



WPS Instant Protection Plan

Short-Term Health Insurance

WPS
HEALTH INSURANCE®

WPS Instant Protection Plan

Short-Term Health Insurance

The WPS Instant Protection Plan (IPP) is short-term health insurance for people in transition. The IPP's comprehensive medical and hospital benefits provide the protection you need to help avoid major financial loss in case of a serious accident or illness. Apply today, and your coverage can start as soon as tomorrow.

The WPS Instant Protection Plan is designed for people just like you. People who are:

- recent college graduates
- part-time or temporary employees
- between jobs and looking for an affordable alternative to COBRA
- newly employed and waiting for health benefits to begin
- recently retired and waiting for Medicare eligibility

The WPS Instant Protection Plan will take care of your health insurance needs so you can focus on other things. With the IPP, you'll get:

- **Instant Peace of Mind**

With the IPP, getting the health insurance you need is quick and easy. Coverage will start the day after the postmark date on the enclosed envelope, unless a later date is requested and approved. If you use a different envelope, coverage will start the day we receive your application. You can also apply online for next-day coverage at www.wpsic.com.

- **Instant Savings**

On a tight budget? The IPP is an affordable way to enjoy the benefits of a major medical plan at a cost that is generally lower than COBRA or a standard long-term policy. You can also save money by using the EyeMed Vision Care Network and our discount wellness program, both free to WPS members.

- **Instant Information**

As a WPS member, you'll have access to convenient, time-saving web tools and online health information. You can check claim status, order prescriptions, and review benefits. The comprehensive online Healthwise Knowledgebase™ will help you make good health decisions, while the "Find a Doctor" tool lets you quickly locate preferred providers.

IT'S ALL ABOUT CHOICE

Choice of Coverage Periods

The WPS Instant Protection Plan gives you flexibility to choose the coverage you need – from 30 to 185 days, or any number in between.

The IPP has no provision for a premium refund, and coverage continues even if you get other insurance. However, if you're approved for a different type of WPS health plan, we'll credit or refund your remaining IPP premium. Visit the WPS website at www.wpsic.com for information on other plan options to fit your changing needs.

Choice of Doctors and Hospitals

Our Statewide Network allows you to choose from thousands of providers across Wisconsin and in parts of Illinois, Iowa, and Minnesota. For the most up-to-date listing of preferred providers, use the "Find a Doctor" tool in the member area of the WPS website. You can also see doctors outside of the preferred provider network by paying higher out-of-pocket costs.

Choice of Deductibles

You decide what deductible is right for you and your budget: \$1,000, \$1,500, \$2,500, or \$5,000. If you have questions about which deductible is the best fit for you, contact your agent or a WPS representative at 1-800-236-1448.

Health Club Discounts and More.

Through our free HealthSense Rewards™ program, you receive discounted access to a variety of health clubs, weight management centers, and other wellness resources. Simply show your WPS ID card at participating businesses to receive your discount.

Save on Vision Care and Eye Wear.

Take advantage of our vision care discount program to save on eye exams, frames, lenses, and even laser vision correction when you visit providers from the EyeMed Vision Care Network. Again, your WPS ID card is all you need to receive your discount. For more information about participating providers and discount levels, call EyeMed toll-free at 1-866-559-5252.

THE COVERAGE YOU NEED

What's Covered

The Instant Protection Plan provides coverage for illnesses or injuries occurring after the effective date of your policy. The IPP covers most:

- inpatient hospital services, including surgery and anesthesia
- outpatient hospital services
- emergency medical care and ambulance service
- diagnostic X-rays and lab tests
- prescription drugs

The IPP does not pay for expenses incurred as a result of a pre-existing condition or any complications related to the condition. If you have a pre-existing condition or questions about coverage, you can visit www.wpsic.com or contact your agent or WPS sales representative to learn about other WPS plan options.

Renewability

The Instant Protection Plan is not renewable.

Definition:

A *pre-existing condition* is an illness or injury for which, within five years prior to your effective date of coverage, you've been diagnosed, or received medical care, medical services, or treatment.

