



AMERICAN INTEGRITY LIFE INSURANCE COMPANY

PO Box 22805 Hot Springs, AR 71903-22805
Ph: (866) 524-5433 Fx: (888) 332-5144 Email: admin@ailic.com
www.ailic.com

Freedom Choice

*“Protect yourself
Today from
the unexpected
financial burdens
of Tomorrow”*

- **Can be tailored to your needs**
- **Benefits will never decrease**
- **Use any Doctor or Hospital**
- **No medical exam required**
- **Guaranteed renewable**
- **No Deductible**



Freedom Choice

Hospital Indemnity Plan

We recognize that not all people's needs are the same. The Freedom choice Hospital Indemnity Plan allows you to customize the coverage amounts and benefit periods to cover the out-of-pocket expenses not covered in YOUR health plan. Too often plans are generic and consumers either over pay for benefits they do not need, or cannot obtain the coverage they actually do need. We invite you to speak with an agent about what options are available in your area to see if a Freedom Choice plan can be tailored to meet your needs! Below are some examples of the choices that are available to you.

Daily Benefit Periods available: Choose between 1-10 day benefit periods. Can have a one-day benefit period or 10-day benefit period or any in between.

Daily benefit amounts: \$100.00-\$500.00 in increments of \$50.00. The benefit chosen is the amount paid directly to you for each day you are confined to a hospital.

Benefits in addition to the daily amounts paid to you include:

- **Physician Visit:** Reimburses you \$25 per visit (2 visits per year) *
- **Emergency Room:** Reimburses you \$100 per emergency room visit following an accident or injury *
- **Ambulatory transportation services (Ambulance Benefit):** Reimburses you \$100 per occurrence (\$2,500 lifetime maximum) *
- **Durable Medical Equipment:** Reimburses you \$200 per calendar year (\$2,000 lifetime maximum) *
- **Optional Outpatient Surgery Benefit:** Reimburses you \$250 for any outpatient procedure (\$2,000 lifetime maximum) *

* For complete details, please refer to the outline of coverage included in this packet.





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CONDITIONAL RECEIPT (APPLICANT COPY)

Receipt of Premium Collected

from American Integrity Life Insurance Company

Print clearly and use blue or black ink
Applicant keeps this receipt for their records.

Proposed insured's Name (Printed)

Date of Application

Check Money Order

Initial payment collected (if applicable)

PAT draft amount or Credit/Debit card charge amount

This acknowledges receipt of your application and premium collected (if any) for an American Integrity Life Insurance Company Hospital Indemnity Plan.

Agent's Signature

Agent's Printed Name

Date Signed (mm/dd/yyyy)

Payment will be refunded for any coverage not issued.

All premium payments must be made payable to American Integrity Life Insurance Company.

DO NOT make any check payable to the agent and do not leave the payee blank on the check.

A recorded interview may be required as part of the underwriting on your application for insurance.

Thank you for choosing American Integrity Life Insurance Company!



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