



UNL Guaranteed Issue Hospital Indemnity Shield

Hospital Confinement Indemnity Insurance

UNDERWRITTEN BY:
United National Life Insurance Company of America (UNL)
UAD6-23

UNB270
Michigan

UNL GUARANTEED ISSUE HOSPITAL INDEMNITY SHIELD

UNL INSIDE SCOOP



Average Costs per Stay with a Medicare Advantage Plan



5.2
days



\$14,900
average cost of
inpatient stay

According to a recent study by the Agency for Healthcare Research and Quality, the average length of a hospital stay is about 5.2 days for the U.S. and the average cost of an inpatient stay with an MA plan as the primary expected payer is \$14,900.¹

1-Medicare Advantage Versus the Traditional Medicare Program: Costs of Inpatient Stays (2009–2017), 2020, pubmed.ncbi.nlm.nih.gov/32955821/

UNL Guaranteed Issue Hospital Indemnity Shield

will pay you benefits for:



HOSPITAL CONFINEMENT

UNL will pay you, or your designee, between **\$100 to \$450** per day should you be hospitalized for a 24 hour period either as observation or confinement. You can choose any benefit period between 3 and 12 days. The benefits restore every calendar year. This policy has a 60 day waiting period and a 12 month Pre-Existing Condition Limitation. We will not pay benefits for a Pre-Existing Condition unless the loss begins more than twelve (12) months after your Effective Date of coverage.

Additional Coverage Options



+ AMBULANCE BENEFIT RIDER

This rider will pay a chosen benefit of **\$50 to \$400** per ground or air ambulance ride to or from a hospital. It is payable once per day, up to four times per year and subject to a lifetime maximum of 12 trips. No hospital confinement is required.



+ OUTPATIENT SURGERY RIDER

This rider will pay between **\$100 to \$450** for surgeries done in an outpatient facility or in an ambulatory surgical center. Limit 2 per year.



Meet Nora

For illustrative purposes only



Nora is 65 and has a highly rated Medicare Advantage Plan with a

\$300/day

Inpatient Hospital Care co-pay for days 1 to 5



Nora experienced a 5-day inpatient hospital stay. Her Medicare Advantage co-pay was

\$1,500

How did Nora's Guaranteed Issue Hospital Indemnity Shield insurance help lower her out-of-pocket costs?



The cost of Nora's Guaranteed Issue Hospital Indemnity Shield is

\$37.27
per month*

*Includes Policy Fee



Nora's Guaranteed Issue Hospital Indemnity Shield will pay her a \$300 cash benefit for each day spent in the hospital.



Nora was in the hospital for 5 days, she received

\$1,500 in cash benefits

which she used to help cover her Medicare Advantage co-pay!

Coverage details for: _____ Current age: _____

Medicare Advantage Plan Details:

Inpatient Hospital Stay:

Number of co-pay days: _____ Daily co-pay amount: \$ _____

Outpatient Surgery Co-pay _____ x _____ days

Ambulance:

Co-pay amount per use: \$ _____

Annual Maximum Out-of-Pocket:

Amount: \$ _____ Monthly Premium: \$ _____

Guaranteed Issue Hospital Indemnity Shield Benefit Selections:

Daily Benefit Details: _____ days and \$ _____ per day

Outpatient Surgical Benefit Rider

Yes _____ No _____

Ambulance Service Benefit Rider:

Yes _____ No _____

Monthly Hospital Indemnity Shield Premium \$ _____



UNL Guaranteed Issue Hospital Indemnity Shield, Hospital Confinement Indemnity insurance policy, is issued on Form Series U2350 and rider form series RU23ASB and RU21OPS by United National Life Insurance Company of America, Glenview, IL. This product has exclusions, limitations, reductions of benefits and terms under which the Policy/Certificate may be continued in force or discontinued. Subject to state availability. For cost and complete details of coverage, please refer to the Outline of Coverage.



United National Life Insurance Company of America
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050
www.unlinsurance.com



UNL Hospital Indemnity Shield

Limited Benefit Insurance Policy Providing Daily Inpatient Hospital Benefits

With Additional Riders!



