health Enhanced**
Fixed-benefit medical
- ✓ **Accident Fixed-Benefit**
- ✓ **AcciMED**
Accident Medical Expense and Accidental Death and Dismemberment
- ✓ **Cancer and Heart/Stroke**
- ✓ **Critical Illness - Term Life**
- ✓ **Term Life Insurance**
- ✓ **Dental Indemnity Insurance**
- ✓ **Dental PPO Insurance**
- ✓ **Hospital Expense Protection**
- ✓ **Medicare Supplement Insurance***
- ✓ **Plan Enhancer**
Accident Medical Expense (AME) only; or AME plus riders for Sickness Hospitalization and Cancer and Heart/Stroke
- ✓ **Short Term Care**
- ✓ **TrioMED**
Accident Medical Expense, Critical Illness and Accidental Death and Dismemberment
- ✓ **VitalGuard**
Accidental Death and Dismemberment

It's important to remember these products pay limited benefits; they do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

This guide is your sales planning tool — it contains useful information to help you help your clients through the purchase process.

Not all products are available in all states.

* For more information about Medicare Supplement Insurance, visit ngah.triadtpa.com.

Why work with us?

National General Accident & Health is a one-stop solution



Industry-leading technology & sales platforms with simplified sales solutions for every consumer segment.



Competitive product portfolio of supplemental, short-term, fixed-benefit medical, and dental coverage options.



Our entire portfolio of short term and supplemental insurance can be sold year-round.

Why sell Short Term Medical insurance?



Short Term Medical insurance is our core product. It's a great fit for customers who:

- » Missed Open Enrollment.
- » Are between jobs.
- » Are waiting for new employee benefits to kick in.
- » Don't have the budget for major medical plans.
- » Don't want to pay for benefits they don't need.
- » Are waiting for Medicare.

Short Term Medical insurance is not subject to Open Enrollment time lines. You can sell the policies all year long — whenever your clients need them. With a wide variety of deductible and coinsurance levels, access to two different networks, renewable and consecutive policy options, and standard and guaranteed-issue policies, National General offers a Short Term Medical solution to meet the benefit and budget needs of your clients.

The Short Term Medical plans from National General Accident & Health offer four different options to meet the benefit and budget needs of your clients. With client-first features like rate transparency for consecutive plans, no waiting period on preventive and accidents, and next-day effective dates, these Short Term Medical plans are attractive solutions to the clients who need them the most.

Short Term Medical Products

New Enhanced Short Term Medical

Available in: AL, AR, AZ, FL, GA, IA, ID, IL, IN, KY, LA, MI, MS, MT, NE, NV, OH, OK, SC, TX, UT, VA, WI, WV, WY.

TX and IL plans are passive PPO plans with no cost differentials for out-of-network services.

Here's a quick breakdown of key features and benefits of our enhanced Short Term Medical plans:

- Office visits – Standard with all plans with copay options available.
- Prescription drug options – \$10 copay on generics with Copay Enhanced PPO plan; pharmacy discount card with all other plans.
- Flexible coverage periods – Durations from 30 days up to 3 years, with renewal options in some states.
- Next-day effective dates – Benefits for injuries and preventive care right away, with sickness benefits after 7 days.*
- Two network options for enhanced Short Term Medical plans, Aetna Open Choice® PPO Network and Cigna PPO Network – Clients have access to thousands of high-quality physicians and facilities. (Varies by state. [See state grids for availability.](#))
- Essentials,** Enhanced, and Copay Enhanced plans – Clients choose a deductible and coinsurance option to meet their needs and budget. Each plan has customized options for services and screenings. ([See plan brochures for details.](#))
- Renewable and consecutive plan options – Clients gain flexibility and save time by purchasing multiple plans with one application, or setting up renewal plan options to extend coverage for up to 3 full years. (Varies by state. [See state grids for availability.](#))
- Our enhanced STM plans require a completed health questionnaire.

*The 7-day wait on sickness is waived if the application sign date is more than 7 days from effective date. Preventive visits and accidents have no waiting period.

**Essentials Level plans are not available with the Cigna PPO network. Plan availability varies by state, please refer to the product brochure or quoting for state specific product options.

Short Term Medical

Available in: DC, KS, MD, MO, NC, ND, OR, SD, TN.

Our Short Term Medical coverage provides protection from a variety of medical expenses, including doctor visits, urgent care, ambulance service, and more.

- Aetna Open Choice® PPO Network, with the same benefit in or out-of-network but more savings when they use in-network.
- Multiple plan designs make it easy to fit the right plan to every client
- Consecutive plans are available in some states. ([See state grids for availability.](#))

Guaranteed Issue Short Term Medical | Aetna PPO Network

Available in: AL, AR, AZ, FL, GA, ID, IL, KS, KY, LA, MI, MO, MT, ND, NE, NV, OH, SC, SD, TX, UT, VA, WI, WV, WY.¹

Our Guaranteed Issue PPO plan is a great alternative for clients who may not be eligible for our standard issue plans. Clients are guaranteed eligibility and there's no health questionnaire to fill out. This plan offers two plan deductible levels and many of the same benefits as our other plans.

¹ Guaranteed Issue is not available with the Cigna PPO Network

Fixed-Benefit Medical Products

Fixed-benefit plans offer members an affordable and predictable way to get the health care they need. The plans pay out set dollar amounts when members receive covered health care services, regardless of where the care is received or how much the provider charges. Members are responsible for the difference between the cost of treatment and the plan benefit payment.

