

## What is Secure STM?

Just because you don't have health insurance right now doesn't mean you may not have health problems. Secure STM allows you and your family to purchase quality, affordable major medical coverage on a temporary basis. Coverage is provided for physician services, surgery, outpatient and inpatient care.

### How are benefits covered?

Secure STM pays benefits for each covered person in the following manner:

**First, you meet your deductible.** Choose from four options: \$250, \$500, \$1,000 or \$2,500

**Then Secure STM pays 80% or 50%** of the next \$5,000 of covered expenses

**After this, Secure STM pays 100%** of covered expenses up to your lifetime maximum of \$2 million

### What is a Family Deductible?

With a family deductible benefit your insured family is only required to satisfy a maximum of three (3) deductibles during the coverage period.

### Who qualifies for Secure STM?

Secure STM is offered to members and their spouses under age 65 and their dependent children under age 19 (or under age 25 if a full-time student) who can answer "no" to the health questions on the application. Children age 19 and over should apply separately. Child-only coverage is available for ages 2 through 18 (see the Secure STM Rate Calculation instructions for details).

### What is the STM Enhancement Series?

Included with your coverage is Communicating for America (CA) Healthy Lifestyle Enhancement Series\* which provides members with discounts for the following services and/or purchases: • Vitamins, herbs and nutritional supplements—10-30% off already low prices • Nurse-on-call access to a registered nurse 24 hours a day, seven days a week •

• Chiropractic services—10%-30% off at more than 28,000 private chiropractors and alternative health services • Prescription drugs—up to 15-60% off on generic or name brand drugs at more than 45,000 pharmacies nationwide • Vision eyewear care—up to 15%-45% off eyeglasses, contact lenses and non-prescription sunglasses through a network of more than 40,000 retail optical locations, including Pearle Vision, Target Optical, Sears Optical and LensCrafters • Dental services—20%-60% on dental expenses from 34,000 dentists in CAREINGTON International.

\*The Communicating for America (CA) Healthy Lifestyle Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Insurance Company of New York or a part of the STM insurance plan. CA provides access to discount services administered by CAREINGTON International. Enhancement series benefits may vary by state.

### Who is the Association?

Communicating for America, Inc.\*\* (CA) provides many benefits and discounts to its members. Your enrollment as a member of CA is completed upon receipt of the association annual dues. Your membership information will be mailed shortly thereafter.

\*\*CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972. CA membership does not apply to residents of the following states: ID, KS, LA, ME, MD, MN, MT, ND, NH, NV or SD.

### Who is the Insurance Company?

**Standard Security Life Insurance Company of New York** has a Best's rating of A- (Excellent), effective as of 11/07. For the latest rating, access [www.ambest.com](http://www.ambest.com).

### Who is the Administrator?

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator servicing business worldwide. HPA provides state-of-the-art industry leading insurance services.

**1-800-277-3323**

[www.hpa-inc.com](http://www.hpa-inc.com)

This brochure provides a brief description of the benefits, exclusions and other provisions of the group policy Form SSL-STMP-1104 and individual policy SSL-ISTM-1104. For complete listing, see the Policy/Certificate of Insurance. Benefits may vary by state. Secure STM is not available in all states. Association membership may be required in some jurisdictions.



## Secure STM

### • Perfect solution for

- Those between jobs
- New hires and exiting employees
- College graduates
- Part-time workers

### • Convenient features

- Coverage from 30 days to 12 months
- Single, monthly and daily rates
- Unlimited re-applies in most states
- \$2,000,000 lifetime maximum per covered person



Insured by: Standard Security Life Insurance Company of New York  
Rated A- (Excellent) by A.M. Best Company  
Administered by: Health Plan Administrators, Inc. (HPA)  
Marketed by:

## What medical expenses are covered?

After satisfying the deductible amount you've selected, Secure STM will pay the coinsurance you selected for covered expenses, up to a lifetime maximum of \$2 million per insured person per Coverage Period.\*

Benefits are limited to the usual, reasonable and customary charge for a covered expense in addition to any specific limits.

**Hospital Charges:** Average semi-private room rate, medical care and treatment

**Outpatient Hospital or Ambulatory Surgical Center charges**

**Physician Services** for treatment and diagnosis

**Surgeon Services** in the hospital or Ambulatory Surgical Center

**Assistant Surgeon Services:** Up to 20% of the surgeons benefits

**Anesthesia Services:** Up to 20% of the surgeons benefits

**Intensive Care:** Up to three times the average semi-private room rate

**X-Ray Exams, Laboratory tests** and analysis

**X-Ray and Radioactive isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical supplies**

**Blood** or blood derivatives and their administration

**Ambulance Services:** Up to \$250 per trip

**Organ Transplants:** Up to \$150,000 lifetime maximum

**Acquired Immune Deficiency Syndrome (AIDS):** Up to \$10,000 lifetime maximum\*\*

**Mammography,** pap smear and screens

*\*Benefits for gallbladder surgery are limited to a \$2,500 lifetime maximum per insured person. Benefits for injury or disorders of the knees are limited to a \$2,500 lifetime maximum per insured person. Benefits may vary by state.*

*\*\*The AIDS maximum of \$10,000 per Coverage Period does not apply to Policies/Certificates of Insurance issued to residents of Arizona, California, District of Columbia, Idaho, Indiana, Maine, Missouri, New Hampshire, North Carolina or North Dakota. In Kansas the maximum per Coverage Period is \$75,000.*

## Do I need precertification?

Pre-admission certification prior to eligible inpatient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to precertify will result in a benefit reduction of 50%. (Preauthorization in Texas.)

## What is a Usual, Reasonable and Customary charge?

Usual, Reasonable and Customary means with respect to fees or charges, fees for medical services or supplies which are usually charged by the provider for the service or supply given and the average charge for the service or supply in the locality in which the service or supply is received; whichever is less, or with respect to treatment or medical services, treatment which is reasonable in relationship to the service

or supply given and the severity of the condition. In reaching a determination as to what amount should be considered as Usual, Reasonable and Customary for services and supplies; we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

## What are my payment options?

Choose from two convenient payment options.

- You can pay for coverage in **Monthly** payments for up to **6 or 12 months at a time**.\* We accept monthly payments by check, money order, credit card or automatic bank withdrawal. If you select the Monthly pay option, and your need for insurance ends before your coverage period ends, you can cancel at any time with prior written notification to our Policy Service Department.
- The **Single** payment option is ideal if you know the exact number of days coverage is needed because this option has a **special reduced rate** and you only pay for the coverage you need in one **Single** payment. You can pay in full for any number of days, from a minimum of 30 days to a maximum of 180 days of coverage, by check, money order or credit card.

## When does my coverage start?

Your coverage will begin as early as the day following the U.S. postmark stamp on your envelope. You can request a later effective date, but no more than 60 days after the application date. All coverage is subject to approval of your application and payment of the first premium.

## How long will Secure STM coverage last?

HPA's Secure STM is specifically designed to fill temporary insurance needs and coverage stops at the end of the period applied for. Depending on the payment option you select, Secure STM offers coverage for one to six months or even 12 months.\*

## Can I continue coverage?

If your need for temporary health insurance continues, you may apply for another Secure STM plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not continuous and any condition incurred during the last coverage period will be excluded as a pre-existing condition.