Watch Our Short Product Video

UNDERWRITTEN BY:
United National Life Insurance Company of America (UNL)
UAD40-18-MI

UNB271 (PH)
Michigan
(E Version)

UNL INSIDE SCOOP



Average Costs per Stay with a Medicare Advantage Plan



5.2
days



\$14,900
average cost of
inpatient stay

According to a recent study by the Agency for Healthcare Research and Quality, the average length of a hospital stay is about 5.2 days for the U.S. and the average cost of an inpatient stay with an MA plan as the primary expected payer is \$14,900.¹

UNL HOSPITAL INDEMNITY SHIELD

will pay you benefits for:



HOSPITAL CONFINEMENT

UNL will pay you, or your designee, between **\$100 to \$750** per day should you be hospitalized for a 24-hour period either as observation or confinement. You can choose any benefit period between 3 and 10 days. The benefits restore every calendar year.

ADDITIONAL COVERAGE OPTIONS

NEW!

+ OUTPATIENT BENEFIT PACKAGE RIDER

All benefits below included in this package.

Emergency Room/Urgent Care Benefit

UNL will pay the Emergency Room/Urgent Care Benefit of **\$150 for Emergency Services** received in a Hospital Emergency Room, Hospital affiliated emergency care facility, or Urgent Care Facility for treatment due to an injury. Emergency services must occur within 24 hours of a covered accident/injury. Payable once every 60 consecutive calendar days.

Outpatient Rehabilitation/Therapy

UNL will pay **\$50 daily benefit** up to 5 days for chiropractic treatment (due to injury only) or 15 days for occupational, physical or speech therapies.

Outpatient Advanced Diagnostic Exam

UNL will pay **\$150 daily benefit** when at least one outpatient diagnostic exam is performed. For treatment of sickness or injury – not preventative care. One benefit per day and no more than one per calendar year. These covered exams include, CT, MRI, PET scan, Angiogram, CTA, EEG, EKG¹

+ AMBULANCE BENEFIT RIDER

This rider will pay a chosen benefit of **\$50 to \$400** per ground or air ambulance ride to or from a hospital. It is payable once per day, up to four times per year and subject to a lifetime maximum of 12 trips. **No hospital confinement is required.**

+ OUTPATIENT SURGERY RIDER

This rider will pay between **\$250 to \$1,000** for surgeries done in an outpatient facility or in an ambulatory surgical center. Limit 2 per year.



Federal disclosure on Hospital Indemnity Insurance.

1-Computerized Tomography, Magnetic Resonance Imaging, Positron Emission Tomography scan, Computerized Tomography Angiogram scan, Electroencephalogram, Electrocardiogram)



+ CANCER LUMP SUM BENEFIT RIDER WITH RESTORATION

This rider pays a lump sum benefit upon a Positive Diagnosis of Cancer.

Cancer (Invasive) Lump Sum Benefit: In addition, pays a one-time lump sum benefit for a Diagnosis of Cancer in Situ. Cancer in Situ Lifetime Benefit: 25% of the Cancer Lump Sum Benefit.

Benefits eligible for full restoration after a 5 year Period of Remission from Cancer.

Option A	Option B	Option C
\$1,000	\$5,000	\$10,000

+ SKILLED NURSING FACILITY BENEFIT RIDER

After a 3 day hospital confinement, this rider is available between **\$100-\$300** in \$10 increments, if you are confined to a skilled nursing facility. We will pay benefits as long as confinement occurs within 30 days of hospitalization. There is a 20 day elimination period.

+ TERMINAL ILLNESS RIDER

UNL will pay a daily benefit upon diagnosis of a terminal illness, expected to result in death within 6 months. The daily benefit is available starting with the date of diagnosis or prognosis of illness deemed terminal, ending at the earliest date of death or reaching the maximum benefit amount.

TERMINAL ILLNESS DAILY BENEFITS

Plan A	Plan B	Plan C
\$100	\$200	\$300
<i>Daily</i>	<i>Daily</i>	<i>Daily</i>

WITH A 100 DAY MAXIMUM OF:

\$10,000	\$20,000	\$30,000
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Meet Kate*



Kate is 65 and has a highly rated Medicare Advantage Plan with a

\$400/day

Inpatient Hospital Care co-pay for days 1 to 3



Kate experienced a 3-day inpatient hospital stay. Her Medicare Advantage co-pay was

\$1,200

How did Kate's Hospital Indemnity Shield insurance help lower her out-of-pocket costs?



