



**SECURE 12x3 STM  
(Florida)**

**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 \_\_\_\_\_  
 Occupation \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**COMPLETE THE FOLLOWING PLAN CHOICES:**

Choose only one for each A, B, C, D and F.

**A. Coverage Effective Date:**

Day after US Post Office Date Stamp  
 Later Effective Date: \_\_\_\_\_

**B. Coverage Length:**

Single Payment for 12 Months  Monthly pay for 12 Months

**C. Coinsurance:**

80/20 of \$10,000  50/50 of \$10,000

**D. Deductible:**

\$500  \$1,000  \$2,500  \$5,000

**E. Payment Method:**

Check or Money Order  
 Credit Card (MasterCard, Visa or Discover)  
 Monthly Automatic Bank Withdrawal

**F. Supplement Accident Rider:  Yes  No**

SSL-STM-1104-APP-FL

**ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS:**

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.

1. Will there be any other health insurance in force on the policy date?.....  Yes  No
2. Is the proposed insured, spouse, or any dependent child now pregnant?.....  Yes  No
3. Is any proposed insured currently eligible for Medicaid?.....  Yes  No
4. Within the past 5 years have you or any person proposed for coverage been aware of, diagnosed, treated by a member of the medical profession, or taken medication for cancer or tumor, stroke, heart disease including heart attack, chest pain or had heart surgery, COPD (chronic obstructive pulmonary disease) or emphysema, liver disorder, degenerative disc disease or herniation/bulge, rheumatoid arthritis, degenerative joint disease of the knee, insulin-dependant diabetes (not applicable to DC residents) alcohol abuse or chemical dependency?.....  Yes  No
5. Within the past 5 years, has any person proposed for coverage tested positive for exposure to the HIV infection, or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?.....  Yes  No
6. 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 6, COVERAGE CANNOT BE ISSUED.**

1) 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. 2) I hereby request coverage under the policy issued to the group policyholder by the insurer and understand that if the coverage applied for becomes effective, I agree to all the terms of the group policy. I understand that health insurance benefits are excluded for pre-existing conditions. 3) 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. 4) 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. 5) All information provided will be held in strictest confidence. Your personal health information is protected at all times and may only be released with your 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 in the past.**

**Fraud Warning:** Any person who, knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

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

This policy is primarily governed by the laws of the District of Columbia. As a result, all of the rating laws applicable to policies filed in this state do not apply to this coverage, which may result in increases in your premium at renewal that would not be permissible under a Florida approved policy. Any purchase of individual health insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual health policy. For information concerning individual health coverage under a Florida approved policy, consult your agent or the Florida Department of Financial Services.



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

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.*

## About the STM Enhancement Series

Included with your coverage is Communicating for America\*\* (CA) Healthy Lifestyle Advocates, which provides 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 over 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 is a part of the STM insurance plan. CA provides access to discount services administered by CAREINGTON International. Enhancement series benefits may vary by state.*

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

SS Secure 12x3 Rates/zips eff. 1/1/08 - 6/30/08 rev. 11-6-07

## Secure 12x3

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. To get the rates and area factors for DE, see the applicable state application. Call HPA at 1-800-277-3323 ext. 3 to receive assistance.