## When does coverage terminate?

Coverage ends when the premium is not paid when due; or you enter full-time active duty in the Armed Forces; or you become eligible for Medicare; or the elected coverage period expires; or Standard Security Life Insurance Company of New York determines fraud or misrepresentation has been made in filing a claim for benefits; or a dependent ceases to be eligible; or you cease to be a member of the association or the group master policy terminates.\*\*

*\*The 12 month Coverage Option is not available in all states.*

*\*\*This applies to states where association membership is required.*

## What services are not covered?

The following is a partial list of services or charges not covered by Secure STM:

- Any services that are not medically necessary
- Eye exams, eyeglasses, hearing aids and surgery
- Dental or orthodontic services
- Treatment of foot conditions
- Conditions resulting from an act of war
- Maternity and newborn treatment prior to discharge, any infertility treatments or sterilization treatments
- Spinal manipulation or adjustment
- Services performed by family members or for which a charge would otherwise not be incurred
- Medical care received outside of the United States, Canada or its possessions
- Services payable by Medicare or Worker's Compensation coverage
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Transplant services to the transplant donor
- Routine physical exams and tests, preventive care and immunizations
- Experimental or investigational services
- Learning disorders, attention deficit disorder, hyperactivity or autism
- Mental or nervous disorders, depression or suicide attempt
- Alcohol or drug dependency and disorders
- Obesity treatments
- Sleep disorders
- Over-the-counter medications and prescription drugs
- Participation in school or organized competitive sports or any high risk sport
- Certain surgeries during the first six months

The limitations and exclusions may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.

## Is there a pre-existing condition limitation?

Pre-existing conditions are not covered. This includes any condition or complication that was treated or produced symptoms five years prior to your Secure STM effective date. *The pre-existing condition limitation may vary by state.*

## Is there a free look period?

If you are not completely satisfied with this coverage, and you have not filed a claim, you may return the Policy/Certificate of Insurance within 10 days and receive a premium refund.

## State Zip Code Area Classifications effective 1/1/08

Rates contained in this document are good for all states listed in the zip area chart. Refer to applicable state specific application and/or rate chart for DE, MN, MT and NV.

### How to Locate Your Area Rate Classification

Locate the applicant's state of residence and zip code prefix. The letter listed to the right of the zip code prefix is the applicants rate area. The rate chart contains rates for 10 zip area letters. Only use the rates located in the column titled with the applicants area letter. Use the Standard Security Life Ins. Co. of New York Generic STM Application form SSL-STM-0506-APP, unless otherwise indicated. Contact your agent or HPA for the application form or to verify current plan approvals.

Zip Code	Area	Zip Code	Area
Alaska		Idaho (Use ID application.)	
995-999	C	836-837	A
Alabama		832-835, 838	B
357-358, 360-363, 368	B	Illinois	
364-367, 369	D	612-614, 619, 623, 626, 629	AA
354-356, 359	E	607, 610-611, 617, 624-625, 628	A
350-352	G	615	B
Arkansas		616, 618, 620, 627	C
716-729	A	608-609, 621-622	D
Arizona		602-603	E
850-865	AA	600-601, 604-606	F
California (Use CA application.)		Indiana (Use IN application.)	
933	C	(12 Month STM Option not available.)	
932, 936-938	D	467-469, 472-479	AA
922-924, 930, 952-953, 959	E	460-462, 465-466, 470	A
925, 931, 934, 939, 946, 948, 954	F	471	B
921, 928, 940, 942-943, 945, 947	G	463-464	C
950-951, 957, 960-961	G	Iowa	
903, 905, 907-908, 912, 915, 917-920	H	504-505, 508-516, 521, 525-528	A
926-927, 941, 949, 955-956, 958	H	500-503, 506-507, 520, 522-524	B
962-966	H	Kansas (Use KS application)	
900-902, 904, 906, 909-911, 913-914	I	(12 Month STM Option not available.)	
916, 935, 944	I	660-662	B
Colorado		664-679	A
(12 Month STM Option not available.)		Kentucky (Use KY application.)	
800-816	C	403-410, 412-427	C
Connecticut (Use CT application.)		400-402, 411	D
(12 Month STM Option not available.)		Louisiana (Use LA application.)	
060-069	A	(12 Month STM Option not available.)	
District of Columbia		703, 705-714	F
200, 202-205	F	700-701, 704	G
Florida (Use FL application.)		Maine (Use Maine application.)	
323	B	039-049	D
324, 340-344, 348	C	Maryland (Use Maryland application.)	
321, 325, 327-329, 338, 347	D	(12 Month STM Option not available.)	
326, 339	E	206-212, 214, 216-217	F
320, 322, 335-337, 346, 349	F	213, 218-219	C
333-334	G	215	B
330-332	H	Michigan	
Georgia		488-489, 493-499	A
304-305, 315-319	A	480-487, 490-492	B
300-303, 306-314, 398-399	B		
Hawaii			
967-968	C		

Zip Code	Area	Zip Code	Area
Missouri		South Carolina	
630-639, 644-648, 650-658	AA	290-292, 295-297, 299	C
640-641, 649	A	293-294, 298	D
Mississippi (Use MS application.)		South Dakota (Use SD application.)	
387-397	D	570-577	B
386	E	Tennessee	
Nebraska		683-693	AA
683-693	AA	680-681	A
680-681	A	New Hampshire (Use NH application.)	
New Hampshire (Use NH application.)		(12 Month STM Option not available.)	
(12 Month STM Option not available.)		038	B
038	B	030-037	C
030-037	C	733, 758-759, 764-769, 779, 786-790, 792-793, 795, 797-798	F
New Mexico		754-757, 763, 771, 778, 780-783, 785, 791, 796, 799	G
875-880	B	870-874, 881-884	C
870-874, 881-884	C	761-762, 772, 784, 794	H
North Carolina (Use NC application.)		750-753, 760, 770, 773-777	I
271-278, 280, 282-283, 285-286, 288-289	C	Utah	
270, 279, 281, 284, 287	D	845-847	A
North Dakota (Use ND application.)		840-844	B
580-581	A	Virginia	
582-588	B	229, 240-245	B
Ohio		201, 228, 233-237, 239, 246	C
430-458	AA	220-227, 230-232, 238	F
Oklahoma		West Virginia	
735, 740-741, 749	A	261-267	B
734, 736-739, 743-748	B	247-249, 252, 255-259, 268	C
730-731	C	260	D
Oregon		250-251, 253-254	E
973-976, 978-979	A	Wisconsin	
970-972, 977	B	541	A
Pennsylvania		533, 535-536, 538-539, 542-543, 545-549	B
173-176	AA	530, 534, 537, 544	C
151-152, 166, 168, 183, 195-196	B	531, 540	D
157-158, 162-163, 167, 169, 172	C	532	E
177-179, 188	C	Wyoming	
161, 164-165, 170-171, 180-182	D	(12 Month STM Option not available.)	
150, 153-156, 159-160, 184-187, 189-194	E	028-029	C
Rhode Island			

Secure STM Rates/zips eff. 1/1/08 - 6/30/08 rev. 1-11-08

These rates and zip areas apply to new coverage effective dates 1/1/08 through 6/30/08. Please call your agent or check online at [www.hpainsurance.com](http://www.hpainsurance.com) for the rates effective 7/1/08. Standard Security Life Insurance Company reserves the right to decline applications received using outdated rates and zip code areas.