All National General fixed-benefit products include benefits for:

- Doctor's office visits.
- Hospital confinement and admission.
- Inpatient and outpatient surgery.
- Diagnostic tests, X-rays, and laboratory benefits.
- Ground and air ambulance.
- Emergency room visits.*
- Access to the First Health network of providers, with in-network discounts to help members stretch their benefits further.
- Access to telemedicine services, a prescription savings card, vitamins, and more with L.I.F.E. Association membership.
- Guaranteed renewability – no need to reapply every year.
- Benefits are non-coordinated – the plans pay the full benefit amount regardless of other coverage.

National General Foundation Health | Available in: IN, NM, OH, RI.

This is our simplest version of a fixed-benefit medical plan.

National General Foundation Health includes all of the features above:

- Three levels of benefits: Level 1, Level 2, and Level 3.

National General Foundation Health Enhanced | Available in: ID, MO, NV, PA.

National General Foundation Health Enhanced offers benefits similar to National General Foundation Health, with a few additions and enhancements. Here are some unique features of the plan:

- Three levels of benefits: Level A, Level B, and Level C.
- Additional doctor's office visits – 4 days per year with all plans.
- Preventive office visit benefits with all plans.
- ICU benefits, up to 30 days per plan year.
- Additional benefits for diagnostic tests, X-rays and laboratory tests.
- Skilled nursing care — up to 30 days per year for Level B and Level C.

National General Access

Available in: AL, AR, AZ, CO, DC, FL, GA, IA, IL, KY, LA, ME, MI, MS, NC, NE, OK, SC, SD, TN, TX, VA, WI, WV, WY.

National General Access is a new fixed-benefit medical plan that provides members access to basic and emergency care, and cash to help them pay for it.

National General Access offers many of the same benefits as other fixed-benefit plans, with some significant additions. Here are a few unique features of the plan:

- Three benefit levels: Value, Fundamentals, and Enhanced.
- Additional doctor's office visits in years 2 and 3 of the plan.*
- Guaranteed Issue option.
- Benefits for urgent care facility visits.*
- Separate sickness and injury daily hospital confinement benefits, with increasing benefits in years 2 and 3 of the plan.
- Two tiers of benefits for inpatient surgery and anesthesia, plus health care practitioner visits.

Benefits and availability vary by state.

Why supplemental?

Many customers get stuck with high-deductible, comprehensive health plans that force them to pay large amounts of health care expenses out-of-pocket. Supplemental coverage helps them bridge the gap. Customers can use the cash benefits in any way they need.

Supplemental plans also complement any of our STM plans. Clients can keep their premiums down by choosing a Short Term Medical plan with a higher deductible and adding a supplemental plan to get broader coverage and protection from out-of-pocket costs.



60% of Americans don't have enough savings to cover a \$1,000 emergency*

Why Dental?

Everybody needs dental care. Increase your sales opportunities by adding National General Accident & Health Dental Insurance to your portfolio.

There are two options to choose from to help you fit the needs of more customers.

Dental PPO: with three different benefit levels to choose from and access to the Careington Maximum Care Dental Network.

Dental Indemnity with an optional network savings card: pays cash benefits to help make dental care more affordable and provides the option to add the Maximum Care Discount network savings card for more savings on both dental and vision services.



85% of Americans believe that oral health is very or extremely important to their overall health**

Why Medicare Supplement?

Unexpected medical costs can put a strain on anyone's savings. But a Medicare Supplemental plan offers protection against out-of-pocket costs for the expenses Medicare Parts A and B may not cover. Customers can plan with confidence knowing their savings are safe from the out-of-pocket costs that often come with medical care. Your best Medicare Supplement prospects are already in your book of business, so you can get started quickly with the clients you have. A simplified process for quoting and submission means you can turn new applicants around fast and keep earning.

* Source: <https://www.bankrate.com/banking/savings/financial-security-january-2019/>

** Source: <https://www.ada.org/en/publications/ada-news/2018-archive/march/survey-more-americans-want-to-visit-the-dentist>

Agent Appointments

National General Accident & Health markets products are underwritten by National Health Insurance Company (NHIC), Integon National Insurance Company (INIC), Integon Indemnity Corporation (IIC), and Time Insurance Company (TIC).

Once you receive your initial appointment with us, we follow a “Just-in-Time” appointment process, except in states that require pre-appointment. Whenever you submit business for the first time in a new state, we will automatically submit a request for appointment within the time frame required by that state.

As appointments are processed, you will receive an email notification confirming your appointment in a particular state. If you sell in multiple states, you will receive an email each time you become actively appointed in a state.

In order to solicit our products, you must first complete an online application:

- » Your Sales Representative will provide you with a personalized link, or you can call 888-376-3300.
- » Applications are accepted electronically.
- » If you hold active licenses in pre-appointment states at the time of your registration, the company will submit a request to the state for appointment. Pre-appointment states will remain blocked until your appointment confirmation has been received for those states.

Agent Back Office

Log in at <https://ngahagents.ngic.com>

Agent Back Office is our online portal that’s available to help you manage your National General Accident & Health book of business. You can view production and policy status for all product sales.

Register using the link found in your Appointment Welcome email.

Once logged in you can:

- » View production and policy status.
- » View customer contact information and policy details.
- » Access Help documents, such as Agent Product Guide, State Variations, and the Product Availability grid.
- » View all customer policies under one hierarchy.
- » Use multiple sorting options for simple viewing and exporting of data.
- » Easily export all production to .csv file.