The cost of Kate's Hospital Indemnity Shield is

\$13.97
per month**



Kate's Hospital Indemnity Shield will pay her a \$400 cash benefit for each day spent in the hospital.



Kate was in the hospital for 3 days, she received

\$1,200 in
cash benefits

which she used to help cover her Medicare Advantage co-pay!

**Includes Policy Fee

Coverage details for: _____ Current age: _____

Medicare Advantage Plan Details:

Inpatient Hospital Stay:

Number of co-pay days: _____ Daily co-pay amount: \$ _____

Skilled Nursing Facility Daily Co-pay _____ x _____ days

Ambulance:

Co-pay amount per use: \$ _____

Annual Maximum Out-of-Pocket:

Amount: \$ _____ Monthly Premium: \$ _____

Hospital Indemnity Shield Benefit Selections:

Daily Benefit Details: _____ days and \$ _____ per day

Outpatient Benefit Package Rider

Yes _____ \$ _____ No _____

Skilled Nursing Facility Benefit Rider

Yes _____ \$ _____ No _____

Ambulance Service Benefit Rider (\$50-\$400 per Trip):

Yes _____ \$ _____ No _____

Outpatient Surgical Benefit Rider

Yes _____ \$ _____ No _____

Cancer Lump Sum Rider

Yes _____ \$ _____ No _____

Terminal Illness Rider

Yes _____ \$ _____ No _____

Monthly Hospital Indemnity Shield Premium \$ _____

*For illustrative purposes only



The Hospital Confinement Indemnity insurance policy is issued on Form Series U1750 and rider form series RU20SNF, RU23ASB, RU17ASB, RU20CLS, RU23TI, URA23-2, RU24ER, RU24OPT, RU24ADE and RU21OPS by United National Life Insurance Company of America, Glenview, IL. This product and its features are subject to state availability and variability. This Policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued.

For cost and complete details of coverage, please refer to the Outline of Coverage.



United National Life Insurance Company of America
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050
www.unlinsurance.com



Hospital Indemnity Shield Rates

Agent Rates

FOR AGENT USE ONLY

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UNT841 (PH)
Michigan
(E-Version)



Meet Kate*



Kate is 65 and has a highly rated Medicare Advantage Plan with a **\$400/day** Inpatient Hospital Care co-pay for days 1 to 3



Kate experienced a 3-day inpatient hospital stay. Her Medicare Advantage co-pay was **\$1,200**

How did Kate's Hospital Indemnity Shield insurance help lower her out-of-pocket costs?



The cost of Kate's Hospital Indemnity Shield is **\$10.27 per month****



Kate's Hospital Indemnity Shield will pay her a \$400 cash benefit for each day spent in the hospital.



Kate was in the hospital for 3 days, she received **\$1,200 in cash benefits** which she used to help cover her Medicare Advantage co-pay!

**Includes Policy Fee

Coverage details for: _____ Current age: _____

Medicare Advantage Plan Details:

Inpatient Hospital Stay:

Number of co-pay days: _____ Daily co-pay amount: \$ _____

Skilled Nursing Facility Daily Co-pay _____ x _____ days

Ambulance:

Co-pay amount per use: \$ _____

Annual Maximum Out-of-Pocket:

Amount: \$ _____ Monthly Premium: \$ _____

Hospital Indemnity Shield Benefit Selections:

Daily Benefit Details: _____ days and \$ _____ per day

Outpatient Benefit Package Rider

Yes _____ \$ _____ No _____

Skilled Nursing Facility Benefit Rider

Yes _____ \$ _____ No _____

Ambulance Service Benefit Rider (\$50-\$400 per Trip):