Please call your agent or contact HPA for application forms or questions about STM state availability: 1-800-277-3323 ext. 3

## Secure STM

Rates for Effective Dates  
January 1, 2008 - June 30, 2008  
Underwritten by Standard Security Life Insurance Company of New York



### How to Calculate Your Rates

There are three Secure STM rate tables for each Coverage Effective Date rate chart (1/1/08 through 6/30/08) contained in this booklet:

1. Monthly Pay for 1 to 6 months
2. Monthly Pay for 1 to 12 months
3. Single Pay for 30 to 180 days

Determine your coverage rate table by your choices for the Coverage Length, Coinsurance\* and the Coverage Effective Date. Referring to the applicable rate chart, you must locate each of the following:

1. Your Deductible choice
2. Gender / Age for each to be insured
3. Your Area Rate Classification letter

The reverse side of the application contains the Rate Calculation Chart. Simply follow the steps listed to calculate your cost.

\*The 50/50 Coinsurance Option rates are not contained in this booklet. Please call your agent or HPA at 1-800-277-3323 ext. 3, or check online at [www.hpainsurance.com](http://www.hpainsurance.com) for a quote.

### How to Apply for Dependent Children Coverage

Your dependent children must be unmarried and under age 19 (or under age 25 and a full time student). List all of your eligible dependent children to be insured on the application for insurance. You only pay for a maximum of up to three dependent children, regardless of the number of eligible dependent children to be insured.

### How to Apply for Child Only Coverage

The minimum age is 2 years old for child(ren) coverage without an adult guardian also insured. Use the 2-19 rate for either the male or female, based on the gender of the youngest child; then use the per child rate for each of the other siblings to be insured. ***The parent or legal guardian must print their name as applicant and complete the remainder of the application on behalf of the child(ren). The parent or legal guardian must sign and date the application.***

### About Communicating for America, Inc. (CA)

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### About the STM Enhancement Series

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Secure STM Rates/zips eff. 1/1/08 - 6/30/08 rev. 1-11-08



**Secure STM Monthly Rates for 1 to 12 Months\***  
 Underwritten by Standard Security Life Insurance Company of New York  
 80% of \$5,000 Co-insurance Rates for Effective Dates January 1, 2008 - June 30, 2008

**\$5,000 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	54.99	60.93	66.87	72.21	75.18	79.33	82.89	87.64	92.99	100.11
20-24	Male	63.34	70.31	77.29	83.58	87.07	91.95	96.14	101.72	108.00	116.38
25-29	Male	58.20	64.54	70.88	76.58	79.75	84.19	87.99	93.06	98.76	106.37
30-34	Male	77.25	85.03	92.82	99.82	103.71	109.16	113.83	120.05	127.06	136.39
35-39	Male	87.52	96.59	105.65	113.81	118.34	124.69	130.13	137.38	145.54	156.42
40-44	Male	102.92	113.91	124.91	134.80	140.29	147.99	154.58	163.37	173.26	186.45
45-49	Male	127.95	142.07	156.19	168.90	175.96	185.84	194.31	205.61	218.32	235.26
50-54	Male	159.40	177.45	195.50	211.75	220.77	233.41	244.24	258.68	274.92	296.58
55-59	Male	203.04	226.55	250.05	271.21	282.96	299.41	313.52	332.32	353.48	381.68
60-64	Male	255.67	285.75	315.84	342.91	357.95	379.01	397.06	421.13	448.20	484.30
2-19	Female	60.77	67.43	74.09	80.08	83.41	88.07	92.06	97.39	103.38	111.37
20-24	Female	68.47	76.09	83.71	90.57	94.38	99.72	104.29	110.39	117.25	126.39
25-29	Female	63.98	71.04	78.10	84.45	87.98	92.92	97.16	102.80	109.16	117.63
30-34	Female	80.46	88.64	96.83	104.19	108.28	114.01	118.92	125.47	132.83	142.65
35-39	Female	90.73	100.20	109.66	118.18	122.92	129.54	135.22	142.80	151.31	162.67
40-44	Female	104.85	116.08	127.31	137.42	143.04	150.90	157.64	166.62	176.73	190.21
45-49	Female	122.82	136.30	149.77	161.90	168.64	178.08	186.16	196.95	209.08	225.25
50-54	Female	151.70	168.79	185.87	201.25	209.80	221.76	232.01	245.68	261.06	281.56
55-59	Female	181.86	202.72	223.58	242.35	252.78	267.38	279.90	296.58	315.35	340.38
60-64	Female	216.52	241.71	266.90	289.57	302.17	319.80	334.91	355.07	377.74	407.96
Per Child		44.15	49.04	53.94	58.34	60.79	64.21	67.15	71.06	75.47	81.34

**\$1,000 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	86.44	96.31	106.17	115.05	119.99	126.90	132.82	140.71	149.59	161.43
20-24	Male	99.92	111.47	123.02	133.42	139.19	147.28	154.21	163.45	173.85	187.71
25-29	Male	91.57	102.08	112.59	122.05	127.31	134.66	140.97	149.37	158.83	171.44
30-34	Male	117.04	129.80	142.55	154.03	160.41	169.34	176.99	187.20	198.68	213.99
35-39	Male	136.30	151.46	166.62	180.27	187.85	198.46	207.56	219.69	233.33	251.53
40-44	Male	161.97	180.34	198.71	215.24	224.43	237.29	248.31	263.01	279.54	301.59
45-49	Male	201.76	225.10	248.45	269.46	281.13	297.47	311.48	330.16	351.17	379.18
50-54	Male	255.03	285.03	315.03	342.04	357.04	378.04	396.04	420.05	447.05	483.05
55-59	Male	328.83	368.06	407.29	442.60	462.21	489.67	513.21	544.59	579.90	626.97
60-64	Male	414.83	464.81	514.79	559.77	584.76	619.75	649.73	689.72	734.70	794.67
2-19	Female	95.42	106.41	117.41	127.30	132.79	140.49	147.08	155.87	165.76	178.95
20-24	Female	109.54	122.30	135.05	146.53	152.91	161.84	169.49	179.70	191.18	206.49
25-29	Female	101.84	113.64	125.43	136.04	141.94	150.19	157.27	166.70	177.32	191.47
30-34	Female	124.75	138.46	152.18	164.53	171.39	180.99	189.22	200.19	212.54	229.00
35-39	Female	139.51	155.07	170.63	184.64	192.42	203.32	212.65	225.10	239.11	257.79
40-44	Female	165.18	183.95	202.72	219.62	229.00	242.14	253.41	268.42	285.32	307.85
45-49	Female	194.06	216.44	238.82	258.97	270.16	285.82	299.25	317.16	337.30	364.16
50-54	Female	242.19	270.59	298.99	324.55	338.75	358.63	375.67	398.39	423.94	458.02
55-59	Female	292.25	326.91	361.56	392.75	410.08	434.34	455.14	482.86	514.05	555.64
60-64	Female	349.37	391.17	432.96	470.58	491.48	520.73	545.81	579.25	616.87	667.02
Per Child		69.82	77.92	86.03	93.32	97.37	103.04	107.90	114.38	121.68	131.40