SUMMARY OF BENEFITS

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Individual Deductible Options**	\$1,000	\$1,500	\$2,500	\$5,000
Coinsurance <i>*Note: In-Network = Preferred Providers</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Individual Out-of-Pocket Limit (the maximum amount of deductible and coinsurance you pay; then we pay 100%)**	\$3,000 \$5,000	\$3,500 \$5,500	\$4,500 \$6,500	\$7,000 \$9,000
Individual Benefit Maximum	\$1,000,000			
Inpatient Hospital Services Room & Board, Miscellaneous Hospital Expenses, Intensive Care <i>(requires prior approval or payment level reduced by 20%, not to exceed \$500 for that confinement)</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Outpatient Hospital Services Miscellaneous Outpatient Facility Services Diagnostic X-ray and Lab Outpatient Surgery	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Emergency Room Facility and Physician Fees	80% of the next \$10,000, then 100%			
Professional Services Surgery and Anesthesia Medical Services Physician & Chiropractic Services for illness/injury Radiation and Chemotherapy Diagnostic X-rays and Lab Oral Surgery as defined in the policy Mammograms and Pap Tests as defined in the policy	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Health Care Services Medical Supplies Oxygen and Respiratory Therapy Equipment Medical Equipment Diabetic Equipment and Supplies <i>(including insulin)</i> Breast Reconstruction and Prosthesis <i>(following a mastectomy)</i> Temporomandibular Joint (TMJ) Disorders <i>(as stated in the policy)</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Immunizations to age 6 <i>(except for travel)</i>	100%			
Kidney Disease <i>(Dialysis and Treatment)</i>	80% In-Network*/60% Out-of-Network, after deductible up to \$30,000			
Skilled Nursing Care <i>(in a licensed Nursing Home)</i>	80% In-Network*/60% Out-of-Network, after deductible for up to 30 days per confinement			
Ambulance Service	80% after deductible up to \$500 per trip			
Prescription Drugs	80% after deductible			

**There is no family deductible or out-of-pocket limit. Each member has his/her own individual deductible and out-of-pocket limit that must be satisfied separately.

HOW TO CALCULATE YOUR PREMIUM

- See the rate charts on pages 8 & 9. Select a deductible (\$1,000, \$1,500, \$2,500, or \$5,000,) and complete the following formula using the appropriate rates for your area.
 - How many children are being covered? _____ (a)
 - Child rate from appropriate rate chart: _____ (b)
 - Multiply (a) x (b) = _____ (c)
 - Enter the premium for: You: \$ _____
Spouse: \$ _____
 - Child rate from line (c) above: \$ _____
 - Total: = _____

- Multiply the total from #1 by the number of days of coverage you're applying for. Remember, coverage periods must be not less than 30 days, and not more than 185 days.

$$\frac{\text{Total (above)}}{\text{\# of days}} \times \text{\# of days} = \$ \text{IPP Premium}$$

- Make your check or money order payable to WPS, or complete the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form, if applicable, and mail it along with your completed application.

Please note: The maximum coverage period is 185 days. IPP doesn't cover children under age 18 independently. You must be under age 65 to be covered under IPP.

PAYMENT OPTIONS

For a coverage period between 30 and 149 days, simply pay in full by check or credit/debit card. If you choose the credit/debit card option, you'll need to complete parts A and B of the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form. The form can be found stapled into the center of this brochure or can be downloaded from our website at www.wpsic.com.

If you're applying for coverage of 150 to 185 days, you can pay in full by check or credit/debit card or use our Automatic Cash Handling (ACH) premium plan. With ACH, you submit the premium for any partial month and the first complete month with your application, plus a voided check or savings deposit form. You must also complete parts A and C of

the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form and submit the form with your application. Subsequent premium payments are automatically deducted from your checking or savings account on the 20th of each month or the first business day thereafter. Each deduction is equal to one month's premium plus a \$10 administrative fee.

To be eligible for ACH, the person applying for coverage must be the checking or savings account owner. Business accounts cannot be used for ACH or credit/debit card payments.