Yes _____ \$ _____ No _____

Outpatient Surgical Benefit Rider

Yes _____ \$ _____ No _____

Cancer Lump Sum Rider

Yes _____ \$ _____ No _____

Terminal Illness Rider

Yes _____ \$ _____ No _____

Monthly Hospital Indemnity Shield Premium \$ _____

*For illustrative purposes only



HOSPITAL INDEMNITY SHIELD RATES

Hospital Indemnity Shield-Annual Rates per \$10/day								
Attained Age	\$250/Day Minimum						\$100/Day Minimum	
	3-Day Hospital Benefit	4-Day Hospital Benefit	5-Day Hospital Benefit	6-Day Hospital Benefit	7-Day Hospital Benefit	8-Day Hospital Benefit	9-Day Hospital Benefit	10-Day Hospital Benefit
64	\$2.49	\$2.74	\$3.03	\$3.27	\$3.45	\$3.59	\$3.71	\$3.81
65	\$2.58	\$2.84	\$3.16	\$3.42	\$3.61	\$3.77	\$3.90	\$4.00
66	\$2.64	\$2.91	\$3.26	\$3.51	\$3.72	\$3.89	\$4.03	\$4.14
67	\$2.71	\$3.00	\$3.36	\$3.63	\$3.85	\$4.03	\$4.17	\$4.28
68	\$2.79	\$3.10	\$3.47	\$3.76	\$3.99	\$4.17	\$4.32	\$4.43
69	\$2.89	\$3.21	\$3.59	\$3.89	\$4.14	\$4.33	\$4.47	\$4.61
70	\$2.98	\$3.31	\$3.71	\$4.03	\$4.28	\$4.48	\$4.63	\$4.77
71	\$3.09	\$3.42	\$3.85	\$4.18	\$4.43	\$4.64	\$4.81	\$4.95
72	\$3.19	\$3.55	\$3.99	\$4.33	\$4.59	\$4.82	\$4.98	\$5.14
73	\$3.31	\$3.68	\$4.14	\$4.49	\$4.77	\$4.99	\$5.18	\$5.33
74	\$3.44	\$3.82	\$4.30	\$4.66	\$4.96	\$5.19	\$5.37	\$5.52
75	\$3.57	\$3.96	\$4.46	\$4.84	\$5.15	\$5.39	\$5.59	\$5.75
76	\$3.81	\$4.24	\$4.76	\$5.17	\$5.49	\$5.75	\$5.96	\$6.13
77	\$4.06	\$4.51	\$5.08	\$5.51	\$5.86	\$6.13	\$6.35	\$6.54
78	\$4.31	\$4.80	\$5.40	\$5.87	\$6.25	\$6.55	\$6.78	\$6.99
79	\$4.65	\$5.19	\$5.86	\$6.36	\$6.77	\$7.09	\$7.35	\$7.57
80	\$5.16	\$5.76	\$6.51	\$7.08	\$7.54	\$7.91	\$8.20	\$8.44
81	\$5.36	\$6.03	\$6.80	\$7.41	\$7.90	\$8.27	\$8.58	\$8.83
82	\$5.62	\$6.31	\$7.14	\$7.78	\$8.28	\$8.69	\$9.01	\$9.27
83	\$6.22	\$6.99	\$7.90	\$8.60	\$9.18	\$9.61	\$9.97	\$10.26
84	\$6.92	\$7.78	\$8.79	\$9.58	\$10.20	\$10.70	\$11.10	\$11.42
85	\$6.99	\$7.84	\$8.88	\$9.67	\$10.30	\$10.80	\$11.20	\$11.54

Outpatient Surgical Benefit Rider Annual Rates	
Issue Age	Annual Rate per \$10 Benefit
64-85	\$2.69

Outpatient Benefit Package Rider Annual Rates			
Attained Age		Attained Age	
50-64	\$124.10	75	\$154.95
65	\$125.00	76	\$156.05
66	\$125.95	77	\$157.10
67	\$126.85	78	\$158.35
68	\$127.80	79	\$159.40
69	\$128.85	80	\$160.65
70	\$143.45	81	\$161.85
71	\$144.50	82	\$163.25
72	\$145.60	83	\$164.45
73	\$146.50	84	\$165.85
74	\$147.60	85	\$167.05

To include Policy Fee, please add:

- \$1.67 for monthly**
- \$5.00 for quarterly**
- \$10.00 for semi-annually**
- \$20.00 for annually**

