

Short Term Medical PLUS Rate Calculation Worksheet

The rate calculation worksheet below makes it easy to calculate the rates you pay for Allied's Short Term Medical Plus. Using different combinations of deductibles and durations you can find the plan that works best for you and your budget.

RATE CALCULATION:

- Determine rates based on deductible chosen and sex and age of each person. For child(ren) rate multiply number of children by the per child rate.
- Multiply the subtotal (D) of these rates by the Area Factor, the Rate Load Factor and the Duration Factor to get Premium Subtotal (E) and round to nearest dollar. The Rate Load Factor is determined by the requested effective date and whether choosing Prepay or Monthly billing.
- The duration factor is determined by the maximum length of coverage requested and the age of the applicant.
- Add rates for optional Supplemental Accident coverage if applicable. Supplemental Accident rate is for each person applying (e.g. if applicant, spouse and 1 child apply, the rate is 3 times \$5 for a rate of \$15).
- Add Administration Fee to get Total Monthly Cost (H).
- For Prepay ONLY – multiply H times number of months requested for Prepay total Cost (J).

NOTE- Business checks cannot be accepted. Payment must be made by credit card or personal check payable to Allied National.

Online enrollment and rating is available at tempmedsales.alliednational.com.

RATE LOAD FACTORS		
BILLING MODE	PREPAY	MONTHLY
1/1/14 – 3/31/14	1.00	1.33
4/1/14 – 6/30/14	1.03	1.37
7/1/14 – 9/30/14	1.06	1.41
10/1/14 – 12/31/14	1.09	1.45

DURATION FACTORS		
AGE	6 MONTH	12 MONTH
0 – 29	1	1.2
30 – 34	1	1.23
35 – 39	1	1.26
40 – 44	1	1.29
45 – 49	1	1.31
50 – 54	1	1.34
55 – 59	1	1.37
60 – 64	1	1.4

A. Applicant	\$ _____
B. Spouse	+\$ _____
C. Child(ren)	+\$ _____
D. Subtotal	=\$ _____
Area Factor	X _____
Load Factor	X _____
Duration Factor	X _____
E. Premium Subtotal (round to nearest \$)	=\$ _____
F. Supp.Acc.Option	+\$ _____
G. Administration Fee	+\$ 12.00
H. Total Monthly Cost	=\$ _____
PREPAY PLAN ONLY	
I. Number of Months	X _____
J. Prepay Total Cost	=\$ _____

AREA RATING FACTORS (based on first 3 digits of zip code of the residence address)