Zip Code	Area	Zip Code	Area
Alaska		Ohio	
995-999	C	430-458	AA
Alabama		Oklahoma	
357-358, 360-363, 368	B	735, 740-741, 749	A
364-367, 369	D	734, 736-739, 743-748	B
354-356, 359	E	730-731	C
350-352	G	Oregon	
Arkansas		973-976, 978-979	A
716-729	A	970-972, 977	B
Arizona		Pennsylvania	
850-865	AA	173-176	AA
District of Columbia		151-152, 166, 168, 183, 195-196	B
200, 202-205	F	157-158, 162-163, 167, 169, 172	C
Florida (Use FL application.)		177-179, 188	C
323	B	161, 164-165, 170-171, 180-182	D
324, 348, 340-344	C	150, 153-156, 159-160, 184-187, 189-194	E
321, 325, 327-329, 338, 347	D	South Carolina	
326, 339	E	290-292, 295-297, 299	C
320, 322, 335-337, 346, 349	F	293-294, 298	D
333-334	G	Tennessee	
330-332	H	376, 383	A
Georgia		370-372, 377-382, 384-385	B
304-305, 315-319	A	373-374	C
300-303, 306-314, 398-399	B	Utah	
Hawaii		845-847	A
967-968	C	840-844	B
Illinois		Virginia	
612-614, 619, 623, 626, 629	AA	229, 240-245	B
607, 610-611, 617, 624-625, 628	A	201, 228, 233-237, 239, 246	C
615	B	220-227, 230-232, 238	F
616, 618, 620, 627	C	West Virginia	
608-609, 621-622	D	261-267	B
602-603	E	247-249, 252, 255-259, 268	C
600-601, 604-606	F	260	D
Iowa		250-251, 253-254	E
504-505, 508-516, 521, 525-528	A	Wisconsin	
500-503, 506-507, 520, 522-524	B	541	A
Missouri		533, 535-536, 538-539, 542-543	B
630-639, 644-648, 650-658	AA	545-549	B
640-641, 649	A	530, 534, 537, 544	C
Nebraska		531, 540	D
683-693	AA	532	E
680-681	A		
New Mexico			
875-880	B		
870-874, 881-884	C		

The Standard Security STM is available in most states. Please call your agent or HPA at 1-800-277-3323 ext. 3, if your state is not listed as approved for the Secure 12x3.

SS Secure 12x3 Rates/zips eff. 1/1/08 - 6/30/08 rev. 11-6-07

## Secure 12x3

Rates for Effective Dates

January 1, 2008 - June 30, 2008\*

Underwritten by Standard Security Life Insurance Company of New York

## 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 applicant's 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.

Please use the Standard Security Life Ins. Co. of New York Generic STM Application form SSL-STM-11/04-APP, unless otherwise indicated to use a state specific application or rate chart. Contact your agent or HPA, Inc. for the application form or to verify current plan approvals.

## How to Calculate Your Rates

The Secure 12x3 rate chart contains rates for Coverage Effective Dates from 1/1/08 through 6/30/08.\*

Use the rate chart that corresponds with your 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 rate chart. Please call your agent or HPA at 1-800-277-3323 ext. 3, or check online at [www.hpa-inc.com](http://www.hpa-inc.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.**

*\*Please note these rates are subject to change. All applications and rate calculations are subject to review and acceptance by HPA new business administration.*

SS Secure 12x3 Rates/zips eff. 1/1/08 - 6/30/08 rev. 11-6-07



**Secure 12x3 Monthly Rates\***  
 Underwritten by Standard Security Life Insurance Company of New York  
 80% of \$10,000 Co-insurance Option 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	48.07	52.52	56.96	60.97	63.19	66.30	68.97	72.53	76.53	81.86
20-24	Male	54.32	59.55	64.77	69.48	72.09	75.75	78.89	83.07	87.78	94.05
25-29	Male	50.47	55.22	59.97	64.24	66.61	69.94	72.78	76.58	80.85	86.55
30-34	Male	66.63	72.45	78.28	83.53	86.44	90.52	94.02	98.68	103.93	110.92
35-39	Male	74.32	81.11	87.90	94.01	97.40	102.16	106.23	111.66	117.77	125.92
40-44	Male	85.85	94.09	102.32	109.73	113.84	119.60	124.54	131.13	138.54	148.42
45-49	Male	104.60	115.18	125.75	135.27	140.56	147.96	154.30	162.76	172.28	184.97
50-54	Male	128.15	141.67	155.19	167.36	174.12	183.58	191.70	202.51	214.68	230.90
55-59	Male	160.84	178.45	196.05	211.90	220.70	233.02	243.59	257.67	273.51	294.64
60-64	Male	200.26	222.79	245.32	265.60	276.87	292.64	306.16	324.18	344.46	371.50
2-19	Female	52.40	57.38	62.37	66.86	69.35	72.84	75.84	79.83	84.31	90.30
20-24	Female	58.17	63.87	69.58	74.72	77.57	81.57	84.99	89.56	94.70	101.55
25-29	Female	54.80	60.09	65.38	70.13	72.78	76.48	79.65	83.88	88.64	94.99
30-34	Female	69.03	75.16	81.29	86.80	89.87	94.16	97.84	102.74	108.25	115.61
35-39	Female	76.72	83.81	90.90	97.28	100.83	105.79	110.04	115.72	122.10	130.61
40-44	Female	87.30	95.71	104.12	111.69	115.90	121.79	126.83	133.56	141.13	151.23
45-49	Female	100.76	110.85	120.94	130.03	135.08	142.14	148.20	156.27	165.36	177.47
50-54	Female	122.39	135.18	147.98	159.50	165.90	174.86	182.54	192.78	204.29	219.65
55-59	Female	144.98	160.60	176.22	190.28	198.09	209.03	218.40	230.90	244.96	263.71
60-64	Female	170.94	189.80	208.67	225.65	235.08	248.29	259.61	274.70	291.68	314.32
Per Child		39.32	42.99	46.65	49.95	51.78	54.35	56.55	59.48	62.78	67.18