**\$2,500 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	63.34	70.31	77.29	83.58	87.07	91.95	96.14	101.72	108.00	116.38
20-24	Male	73.60	81.87	90.13	97.57	101.70	107.48	112.44	119.05	126.49	136.40
25-29	Male	67.19	74.65	82.11	88.82	92.55	97.77	102.25	108.22	114.93	123.89
30-34	Male	87.52	96.59	105.65	113.81	118.34	124.69	130.13	137.38	145.54	156.42
35-39	Male	101.64	112.47	123.30	133.05	138.46	146.04	152.54	161.21	170.95	183.95
40-44	Male	118.97	131.97	144.96	156.66	163.16	172.25	180.05	190.45	202.14	217.74
45-49	Male	148.49	165.18	181.86	196.88	205.22	216.91	226.92	240.27	255.28	275.31
50-54	Male	185.07	206.33	227.59	246.72	257.35	272.24	284.99	302.00	321.13	346.64
55-59	Male	238.34	266.26	294.18	319.30	333.26	352.80	369.55	391.89	417.01	450.51
60-64	Male	298.67	334.13	369.59	401.50	419.23	444.05	465.32	493.69	525.60	568.15
2-19	Female	70.39	78.26	86.12	93.19	97.13	102.63	107.35	113.64	120.71	130.14
20-24	Female	79.38	88.36	97.35	105.44	109.93	116.22	121.61	128.80	136.88	147.67
25-29	Female	74.89	83.31	91.73	99.32	103.53	109.42	114.48	121.22	128.80	138.91
30-34	Female	92.66	102.36	112.07	120.81	125.66	132.45	138.28	146.04	154.78	166.43
35-39	Female	102.92	113.91	124.91	134.80	140.29	147.99	154.58	163.37	173.26	186.45
40-44	Female	121.54	134.85	148.17	160.16	166.81	176.14	184.13	194.78	206.77	222.75
45-49	Female	142.72	158.68	174.64	189.01	196.99	208.17	217.75	230.52	244.89	264.04
50-54	Female	176.73	196.95	217.16	235.36	245.46	259.62	271.75	287.92	306.11	330.37
55-59	Female	212.67	237.38	262.09	284.32	296.68	313.98	328.80	348.57	370.81	400.46
60-64	Female	253.10	282.86	312.63	339.41	354.30	375.13	392.99	416.80	443.58	479.30
Per Child		51.85	57.71	63.56	68.83	71.76	75.86	79.37	84.06	89.33	96.36

**\$500 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	117.89	131.69	145.48	157.90	164.80	174.46	182.74	193.78	206.20	222.75
20-24	Male	137.14	153.35	169.55	184.14	192.24	203.58	213.30	226.27	240.85	260.30
25-29	Male	125.59	140.35	155.11	168.40	175.78	186.11	194.97	206.77	220.06	237.77
30-34	Male	158.12	176.01	193.90	210.00	218.94	231.47	242.20	256.51	272.61	294.08
35-39	Male	186.36	207.78	229.20	248.47	259.18	274.18	287.03	304.16	323.44	349.14
40-44	Male	221.01	246.76	272.52	295.69	308.57	326.59	342.05	362.65	385.82	416.72
45-49	Male	278.77	311.74	344.72	374.39	390.88	413.96	433.74	460.12	489.79	529.36
50-54	Male	351.94	394.05	436.17	474.08	495.13	524.62	549.89	583.58	621.49	672.03
55-59	Male	456.55	511.74	566.93	616.61	644.21	682.84	715.96	760.11	809.79	876.02
60-64	Male	577.20	647.48	717.75	781.00	816.14	865.33	907.50	963.72	1026.97	1111.30
2-19	Female	132.01	147.57	163.13	177.14	184.92	195.82	205.15	217.60	231.61	250.29
20-24	Female	151.26	169.23	187.20	203.37	212.36	224.94	235.72	250.09	266.27	287.83
25-29	Female	140.35	156.96	173.56	188.51	196.81	208.43	218.40	231.68	246.63	266.56
30-34	Female	169.03	188.28	207.54	224.86	234.49	247.97	259.52	274.92	292.25	315.35
35-39	Female	189.57	211.39	233.21	252.85	263.76	279.03	292.12	309.58	329.22	355.40
40-44	Female	225.51	251.82	278.13	301.81	314.97	333.39	349.18	370.23	393.91	425.49
45-49	Female	267.22	298.75	330.28	358.65	374.42	396.48	415.40	440.62	469.00	506.83
50-54	Female	334.61	374.56	414.51	450.47	470.44	498.41	522.38	554.34	590.30	638.24
55-59	Female	405.20	453.98	502.76	546.65	571.04	605.18	634.45	673.47	717.37	775.90
60-64	Female	486.07	544.95	603.84	656.83	686.27	727.49	762.82	809.93	862.93	933.59
Per Child		96.78	108.25	119.72	130.04	135.78	143.81	150.69	159.87	170.20	183.96

These rates and zip areas apply to new coverage effective dates 1/1/08 through 6/30/08 for the 80% Coinsurance Option. Please call your agent or check online at [www.hpainsurance.com](http://www.hpainsurance.com) for the rates effective 7/1/08. The 50% Coinsurance Option rates are available online. Standard Security Life Insurance Company reserves the right to decline applications received using outdated rates and zip code areas.

\*The monthly rates listed include the following Communicating for America (CA) STM Enhancement Series fees: \$5 per dependent child; \$7.50 per person in age bands 2-29; and \$15 per person in age bands 30-64.

Communicating for America (CA) STM Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Ins. Co. of New York or a part of the STM insurance plan.

\*\* The 12 Month STM Option is not available in CO, CT, IN, KS, LA, MD, MN, MT, ND, NH, NV or WY.

\*\*\* Note: You pay for a maximum of up to three dependent children, regardless of the number eligible children to be insured. Please list all of your eligible dependent children to be insured on the application for insurance.



