Authorization Agreement For Automatic Monthly Bank Draft

Name(s) ____ Social Security Number ____ Checking ☐ Savings ☐

I (we) hereby authorize Union Security Insurance Company to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.

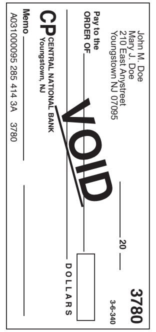
Bank Name ____ City ____ State ____

Include your Checking or Savings Account Number in the boxes below:

Account Number ____

IMPORTANT

If you selected the Monthly Bank Draft Payment method, enclose a voided check and your first month's prepayment fee and $35 enrollment fee with this form and send them to us.



Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.

This authorization is to remain in full force and effect until Union Security Insurance Company has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature ____________ **Date** ____________

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Sample Copayments for the Secure Choice Individual Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay reduced fees called copayments. These reduced fees are only available from providers who participate in our network. After you enroll, a complete list of copayments will be mailed to your home along with your Individual Dental Service Agreement. The sample below demonstrates potential savings with the Secure Choice plan and may not reflect your actual results.

Dental Treatment	Your Cost: With the Secure Choice Plan	Your Cost: Average Retail Charges[1]
Appointments		
Periodic Oral Evaluation	No Charge	$31
Limited Oral Exam	$25	$46
Comprehensive Oral Evaluation	No Charge	$49
Diagnostic Dentistry		
Complete X-Ray Series, Including Bitewings	$10	$89
Preventive Dentistry		
Routine Cleaning - Adult (once every 6 mos.)	$10	$60
Routine Cleaning - Child (once every 6 mos.)	$10	$42
Application of Fluoride (up to 18 years of age)	No Charge	$24
Oral Hygiene Instruction	No Charge	$29
Application of Sealant, Per Tooth	$20	$34
Fixed Space Maintainer	$85**	$217
Fillings/Crowns		
Silver Fillings		
One Surface	$25	$77
Two Surfaces	$30	$95
Three Surfaces	$45	$114
White Fillings		
One Surface, Anterior	$50	$95
Two Surfaces, Anterior	$65	$118
Three Surfaces, Anterior	$80	$143
One Surface, Posterior	$85	$107
Two Surfaces, Posterior	$100	$140
Three Surfaces, Posterior	$105	$171
Crowns - Porcelain to High Noble Metal (cost of precious & semi-precious metal is additional)	$295**	$753
Core Buildup	$55	$168
Root Canals		
Anterior	$145	$484
Bicuspid	$225	$574
Molar	$295	$724
Periodontics		
Periodontal Scaling and Root Planing Per Quadrant	$90	$166
Full Mouth Debridement (complicated cleaning)	$90	$106

**Members are responsible for additional lab fees for these services.

[1]The Average Retail Charges were determined by Assurant Employee Benefits claims analysis for the year 2003. The Retail Charges represent a mean average rounded to the nearest dollar representing what you may pay without the plan services.

Dental Treatment	Your Cost: With the Secure Choice Plan	Your Cost: Average Retail Charges[1]
Dentures		
Complete Denture - Upper	$385**	$864
Complete Denture - Lower	$385**	$851
Partial Denture - Upper	$410**	$580
Partial Denture - Lower	$410**	$768
Oral Surgery		
Single Tooth Extraction	$25	$77
Removal of Impacted Tooth		
Soft Tissue	$105	$206
Partial Bony	$140	$268
Complete Bony	$165	$311
Complete Bony, with Complications	$205	$361

Orthodontics

Orthodontic treatment for children and adults is provided at a 25% reduction from the Plan Specialist's normal retail charges.

The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Copayment Schedule that are performed by your Plan Dentist are not covered under the Secure Choice Plan.

Should you require dental services that your selected Plan Dentist is unable to provide, you may obtain those services from a Plan Specialist at a reduced rate. No referral is needed from your Plan Dentist in order for you to obtain services from a Plan Specialist. There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions off the Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. You are responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Dentist or Non-Plan Specialist (at that provider's normal retail charge) is your responsibility, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

Availability and participation of Plan Dentists and Plan Specialists are subject to change.

ASSURANT
Employee Benefits

For further information please contact: 800.882.8233

Union Security Insurance Company
780 Johnson Ferry Road NE, Suite 450
Atlanta, GA 30342

www.assurantemployeebenefits.com

*Products are marketed by Assurant Employee Benefits and administered by Union Security Insurance Company.

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ASSURANT
Employee Benefits

Secure Choice

Individual Prepaid Dental Plan from Assurant Employee Benefits*

Benefits Include Cosmetic Dentistry and Orthodontics

For use in Tennessee

Secure Choice Individual Plan

The Secure Choice individual plan provides dental benefits with attractive prepayment fees. To receive the benefits of the Secure Choice Plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different dentist for each family member.

Features of the Secure Choice Plan:

- ❑ No deductibles
- ❑ No claim forms
- ❑ No annual maximum
- ❑ Fixed copayment schedule for Plan Dentists
- ❑ Reduced fees on Orthodontic procedures for children and adults
- ❑ No referral required for Specialist benefits
- ❑ Benefits for pre-existing dental conditions

Prepayment Fee Options

Annual Prepayment Fees

Individual $131.82
Individual & One Dependent $223.08
Family $351.86

or

Automatic Monthly Bank Draft

Accounts are drafted on the 15th of each month prior to the month of benefits. A monthly administration charge is included in the fees below.

Individual $12.24
Individual & One Dependent $19.84
Family $30.57

$35 Enrollment Fee

What are copayments?