List Bill on Agent Back Office

Our Agent Back Office allows you easy access to all your List Bill Account invitations. There are no more paper applications to fill out, and you can see all your List Bill activity all in one place. Our new online application replaces the paper process and is easy to use. You can send an application directly to your clients for easy access. You can also check ABO for status, approvals, and more.

For more information and instructions for getting started, visit the [Agent Back Office portal](#).

Commissions

You access your commission statements in two different systems. All commissions are paid via ACH.

For products underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: NGIS.
- » Enter your user name: your NPN.
- » Enter your password: Last 6 digits of SSN or TIN.

For products underwritten by Time Insurance Company

Go to <https://insuranceservices.actmanre.com/NationalGeneral/default> and then:

- » Register using the code that was sent to you in a Welcome email from AMR: NoReply@actmanre.com.
- » Once registered, you will have access to view your TIC commission statements.

To access statements as an HST Agent:

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: HST.
- » Enter user ID: First name initial, last name initial and last four digits of your SSN.
- » Enter your password: Last 6 digits of your SSN/TIN.

To access statements as an AHCP Agent:

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: AHCPAGENCY.
- » Enter user ID: First/Last initial and last four digits of SSN.
- » Enter your password: Last 6 digits of SSN/TIN.

Increase your income

With commission rates dropping on most major medical sales, you need a way to make sure your income stays strong. Add our limited-medical, short term, and supplemental coverage plans to your portfolio and help customers get more coverage while you increase your earnings.

NOTE: For consecutive and renewals, agents must have an active license at time of coverage in order to receive renewal commissions.

NOTE: If you assign commissions to your agency, then you should log in with your Agency's NPN and the last 6 numbers of TIN to view commission statements.

NOTE: Agents must be licensed in a state in order to collect commissions in that state.

LIST BILL: Commissions are not paid until premium has been collected. Premium is collected on the 15th of the month.

Underwriting and Marketing

Products underwritten by National Health Insurance Company include:

- Accident Fixed-Benefit
- AcciMED
- Cancer and Heart/Stroke
- Dental Indemnity
- Dental PPO
- Hospital Expense Protection
- Medicare Supplement Insurance
- National General Access
- National General Foundation Health
- National General Foundation Health Enhanced
- Plan Enhancer
- Short Term Care
- Short Term Medical
- Term Life - Critical Illness
- Term Life Insurance
- TrioMED

Products underwritten by Time Insurance Company include:

- Critical Illness - Term Life
- Dental Indemnity

National General Accident & Health Advertising, Promotions, and Marketing Policy

National General Accident & Health is committed to assuring that advertising and sales promotion materials for NatGen products are clear as to the purpose, and truthful and fair as to the content and presentation.

To ensure advertising, promotion, and marketing clarity for any advertising materials, whether created by our home office staff or by other marketers, you must have written approval from National General Accident & Health's Legal and Compliance and Marketing Departments prior to use.

Always refer to your agent agreement for details regarding advertising best practices and work with your NatGen sales representative to acquire all appropriate approvals.

Ready-to-use Marketing Materials

Marketing materials and product brochures can be found on our carrier website <https://natgenhealth.com/marketing-materials.php>.



Exceptions:

- » In the state of Florida, these products are underwritten by Integon Indemnity Corporation.
- » In the states of Colorado, Connecticut, and New York, these products are underwritten by Integon National Insurance Company.

Note: Please see our Product Availability Grid www.natgenhealth.com for a complete look at where our products can be sold.

Quoting and Enrolling

You can quote our products and complete the enrollment process on our online quoting platform NatGen Coverage Builder. Register at <https://quote.nationalgeneral.com/Quotit/Apps/NatgenUsersSetup>.

Product effective dates and policy issue requirements



























All products are subject to pre-existing condition limitations and exclusions, and/or first-ever diagnosis.

 Requires Health Questionnaire

 Guaranteed issue

Products feature next-day effective dates for any day of the month.*

* When using the List Bill option, products must have effective dates of the 1st or 15th.

Product	 / 
Short Term Medical Essentials	
Short Term Medical Enhanced	
Short Term Medical Copay Enhanced	
Short Term Medical Standard Issue	
Short Term Medical Guaranteed Issue	
National General Access	
National General Access Guaranteed Issue	
National General Foundation Health	
National General Foundation Health Enhanced	
Accident Fixed-Benefit	
Plan Enhancer with –	
– Accident Medical Expense (AME)	
– AME & Cancer, Heart/Stroke Rider	
– AME & Sickness Hospitalization Rider	
Cancer and Heart/Stroke	
Critical Illness - Term Life	
Dental Indemnity	
Dental PPO	
Hospital Expense Protection	
Term Life	
TrioMED with –	
– \$2,500; \$5,000 and \$10,000 options	
– \$15,000 and \$30,000 critical illness options	
VitalGuard	

Completing Applications on Coverage Builder

How to submit an application

In Coverage Builder you have two options available to you when it comes to submitting your clients' applications.

First, you can work directly with them, face-to-face, and submit the application by clicking the **Enroll Now** button at the bottom of the **Plans in Cart** column on the quoting page.

After you click **Enroll Now**,

- Enter your client's information.
- Answer any health questions with your client.
- Fill out beneficiary information.
- Add a payment method.

Once you finish providing the necessary information, you'll land on a Summary page. Click **Continue** and your applicant will receive an email from Coverage Builder with the Subject: Application Pending Signature.