# Secure STM Monthly Rates for 1 to 6 Months\*

Underwritten by Standard Security Life Insurance Company of New York  
80% of \$5,000 Co-insurance Rates for Effective Dates January 1, 2008 - June 30, 2008

## \$2,500 Deductible

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	43.93	48.48	53.03	57.13	59.41	62.60	65.33	68.97	73.07	78.53
20-24	Male	50.63	56.02	61.41	66.26	68.96	72.73	75.96	80.28	85.13	91.60
25-29	Male	46.44	51.31	56.17	60.56	62.99	66.40	69.32	73.21	77.59	83.43
30-34	Male	62.31	68.23	74.14	79.46	82.42	86.56	90.11	94.84	100.16	107.26
35-39	Male	71.53	78.59	85.66	92.02	95.55	100.49	104.73	110.39	116.75	125.22
40-44	Male	82.83	91.31	99.79	107.42	111.66	117.59	122.68	129.46	137.09	147.27
45-49	Male	102.09	112.98	123.86	133.66	139.10	146.72	153.26	161.97	171.76	184.83
50-54	Male	125.96	139.83	153.70	166.18	173.11	182.82	191.14	202.24	214.72	231.37
55-59	Male	160.71	178.92	197.14	213.53	222.64	235.38	246.31	260.88	277.28	299.13
60-64	Male	200.07	223.20	246.33	267.15	278.72	294.91	308.79	327.30	348.12	375.88
2-19	Female	48.53	53.66	58.79	63.41	65.97	69.56	72.64	76.74	81.36	87.51
20-24	Female	54.39	60.26	66.12	71.39	74.33	78.43	81.95	86.64	91.91	98.94
25-29	Female	51.46	56.96	62.45	67.40	70.15	74.00	77.29	81.69	86.64	93.23
30-34	Female	65.66	72.00	78.33	84.03	87.20	91.63	95.43	100.49	106.19	113.79
35-39	Female	72.36	79.53	86.70	93.16	96.74	101.76	106.06	111.80	118.25	126.86
40-44	Female	84.50	93.19	101.88	109.70	114.04	120.13	125.34	132.29	140.11	150.53
45-49	Female	98.32	108.74	119.15	128.53	133.73	141.02	147.27	155.61	164.98	177.48
50-54	Female	120.51	133.70	146.89	158.76	165.36	174.59	182.50	193.05	204.92	220.75
55-59	Female	143.96	160.08	176.20	190.71	198.77	210.05	219.73	232.62	247.13	266.47
60-64	Female	170.34	189.76	209.17	226.65	236.36	249.95	261.60	277.13	294.61	317.91
Per Child		35.57	39.39	43.21	46.65	48.56	51.23	53.52	56.58	60.02	64.60

## \$1,000 Deductible

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	59.00	65.44	71.88	77.67	80.89	85.39	89.26	94.41	100.20	107.93
20-24	Male	67.79	75.33	82.87	89.65	93.42	98.69	103.22	109.25	116.03	125.07
25-29	Male	62.35	69.21	76.06	82.23	85.66	90.46	94.57	100.06	106.23	114.46
30-34	Male	81.57	89.90	98.22	105.71	109.87	115.69	120.69	127.34	134.83	144.82
35-39	Male	94.14	104.03	113.92	122.82	127.77	134.69	140.63	148.54	157.44	169.31
40-44	Male	110.88	122.87	134.85	145.64	151.63	160.02	167.21	176.80	187.59	201.97
45-49	Male	136.84	152.07	167.30	181.01	188.63	199.29	208.43	220.61	234.32	252.59
50-54	Male	171.60	191.17	210.74	228.36	238.15	251.85	263.60	279.25	296.87	320.36
55-59	Male	219.75	245.34	270.93	293.97	306.76	324.68	340.03	360.51	383.54	414.26
60-64	Male	275.85	308.46	341.07	370.41	386.71	409.54	429.10	455.19	484.53	523.66
2-19	Female	64.86	72.03	79.20	85.66	89.24	94.26	98.56	104.30	110.75	119.36
20-24	Female	74.07	82.40	90.72	98.21	102.37	108.19	113.19	119.84	127.33	137.32
25-29	Female	69.05	76.74	84.44	91.36	95.21	100.59	105.21	111.36	118.29	127.52
30-34	Female	86.60	95.55	104.50	112.55	117.03	123.29	128.66	135.82	143.88	154.62
35-39	Female	96.23	106.38	116.54	125.67	130.75	137.86	143.95	152.07	161.21	173.40
40-44	Female	112.98	125.22	137.47	148.49	154.62	163.19	170.54	180.34	191.36	206.05
45-49	Female	131.82	146.42	161.02	174.17	181.47	191.69	200.45	212.13	225.27	242.80
50-54	Female	163.22	181.75	200.28	216.95	226.22	239.18	250.30	265.12	281.80	304.03
55-59	Female	195.88	218.49	241.10	261.45	272.75	288.58	302.15	320.24	340.58	367.72
60-64	Female	233.14	260.41	287.68	312.22	325.86	344.94	361.30	383.12	407.66	440.38
Per Child		47.29	52.58	57.86	62.62	65.26	68.96	72.13	76.36	81.12	87.46

## \$500 Deductible

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	79.52	88.52	97.52	105.62	110.12	116.43	121.83	129.03	137.13	147.93
20-24	Male	92.08	102.65	113.22	122.74	128.02	135.42	141.77	150.23	159.74	172.43
25-29	Male	84.54	94.17	103.80	112.47	117.28	124.03	129.80	137.51	146.17	157.73
30-34	Male	108.37	120.04	131.71	142.22	148.05	156.22	163.23	172.56	183.07	197.07
35-39	Male	126.79	140.77	154.74	167.32	174.31	184.09	192.47	203.65	216.23	233.00
40-44	Male	149.40	166.20	183.00	198.13	206.53	218.29	228.37	241.81	256.93	277.09
45-49	Male	187.09	208.60	230.11	249.47	260.22	275.28	288.19	305.40	324.76	350.57
50-54	Male	234.82	262.30	289.77	314.50	328.24	347.48	363.96	385.95	410.68	443.65
55-59	Male	303.07	339.08	375.09	407.49	425.50	450.70	472.31	501.12	533.52	576.73
60-64	Male	381.78	427.63	473.48	514.74	537.67	569.76	597.27	633.95	675.21	730.23
2-19	Female	88.73	98.88	109.04	118.17	123.25	130.36	136.45	144.57	153.71	165.90
20-24	Female	101.29	113.01	124.74	135.29	141.15	149.36	156.39	165.77	176.32	190.39
25-29	Female	94.17	105.01	115.84	125.59	131.01	138.59	145.09	153.76	163.51	176.51
30-34	Female	115.49	128.05	140.61	151.92	158.20	166.99	174.53	184.58	195.88	210.95
35-39	Female	128.89	143.12	157.36	170.17	177.29	187.25	195.80	207.19	220.00	237.08
40-44	Female	152.33	169.50	186.67	202.12	210.70	222.72	233.02	246.75	262.20	282.80
45-49	Female	179.55	200.12	220.69	239.20	249.48	263.88	276.22	292.68	311.19	335.87
50-54	Female	223.51	249.58	275.64	299.10	312.13	330.38	346.02	366.87	390.33	421.60
55-59	Female	269.57	301.39	333.22	361.85	377.77	400.04	419.13	444.59	473.23	511.42
60-64	Female	322.33	360.74	399.16	433.74	452.94	479.83	502.88	533.62	568.19	614.29
Per Child		64.87	72.36	79.84	86.58	90.32	95.56	100.05	106.04	112.77	121.76

