

GHI AllianceSM

Cost-Effective Health Care Coverage



Open Enrollment Program

Programs underwritten by:
Group Health Incorporated ("GHI")
441 Ninth Avenue
New York, New York 10001

A TRADITION OF SERVICE

For more than 70 years, GHI has pioneered affordable health insurance programs. GHI and its wholly-owned subsidiary, GHI HMO*, provide a full range of medical, hospital, dental, mental health, prescription drug, and vision coverage options, along with administrative services only (ASO) and network leasing arrangements to more than 2.6 million individuals.

You can count on GHI to provide you with cost-effective health insurance, now and in the future.

CHOOSE GHI

With GHI, you now have the opportunity to enroll in individual health coverage through the GHI AllianceSM family of health insurance programs.

GHI's health insurance specialists have designed these programs specifically to meet the needs of people like you. Each one offers quality coverage at an affordable price. You choose the program that's right for your budget and your situation.

Best of all, providers in over 93,000 locations have joined GHI in the effort to provide cost-effective, quality health benefits. This enormous network gives you and your family access to health services virtually anywhere in New York State and in many New Jersey and Connecticut communities—at a surprisingly reasonable cost.

THE CHOICE IS YOURS — THE GHI ADVANTAGE

The GHI Alliance family of insurance programs uses GHI's network of participating providers to control costs and to offer services—while giving you complete freedom of choice. You can even use non-network providers to receive most covered services, although using the network usually saves money. So although you'll usually pay more outside the network, the choice of provider is up to you for most covered services.

With GHI, you get:

- **Cost control.** Each GHI participating provider has agreed to accept GHI's fee schedule or negotiated reimbursement rates as payment in full. So for most covered services, you pay nothing when you use a GHI participating provider. For specific services, you are responsible for a small copayment or deductible. There are no claim forms to be filed and GHI pays the participating provider directly.

In addition, GHI's Coordinated Care professionals work with participating and non-participating providers to make sure the benefits you're receiving are medically necessary and cost-effective. When you are considering potentially costly care such as a planned inpatient hospital admission or surgery, you must call the Coordinated Care Program to be eligible for full benefits. And if you suffer a particularly traumatic long-term injury or illness, a case manager from our Complex Case Management program will help you maximize your benefits for necessary care.

* GHI HMO Select, Inc., doing business as GHI HMO, is a wholly-owned Article 44 H.M.O. subsidiary of Group Health Incorporated (GHI).

- **Convenience and choice.** Covered services are usually accessible in-network at a convenient time and place for you. And because GHI reimburses participating providers directly, there's virtually no paperwork and no out-of-pocket costs other than required copayments or deductibles. You can choose the same provider, or different providers for each service. And you don't even have to use the participating provider network—you can choose any qualified provider for most covered services. However, your out-of-pocket expenses will usually increase when you use a non-participating provider.
- **Quality.** When you choose GHI, you choose quality health benefits. The programs provide coverage for a broad range of services. In addition, each participating physician must be board-certified or board-eligible and demonstrate appropriate credentials, including licensure, hospital affiliations, and evidence of malpractice insurance. GHI only reimburses participating providers for services within the scope of their license. GHI also receives reports about all participating providers regarding subscriber complaints, discipline by a licensing board, suspension or sanction by a governmental agency, or criminal or unethical behavior. This rigorous screening process helps to ensure network quality standards.

Choose from two quality health insurance programs:

- GHI Alliance Value
- GHI Alliance 365-Day Hospital Program.

As the comparison on the next page shows, both GHI Alliance programs offer you a broad range of benefits. You select the benefits program that meets your needs at a cost you can afford.

Benefits Comparison: GHI Alliance Value and GHI Alliance 365-Day Hospital Insurance Programs

Hospital Benefits	GHI Alliance Value	GHI Alliance 365-Day Hospital
365 days inpatient coverage	•	•
Maternity care	•	•
Outpatient emergency care	•	•
Outpatient ambulatory surgery	•	•
Inpatient psychiatric care		•
Outpatient substance abuse treatment	•	•
Complex Case Management	•	•
Outpatient hospital-based dialysis	•	•
Home care visits	•	•
Hospice care	•	•
GHI Centers of Specialized Care	•	
Inpatient substance abuse detox treatment		•
Inpatient admissions for physical therapy		•
Referred ambulatory care	•	•
Medical-Surgical Benefits		
In-hospital surgery/out-of-hospital surgery	•	
Well-baby and well-child care	•	
Mammography and pap smear screenings	•	
Emergency ambulance (ground) services	•	
Durable Medical Equipment	•	
Private duty nursing	•	
Prescription drug coverage	•	

Benefits are subject to all terms, conditions, limitations, and exclusions contained in the GHI insurance contract(s), including but not limited to caps on the number of days, visits, or dollars payable for a particular covered service.