- » Instruct the applicant to go to their email inbox to open the email.
- » Within the body of the email, ask the applicant to click the link titled **Complete Online Application**.
- » Follow the instructions in quoting. The applicant will need to review, attest to their purchase that includes an authorization for the IntelliScript inquiry, and provide their e-signature prior to the application being submitted.
- » The applicant will land on a Thank You page confirming that their application has been submitted to us for issuance.
- » Upon application approval, your client will receive a Welcome email instructing them to register for MyNatGen.com.

How to email a proposal

To email a proposal, first click the **Create Proposal** button at the bottom of the **Plans in Cart** column at the bottom of the quoting page. Then, click **Email Report** to generate a self-populating email containing the proposal. **Coverage Builder** will generate the proposal and create an email for you to send to your client.

They can view the items in the cart as well as the premiums due. All they have to do to finish the application is click **Check Out** at the bottom of the emailed proposal.

When clients self-enroll, they complete the Application and Billing Authorization as part of the application process. They do not need to complete it again.

For questions or system issues, please call NatGen Coverage Builder Support at 833-870-6137 or email to CoverageBuilderSupport@NGIC.com.

List Bill plans are only allowed to have effective dates on the first of the month.

Premiums are drafted on the 15th of that same month. ACH bank draft is the only accepted method of payment.

Member Eligibility

LEGEND:

P	Primary
S/DP	Spouse / Domestic Partner
DC	Dependent Child

Enrollment age requirements by product

NOTE: For child-only plan submission, please list the youngest applicant as the primary.

Product	Initial enrollment age:			Age coverage ends: ¹		
	P	S/DP	DC ²	P	S/DP	DC ²
Accident Fixed-Benefit	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	70 yrs ³	70 yrs ³	26 yrs
AcciMED	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Cancer and Heart/Stroke	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	75 yrs	75 yrs	26 yrs
Critical Illness - Term Life						
• Critical Illness	18 yrs – 60 yrs	18 yrs – 60 yrs	N/A	65 yrs	65 yrs	N/A
• Term Life	18 yrs – 60 yrs	18 yrs – 60 yrs	N/A	End of term or 85 yrs	End of term or 85 yrs	N/A
Dental Indemnity	Birth – 94 yrs	14 yrs – 94 yrs	Birth – 24 yrs	94 yrs	94 yrs	24 yrs
Dental PPO	18 yrs – 74 yrs	18 yrs – 74 yrs	Birth – 25 yrs	85 yrs	85 yrs	26 yrs
Hospital Expense Protection	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
National General Access	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
National General Foundation Health	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
National General Foundation Health Enhanced	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
Plan Enhancer <i>Accident Medical Expense only</i>	Birth – 64 yrs ⁴	14 yrs – 64 yrs	Birth – 25 yrs ⁵	75 yrs	75 yrs	26 yrs
Plan Enhancer <i>With Accident Medical Expense and optional Cancer and Heart/Stroke and Sickness Hospitalization riders</i>	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	75 yrs	75 yrs	26 yrs
Short Term Medical - All plan options	60 days – 64 yrs and 10 months	14 yrs – 64 yrs and 10 months	60 days – 25 yrs	65 yrs	65 yrs	26 yrs
Term Life Only	18 yrs – 64 yrs	18 yrs – 64 yrs	N/A	End of term or 85 yrs	End of term or 85 yrs	N/A
TrioMED						
• Accident Medical Expense	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	65 yrs	65 yrs	26 yrs
• Critical Illness	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	70 yrs	70 yrs	26 yrs
VitalGuard	18 yrs – 64 yrs	18 yrs – 64 yrs	Birth – 25 yrs	70 yrs	70 yrs	26 yrs

Note: “–” means “through”

All applicants must legally reside in the United States.

1. Members must call member services to have dependents removed when they reach the age coverage ends | 2. In IL, Dependent Child age is through age 29.

3. Coverage ends at age 65 in: FL, GA, ID, MA, OH, and VA. | 4. 18 yrs - 64 yrs in CA, CO, DC, GA, KS, TN and VA. | 5. No Child-Only in: GA, KS, CA, CO, TN, VA and DC.

L.I.F.E. Association

Memberships

Many products are issued on an Association Contract and are only available through a LIFE Association Membership.

- LIFE Association Memberships vary by product:
 - » Short Term Medical, National General Foundation Health, National General Foundation Health Enhanced, and Hospital Expense Protection are available through the Prime/Sterling levels.
 - » Dental PPO is available through the Select level.
 - » TrioMED and AcciMED are available through the Preferred level.
- LIFE Association Memberships are always billed separately from the insurance premium, except when sold with TrioMED when the membership fees are billed with the insurance premium.
- Memberships continue after the insurance policy terminates. Memberships must be canceled separately by calling our member services team. If the member has other products that were purchased through the Association membership they must keep an active membership.
- LIFE Association memberships are also available as stand-alone products.
Call 888-781-0585 for more information.

*LIFE Association Memberships are optional in:
Colorado, Connecticut, Maryland, Missouri, New Mexico,
Oregon, and South Dakota.*

*LIFE Association Memberships are not available in:
Iowa, Kansas, Maine, Montana, Utah, or Wisconsin.*

LIFE Association is a not-for-profit, members-only organization which provides you with lifestyle-related benefits and discounts.

LIFE Association Membership benefits may vary by state.

Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.



Duplicate Coverage — Accident/Critical Illness/Dental

When applying for coverage, customers have the ability to purchase multiple accident, critical illness, and/or dental products in separate transactions. This duplicate coverage may be intentional or unintentional. In some cases, the member can keep the duplicate coverage if desired. Upon submission of a claim when duplicate coverage exists, the claim is submitted on each policy for review.