Alaska: 995-999..... 2.00	304-305, 307, 310-311, 315-319, 398..... 1.40	Missouri: 630-631, 633, 640-641..... 1.60 645..... 1.50 634-639, 642, 644, 646-658..... 1.30	732-734, 735-739 742-749..... 1.40	Virginia*: 222-223..... 1.90 220-221, 201..... 1.70 224-231, 232-239, 240-246..... 1.40
Arkansas: 716, 717, 719-723, 725..... 1.60 718, 724, 726-729..... 1.50	Illinois: 606..... 2.20 600, 602-605..... 1.90 601, 607-608..... 1.70 609,614-615, 620-622..... 1.40 610-613, 616-619, 623-629..... 1.30	Nebraska: 680-681..... 1.30 682-693..... 1.20	Oregon: 972, 973, 975 - 977..... 1.50 970, 971, 974, 978, 979..... 1.40	West Virginia: 253, 260..... 1.60 251-252, 254-257..... 1.50 247-250, 258-259, 261-268..... 1.40
Colorado* ♦: 800-806..... 1.50 807-816..... 1.40	Indiana ♦: 463-464..... 1.70 462, 465-466..... 1.40 460-461, 467-479..... 1.30	Nevada ♦: 889, 890, 891, 893, 895, 897, 898..... 1.90	Pennsylvania: 150-152, 189, 192-194..... 1.80 153-188, 195-196,..... 1.60 190-191..... 2.00	Wisconsin: 532..... 1.60 531, 540, 543, 548..... 1.50 535, 537-539, 541, 542, 544-547, 549..... 1.40 530, 534..... 1.30
Delaware: 198..... 1.70 197 & 199..... 1.60	Iowa: 500-503..... 1.40 504-508, 510-516, 520-529..... 1.20	New Mexico: 870-875, 877-884..... 1.40	Rhode Island: 1.50 South Carolina: 380-382..... 1.60 371-374..... 1.50 370, 377-379, 383-385..... 1.40 376..... 1.30	Tennessee: 770-772..... 2.00 773-775..... 1.90 750-753, 776-777..... 1.70 760-761..... 1.60 762-764, 797..... 1.50 754-759, 765-769, 778-796, 798-799..... 1.40
District Of Columbia* 200, 202-205..... 2.20	Maryland: 210-212, 214, 215, 218..... 1.50 206, 208, 216, 217, 219..... 1.40 207, 209..... 1.30	North Carolina: 270-276, 280-282..... 1.40 277-279, 283-289..... 1.30	Texas*: 750-753, 776-777..... 1.70 760-761..... 1.60 762-764, 797..... 1.50 754-759, 765-769, 778-796, 798-799..... 1.40	Wyoming ♦: 820-831..... 1.40
Florida*: 330-332..... 3.50 333..... 2.90 334..... 2.50 322, 335-336..... 2.00 320, 321, 327-328, 337, 339, 341-342, 346-347, 349..... 1.80 326, 329, 338, 344..... 1.60 323-325..... 1.50	Michigan: 480-483..... 1.60 488-489..... 1.50 484, 485, 490-492, 497-499..... 1.40 486, 487, 493-496..... 1.30	Ohio ♦: 440-441..... 1.60 436, 444-445..... 1.50 433-435, 437-439, 442-443, 446-447, 449, 452-453..... 1.40 430-432, 448, 450-451, 454-458..... 1.30	Oklahoma*: 730-731, 740-741..... 1.50	
Georgia: 300-303..... 1.70 306, 313-314..... 1.60 308-309, 312..... 1.50				

*These states require the use of a state specific application form.

♦ NOTE: 12 month coverage not available in: CO, IN, NV, OH, WY

RATES/AREAS EFFECTIVE 1/01/14

\$500 Deductible			\$1,000 Deductible			\$1,500 Deductible			\$2,500 Deductible			\$5,000 Deductible			\$7,500 Deductible			\$10,000 Deductible		
Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.	Age	Male	Fem.
0-29	\$49	\$61	0-29	\$43	\$51	0-29	\$35	\$41	0-29	\$26	\$32	0-29	\$22	\$25	0-29	\$18	\$23	0-29	\$17	\$21
30-34	\$58	\$75	30-34	\$48	\$63	30-34	\$39	\$52	30-34	\$32	\$40	30-34	\$25	\$32	30-34	\$22	\$29	30-34	\$20	\$25
35-39	\$71	\$90	35-39	\$61	\$76	35-39	\$48	\$62	35-39	\$39	\$49	35-39	\$31	\$39	35-39	\$26	\$35	35-39	\$25	\$31
40-44	\$86	\$107	40-44	\$74	\$90	40-44	\$60	\$74	40-44	\$47	\$58	40-44	\$37	\$46	40-44	\$32	\$40	40-44	\$30	\$37
45-49	\$107	\$121	45-49	\$90	\$104	45-49	\$74	\$83	45-49	\$58	\$66	45-49	\$46	\$53	45-49	\$40	\$47	45-49	\$37	\$41
50-54	\$137	\$147	50-54	\$116	\$125	50-54	\$94	\$101	50-54	\$75	\$81	50-54	\$59	\$63	50-54	\$53	\$56	50-54	\$47	\$51
55-59	\$192	\$178	55-59	\$163	\$151	55-59	\$132	\$122	55-59	\$105	\$98	55-59	\$83	\$76	55-59	\$74	\$68	55-59	\$66	\$61
60-64	\$261	\$239	60-64	\$221	\$202	60-64	\$179	\$164	60-64	\$141	\$130	60-64	\$112	\$104	60-64	\$99	\$91	60-64	\$90	\$82
Per Child	\$43		Per Child	\$37		Per Child	\$30		Per Child	\$24		Per Child	\$18		Per Child	\$17		Per Child	\$15	