GHI ALLIANCESM VALUE

No one should be without affordably priced health insurance protection that includes hospital and medical coverage. With this in mind, GHI offers GHI AllianceSM Value, a health insurance program designed specifically to offer individuals this essential coverage.

The GHI Alliance Value health insurance program provides basic hospital and basic medical insurance as defined by the New York State Insurance Department. **Please note: the GHI Alliance Value Program does not cover home and office visits except for covered well-child care visits.**

Hospital Benefits

Except where indicated, hospital benefits are paid in full for the services listed when obtained through GHI's participating hospital network. Services provided in a non-participating hospital are covered up to GHI's allowed charge.

- 365 days per single hospital confinement. Includes inpatient semiprivate room and board and other covered hospital and medical supplies, facilities, services, and equipment customarily furnished and billed by hospitals.
- Preadmission testing.
- General and special in-hospital nursing care other than private duty nursing.
- Complete obstetrical (maternity) care for all covered females, including prenatal, delivery and postnatal care. The mother may remain in the hospital up to 48 hours after a regular delivery and 96 hours after a caesarean delivery. Inpatient stays will be extended if medically necessary. If enrollment in the program is terminated during pregnancy, benefits will not be provided after coverage under the program has ended. Routine nursery care of the newborn during the covered portion of the mother's hospital confinement for maternity will be covered under either a Self Only or Self and Family enrollment. Other care of an infant who requires treatment will be covered only if the infant is covered under a Self and Family enrollment.
- Infertility: GHI will cover services for the diagnosis and treatment of correctable medical conditions that result in infertility.
- Outpatient emergency room services are covered. You pay a \$50 copayment per person, per visit. The emergency room services must be for care of a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (A) placing the health of the person afflicted with such condition in serious jeopardy; (B) serious impairment to such person's bodily functions; (C) serious dysfunction of any bodily organ or part of such person; or (D) serious disfigurement of such person.
- Ambulatory surgery in an outpatient hospital setting.
- Up to 60 visits per person for outpatient substance abuse treatment per calendar year. Up to 20 of these visits may be used by covered family members who require related family counseling.
- Complex Case Management, which allows GHI case managers to help manage your benefits for appropriate treatment for major illnesses or injuries.

- Outpatient hospital-based dialysis.
- Up to 40 home care visits per person per calendar year.
- Up to 210 days of hospice care per person per lifetime.
- Mammography and pap smear screenings.
- Treatment under the GHI Centers of Specialized Care program.
- Referred ambulatory care, including laboratory tests, physical therapy, diagnostic x-rays, and chemotherapy. Lab tests and x-rays require a \$25 copayment.

Medical-Surgical Benefits

Participating Provider Reimbursement

- Physician and other services:
 - Paid in full through a participating provider, subject to the cost-sharing described in the chart below.
- In-hospital and out-of-hospital surgery and in-hospital medical care.
- Well-baby and well-child care visits provided in accordance with the prevailing clinical standards of the American Academy of Pediatrics and certain pediatric immunizations.
- Diagnostic x-rays, other radiological procedures, and laboratory services. You pay only a \$20 copayment per provider per date of service.
- Maternity care.
- Infertility: GHI will cover services for the diagnosis and treatment of correctable medical conditions that result in infertility.
- Mammography and pap smear screenings.
- Radiation therapy and chemotherapy.
- Durable Medical Equipment, up to a calendar year maximum of \$10,000 per person. You pay only a \$100 per calendar year deductible per person for equipment. This benefit is only available through a GHI participating provider.
- Private duty nursing. The first 96 hours are not covered for private duty nursing. After the first 96 hours, you are covered up to 80% of the allowed charge after the deductible has been met, up to \$5,000 maximum per person per year.