NOTE: Our Third Party Administrator (TPA) proactively notifies National General when duplicate accident coverage is identified.

If the member requests to cancel the duplicate policy, it is acceptable to cancel as of the effective date of the policy.

Inform the member they will receive a full refund, less any claims payments. If the member states they had a claim during the life of the policy, we can cancel the duplicate policy as of the next paid to date following the date of the claim.



Submitting List Bill applications

Once an account is set up, you are provided a List Bill ID number. This number will be required in the shopping cart within the Coverage Builder tool.

- » In the Shopping Cart, check “Include List Bill ID” to start the List Bill payment process.
 - » Click the “Enroll Now” button.
 - » An overlay will appear, showing the products eligible for List Bill. Manually enter the List Bill ID.
 - » Click “Continue”.
 - » In the next overlay, enter the primary applicant’s email address.
 - » Click “OK”.
- From there, all you have to do is submit the applications and the rest is handled by us.
 - » Please note, this option is not available with the “Create a Proposal” option.

Your clients can access ID cards and their policy documents at MyNatGen.com.

Billing

Initial premium and LIFE Membership dues are drafted upon submission of the application, regardless of the plan’s effective date.

Available payment methods include:

- ACH Bank Draft
- Credit Card (*Visa, Mastercard, or Discover*)

Cash and checks are not accepted forms of payment.

Subsequent Payments

- 1. Subsequent premium payments will be withdrawn monthly** from the customer’s account approximately five business days prior to each plan’s corresponding effective day.
 - » For example: If the applicant requests an effective date of Jan. 15, 2019, the subsequent withdrawal dates will be Feb. 10, 2019, Mar. 10, 2019, Apr. 10, 2019, and so on.
- 2. If your client selected the Single Pay option for Short Term Medical**, the full term’s premium will be drafted at time of submission of application, regardless of the plan’s effective date.
- 3. If the Single Pay option is selected for Short Term Medical renewals**, one-time payments will be drafted for each renewal term.

Charges on clients’ bank statements will appear as:

- » TIC Products and NHIC Products - NGIC 888-781-0585.
- » TIC Products [sold prior to 9/15/16] - NATIONAL GENERAL 866-387-0484 NY.

Charges on clients’ credit card statements will appear as:

National General
888-781-0585

Policy lapses

First payment must be received within 5 days or the plan will not bind. Members are given a 31-day grace period on subsequent payments. The grace period begins the day after the plan's premium due date and ends 31 days after the due date. If payment is not received within the grace period, coverage will be canceled.

Failed billing attempts on subsequent payments

Failed credit card draft: National General will attempt to draft again every Friday for the duration of the grace period of 31 days.

- » If we are still unable to process payment, coverage will be canceled back to the last paid-through date.

Failed ACH draft: The client must call Member Services to provide valid billing information.

- » If we do not receive valid billing information, coverage will be canceled back to the last paid-through date.

Customer notifications

- » When payments are declined, National General will notify the insured via email.
- » The agent of record is CC'd on the email communication.

Policy cancellation notice requirements:

Members should call to cancel their plans. Once we receive notice, we will cancel as of their paid-to date for that coverage period.

For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

Remind your clients:

If you sell our plans with other carriers' plans, your customers must call us directly to cancel National General Accident & Health plans.

STM Single Payment Cancellation Request Guideline

Single payment option allows the flexibility for a policyholder to purchase the exact number of days of coverage needed. All single payment STM plans are paid in full at the time of application.

Single payment policies that are paid in full, in all states, are eligible to be canceled at any time with a pro-rated refund.

What to expect after the sale

ID Cards

Short Term Medical, Dental PPO, Dental Indemnity, Medicare Supplement, National General Access, National General Foundation Health, and National General Foundation Health Enhanced Plans:

Your client will have access to their ID cards on MyNatGen.com.

- » Temporary ID cards are available right away; and copies of permanent ID cards are posted within 4 business days of issuance. Either can be downloaded and used until the permanent ID cards arrive in the mail.
- » Permanent ID cards should arrive in the mail in about five to seven business days from the time of submission.

NOTE: This is your client's Medical ID card. Remind your clients to always present their Medical ID card when visiting the doctor.

Policy fulfillment

During the application process, providing your client's email address means that your client agrees to receive their policy, and/or certificate of issuance, and other correspondence electronically. If the applicant prefers to have the policy mailed, please call us at 888-781-0585. If paper delivery is requested, policy packets will arrive via USPS within seven business days from time of request.

NOTE: All other plan administration correspondence will be sent to the email address provided at time of application.

Email Requirements

- » All applicants are required to provide a valid email at time of application. If your client does not have an active email address they cannot apply for coverage with us.
- » In these instances, we recommend your clients create an email address with a valid email service provider. It's important to provide a valid email address. All customer communications are sent to the email address provided on the application.

Your client can access their policy documents on MyNatGen.com 24 to 48 hours after their signature is submitted.

All active members, whether or not they choose electronic delivery, will have access to view their policy documents at MyNatGen.com.

The convenience of electronic documents

- » Policy documents are accessible whenever customers need them.
- » Customers can view them at their convenience.
- » They can save and print them based on their needs.

L.I.F.E. Association Membership

For plans sold through LIFE Association, about five days following the plan's effective date, your client will receive an email from memberservices@nhicadmin.com with a membership-specific URL. This email includes information regarding how to access the LIFE website and includes copies of their LIFE Membership cards.