Copayments are reduced fees that you pay directly to the dentist for some dental treatments. A partial list of some frequently used dental treatments is included on the back of this brochure. This list shows you the potential savings with Assurant Employee Benefits versus what you would pay without this Plan.

Cosmetic dentistry

Assurant Employee Benefits understands the importance of your appearance. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits.

Orthodontic benefits

The Secure Choice Plan includes reduced fees on Orthodontic procedures for children and adults. Plan Orthodontists provide reduced fees of 25% off his or her normal retail charge. Orthodontic services are available only in areas where Assurant Employee Benefits has Plan Orthodontist(s) who provide those services. Orthodontic treatment begun prior to your plan effective date is not eligible for this benefit.

Specialist benefits

Should the services of a specialist (oral surgeon, endodontist, orthodontist, periodontist, or pedodontist) be necessary you may seek treatment from any Plan Specialist listed in our printed or online directory. If an oral surgeon, orthodontist, periodontist or pedodontist provides treatment you will receive 25% off that specialist's normal retail charges. For treatment by an endodontist you will receive 15% off that specialist's normal retail charges. Specialist services are available only in areas where Assurant Employee Benefits has Plan Specialist(s). Please note that payment for a service performed by a Non-Plan Specialist is your responsibility.

How do I join?

Three easy steps to enrolling in the Secure Choice Plan:

1. **Select** a general dentist from the Plan Dentist Directory or online at www.assurantemployeebenefits.com under Find a dentist for Heritage Series. Each family member may choose a different Plan Dentist.
2. **Complete** the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.
3. **Choose** your payment option. If you choose the **annual prepayment fee method** include the appropriate prepayment fee, the $35 enrollment fee, the completed application form and mail to Assurant Employee Benefits. The annual prepayment fee may be paid by credit card for your convenience.
   If you choose the **automatic monthly bank draft method** complete the Authorization Agreement on the reverse side of the application form, include a voided check, along with the first month's prepayment fee, the $35 enrollment fee and mail to Assurant Employee Benefits. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, **we cannot accept personal checks on a monthly basis.**

When will I receive a membership card?

Once your application has been processed, you will receive a membership card, the Individual Dental Service Agreement, and a complete list of copayments. Your effective date will be provided with your membership materials.

What if I need to change my dentist?

You may change dentists by simply calling the Assurant Employee Benefits' Customer Service Department at 800.443.2995.

How do I receive care?

After your effective date, phone the dentist you selected, and tell the office that you have Assurant Employee Benefits' prepaid coverage. They will schedule your appointment to see the dentist.

Who is eligible?

You, your spouse and dependent children as defined by state law.

When do I renew my dental plan?

If you select the annual prepayment method, a renewal notification and billing statement will be mailed to your home in advance of your anniversary date. If you select the monthly bank draft method for payment, no action is required to renew your dental plan.

Renewal/Cancellation/Termination

This Plan renews at each yearly anniversary of the effective date. Company and Subscriber each have the right to terminate the Plan with prior written notice. Please consult the Individual Dental Service Agreement for details concerning renewability, cancellation and termination.

Limitations and Exclusions

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any dental service initiated (a) before the effective date of Member's enrollment or (b) after Member's enrollment ends.
3. Services provided by Non-Plan Providers unless for Emergency Services for temporary pain relief (with limited benefits) as specifically provided in the EMERGENCY SERVICES Article of the Individual Dental Service Agreement.
4. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five year period, appliance becomes unusable and cannot be made usable due to Member's illness or an accident involving damage to the appliance while it is in use.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
13. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Renewable at option of Company.

AGENT NUMBER

IMPORTANT
Write the Dental Facility Number of the dentist(s) you choose from the directory in the space(s) below.

Assurant Employee Benefits Application Form

Please retain a copy of this application for your records

Your Social Security Number | Last Name | First Name | Middle I. | Sex ☐ M ☐ F

Your Date of Birth / / | Address | City | State | Zip Code+4

Home Phone ( ) | List Dependents to be Enrolled

First Name	Middle I.	Last Name (if different)	Relationship	Date of Birth	Sex	Dental Facility Number
Spouse				/ /	M ☐ F ☐	
Child				/ /	M ☐ F ☐	
Child				/ /	M ☐ F ☐	

Attach a separate sheet of paper for additional children.

Prepayment Fee Amount
$ _____
Enrollment Fee $ 35.00
Total Enclosed $ _____

Select Payment Choice

☐ **Annual Payment -** make the check payable to Union Security Insurance Company.
☐ **Charge my annual prepayment fees**
☐ **Automatic Monthly Bank Draft -** complete the Authorization Agreement on the reverse side of this form.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Mo.____ Yr.____

By my signature below, I understand that this Individual Prepaid Dental Plan is a non-refundable one (1) year program. I also understand that a full description of the plan will be provided in the Individual Dental Service Agreement and that the dentist I select may or may not perform all of the procedures listed on the Copayment Schedule. I authorize the dentist who has rendered procedures to me or members of my family to make available to Union Security Insurance Company and it's affiliated dental companies my dental records, photocopies or information regarding such procedures to the extent permitted by law. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. This authorization is not governed by HIPAA; however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company and its affiliated dental companies to use and disclose protected health information.

Agent's Signature _____ **Date** _____ **Subscriber's Signature** _____ **Date** _____

12.24 19.84 30.57
131.82 223.08 351.86
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This is an important document that will become part of your contract. Benefits provided by and administered by Union Security Insurance Company.