Non-Participating Provider Reimbursement for Medical-Surgical Benefits

Annual Deductible	\$250 per individual per calendar year	\$500 per family per calendar year
GHI Pays	GHI-CBP schedule reimbursement after the deductible(s) is satisfied. You are responsible for any difference between GHI's payment and the provider's charge.	
Stop Loss	After you pay \$10,000 of eligible out-of-pocket expenses, GHI Alliance Value pays 100% of GHI's Allowed Charges	
Benefits Maximum per Covered Person	Annual: \$100,000 of covered expenses	Lifetime: \$1,000,000 of covered expenses

GHI Alliance Value Prescription Drug Benefits

GHI Alliance Value also provides you prescription drug coverage, as shown in the chart below. All retail prescription drug benefits must be obtained through GHI participating pharmacies at more than 60,000 retail locations, including most major chains. As a result, most GHI subscribers will easily find a participating pharmacy convenient to their home or workplace. Mail order drugs must be obtained from GHI's mail order prescription drug vendor.

	Generally for drugs prescribed to treat an acute condition	Drugs prescribed for ongoing or chronic conditions
Number of Days Dispensed	30-day supply	90-day supply
Deductible	\$50 deductible per person per calendar year	None
GHI Pays	100% of the Allowed Charge after deductible and copayment(s)	100% after applicable copayment
You Pay	Generic drugs: \$10 copayment Preferred drugs with generic equivalents: \$10 copayment plus difference in price between brand and generic Preferred drugs without generic equivalents: \$10 copayment	Generic drugs: \$8 copayment Preferred drugs: \$15 copayment
Annual Benefits Maximum	\$5,000 per person for retail and mail order drugs combined	

GHI Alliance Value, GHI policy form PLH-DPC-710, et. al., meets the minimum standards for basic hospital insurance and basic medical insurance as defined by the New York State Department of Insurance. It does not provide major medical insurance. The expected benefit ratio for this policy is 85 percent. This ratio is the portion of future premiums that the company expects to return as benefits when averaged over all people with this policy.

GHI ALLIANCESM 365-DAY HOSPITAL PROGRAM

This affordable benefits program offers attractive hospital benefits including semiprivate room and board, general nursing care, emergency care and preadmission testing. The program also covers such services as maternity care, hospice care, and alcoholism/substance abuse treatment.

Covered Inpatient Benefits

Under this program, GHI provides 365 days of hospital services per single hospital confinement. This coverage is available for services rendered by general hospitals in and out of New York State. These inpatient hospital services are covered:

- Inpatient semiprivate room and board, including special diet and nutritional therapy.
- General and special nursing care other than private duty nursing.
- Use of surgical operating and recovery rooms and related services, supplies and equipment, including anesthesia.
- Use of intensive care/special care units and related services, supplies and equipment.
- Oxygen and other inhalation therapy services and supplies.
- Approved drugs and medications for in-hospital use.
- X-rays, laboratory, pathological examinations, radiation therapy, nuclear therapy and chemotherapy.
- Diagnostic studies during a covered hospital stay.
- Other medical, surgical or related services and supplies customarily provided by the hospital (unless excluded from the contract).
- Up to 30 days of inpatient physical therapy, physical medicine or physical rehabilitation per person per year, if the need for these services is the primary cause of hospitalization.
- Complete obstetrical (maternity) care for all covered females, including prenatal, delivery and postnatal care. The mother may remain in the hospital up to 48 hours after a regular delivery and 96 hours after a caesarean delivery. Inpatient stays will be extended if medically necessary. If enrollment in the program is terminated during pregnancy, benefits will not be provided after coverage under the program has ended. Routine nursery care of the newborn during the covered portion of the mother's hospital confinement for maternity will be covered under either a Self Only or Self and Family enrollment. Other care of an infant who requires treatment will be covered only if the infant is covered under a Self and Family enrollment.
- Infertility: GHI will cover services for the diagnosis and treatment of correctable medical conditions that result in infertility.
- Up to five (5) days of care per person per calendar year are covered for inpatient substance abuse detoxification.
- Inpatient psychiatric care: 30 days per person per calendar year for confinements for a mental, nervous or emotional disorder.
- Complex Case Management, which allows a GHI case manager to help manage benefits for appropriate treatment for major illnesses or injuries.