Please note, LIFE Association membership programs and services vary by state and membership level. Not all programs and services are available to all members or in all states. If your clients have questions about their LIFE membership, they should call the number on their LIFE Membership card.

The link provided in the email is also where your clients will go to register for Telemed for LIFE, WellCard Savings card and get access to LIFE Association member programs and discounts.

NOTE: Applicants will need to wait 48 hours from the time of submission before they can log in to register for LIFE association programs.

Registering for Telemed for LIFE

- Members should log on to the website listed on their Member ID card and complete a Member Profile.
- Members may then **call 866-500-7065** to schedule a consultation with a state-licensed, fully credentialed doctor.

Registering for WellCard Savings card

- Clients should click on the WellCard Savings card image on the LIFE home page.
 - » Then, they must complete the online registration form.
- Upon registration, an email will be sent from WellCard Savings.
 - » The email includes the WellCard member cards.
 - » The WellCard Savings member cards must be presented at participating pharmacies to receive the discounted pricing.

This plan is NOT insurance. It is a discount medical program. Payment must be made at time of service. This program is powered by Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard <http://www.accessonedmpo.com/>). Void where prohibited by law.

NOTE: The Association membership will not terminate when the policy terminates. Remind clients that they must call to cancel their LIFE membership if they no longer want it after their policy termination and/or expiration date.

Retention Department

Our Retention Department helps you retain your business

Sometimes, whether or not a client decides to keep their plan is out of your control. Luckily, our Retention Department is here to help.

When a client calls in to cancel, our team spends time with the client reinforcing the value of their NatGen plan. We look to keep your business on the books longer and keep your business going strong.

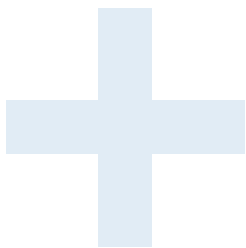
Our Retention Department:

- » Utilizes highly trained and licensed agents.
- » Offers their expansive knowledge of systems and processes to help your clients find providers, add and remove members, and make the most out of their benefits.

The Retention Department also handles ShortTerm Medical rewrites and rewrites for all other supplemental products.

When our Retention Department works with your client:

- » You remain the Agent of record.
- » You earn your full commissions.
- » You get more time to keep growing your book of business.



Policy Administration

Member Portal: MyNatGen.com

After your client has registered on www.MyNatGen.com, your client will have access to the Member Portal to:

- » View or download all policy documents and correspondences.
- » Print their ID cards for Short Term Medical, Dental, National General Foundation Health, and National General Foundation Health Enhanced plans.
- » Get answers to frequently asked questions.
- » Locate a provider, if applicable to the plan your client purchased.

List Bill Member Portal: ListBill.MyNatGen.com

After your client has been approved for a List Bill Account, your client will have access to the List Bill Member Portal to:

- » Update or enter new banking or credit card information.
- » View payment history and monthly invoices.
- » View current monthly payment status.
- » View their list of members, their selected insurance products, and the monthly premiums.
- » View their List Bill Account Agreement.

Premium changes

If National General makes any changes to a customer's monthly premium amount, the customer will be notified of the new amount and the reason for the change. Email notifications are sent to the email address on record.

Policy cancellations

Supplemental Policies can be canceled in the first 30 days for a full refund.

Short Term Medical policies can be canceled in the first 10 days for a full refund.

If a member calls to cancel their plan after the free look period, we will cancel as of their paid-to date for that coverage period. For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

Important Information: If members have more than one policy with us and/or a LIFE Association Membership, they must cancel each plan individually or be specific about which plan(s) they want to cancel. We are not responsible for canceling coverage that was not issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation.

Rules for adding and removing dependents

Product	Adding Dependents	Removing Dependents
Short Term Medical	New members must apply for their own policy	Removal of dependents is allowed
Short Term Medical PPO	Spouse or dependent child can be added at time of renewal	Removal of dependents is allowed
National General Access	New members must apply for their own policy	Removal of dependents is allowed
National General Foundation Health	New members must apply for their own policy or on a consecutive plan option for the second policy	Removal of dependents is allowed
National General Foundation Health Enhanced	New members must apply for their own policy	Removal of dependents is allowed
Dental PPO, Dental Indemnity, Accident Medical Expense, Accident Fixed-Benefit, Cancer and Heart/Stroke	New members must apply for their own policy	Removal of dependents is allowed
TrioMED/AcciMED	New members must apply for their own policy	Primary must reapply for coverage to include all requested dependents

Adding a Newborn or Adopted Child to Short Term Medical, National General Access, National General Foundation Health, National General Foundation Health Enhanced, Hospital Expense Protection, and Plan Enhancer with Sickness Hospitalization plans

For most products, the Primary Insured or Covered Spouse can request to have a Newborn or Adopted Child added to the policy by contacting member services. The Primary Insured or Covered Spouse will be required to answer newborn eligibility questions. Members have 31 days from date of birth or adoption to request the dependent be added to the policy. (Agents cannot add a Newborn or Adopted Child on behalf of the member.)

NOTE: All applicants are required to answer the following question during the initial enrollment process:

- » Are you or any applicant now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?

Upon receiving a request to add a Newborn or Adopted Child, customers may be asked the following questions:

- » When did you find out that you were pregnant or an expectant father?
- » What anticipated due date were you provided by the physician?

The Newborn child will be added to the policy, however, claims may be held for review based upon the child's birth date relative to your policy effective date.