Ambulance Benefit Rider								
Annual Rates								
Attained Age	\$50.00	\$100.00	\$150.00	\$200.00	\$250.00	\$300.00	\$350.00	\$400.00
64-69	\$6.07	\$12.14	\$18.20	\$24.27	\$30.34	\$36.41	\$42.47	\$48.54
70	\$8.75	\$17.51	\$26.26	\$35.01	\$43.76	\$52.52	\$61.27	\$70.02
71	\$8.85	\$17.70	\$26.54	\$35.39	\$44.24	\$53.09	\$61.93	\$70.78
72	\$9.53	\$19.05	\$28.58	\$38.10	\$47.63	\$57.15	\$66.68	\$76.20
73	\$9.71	\$19.43	\$29.14	\$38.85	\$48.56	\$58.28	\$67.99	\$77.70
74	\$10.42	\$20.84	\$31.26	\$41.68	\$52.10	\$62.52	\$72.94	\$83.36
75	\$11.99	\$23.98	\$35.96	\$47.95	\$59.94	\$71.93	\$83.91	\$95.90
76	\$12.21	\$24.42	\$36.63	\$48.84	\$61.05	\$73.26	\$85.47	\$97.68
77	\$14.86	\$29.73	\$44.59	\$59.45	\$74.31	\$89.18	\$104.04	\$118.90
78	\$15.66	\$31.33	\$46.99	\$62.65	\$78.31	\$93.98	\$109.64	\$125.30
79	\$15.94	\$31.88	\$47.82	\$63.76	\$79.70	\$95.64	\$111.58	\$127.52
80	\$17.07	\$34.14	\$51.20	\$68.27	\$85.34	\$102.41	\$119.47	\$136.54

Cancer Lump Sum Rider			
Annual Rates			
Issue Age	\$1,000	\$5,000	\$10,000
64	\$31.93	\$159.65	\$319.30
65-69	\$34.22	\$171.10	\$342.20
70-74	\$34.80	\$174.00	\$348.00
75-79	\$35.68	\$178.40	\$356.80
80-84	\$35.48	\$177.40	\$354.80
85	\$35.66	\$178.30	\$356.60

Skilled Nursing Facility Benefit Rider			
Annual Rates			
Issue Age	Annual Rates per \$10 Benefit	Issue Age	Annual Rates per \$10 Benefit
64	\$10.04	75	\$21.79
65	\$10.54	76	\$23.76
66	\$11.43	77	\$25.74
67	\$12.33	78	\$27.71
68	\$13.22	79	\$29.68
69	\$14.11	80	\$31.66
70	\$15.00	81	\$34.26
71	\$16.36	82	\$36.86
72	\$17.72	83	\$39.47
73	\$19.07	84	\$42.07
74	\$20.43	85	\$44.67

Terminal Illness Benefit Rider			
Annual Rates			
Attained Age	\$100	\$200	\$300
61-64	\$269.77	\$539.54	\$809.31
65-70	\$325.02	\$650.04	\$975.06
71-85	\$330.97	\$661.94	\$992.91



Guaranteed Issue Hospital Indemnity Shield

Agent Rates

FOR AGENT USE ONLY

UNDERWRITTEN BY:

United National Life Insurance Company of America (UNL)
P.O. Box 1154 • Glenview, IL 60025-1154 • (800) 207-8050