Covered Outpatient Benefits

GHI covers the following outpatient care in general hospitals, unless otherwise noted:

- Outpatient emergency room services are covered. You pay a \$50 copayment per person per visit. The emergency room services must be for care of a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (A) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy; (B) serious impairment to such person's bodily functions; (C) serious dysfunction of any bodily organ or part of such person; or (D) serious disfigurement of such person.
- Hospital/surgical facilities relating to minor surgery.
- Preadmission testing.
- Mammography and pap smear screenings.
- Infertility: GHI will cover services for the diagnosis and treatment of correctable medical conditions that result in infertility.
- Dialysis for kidney failure: home treatment or outpatient treatment in a hospital-based or approved freestanding facility.
- Hospice care: up to 210 days per person per lifetime.
- Home care: up to 40 visits per person per calendar year.
- Alcoholism and substance abuse treatment: up to 60 outpatient visits per person per calendar year. Up to 20 of these visits may be used by covered family members for related family therapy.
- Referred ambulatory care, including laboratory tests, physical therapy, diagnostic x-rays and chemotherapy.

GHI Alliance 365-Day Hospital Program, GHI policy form PLH-DPC-510, et. al., meets the minimum standards for basic hospital insurance as defined by the New York State Department of Insurance. It does not provide basic medical or major medical insurance. The expected benefit ratio for this policy is 85 percent. This ratio is the portion of future premiums that the company expects to return as benefits when averaged over all people with this policy.

HOW DO I SIGN UP?

Enrolling in the GHI Open Enrollment health insurance program of your choice is easy. Simply complete the enclosed application and return it to GHI. You will be billed after your application is processed.

If you have any questions about these programs, our representatives are available Monday through Friday between 9:00 AM and 5:00 PM. Please call 866-444-4995 for additional information.

This booklet contains only general information. Each program is subject to the specific terms, conditions, exclusions, and limitations of your contract. To receive full benefits, you must follow the guidelines of GHI's Coordinated Care program.

Open Enrollment Quarterly Rates

Region	Coverage	Value Hospital/Medical	365-Day Hospital Only
Albany	Individual	\$1,524.12	\$425.19
	Family	\$3,830.37	\$956.79
Buffalo	Individual	\$1,390.08	\$402.60
	Family	\$3,495.24	\$905.82
Downstate	Individual	\$1,683.69	\$475.50
	Family	\$4,229.31	\$1,018.68
Mid-Hudson	Individual	\$1,619.85	\$413.79
	Family	\$4,069.74	\$886.65
Rochester	Individual	\$1,319.82	\$402.60
	Family	\$3,319.65	\$905.82
Syracuse	Individual	\$1,517.70	\$394.77
	Family	\$3,814.41	\$888.39
Utica/Watertown	Individual	\$1,473.06	\$351.45
	Family	\$3,702.66	\$786.42

Rates are effective 1/1/10 through 12/31/10 for the regions listed below. All direct payment rates are established by the county in which the subscriber's primary residence is located.

Albany Region: Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties

Buffalo Region: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming Counties

Downstate Region: Bronx, Kings, Manhattan, Nassau, Queens, Richmond, Rockland, Suffolk and Westchester Counties

Mid-Hudson Region: Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan and Ulster Counties

Rochester Region: Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

Syracuse Region: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga and Tompkins Counties

Utica/Watertown Region: Chenango, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego and St. Lawrence Counties



NON-GROUP APPLICATION FOR INDIVIDUALS NOT ELIGIBLE FOR MEDICARE (OPEN ENROLLMENT PLAN)

INSTRUCTIONS

- Please type or print firmly with ballpoint pen.
- This is an application for hospital coverage or hospital/medical coverage. It may be used to apply for new enrollment, or to change your type of contract. Complete this application if you or your spouse, or both, are not eligible for Medicare due to age. Your contract should be appropriate (Individual or Family) to your status as indicated below:
 - Individual - If you are unmarried, widowed, divorced, or legally separated and have no dependent children.
If you are married without dependent children, and your spouse is eligible for Medicare.
 - Family - If you are married, or if you are married with dependent children. If you are married and your spouse is eligible for Medicare, and you have one or more unmarried children under age 19, you should apply for a Family contract for you and your child(ren). Your Medicare-eligible spouse should apply for separate coverage using a Non-Group Medicare Supplement Insurance Application Form.
- If you are unmarried, widowed, divorced, or legally separated with one or more dependent children.
- If you have one or more unmarried dependent children under 19 years of age or unmarried, dependent full-time students under 23 years, complete only one application for Family coverage for yourself and your children.
- Please do not submit payment with this application. When the application is processed, a bill will be sent to you. You will also receive your contract(s), as well as a copy of your processed application, in a separate mailing. Your identification card will be sent to you after GHI receives your payment.
- All applicants must:
 - a. Complete, sign, and date the application where indicated.
 - b. Check the appropriate boxes for type of coverage and type of contract.
 - c. Return the completed application to:

Cafaro Insurance Agency
26 Railroad Avenue #300
Babylon, New York 11702

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PRINT IN INK

1. Please complete the following information for the applicant										
Full Name of Applicant				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (M/D/Y)		Social Security Number		
Home Address (P.O. Box is not acceptable)						Telephone Numbers Work:		Home: Fax:		
City			County		State		Zip Code			
Mailing Address (If different from Home Address)										
City			County		State		Zip Code			
Applicant Email Address				Primary Language Spoken				Race/Ethnicity (See Codes Below)		
2. Please complete the following spouse information										
Full Name of Spouse				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (M/D/Y)		Social Security Number		
Home Address (P.O. Box not Acceptable)						Telephone Numbers Work:		Home: Fax:		
City			County		State		Zip Code			
Mailing Address (If different from Home Address)										
City			County		State		Zip Code			
Spouse Email Address				Primary Language Spoken				Race/Ethnicity (See Codes Below)		
3. Please provide the following information for your current or prior health benefits plan.										
Type of Plan	Name and Address of Insurer			Telephone Number of Insurer		Name of Policyholder		Policy I.D. Number	Effective Date of Prior Policy	Termination Date of Prior Policy
Hospital				()						
Medical				()						
4. Do you intend to replace an existing accident and health insurance policy or coverage with the GHI Program you are now applying for? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, termination date of your other insurance / / . If yes, please check the type of plan you intend to replace. <input type="checkbox"/> Hospital Insurance <input type="checkbox"/> Medical Insurance Other (Please specify) _____										
5. Is there a waiting period for pre-existing conditions under your existing plan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the effective date of your existing plan. / / .										
6. Please complete the information below for each unmarried dependent child under 19 years of age to be covered under the GHI Program. An unmarried dependent child will be covered until December 31 of the year he/she becomes 19.										
Dependent Last Name	First Name	M.I.	DOB M/D/Y	Social Security Number	Sex	Relation- ship	Mailing Address (If different from above)	Race/ Ethnicity (See Codes below)	Email Address	Telephone (Daytime)

Race/Ethnicity Codes: (Optional) See explanation on reverse side

A = Asian B = Black or African American C = Caucasian O = Other
 I = Native American or Alaskan Native P = Native Hawaiian or Other Pacific Islander H = Hispanic or Latino

7. Please complete the information below for each unmarried dependent child between 19 and 23 years of age who is a full-time student in an accredited educational institution and who is to be covered under the GHI Program. Under programs that cover unmarried dependent students, a dependent student will be covered until December 31 of the year he/she becomes 23 or until he/she otherwise ceases to be an unmarried dependent student.

Dependent Last Name	First Name	M.I.	D'OB M/D/Y	Social Security Number	Sex	Relation- ship	Mailing Address (If different from above)	Race/ Ethnicity (See reverse side)	Email Address	Telephone (Daytime)	Name and Address of School	Date of Graduation

8. a. Are you eligible for group coverage that is comparable to the GHI coverage you are applying for in this application? No Yes
Please explain: _____

b. Have you been refused coverage under an employer health plan due to your age, sex, health status or occupation? No Yes
Please explain: _____

9. Has your health insurance coverage been terminated within the last 12 months due to nonpayment of premiums? No Yes

PLEASE READ THE BENEFIT DESCRIPTION OF EACH GHI OPEN ENROLLMENT PROGRAM OPTION IN THE GHI OPEN ENROLLMENT BROCHURE BEFORE MAKING YOUR SELECTION.

10. If you are a new applicant, or if you wish to add or change hospital coverage or hospital/medical coverage, please check the appropriate box below for the TYPE OF CONTRACT and TYPE OF COVERAGE requested. (The TYPE OF CONTRACT selected must be in accordance with your marital status, as outlined in the instructions at the top of the previous page.)

I am applying for (please check one box from each column): **SEE ATTACHED SHEET FOR APPLICABLE RATES.**

Column A	Column B
<input type="checkbox"/> Individual	<input type="checkbox"/> Value Option (365-Day Hospital Program and Medical Program)
<input type="checkbox"/> Family	<input type="checkbox"/> 365-Day Hospital Only Program

If you are applying for individual coverage, and if your spouse is eligible for Medicare, check here.