If it's found the applicant was pregnant or an expectant father at the time in which the applicant applied, the newborn won't be added and there is a possibility that the primary insured may be removed from the policy, back to the initial effective date.

Dependent Information

Parents must complete and submit a standard HIPAA form to us or our TPAs prior to releasing any medical information.

1. Head to www.natgenhealth.com.
2. Click on the Existing Members tab.
3. Select File a Claim from the drop-down menu.
4. On the Claims page, click the Claim Forms button in the All Other Plans area.
5. On the Policy Documents page, select HIPAA Authorization from the Member Forms drop-down menu and click to download.

Outline of coverage guidelines

Some states have a legal requirement to provide the state-approved Outline of Coverage to the applicant at the point of sale. It is the agent's responsibility to make sure the applicant is provided with the Outline of Coverage, when required.

The Coverage Builder platform provides a link to the Outline of Coverage allowing the agent to email the document to the applicant.

Product	States in which agents must provide an outline of coverage to the applicant at point of sale
Accident Fixed-Benefit	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Hawaii, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin, and Wyoming
Cancer and Heart/Stroke	Alaska, Arizona, Arkansas, Illinois, Iowa, Kansas, Louisiana, Montana, Nevada, Oklahoma, Oregon, South Carolina, Texas, West Virginia, Wisconsin, and Wyoming
Dental Indemnity	Alabama, Arizona, California, Connecticut, Florida, Georgia, Illinois, Iowa, and Pennsylvania
Dental PPO	Georgia, Idaho, Illinois, Massachusetts, and Missouri
Plan Enhancer: AME Only and AME with Optional Rider(s)	Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Iowa, Illinois, Kansas, Louisiana, Maine, Michigan, Montana, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, Tennessee, Utah, West Virginia, Wisconsin, and Wyoming
National General Access	Iowa, Illinois, Kentucky
National General Foundation Health, National General Foundation Health Enhanced, and Hospital Expense Protection	Idaho, Iowa, Illinois, Kentucky
Short Term Medical	Kansas
Short Term Medical PPO	Kentucky, Louisiana, Montana, Wisconsin, and West Virginia
Critical Illness - Term Life TrioMED AcciMED Vital Guard	Not required

Replacement Guidelines

If existing accident & health coverage must be replaced, the following states require that a replacement form be completed and submitted with the application. A copy of the completed replacement form should be left with the applicant. It is your responsibility to provide the form to the applicant.

A copy of the completed replacement form should be completed by the applicant and mailed to us. NatGen Coverage Builder provides a link to the Replacement Notice allowing you to email the document to the applicant.

Product	Replacement form States
Accident Fixed-Benefit	Iowa, Maine, Rhode Island, Utah, and West Virginia
Cancer and Heart/Stroke	Arkansas, Colorado, Illinois, Iowa, Kansas, Oklahoma, Oregon, South Carolina, Texas, West Virginia, Wisconsin, and Wyoming
Critical Illness - Term Life	No replacement is allowed
Dental Indemnity	Arkansas, Connecticut, Florida, Illinois, Iowa, Pennsylvania, and Texas
Plan Enhancer: AME Only and AME with Optional Rider(s)	Arkansas, Colorado, Delaware, Illinois, Iowa, Maine, Oklahoma, South Carolina, West Virginia, and Wisconsin
Short Term Medical	Utah
AcciMED, TrioMED, VitalGuard, National General Foundation Health, National General Foundation Health Enhanced, Hospital Expense Protection, and Dental PPO	No replacement forms required

Claims

It may take up to a week to process new policies into the claims systems

Agents will have access to information such as the claims status and, if applicable, the claims paid date by calling the claims' Third Party Administrators (TPAs). Please note, certain information about your client's claim is protected by law.

Supplemental Claims

Supplemental claims payments are generally made to the policyholder to help offset the cost of services or events in their lives. For your customer to receive claim payments, they will have to submit a completed claim form with all required information. Additional information may be needed depending on each individual case. Failing to submit all of the needed information will result in a delay in the claims processing.

Claims may be pended for investigation as to whether the pre-existing exclusion applies and/or whether the policyholder made material misrepresentations at the time of application.

Accident Fixed-Benefit Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, many of the benefits require treatment within 30 days of the accident. Since this product has many recovery benefits, the customer may send in multiple claim forms related to the original accident. This will ensure the process is started immediately and also enable the customer to begin receiving the cash benefits as quickly as possible.

Plan Enhancer Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, benefits require treatment within 30 days of the accident. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form.

Plan Enhancer: Sickness Hospitalization (SIP) rider claims

Please make sure your customer begins the claims process right after discharge from the Inpatient Hospital Admission or it may impact the payment of their claims. Remember, the SIP rider only pays benefits for inpatient hospital admission due to a sickness as defined in the policy. To submit a claim on the SIP rider, customers should send the itemized bill, including the diagnosis and procedure codes from the facility, along with a completed Sickness Hospitalization claim form. Additional information may be required in some cases.

Cancer and Heart/Stroke Claims

For a Cancer and Heart/Stroke claim, the customer and physician will need to complete the Critical Illness claim form and provide medical details. Additional information may be requested by us depending on each individual case. Use this form for both Cancer and Heart/Stroke policies and Plan Enhancer's Cancer and Heart/Stroke rider.

Critical Illness -Term Life and Term Life Insurance Claims

The critical illness benefits are coupled with a life insurance policy. Therefore, there are two possible types of claims for this product. For a life claim, we will need a certified copy of the death certificate accompanying the Loss of Life claim form. For a critical illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records. Additional information may be requested depending on each individual case.