## \$250 Deductible

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	123.06	137.51	151.95	164.95	172.18	182.29	190.96	202.51	215.51	232.85
20-24	Male	142.32	159.18	176.03	191.20	199.62	211.42	221.53	235.01	250.18	270.40
25-29	Male	131.02	146.46	161.90	175.79	183.51	194.32	203.58	215.94	229.83	248.36
30-34	Male	164.48	183.16	201.85	218.66	228.01	241.08	252.30	267.24	284.06	306.48
35-39	Male	193.79	216.13	238.48	258.60	269.77	285.41	298.82	316.70	336.82	363.63
40-44	Male	231.05	258.06	285.06	309.37	322.87	341.78	357.98	379.59	403.89	436.30
45-49	Male	289.67	324.00	358.34	389.24	406.40	430.44	451.04	478.51	509.41	550.61
50-54	Male	367.13	411.15	455.16	494.78	516.79	547.60	574.01	609.22	648.83	701.65
55-59	Male	475.57	533.15	590.72	642.53	671.32	711.62	746.16	792.22	844.03	913.12
60-64	Male	602.02	675.40	748.78	814.82	851.51	902.87	946.90	1005.60	1071.64	1159.69
2-19	Female	137.30	153.52	169.75	184.35	192.46	203.82	213.55	226.53	241.14	260.61
20-24	Female	157.40	176.13	194.87	211.73	221.10	234.22	245.46	260.45	277.31	299.80
25-29	Female	146.09	163.41	180.74	196.33	204.99	217.12	227.51	241.37	256.96	277.75
30-34	Female	176.20	196.35	216.50	234.64	244.71	258.82	270.91	287.03	305.16	329.34
35-39	Female	197.97	220.85	243.72	264.30	275.74	291.75	305.47	323.77	344.35	371.80
40-44	Female	236.49	264.18	291.87	316.79	330.63	350.01	366.62	388.77	413.69	446.91
45-49	Female	277.95	310.81	343.68	373.26	389.70	412.71	432.43	458.72	488.30	527.74
50-54	Female	349.13	390.89	432.66	470.25	491.13	520.37	545.42	578.84	616.43	666.55
55-59	Female	421.98	472.85	523.73	569.51	594.95	630.56	661.08	701.78	747.56	808.61
60-64	Female	506.98	568.47	629.97	685.32	716.07	759.12	796.01	845.21	900.56	974.36
Per Child		100.88	112.87	124.85	135.64	141.63	150.02	157.21	166.80	177.59	191.97

These rates and zip areas apply to new coverage effective dates 1/1/08 through 6/30/08 for the 80% Coinsurance Option. Please call your agent or check online at [www.hpainsurance.com](http://www.hpainsurance.com) for the rates effective 7/1/08.

The \$5,000 deductible and 50% Coinsurance Option rates are available online. Standard Security Life Insurance Company reserves the right to decline applications received using outdated rates and zip code areas.

\*The monthly rates listed include the following Communicating for America (CA) STM Enhancement Series fees: \$5 per dependent child; \$7.50 per person in age bands 2-29; and \$15 per person in age bands 30-64.

Communicating for America (CA) STM Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Ins. Co. of New York or a part of the STM insurance plan.

\*\* Note: You pay for a maximum of up to three dependent children, regardless of the number eligible children to be insured. Please list all of your eligible dependent children to be insured on the application for insurance.



**Secure STM Single Pay Daily Rates\***  
 Underwritten by Standard Security Life Insurance Company of New York  
 80% of \$5,000 Co-insurance Rates for Effective Dates January 1, 2008 - June 30, 2008  
 Minimum of 30 and a Maximum of 180 Days

**\$2,500 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	1.17	1.28	1.39	1.50	1.55	1.63	1.70	1.80	1.90	2.04
20-24	Male	1.33	1.47	1.61	1.73	1.79	1.89	1.97	2.08	2.20	2.36
25-29	Male	1.23	1.35	1.47	1.58	1.64	1.73	1.80	1.90	2.01	2.16
30-34	Male	1.69	1.84	1.99	2.12	2.19	2.30	2.39	2.51	2.64	2.82
35-39	Male	1.92	2.10	2.28	2.44	2.52	2.65	2.76	2.90	3.06	3.27
40-44	Male	2.21	2.42	2.63	2.82	2.93	3.08	3.21	3.38	3.57	3.82
45-49	Male	2.69	2.96	3.24	3.48	3.62	3.81	3.98	4.19	4.44	4.77
50-54	Male	3.29	3.64	3.99	4.30	4.47	4.72	4.93	5.21	5.52	5.94
55-59	Male	4.16	4.62	5.08	5.49	5.72	6.04	6.31	6.68	7.09	7.64
60-64	Male	5.15	5.73	6.31	6.84	7.13	7.54	7.88	8.35	8.87	9.57
2-19	Female	1.28	1.41	1.54	1.66	1.72	1.81	1.89	1.99	2.11	2.26
20-24	Female	1.43	1.58	1.72	1.86	1.93	2.03	2.12	2.24	2.37	2.55
25-29	Female	1.36	1.49	1.63	1.76	1.82	1.92	2.00	2.11	2.24	2.40
30-34	Female	1.77	1.93	2.09	2.24	2.31	2.43	2.52	2.65	2.79	2.98
35-39	Female	1.94	2.12	2.30	2.46	2.55	2.68	2.79	2.93	3.10	3.31
40-44	Female	2.25	2.47	2.68	2.88	2.99	3.14	3.27	3.45	3.64	3.91
45-49	Female	2.59	2.86	3.12	3.35	3.48	3.67	3.82	4.03	4.27	4.58
50-54	Female	3.15	3.48	3.82	4.11	4.28	4.51	4.71	4.98	5.27	5.67
55-59	Female	3.74	4.15	4.55	4.92	5.12	5.40	5.65	5.97	6.33	6.82
60-64	Female	4.40	4.89	5.38	5.82	6.06	6.41	6.70	7.09	7.53	8.11
Per Child		0.94	1.03	1.13	1.22	1.26	1.33	1.39	1.47	1.55	1.67