**\$1,000 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	71.62	79.01	86.41	93.06	96.75	101.93	106.36	112.27	118.92	127.79
20-24	Male	81.72	90.37	99.02	106.81	111.14	117.19	122.38	129.31	137.09	147.48
25-29	Male	75.47	83.34	91.21	98.30	102.23	107.74	112.46	118.76	125.85	135.29
30-34	Male	96.43	105.98	115.54	124.13	128.91	135.60	141.33	148.97	157.57	169.04
35-39	Male	110.85	122.21	133.56	143.78	149.46	157.41	164.22	173.31	183.53	197.16
40-44	Male	130.08	143.84	157.60	169.98	176.86	186.49	194.75	205.76	218.14	234.65
45-49	Male	159.88	177.36	194.85	210.59	219.33	231.57	242.06	256.05	271.78	292.77
50-54	Male	199.78	222.25	244.72	264.95	276.18	291.91	305.40	323.37	343.60	370.56
55-59	Male	255.06	284.44	313.82	340.26	354.95	375.52	393.15	416.66	443.10	478.36
60-64	Male	319.47	356.90	394.33	428.02	446.74	472.94	495.40	525.35	559.04	603.96
2-19	Female	78.35	86.59	94.82	102.23	106.34	112.10	117.04	123.63	131.04	140.92
20-24	Female	88.93	98.48	108.04	116.63	121.41	128.10	133.83	141.47	150.07	161.54
25-29	Female	83.16	91.99	100.83	108.78	113.19	119.37	124.67	131.74	139.69	150.29
30-34	Female	102.20	112.47	122.75	131.99	137.13	144.32	150.49	158.71	167.96	180.28
35-39	Female	113.25	124.91	136.57	147.06	152.89	161.05	168.04	177.36	187.86	201.84
40-44	Female	132.48	146.54	160.60	173.25	180.28	190.13	198.56	209.81	222.46	239.34
45-49	Female	154.11	170.88	187.64	202.73	211.11	222.84	232.90	246.31	261.40	281.52
50-54	Female	190.16	211.43	232.70	251.85	262.48	277.37	290.13	307.15	326.29	351.82
55-59	Female	227.66	253.61	279.57	302.93	315.91	334.08	349.65	370.42	393.78	424.93
60-64	Female	270.44	301.74	333.05	361.22	376.87	398.79	417.57	442.61	470.79	508.35
Per Child		58.55	64.62	70.69	76.15	79.18	83.43	87.07	91.93	97.39	104.67