Dental Indemnity and PPO Claims

Dental claims can be paid to the provider, and most often are, if the dental office and the policyholder agree to assign benefits. When dental benefits are assigned to the dentist, the dental office will submit the claim and payment will be made directly to the provider.

NOTE: *If the customer prefers to receive the benefits directly, or the dental office does not accept an assignment of benefits, they can submit the bill or statement from the dentist, including the procedure codes and other pertinent details about the treatment. Also, the customer must include the policy number, the name of the Primary Insured and the name of the Insured treated. The address for submission of the claim can be found on the back of their ID card.*

Hospital Expense Protection

The Hospital Expense Protection plan is a supplemental limited-medical plan with benefits for inpatient hospital admissions and other medical expenses depending on the level of coverage selected. Hospital Expense Protection claims are paid directly to the policyholder. The policyholder is required to submit the Fixed-Benefit Medical claim form and follow the directions to get the claim processed. These benefits will be paid to the insured and are not dependent on other coverage the person may have. Please instruct your client to submit these claims as soon as possible after receiving services. The contract requires the claim to be submitted within 90 days of the covered loss.

National General Foundation Health, National General Foundation Health Enhanced, and National General Access

National General Foundation Health (NGFH), National General Foundation Health Enhanced (NGFHE) and National General Access (NGA) are limited-medical plans with fixed benefits for office visits, labs, outpatient services, and other medical expenses.

The insured should always present their ID card at time of service. NGFH, NGFHE, and NGA claims can be paid to the provider, and most often are, if the provider and policyholder agree to assign benefits. In most cases it is required that the Insured assign the benefits in order to get the network discount.

- » If an insured must file their own NGFH, NGFHE, or NGA claim, please direct them to the Fixed-Benefit Medical Claim Form on www.natgenhealth.com and follow the directions to get the claim processed.

NOTE: The NGFH and NGFHE contracts require the claim to be submitted within 90 days of the covered loss.

TrioMED, AcciMED, and VitalGuard Claims

Accident Medical Expense and Accidental Death and Dismemberment Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form. Additional information may be needed depending on each individual case.

Critical Illness Claims

The Critical Illness policy pays benefits based on three categories of serious illnesses. For the Critical Illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records.

Short Term Medical Claims

The customer must present their ID card at time of service.

- » Claims are paid directly to the provider.
- » If an insured must file their own Short Term Medical claim, they can call claims customer service at 866-596-5817 for instructions and claim forms.

Claim forms for all other plans

Please remind your client to read the instructions on the claim forms and submit the required information in order to expedite the processing of the claim.

To submit a claim, your client must:

- » Head to www.natgenhealth.com.
- » Click on the Existing Members tab.
- » Select File a Claim from the drop-down menu.
- » On the Claims page, click the Claim Forms button in the All Other Plans area.
- » On the Policy Documents page, select the appropriate form from the Member Forms drop-down menu and click to download.

Directions for how and where to submit the claim are printed on the claim form.

Members can also call Member Services or the claims contact number on the back of their ID card.



Contact Information

National General Accident & Health Customer Service:

Phone: 888-781-0585

Email: memberservices@nhicadmin.com

For benefits and claims inquiries for all supplemental plans, call 855-212-5014.

Supplemental claims are administered by Key Benefit Administrators.

For benefits and claims inquiries for Short Term Medical plans administered by Meritain™ Health, an Aetna Company, call 866-596-5814.

For benefits and claims inquiries for Short Term Medical plans administered by Allied Benefit Systems, Inc. (Cigna Network), call 855-505-2355.

For customer service for Time Insurance Company plans sold prior to October 1, 2016:

Phone: 866-387-0484

Fax: 844-279-1983

Email: TimeInsurance@actmanre.com

Mail all inquiries to:

National General Accident & Health

P.O. BOX 1070

Winston-Salem, NC 27102-1070

For Short Term Medical, National General Foundation Health, National General Foundation Health Enhanced, and Dental PPO plans, customers should refer to the back of their ID cards to locate network providers.

Important Information

Fair Credit Reporting Act

Federal law requires that a notice be given to any Applicant experiencing adverse action. The notice states that a consumer report was reviewed as part of the enrollment process.

Notice of Insurance Information Practices

To issue an insurance plan, National General Accident & Health needs to obtain information about the people proposed for insurance. Some of this information will come from the application, and some will come from other sources.

All information collected by National General Accident & Health may, in certain circumstances, be disclosed to third parties without the proposed insured's specific authorization. The proposed insured has the right to access and correct collected information that may relate to a claim or civil criminal proceeding. The notice is part of the application/enrollment form for insurance.

HIPAA Privacy

As a business associate of National General Accident & Health, and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations require that you, as a business associate, have physical, administrative, and technical safeguards in place to protect this information.

Please refer to the National Health Insurance Company privacy notice found at www.natgenhealth.com to understand how protected health information is handled at National General and how insureds can exercise their individual rights under HIPAA. Please contact the National General Privacy Office immediately if you are aware of any breach of protected health information.

Important Information for You and Your Client

National General relies on your client's answers to the application questions, and these answers have a significant impact on their eligibility for a plan. Information that is not completely and accurately disclosed may result in plan rescission. If your client provided you with any health history information that would require a response of "yes" to a health question, you are required to disclose that information to us. The applicant must disclose his or her full and complete medical information; obtaining all the required authorizations at the time of application submissions is critical. Clients should contact National General if they think of any additional information that should have been disclosed.



National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.