PLEASE DO NOT SUBMIT PAYMENT WITH THIS APPLICATION.

11. If you are presently enrolled under a GHI Direct Payment Hospital Program, please check the appropriate box below.	If you are presently enrolled under a GHI Direct Payment Hospital/Medical Program, check the appropriate box below.
<input type="checkbox"/> I wish to retain my present hospital coverage.	<input type="checkbox"/> I wish to retain my present hospital/medical coverage.
<input type="checkbox"/> I wish to change my present coverage from Individual to Family.	<input type="checkbox"/> I wish to change my present coverage from Individual to Family.
<input type="checkbox"/> I wish to change my present coverage from Family to Individual.	<input type="checkbox"/> I wish to change my present coverage from Family to Individual.

12. When your application is processed, a bill will be sent to you with your contract(s).

THERE WILL BE AN 11-MONTH WAITING PERIOD FOR BENEFITS FOR ANY CONDITION FOR WHICH MEDICAL ADVICE, DIAGNOSIS CARE OR TREATMENT WAS RECOMMENDED OR RECEIVED DURING THE SIX MONTH PERIOD ENDING ON THE ENROLLMENT DATE OF COVERAGE. THIS WAITING PERIOD WILL BE REDUCED TO THE EXTENT THAT YOU ARE ENTITLED BY LAW TO A CREDIT FOR PRIOR CONTINUOUS CREDITABLE HEALTH COVERAGE.

IF YOUR CONTRACT IS TERMINATED BECAUSE YOU DID NOT PAY PREMIUMS, YOU CANNOT PURCHASE HEALTH INSURANCE FROM GHI FOR 12 MONTHS AFTER THE DATE OF TERMINATION.

I hereby apply for coverage of the type checked above. If this application is for a family contract, I have provided the names of my spouse, unmarried dependent children under 19 years of age (or who become 19 in this calendar year), and unmarried full-time student dependent children under age 23. I make this application on their behalf as well as my own. When the application is processed, coverage will be effective only if payment of the subscription charges is received in accordance with the invoice. I represent and understand that:

- A.** On my enrollment date, my existing contract(s), if any, will be canceled. Any remaining waiting period for pre-existing conditions under my existing contract will apply to the GHI contract for the same type of coverage. If I am currently covered under an individual contract and wish to change to a family contract for the same type of coverage, my enrollment date in the individual contract will be used to calculate my waiting period for pre-existing conditions. The waiting period for newly covered family members will be calculated from their enrollment date in the family contract. If I am currently covered under a family contract, and wish to change to an individual contract for the same coverage because of divorce, legal separation, annulment or death, my enrollment date in the family contract will be used to compute my waiting period for pre-existing conditions.
- B.** All statements and answers in this application are true to the best of my knowledge and belief. This application will be made part of my contract(s).

NOTE: BEFORE DATING AND SIGNING THIS APPLICATION, PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS. ALSO, BE SURE YOU HAVE CHECKED THE APPROPRIATE BOX FOR TYPE OF COVERAGE YOU DESIRE.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim concerning any materially false information, or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Applicant's Signature (Do Not Print) _____ Date Signed _____

Applicant's Spouse's Signature (Do Not Print) _____ Necessary Only When Applying For Family Coverage _____ Date Signed _____

Why We Ask You for Race/Ethnicity Information

National studies show that differences in access to health care occur along ethnic lines. In our effort to ensure that everyone we serve receives appropriate care, GHI, along with other health insurers, is collecting data on ethnicity with the goal of improving access to care and outcomes for groups who often have poorer results and to improve customer service. Information will only be used by our Medical Department to improve access to needed care and will not be available to any other staff. Answering this question is voluntary.

GHI Web Site

For fast, convenient access to the latest claim status, eligibility, and benefits information, visit GHI's secure Web site at www.ghi.com. Available around the clock, the site offers provider listings, enables you to order ID cards, view an online Explanation of Benefits, access wellness information, and much more.

Translation Services

If English is not your primary language and translation services are needed when calling GHI Customer Service, a representative can help you.

(For GHI Office Use Only)

	(Initials)	(Initials)
Date Application Issued	_____	_____
Date Application Received	_____	_____
Date Application Processed	_____	_____
Date, Contract and Copy of Application Sent	_____	_____
Type of Plan	_____	_____
Group Number	_____	_____
Category Number	_____	_____
Effective Date	_____	_____