Supplemental Accident Rate Per Person \$5

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APPLYING FOR COVERAGE - PAPER APPLICATION

- 1) Fill out the application completely. Check the boxes for monthly or prepay payment and deductible options. Select an effective date (write in ASAP for the earliest date you qualify for), and optional termination date. For prepay plan only, choose the total number of months (1 to 12 months – the 12-month coverage option is limited to 364 days). Select your maximum desired coverage period of six or 12 months. Agent **MUST** complete the AGENT INFO section below. The application **MUST** be signed by the applicant. Any application not signed will be declined.
- 2) Calculate the monthly premium using the Allied online rating and enrollment website at www.alliednational.com/sales.
- 3) For the prepay option, payment by check or credit card for the entire duration of coverage must be submitted. For the monthly bill option, the first month's premium can be paid by check or credit card. For the monthly bill plan, premiums after the first month will be billed to the applicant.
Pre-authorized check or credit card payment plans may be elected by filling out the authorization agreement below.
IMPORTANT NOTE: No employer or business involvement is allowed on Allied Short Term Medical PLUS. Company or business checks will not be accepted. Payment must be made using a personal check or credit card.
- 4) Applications may be mailed or faxed to Allied National. Submit the completed and signed application, total premium due (made payable to Allied National) and a copy of the agent's license to:
 Allied National
 Underwriting Department
 P. O. Box 29187
 Shawnee Mission, KS 66201-9187

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OPTIONAL AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PREMIUM PAYMENTS

I authorize Allied National to charge my account as indicated below for my monthly insurance premium and fees. I understand my account will be charged once each month for the total amount shown as due on my monthly premium statement for the limited term of the policy of insurance issued to me. I understand that if a charge to my account is not honored, my insurance coverage could lapse prior to its termination date. I understand that if I wish to cancel my coverage prior to its termination date, I must inform Allied National of such cancellation prior to the end of the grace period corresponding to the date of cancellation. Please charge my monthly premium and fees against the following account.

NAME (as shown on account – please print) _____

CREDIT CARD: MasterCard Visa – Account Number _____ Expiration Date _____

CHECKING/NOW ACCOUNT: Please attach a voided check from the account you wish billed for your coverage.

SIGNATURE _____ DATE _____

AGENT INFORMATION

SOLICITING AGENT'S SIGNATURE _____ DATE _____

Soliciting Agent's Name _____ Agency _____ Allied Agent# _____

Address _____ City _____ State _____ Zip _____

Tel () _____ Pay Commissions to: _____ SS# or Tax ID# _____

Fax () _____ EMAIL _____

1) Is the soliciting agent a licensed agent in the applicant's state of residence?
 Yes – If Yes, please send copy of state license. No – If No, the agent is not authorized to solicit this coverage and the policy cannot be issued.

2) Is the soliciting agent currently appointed with American Alternative Insurance Corporation:
 Direct with American Alternative Insurance Corporation? Or Through ALLIED or another Administrator? WHO? _____

Appointment fees: Allied National will pay fee for agent appointment.

DISTRIBUTOR/GENERAL AGENT NAME: _____

RATES

To calculate rates for all available plan options, go to Allied's online rating system at:

www.alliednational.com/sales

IMPORTANT NOTICE: Short-term medical products do **not** meet the Affordable Care Act's definition of minimum essential coverage and therefore do **not** fulfill an individual's requirement to maintain coverage.