MedPlus Hospital Indemnity

Please carefully read and review the following rates, benefits and acknowledgments. Please *CIRCLE* your monthly rate and tier selection and then sign the acknowledgment below.

Rates:	Tiers:
Employee only	$31.00
Employee/Spouse	$57.00
Employee/Children	$43.00
Employee/Family	$69.00

This plan offers:	$0 deductible per member for an inpatient admission up
Inpatient Benefit:	Up to a $4,500 benefit as billed for an inpatient admission*
Wellness Benefit:	$50 annual benefit per covered member
Covid-19 Testing Benefit:	$50 benefit per covered member

Who is eligible:

**If member has met some or all of the primary plan deductible and coinsurance MedPlus Hospital Indmenity will pay the remaining portion up to the $4,500 maximum benefit.*

An employee and their eligible dependents who are employed by the _____ and is an active full-time employee working [30 hours or more per week] and enrolled in The MS. State and School Employees' Health Insurance Plan.

Restrictions:

This policy is only active while member is employed with an employer who's health insurance is provided by the MS. State and School Employees' Health Insurance Plan.

Agreements, Representations and Understanding

I represent that I understand the benefits and restrictions offered under the MedPlus HI Plan.

I understand that the supplemental Medical Expense Insurance Policy for which I have applied is a limited benefit policy that pays only the benefits selected and set forth in the policy itself. Our agent has explained the Policy's limitations and exclusions, if any.

I understand that coverage is effective when: a) the Policy is issued by Gulf Guaranty Health; b) the Policy is received and accepted by the Policyholder; c) the full first premium is paid and accepted by Gulf Guaranty Health.

I understand that any necessary payroll deductions for any employee's share of the cost of this insurance will be made and to remit the total premium and any administrative fee as they become due.

I understand that this plan is only portable if I should gain employment with another State of Mississippi employer who's insurance is provided by the MS. State and School Employees' Health Insurance Plan.
I understand that Gulf Guaranty Health and the Policyholder may agree to amend the Policy at any time without the consent of any employee or other person.
I represent that the information herein is true and complete, as of the date I signed this Application, and that I have read and understand this form.
I acknowledge and understand that my monthly premium is subject to IRS Section 125 guidelines and that I may not change or cancel coverage after the effective date of the policy without a qualifying event as stipulated by the same IRS Section125 guidelines.

I acknowledge that any misrepresentation on this Application by my agent or me may result in the cancellation or rescission of any Policy issued based on this Application. **Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

Employee Signature X _____

Print Name _____

Date _____ **Policy Effective Date_____**

Underwritten by Gulf Guaranty Life Insurance Company. Approved policies vary depending upon state; available in Alabama, Arkansas, Florida, Georgia, Illinois, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, South Carolina, Tennessee and Texas

MedPlus
Hospital Indemnity Plan

Business Name: _____

Primary Insured Name: _____

Address: _____

City, State, Zip: _____

Phone:_____

D.O.B. _____Gender: _____ SS# _____

Dependent Name: _____

Relationship:_____

D.O.B. _____Gender: _____SS# _____

Dependent Name: _____

Relationship:_____

D.O.B. _____Gender: ____ SS# _____

Dependent Name: _____

Relationship:_____

D.O.B. _____ Gender: ____ SS# _____

Dependent Name: _____

Relationship:_____

D.O.B. _____ Gender: ____ SS# _____