UNT842 (PH)
Michigan



GUARANTEED ISSUE HOSPITAL INDEMNITY SHIELD RATES

Guaranteed Issue Hospital Indemnity Shield—Annual Rates per \$10/day										
Attained Age	\$200/Day Minimum						\$100/Day Minimum			
	3-Day Hospital Benefit	4-Day Hospital Benefit	5-Day Hospital Benefit	6-Day Hospital Benefit	7-Day Hospital Benefit	8-Day Hospital Benefit	9-Day Hospital Benefit	10-Day Hospital Benefit	11-Day Hospital Benefit	12-Day Hospital Benefit
64-65	\$9.42	\$11.96	\$14.24	\$15.82	\$17.09	\$18.09	\$18.84	\$19.38	\$20.44	\$21.49
66	\$9.85	\$12.50	\$14.88	\$16.54	\$17.86	\$18.90	\$19.69	\$20.25	\$21.35	\$22.46
67	\$10.27	\$13.04	\$15.53	\$17.26	\$18.63	\$19.72	\$20.54	\$21.13	\$22.28	\$23.44
68	\$10.70	\$13.59	\$16.17	\$17.97	\$19.41	\$20.54	\$21.40	\$22.01	\$23.21	\$24.41
69	\$11.12	\$14.12	\$16.82	\$18.69	\$20.18	\$21.35	\$22.25	\$22.89	\$24.14	\$25.39
70	\$11.55	\$14.67	\$17.46	\$19.40	\$20.95	\$22.18	\$23.10	\$23.76	\$25.06	\$26.35
71	\$11.98	\$15.21	\$18.11	\$20.11	\$21.73	\$22.99	\$23.95	\$24.64	\$25.98	\$27.33
72	\$12.40	\$15.75	\$18.75	\$20.83	\$22.50	\$23.82	\$24.80	\$25.52	\$26.91	\$28.30
73	\$12.83	\$16.29	\$19.39	\$21.54	\$23.28	\$24.63	\$25.66	\$26.39	\$27.83	\$29.27
74	\$13.25	\$16.83	\$20.04	\$22.26	\$24.05	\$25.44	\$26.51	\$27.27	\$28.76	\$30.24
75	\$13.68	\$17.37	\$20.68	\$22.97	\$24.82	\$26.27	\$27.36	\$28.15	\$29.69	\$31.22
76	\$14.11	\$17.91	\$21.33	\$23.69	\$25.60	\$27.08	\$28.21	\$29.02	\$30.60	\$32.19
77	\$14.53	\$18.45	\$21.97	\$24.41	\$26.37	\$27.91	\$29.06	\$29.90	\$31.53	\$33.16
78	\$14.96	\$18.99	\$22.62	\$25.12	\$27.15	\$28.72	\$29.92	\$30.78	\$32.46	\$34.14
79	\$15.39	\$19.54	\$23.25	\$25.84	\$27.92	\$29.54	\$30.77	\$31.66	\$33.39	\$35.11
80	\$15.81	\$20.07	\$23.90	\$26.55	\$28.68	\$30.36	\$31.62	\$32.53	\$34.30	\$36.08
81	\$16.24	\$20.62	\$24.54	\$27.27	\$29.46	\$31.17	\$32.47	\$33.41	\$35.23	\$37.05
82	\$16.66	\$21.16	\$25.19	\$27.99	\$30.23	\$32.00	\$33.33	\$34.29	\$36.16	\$38.03
83	\$17.09	\$21.70	\$25.83	\$28.70	\$31.00	\$32.81	\$34.18	\$35.16	\$37.08	\$39.00
84	\$17.52	\$22.24	\$26.47	\$29.42	\$31.78	\$33.63	\$35.03	\$36.04	\$38.01	\$39.97
85	\$17.77	\$22.55	\$26.85	\$29.83	\$32.23	\$34.10	\$35.52	\$36.55	\$38.54	\$40.54

Ambulance Benefit Rider—Annual Rates								
Attained Age	\$50	\$100	\$150	\$200	\$250	\$300	\$350	\$400
64-69	\$6.07	\$12.14	\$18.20	\$24.27	\$30.34	\$36.41	\$42.47	\$48.54
70	\$8.75	\$17.51	\$26.26	\$35.01	\$43.76	\$52.52	\$61.27	\$70.02
71	\$8.85	\$17.70	\$26.54	\$35.39	\$44.24	\$53.09	\$61.93	\$70.78
72	\$9.53	\$19.05	\$28.58	\$38.10	\$47.63	\$57.15	\$66.68	\$76.20
73	\$9.71	\$19.43	\$29.14	\$38.85	\$48.56	\$58.28	\$67.99	\$77.70
74	\$10.42	\$20.84	\$31.26	\$41.68	\$52.10	\$62.52	\$72.94	\$83.36
75	\$11.99	\$23.98	\$35.96	\$47.95	\$59.94	\$71.93	\$83.91	\$95.90
76	\$12.21	\$24.42	\$36.63	\$48.84	\$61.05	\$73.26	\$85.47	\$97.68
77	\$14.86	\$29.73	\$44.59	\$59.45	\$74.31	\$89.18	\$104.04	\$118.90
78	\$15.66	\$31.33	\$46.99	\$62.65	\$78.31	\$93.98	\$109.64	\$125.30
79	\$15.94	\$31.88	\$47.82	\$63.76	\$79.70	\$95.64	\$111.58	\$127.52
80	\$17.07	\$34.14	\$51.20	\$68.27	\$85.34	\$102.41	\$119.47	\$136.54

Outpatient Surgical Benefit Rider Annual Rates	
Issue Age	Annual Rate per \$10 Benefit
64-85	\$2.69

To include Policy Fee, please add
\$1.67 for monthly
\$5.00 for quarterly
\$10.00 for semi-annually
\$20.00 for annually