**\$2,500 Deductible**

AGE	SEX	AA	A	B	C	D	E	F	G	H	I
2-19	Male	54.32	59.55	64.77	69.48	72.09	75.75	78.89	83.07	87.78	94.05
20-24	Male	62.01	68.20	74.39	79.96	83.05	87.38	91.10	96.05	101.62	109.05
25-29	Male	57.20	62.79	68.38	73.41	76.20	80.11	83.47	87.94	92.97	99.67
30-34	Male	74.32	81.11	87.90	94.01	97.40	102.16	106.23	111.66	117.77	125.92
35-39	Male	84.89	93.00	101.12	108.42	112.47	118.15	123.02	129.51	136.81	146.54
40-44	Male	97.87	107.61	117.34	126.10	130.97	137.78	143.62	151.41	160.17	171.85
45-49	Male	119.98	132.48	144.98	156.23	162.48	171.22	178.72	188.72	199.97	214.97
50-54	Male	147.38	163.30	179.23	193.56	201.52	212.66	222.22	234.96	249.29	268.39
55-59	Male	187.28	208.19	229.10	247.92	258.37	273.01	285.55	302.28	321.10	346.19
60-64	Male	232.46	259.02	285.58	309.48	322.76	341.35	357.29	378.53	402.43	434.30
2-19	Female	59.61	65.50	71.38	76.68	79.63	83.75	87.28	91.99	97.29	104.36
20-24	Female	66.34	73.07	79.80	85.85	89.22	93.93	97.97	103.35	109.41	117.48
25-29	Female	62.97	69.28	75.59	81.27	84.42	88.84	92.62	97.67	103.35	110.92
30-34	Female	78.16	85.43	92.70	99.25	102.88	107.97	112.33	118.15	124.69	133.42
35-39	Female	85.85	94.09	102.32	109.73	113.84	119.60	124.54	131.13	138.54	148.42
40-44	Female	99.79	109.77	119.74	128.72	133.71	140.69	146.67	154.65	163.63	175.60
45-49	Female	115.66	127.61	139.57	150.33	156.31	164.68	171.85	181.42	192.18	206.53
50-54	Female	141.13	156.27	171.42	185.04	192.61	203.21	212.30	224.41	238.04	256.21
55-59	Female	168.05	186.56	205.06	221.72	230.97	243.93	255.03	269.84	286.49	308.70
60-64	Female	198.33	220.63	242.92	262.98	274.13	289.73	303.11	320.94	341.00	367.75
Per Child		45.09	49.48	53.86	57.81	60.00	63.07	65.71	69.21	73.16	78.43

**\$500 Deductible**

Age	Sex	AA	A	B	C	D	E	F	G	H	I
2-19	Male	95.18	105.51	115.85	125.15	130.32	137.55	143.75	152.02	161.32	173.72
20-24	Male	109.60	121.74	133.87	144.80	150.87	159.36	166.64	176.35	187.28	201.84
25-29	Male	100.95	112.00	123.06	133.01	138.54	146.27	152.91	161.75	171.70	184.97
30-34	Male	127.19	140.59	153.99	166.05	172.75	182.13	190.17	200.89	212.95	229.03
35-39	Male	148.34	164.39	180.43	194.87	202.89	214.12	223.74	236.58	251.02	270.27
40-44	Male	174.30	193.59	212.88	230.23	239.88	253.38	264.95	280.38	297.74	320.89
45-49	Male	217.56	242.26	266.95	289.18	301.53	318.81	333.63	353.39	375.61	405.25
50-54	Male	272.36	303.91	335.45	363.84	379.61	401.69	420.62	445.86	474.25	512.10
55-59	Male	350.71	392.05	433.39	470.59	491.26	520.20	545.01	578.08	615.28	664.89
60-64	Male	441.08	493.72	546.35	593.72	620.04	656.88	688.47	730.57	777.95	841.11
2-19	Female	105.75	117.41	129.07	139.56	145.39	153.55	160.54	169.86	180.36	194.34
20-24	Female	120.17	133.63	147.09	159.21	165.93	175.36	183.43	194.20	206.31	222.46
25-29	Female	112.00	124.44	136.88	148.07	154.29	163.00	170.46	180.41	191.60	206.53
30-34	Female	135.36	149.79	164.21	177.18	184.39	194.49	203.14	214.68	227.66	244.96
35-39	Female	150.75	167.09	183.43	198.14	206.31	217.75	227.56	240.63	255.34	274.96
40-44	Female	177.66	197.37	217.08	234.82	244.67	258.47	270.29	286.06	303.80	327.45
45-49	Female	208.91	232.52	256.14	277.39	289.20	305.73	319.89	338.78	360.04	388.37
50-54	Female	259.38	289.30	319.23	346.16	361.12	382.06	400.02	423.96	450.89	486.79
55-59	Female	312.26	348.79	385.32	418.20	436.47	462.04	483.96	513.18	546.06	589.90
60-64	Female	372.82	416.93	461.03	500.72	522.77	553.65	580.11	615.39	655.08	708.01
Per Child		78.74	87.33	95.92	103.66	107.95	113.97	119.12	126.00	133.73	144.04

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

\*The monthly rates listed include the following Communicating for America (CA) STM Enhancement Series fees: \$10 per dependent child; \$12.50 per person in age bands 2-29; and \$20 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.