**\$1,000 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	1.54	1.71	1.87	2.01	2.09	2.21	2.31	2.43	2.58	2.77
20-24	Male	1.77	1.96	2.14	2.31	2.41	2.54	2.66	2.81	2.98	3.21
25-29	Male	1.63	1.80	1.97	2.13	2.21	2.34	2.44	2.58	2.73	2.94
30-34	Male	2.17	2.38	2.59	2.78	2.88	3.03	3.16	3.32	3.51	3.76
35-39	Male	2.49	2.74	2.99	3.21	3.33	3.51	3.66	3.86	4.08	4.38
40-44	Male	2.91	3.21	3.51	3.78	3.93	4.15	4.33	4.57	4.84	5.20
45-49	Male	3.56	3.95	4.33	4.67	4.86	5.13	5.36	5.67	6.01	6.47
50-54	Male	4.44	4.93	5.42	5.86	6.11	6.45	6.75	7.14	7.59	8.18
55-59	Male	5.65	6.29	6.93	7.51	7.83	8.28	8.67	9.18	9.76	10.54
60-64	Male	7.06	7.88	8.70	9.43	9.84	10.42	10.91	11.56	12.30	13.29
2-19	Female	1.69	1.87	2.05	2.21	2.30	2.43	2.54	2.68	2.85	3.06
20-24	Female	1.92	2.13	2.34	2.53	2.63	2.78	2.91	3.07	3.26	3.51
25-29	Female	1.80	1.99	2.18	2.36	2.45	2.59	2.71	2.86	3.03	3.27
30-34	Female	2.30	2.52	2.75	2.95	3.06	3.22	3.36	3.54	3.74	4.01
35-39	Female	2.54	2.80	3.05	3.28	3.41	3.59	3.74	3.95	4.18	4.48
40-44	Female	2.96	3.27	3.58	3.86	4.01	4.22	4.41	4.66	4.93	5.30
45-49	Female	3.44	3.80	4.17	4.50	4.68	4.94	5.16	5.46	5.79	6.23
50-54	Female	4.23	4.69	5.16	5.58	5.81	6.14	6.41	6.79	7.21	7.77
55-59	Female	5.05	5.62	6.18	6.69	6.98	7.38	7.72	8.17	8.68	9.37
60-64	Female	5.98	6.67	7.35	7.97	8.31	8.79	9.20	9.75	10.37	11.19
Per Child		1.23	1.37	1.50	1.62	1.68	1.78	1.86	1.96	2.08	2.24

**\$500 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	2.06	2.29	2.51	2.72	2.83	2.99	3.12	3.30	3.51	3.78
20-24	Male	2.38	2.64	2.91	3.15	3.28	3.47	3.63	3.84	4.08	4.40
25-29	Male	2.19	2.43	2.67	2.89	3.01	3.18	3.32	3.52	3.74	4.03
30-34	Male	2.85	3.14	3.43	3.70	3.84	4.05	4.23	4.46	4.72	5.08
35-39	Male	3.31	3.66	4.01	4.33	4.50	4.75	4.96	5.24	5.56	5.98
40-44	Male	3.88	4.30	4.72	5.10	5.31	5.61	5.86	6.20	6.58	7.09
45-49	Male	4.83	5.37	5.91	6.39	6.66	7.04	7.37	7.80	8.29	8.94
50-54	Male	6.03	6.72	7.41	8.03	8.37	8.86	9.27	9.82	10.45	11.27
55-59	Male	7.74	8.65	9.55	10.37	10.82	11.45	12.00	12.72	13.53	14.62
60-64	Male	9.72	10.87	12.02	13.06	13.64	14.44	15.14	16.06	17.10	18.48
2-19	Female	2.29	2.55	2.80	3.03	3.16	3.34	3.49	3.70	3.93	4.23
20-24	Female	2.61	2.90	3.20	3.46	3.61	3.82	3.99	4.23	4.49	4.85
25-29	Female	2.43	2.70	2.97	3.22	3.35	3.55	3.71	3.93	4.17	4.50
30-34	Female	3.03	3.34	3.66	3.94	4.10	4.32	4.51	4.76	5.05	5.43
35-39	Female	3.36	3.72	4.08	4.40	4.58	4.83	5.04	5.33	5.65	6.08
40-44	Female	3.95	4.38	4.82	5.20	5.42	5.72	5.98	6.33	6.71	7.23
45-49	Female	4.64	5.15	5.67	6.14	6.39	6.76	7.07	7.48	7.95	8.57
50-54	Female	5.74	6.40	7.05	7.64	7.97	8.43	8.82	9.34	9.93	10.72
55-59	Female	6.90	7.70	8.50	9.22	9.62	10.18	10.66	11.30	12.02	12.98
60-64	Female	8.23	9.19	10.16	11.03	11.51	12.18	12.76	13.54	14.41	15.56
Per Child		1.68	1.86	2.05	2.22	2.31	2.45	2.56	2.71	2.88	3.10

**\$250 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	3.15	3.52	3.88	4.21	4.39	4.64	4.86	5.15	5.48	5.91
20-24	Male	3.64	4.06	4.49	4.87	5.08	5.38	5.63	5.97	6.35	6.86
25-29	Male	3.35	3.74	4.13	4.48	4.67	4.95	5.18	5.49	5.84	6.30
30-34	Male	4.26	4.73	5.20	5.62	5.85	6.18	6.46	6.84	7.26	7.83
35-39	Male	4.99	5.56	6.12	6.62	6.90	7.30	7.63	8.08	8.59	9.26
40-44	Male	5.93	6.61	7.29	7.90	8.24	8.71	9.12	9.66	10.28	11.09
45-49	Male	7.40	8.27	9.13	9.91	10.34	10.94	11.46	12.15	12.93	13.96
50-54	Male	9.35	10.46	11.56	12.56	13.11	13.89	14.55	15.44	16.43	17.76
55-59	Male	12.08	13.52	14.97	16.27	17.00	18.01	18.88	20.04	21.34	23.08
60-64	Male	15.26	17.10	18.94	20.60	21.53	22.82	23.92	25.40	27.06	29.27
2-19	Female	3.51	3.92	4.33	4.70	4.90	5.18	5.43	5.76	6.12	6.61
20-24	Female	4.02	4.49	4.96	5.38	5.62	5.95	6.23	6.61	7.03	7.60
25-29	Female	3.73	4.17	4.60	5.00	5.21	5.52	5.78	6.13	6.52	7.04
30-34	Female	4.55	5.06	5.57	6.02	6.27	6.63	6.93	7.34	7.79	8.40
35-39	Female	5.10	5.67	6.25	6.77	7.05	7.46	7.80	8.26	8.78	9.47
40-44	Female	6.07	6.76	7.46	8.09	8.43	8.92	9.34	9.90	10.52	11.36
45-49	Female	7.11	7.94	8.76	9.51	9.92	10.50	10.99	11.65	12.40	13.39
50-54	Female	8.90	9.95	11.00	11.94	12.47	13.20	13.83	14.67	15.62	16.88
55-59	Female	10.73	12.01	13.29	14.44	15.08	15.97	16.74	17.76	18.91	20.45
60-64	Female	12.87	14.41	15.96	17.35	18.12	19.20	20.13	21.37	22.76	24.61
Per Child		2.58	2.88	3.18	3.45	3.60	3.82	4.00	4.24	4.51	4.87

These rates and zip areas apply to new coverage effective dates 1/1/08 through 6/30/08 for the 80% Coinsurance Option. Please call your agent or check online at [www.hpainsurance.com](http://www.hpainsurance.com) for the rates effective 7/1/08.

The \$5,000 deductible and 50% Coinsurance Option rates are available online. Standard Security Life Insurance Company reserves the right to decline applications received using outdated rates and zip code areas.

\*The daily rates listed include the following Communicating for America (CA) STM Enhancement Series fees: \$.17 cents per dependent child; \$.25 cents per person in age bands 2-29; and \$.50 cents per person in age bands 30-64.

Communicating for America (CA) STM Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Ins. Co. of New York or a part of the STM insurance plan.

\*\* Note: You pay for a maximum of up to three dependent children, regardless of the number eligible children to be insured. Please list all of your eligible dependent children to be insured on the application for insurance.