Agent's Name: _____

Agent's Phone Number: _____

Agent's E-mail: _____

Guaranteed Issue Hospital Indemnity Insurance Worksheet

Name _____ Birthdate ____/____/____ Age ____ Male Female

Current Health Ins. Plan _____ Yearly Maximum Out-of-Pocket _____

CURRENT HEALTH INSURANCE PLAN CO-PAYS					
Inpatient hospital	\$ _____ / copay	X	_____ days	=	\$ _____
Ambulance	\$ _____ / copay	X	_____ trips	=	\$ _____
Outpatient surgery	\$ _____ / copay	X	_____ occurrences	=	\$ _____
Total out-of-pocket					\$ _____

UNL'S GUARANTEED ISSUE HOSPITAL INDEMNITY SHIELD BENEFIT SELECTIONS					
Hospital Daily Benefit Details:	\$ _____	X	_____ days	=	\$ _____
Ambulance Service Benefit Rider:	\$ _____	X	_____ trips	=	\$ _____
Outpatient Surgical Benefit Rider: (Two Occurrences)	\$ _____	X	_____ occurrences	=	\$ _____

Monthly UNL Hospital Indemnity Shield Premium \$ _____	UNL Pays Total Amount: \$ _____
--------------------------------------------------------	---------------------------------

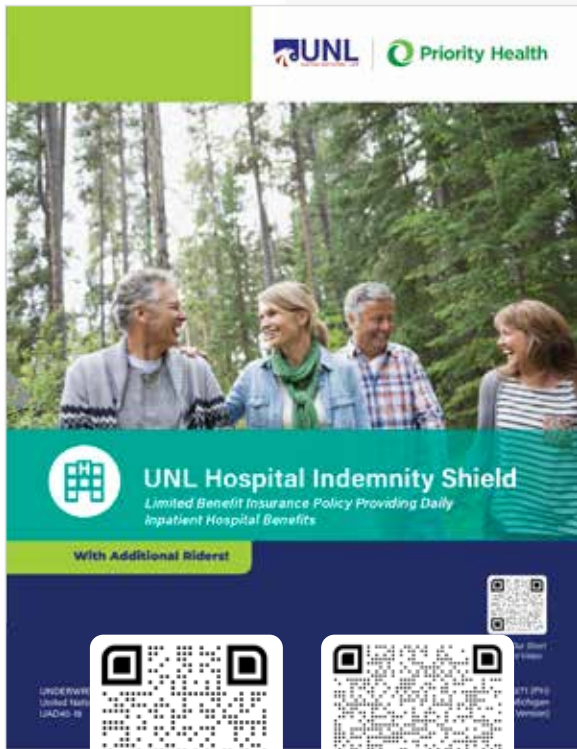
*Riders not available in all states.



UNL SHIELD SERIES: HOSPITAL INDEMNITY SHIELD

Supplemental solutions to help you cover co-payments, deductibles & out-of-pocket expenses!

Use your phone's camera to scan the QR codes below to access UNL's product brochure and video.



Video



Brochure

Limited Benefit Policy Providing Daily Inpatient Hospital Benefits Insurance, helps fill in the gaps for uncovered co-payments, deductibles and out-of-pocket expenses.



Attained Age 64-85



Pays cash benefits



Now with Cancer Lump Sum Rider, Terminal Illness Rider and Optional \$5,000 Whole Life Policy (Life Policy available on HIP e-App only.)

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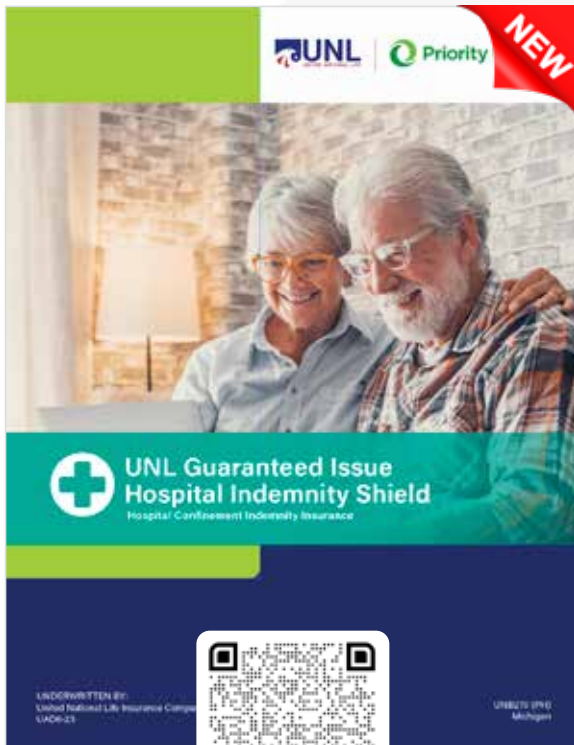
Hospital Indemnity Shield, Limited Benefit Policy Providing Daily Inpatient Hospital Benefits insurance, is issued on Form Series U1750. This product and its features are subject to state availability and variability. This Policy have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For cost and complete details of coverage, please refer to the Outline of Coverage or your agent.



