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Dear:

Thank you for selecting Total Health Care USA!

We received your Group Application on _____ with a requested effective date of _____ which is outside our standard 15 day required time for new group submission.

At Total Health Care USA, we strive to ensure that our customers receive a quality experience. We will work as quickly as possible to process your request; however, your group may not receive Identification Cards by the plan effective date, physicians and pharmacists may be unable to verify benefits, and members or their dependents may experience out of pocket expenses.

To ensure that you and your employees understand the potential delays they may encounter, please sign and return the Letter of Acknowledgement below.

If you have any questions or need additional information please don't hesitate to contact your Agent or Total Health Care's Marketing Department at (313) 871-7804.

By submitting an application outside of Total Health Care's 15 day processing period:

- I understand that members or their dependents may not receive their Identification Cards prior to the effective date of coverage or in some instances up to 5-7 business days after the effective date.
- I understand that physicians and pharmacists may be unable to verify benefits. As a result, members or their dependents may experience out of pocket expenses.
- I understand that I must return this signed Letter of Acknowledgment as well as forward the attached Employee Notification Letter to all employees seeking coverage for Group processing to continue.

Employer Group Administrator

Date

Sincerely,

Stephen E. Slaga
Marketing Manager



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Dear Employee:

Welcome to Total Health Care USA!

Total Health Care USA recently received a new group application for coverage effective_____.

At Total Health Care USA, we strive to ensure that our customers receive a quality experience. The standard processing time for new enrollments is 15 days. We will work as quickly as possible to process your enrollment, however, if services are sought prior to final completion please follow these guidelines:

- In lieu of an Identification card, please show a copy of your Enrollment Form (yellow copy) to obtain services at a physician's office. You may be asked to pay out of pocket. Please pay for the appointment and ask for an itemized receipt.
- For prescription coverage please show a copy of your Enrollment Form (yellow copy). You may be asked to pay out of pocket. Please pay for the medication and ask for an itemized receipt.

If you have any questions or should you need assistance with benefit verification, please call our Member Services Department at (800) 826-2862.

Thank you.

Sincerely,

Marketing Department
Total Health Care USA



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Dear _____:

Thank you for your recent new business submission for _____ effective _____.

We have agreed to your requested effective date; however; the processing time for all new groups is 15 days, regardless of the date of submission. We will be processing this application on an exception basis.

At Total Health Care USA, we strive to ensure that our customers receive a quality experience. We will work as quickly as possible to process this request; however, if services are sought prior to final completion groups may not receive their Identification Cards, physicians and pharmacists may be unable to verify benefits, and members or their dependents may experience out of pocket expenses.

To ensure that all group members are aware of the possible consequences of an exception, we require that a company administrator read, sign, and return the enclosed Letter of Acknowledgment.

For processing of your submission, the Marketing Department must receive your signed Letter of Acknowledgement verifying distribution of the Employee Notification Letter.

Should you have any questions or require additional assistance please call me directly at (313) 871-7810.

Sincerely,

Stephen E. Slaga
Marketing Manager