**SECURE STM  
(Generic)**

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK  
SHORT TERM MEDICAL INSURANCE APPLICATION**

**COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Applicant: Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Social Security Number (SSN #) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**COMPLETE THE FOLLOWING TO INSURE YOUR SPOUSE AND/OR CHILDREN:**

Spouse: Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 SSN # \_\_\_\_\_ Occupation \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN # \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN # \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN # \_\_\_\_\_

**COMPLETE THE FOLLOWING PLAN CHOICES:**

**A. Coverage Effective Date:**  
 Day after US Post Office Date Stamp  
 Later Effective Date: \_\_\_\_\_

**B. Coverage Length:**  
 **Single Payment:** Specify number of days of coverage \_\_\_\_\_ days (minimum 30 days, maximum 180 days) or  
 **Monthly Payment:** Up to 6 Months  
 **Monthly Payment:** Up to 12 Months

**C. Coinsurance:**  80/20 of \$5,000  50/50 of \$5,000

**D. Deductible:**  \$250  \$500  \$1,000  \$2,500

**E. Payment Method:**  Check or Money Order  
 Credit Card  Monthly Automatic Bank Withdrawal

SSL-STM-0506-APP

**ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS:**

I understand that any material misstatement or omission of information made on this form will be considered a misrepresentation and may be the basis for later rescission of my coverage and that of my dependents. In the event of rescission or termination for any reason, the Insurer shall have the right to deduct any premium due and unpaid from any claims payable to me or my dependents.

- Will there be any other health insurance in force on the policy date?.....Yes  No
- Is the proposed insured, spouse, or any dependent child now pregnant?.....Yes  No
- Has any person applying for coverage been declined for health insurance for a condition that is still present?.....Yes  No
- Is any proposed insured currently eligible for Medicaid?.....Yes  No
- Are you or any person proposed for coverage over 300 pounds if male or over 250 pounds if female?.....Yes  No
- Within the past 5 years have you or any person proposed for coverage been aware of, received an abnormal test report, been diagnosed with, treated by or received follow-up care with a member of the medical profession or taken medication for:

<input type="checkbox"/> heart disorder including but not limited to heart attack <input type="checkbox"/> stroke <input type="checkbox"/> cancer <input type="checkbox"/> tumor	<input type="checkbox"/> emphysema or COPD (chronic obstructive pulmonary disease) <input type="checkbox"/> diabetes <input type="checkbox"/> liver disorder <input type="checkbox"/> kidney disorder other than stones	<input type="checkbox"/> degenerative disc disease or herniated disc <input type="checkbox"/> rheumatoid or psoriatic arthritis <input type="checkbox"/> degenerative joint disease of the knees or hips <input type="checkbox"/> alcohol abuse or chemical dependency <input type="checkbox"/> hemophilia
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- Have you or any person proposed for coverage been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex, or any other immune system disorder? Answer this question "no" if you have tested positive for HIV but have not developed symptoms of the disease AIDS.....Yes  No
- Has any person proposed for coverage not been a legal resident of the United States for the last 12 consecutive months?.....Yes  No

**NOTE: IF "YES" IS ANSWERED ON ANY QUESTION 1 THROUGH 8, COVERAGE CANNOT BE ISSUED.**

- I agree that coverage will not become effective for any person whose medical history changes prior to coverage approval, such that the person's answer would be "yes" to any of the Medical History questions in this application. If such person is the Applicant, coverage is automatically declined for all persons included in this application.
- I hereby request coverage issued to the group policyholder by the insurer and understand that if the coverage applied for becomes effective, I agree to all terms of the group policy. I understand that health insurance benefits are excluded for pre-existing conditions.
- I understand that the broker who solicited this application was acting as an independent contractor and not as an agent of the Insurance Company. I further acknowledge that the person who solicited this application and upon whose explanation of benefits, limitations or exclusions we relied, was retained by me as my agent, and that such person has no right to bind or approve coverage or alter any of the terms or conditions of the policy.
- I have read this application and have verified that all of the information provided in it is complete, true and correct, and is all within my personal knowledge. I agree to immediately notify the insurer of any changes in any of the information contained in this form which may occur prior to the approval of coverage.
- All information provided will be held in strictest confidence. My personal health information is protected at all times and may only be released with my express written authorization to do so.

**I understand that this coverage will not pay benefits for a disease or physical condition that I now have or have had within 5 years of my application for coverage**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fraud Warning:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/ or civil penalties.

*The Credit Card / Automatic Bank Withdrawal request forms and rate calculation instructions are on the reverse side. (SSL Secure STM App 11-07)*

**Arkansas Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Ohio and Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**New Mexico Residents:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.



**SECURE SHORT TERM MEDICAL INSURANCE (Generic)**  
STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

**If you selected payment by credit card or monthly bank draft, please complete the applicable request form below:**

**CREDIT CARD PAYMENT REQUEST:**

I authorize Health Plan Administrators, Inc. to charge my credit card premium and fees once for Single Pay Option; or the 1st month and each month thereafter for the Monthly Pay Option.

VISA     MASTER CARD     DISCOVER CARD

Account Number \_\_\_\_\_ / \_\_\_\_\_  
Expiration Date

Print Accountholders Name (As it appears on the card.) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**AUTOMATIC CHECK WITHDRAWAL REQUEST:**

**Attach a voided check and a check for the first month premium and fees.**

Your Standard Security Life Insurance Company of New York monthly premium and fees will automatically be withdrawn from your checking account until the term of insurance expires.

Print Name of Bank or Institution \_\_\_\_\_

Address of Bank or Institution \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by Health Plan Administrators, Inc. to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time end this agreement by giving 30 days advanced written notice to me. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**STM RATE CALCULATION INSTRUCTIONS:**

Complete the calculations based on the coverage options you selected on the application. Note, after the 10 day free look period, premiums are not refundable.

	SINGLE PAY (Daily Rates Minimum of 30, Maximum of 180)	MONTHLY PAY (Monthly Rates)
1. Applicant:	\$	\$
2. Spouse:	\$	\$
3. Child:                      Multiply (x) by # ____ of children (Pay for a maximum of 3)	\$	\$
4. Subtotal:                      Add lines 1, 2 and 3	\$	\$
5. Single Payment Option:      Multiply (x) daily rate by # ____ of Days (Minimum of 30 days)	\$	NA
6. Add Monthly Administration Fee:	<b>\$15.00</b>	<b>\$15.00</b>
7. Add Association Dues:      (This is paid once per year.)	<b>\$10.00</b>	<b>\$10.00</b>
8. Final Total:	\$	\$

**FOR AGENTS USE ONLY:**

Include a current copy of your license and the completed HPA License Request Form with your 1st application.

**Lewis Benefits Group**

Agent's Full Name \_\_\_\_\_

HPA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email **BGA** / **591800000**

GA Name \_\_\_\_\_ HPA # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

MGA Name \_\_\_\_\_ HPA # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Make personal check or money order payable to:  
Health Plan Administrators, Inc.**

**Mail your application and initial payment to :  
HPA, Inc. , P.O. Box 15250 Rockford, IL 61132-5250**

**Save time and postage, if you pay by credit card, fax both sides of the application to: 1-815-633-0277**