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UNL Guaranteed Issue Hospital Indemnity Shield, Hospital Confinement Indemnity Insurance, is issued on Form Series U2350. This product and its features are subject to state availability and variability. This Policy have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For cost and complete details of coverage, please refer to the Outline of Coverage or your agent.



July 18, 2024

Uhip2 Ohuhip
2000 Main Rd
City, MI 44444

Dear Uhip2 Ohuhip:

Congratulations on your purchase of Daily Inpatient Hospital Benefit coverage from United National Life. Enclosed you will find your ID card for your records.

To view your policy, simply go online to unlinsurance.com (instructions below). All information is provided in a secure, encrypted environment to maintain your privacy. If you have any questions or do not have internet access and need assistance, please call 1-800-207-8050.

Directions to Access Your Policy:

1. Go to <https://unlinsurance.com> and click on "Visit Customer Portal" located under the "Policyholder" tab.
2. Complete the registration process by filling in the requested information.

***If you already have an online account with us click on "Proceed to Log in" and enter your UserID and Password.**

3. Access your account.

Thank you for choosing UNL. We appreciate your business and look forward to serving you.

Sincerely,

A handwritten signature in black ink that reads "Donald G. Abbs". The signature is written in a cursive style with a long horizontal stroke at the beginning.

Don Abbs
President, UNL



**United National Life
Insurance Company of America**

**Daily Inpatient Hospital Benefit
1-800-207-8050**

Policy: 20UHIP20MI
Uhip2 Ohuhip
Effective Date: July 16, 2024

Please Remember to Carry this Identification
Card with you at All Times.

Attn Provider: For Claim questions or benefit
verification call: 1-866-851-0284

Policyholders: For Customer Service Call
Toll Free: 1-800-207-8050

Send all Claims to: United National Life
Insurance Company of America
P.O. Box 1144 Glenview, IL 60025

Thank you for choosing United National Life Insurance Company of America. We have been a trusted provider to individual and families for over 80 years and are committed to providing our policyholders with personal customer service, quality products and successful relationships.

The following document pertains to residents in the following states:
CO, LA, NE, PA, SD, WV.

We are required by your state's insurance laws to include this policy delivery receipt with your policy fulfillment materials. If your policy was delivered by the U.S. Postal service (paper mail), we ask that you print, complete and mail this form to us. This will confirm to us that you have received your policy and are aware of your right to examine the policy during a "free look" period (as defined on the first page of your policy) and request a refund if you are not satisfied. If your policy was delivered electronically, no action is required on your part regarding this Policy Delivery Receipt.

We are dedicated to providing the best customer service to all of our policyholders. If you have any additional questions regarding your policy, please contact our customer service support team.

United National Life Insurance Company of America
1275 Milwaukee Ave.
Glenview, IL 60025
1-800-207-8050

Hours of Operation:
Monday thru Thursday 7a.m. - 5p.m. (CST)
Friday 8a.m. - 12p.m. (CST)

United National Life Insurance Company of America
Insurance Policy/Certificate Receipt
Policy/Certificate Owner to Complete

Insured's Name: Uhip2 Ohuhip

Policy/Certificate Number: 20UHIP20MI

I acknowledge the policy/certificate has been delivered to me on the date shown below.

Owner's Signature: _____ Date: _____

Please mail or fax the completed form to United National Life – Fax: 847-699-1048

FOR NEBRASKA:

In addition to the copy sent to UNL, for **Nebraska** policies **delivered by an agent**, the agent shall sign this delivery receipt, keep one copy and give one to the insured.

Agent Signature: _____ Agent Code: _____