Instant Protection Plan Daily Premium Rates for

ZIP Codes 530xx - 534xx

Age	\$1,000 Deductible		\$1,500 Deductible	
	Male	Female	Male	Female
18-24	\$1.89	\$2.21	\$1.67	\$1.96
25-29	\$1.99	\$2.37	\$1.75	\$2.10
30-34	\$2.14	\$2.59	\$1.89	\$2.29
35-39	\$2.66	\$3.21	\$2.36	\$2.84
40-44	\$3.32	\$3.84	\$2.93	\$3.39
45-49	\$4.21	\$4.49	\$3.73	\$3.97
50-54	\$5.69	\$6.28	\$5.04	\$5.54
55-59	\$7.18	\$7.04	\$6.34	\$6.22
60-64	\$8.73	\$7.51	\$7.71	\$6.64
Child	\$1.32	\$1.32	\$1.17	\$1.17

Instant Protection Plan Daily Premium Rates for

All Other Wisconsin ZIP Codes

Age	\$1,000 Deductible		\$1,500 Deductible	
	Male	Female	Male	Female
18-24	\$1.64	\$1.92	\$1.45	\$1.70
25-29	\$1.73	\$2.06	\$1.52	\$1.83
30-34	\$1.86	\$2.25	\$1.64	\$1.99
35-39	\$2.31	\$2.79	\$2.05	\$2.47
40-44	\$2.89	\$3.34	\$2.55	\$2.95
45-49	\$3.66	\$3.90	\$3.24	\$3.45
50-54	\$4.95	\$5.46	\$4.38	\$4.82
55-59	\$6.24	\$6.12	\$5.51	\$5.41
60-64	\$7.59	\$6.53	\$6.70	\$5.77
Child	\$1.15	\$1.15	\$1.02	\$1.02

Age	\$2,500 Deductible		\$5,000 Deductible	
	Male	Female	Male	Female
18-24	\$1.47	\$1.71	\$1.08	\$1.27
25-29	\$1.53	\$1.85	\$1.14	\$1.37
30-34	\$1.66	\$2.00	\$1.22	\$1.47
35-39	\$2.07	\$2.48	\$1.52	\$1.84
40-44	\$2.59	\$2.97	\$1.90	\$2.19
45-49	\$3.27	\$3.48	\$2.40	\$2.56
50-54	\$4.42	\$4.88	\$3.25	\$3.59
55-59	\$5.58	\$5.47	\$4.11	\$4.04
60-64	\$6.77	\$5.84	\$4.99	\$4.30
Child	\$1.01	\$1.01	\$0.75	\$0.75

Age	\$2,500 Deductible		\$5,000 Deductible	
	Male	Female	Male	Female
18-24	\$1.28	\$1.49	\$0.94	\$1.10
25-29	\$1.33	\$1.61	\$0.99	\$1.19
30-34	\$1.44	\$1.74	\$1.06	\$1.28
35-39	\$1.80	\$2.16	\$1.32	\$1.60
40-44	\$2.25	\$2.58	\$1.65	\$1.90
45-49	\$2.84	\$3.03	\$2.09	\$2.23
50-54	\$3.84	\$4.24	\$2.83	\$3.12
55-59	\$4.85	\$4.76	\$3.57	\$3.51
60-64	\$5.89	\$5.08	\$4.34	\$3.74
Child	\$0.88	\$0.88	\$0.65	\$0.65

EXCLUSIONS

The Instant Protection Plan doesn't cover services and supplies that are:

- Experimental/investigative in nature • Not medically necessary or appropriate as determined by us • For comfort, personal hygiene, or convenience • For health education, marriage counseling, holistic medicine, health clubs, spas, sleep or massage therapy, or other similar programs • Routine exams, or those requested by a third party • Allergy testing • Genetic testing except as specifically stated in the policy
- Not specifically covered under this policy or connected with a non-covered service • For the treatment of alcoholism, drug abuse, or nervous or mental disorders • For any pre-existing illness or injury • For sex transformation surgery and related sex hormones or for treatment of sexual dysfunction • For any injury or illness covered by Workers' Compensation, Medicare, or similar laws • Furnished by the U.S. Veterans Administration or other federal, state, or local government agencies • For any injury or illness caused by atomic or thermonuclear explosion, resulting radiation, or any type of military action • Cosmetic treatment or surgery • Routine foot care • Reconstructive surgery (except as stated in the policy) • Wigs, hair pieces, or hair transplants/implants • Educational or recreational therapy, physical fitness, or exercise programs • Dental or oral surgery services except as stated in the policy • Provided at any nursing facility, convalescent home, or any place primarily for rest or the aged • Artificial insemination or fertilization methods and services • Abortion procedures • Maternity services, except for complications of pregnancy • Sterilization or reversal • Transplants or implants, unless specifically covered under the policy • Provided outside the coverage period or during any waiting periods for pre-existing conditions • Food received on an outpatient basis, food supplements, or vitamins unless specifically covered under the policy • In connection with obesity, weight reduction, or dietetic control, except as stated in the policy • Retin-A, Monoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary • Used in educational or vocational training • Motor vehicles, scooters, or lifts • Charges exceeding our determination of reasonable charge • Health care services for which the participant has no obligation to pay • Health care services for which proof of claim isn't provided • Outpatient physical, speech, occupational, and respiratory therapy, except as stated in the policy • Smoking deterrents • Foot orthotics and special shoes or devices except as stated in this policy • Nutritional counseling, unless specifically covered under this policy • Health care services provided for your convenience or the convenience of a physician, hospital, or other health care provider

HOW TO APPLY

Applying for the WPS Instant Protection Plan is fast and easy. There are two ways to apply:

- Apply online at www.wpsic.com. You'll need to answer a few questions, plus choose the length of coverage and deductible you want. The process takes about ten minutes. Please note: To apply online, you must have a credit/debit card for payment. If you're applying for coverage of 150 to 185 days and want to use Automatic Cash Handling (see page 7), you'll use your credit/debit card to pay for the initial premium, then have monthly premium payments deducted from your bank account. If you apply online, coverage is effective as early as the next day.
- Complete and mail the application found in this brochure or one that you download from our website, along with your check or Credit/Debit Card or Automatic Withdrawal Payment Authorization Form to WPS Cash Receipts, P.O. Box 8190, Madison, WI 53791-9819. Coverage will be effective the day we receive your application (or another day if you choose).

ELIGIBILITY

The following individuals are not eligible for coverage and should not apply for the WPS IPP policy:

- If you have had a WPS IPP policy with an effective date less than 18 months ago; or
- If you are an adult over the age of 65; or
- Are a child under the age of 18, applying for single coverage.

Please note: This brochure is only a general outline of Instant Protection Plan benefits, limitations, and exclusions. You can find a detailed description of coverage in the applicable policy issued to you. Coverage is subject to all the terms and conditions of the policy and any endorsements. If there is ever a disagreement between the policy and this brochure, the policy has final authority.

GRIEVANCE PROCEDURES

Situations might arise when you have a question or concern about your benefits or our claim payment decisions. Most benefit and claim questions or concerns can be resolved informally by contacting our WPS Member Services department. Our toll-free telephone number is **1-800-765-4977**. Our Member Services address is:

WPS Health Insurance

Attention: Member Services

1717 W. Broadway • P.O. Box 8688
Madison, WI 53708

If your question or concern can't be resolved by our Member Services Department, you or an authorized representative can file a written grievance as follows:

- Write down your claim or benefit concern including the reason you disagree with our payment or coverage decision
- Mail, deliver, or fax your written grievance, along with copies of any related materials (such as letters or other supporting documents), to us at the following address:

WPS Health Insurance

Attention: Grievance/Appeal Committee

1717 W. Broadway • P.O. Box 7062
Madison, WI 53707
Fax: 608-223-3603

If your life, health, or ability to regain maximum function is in serious jeopardy, or your pain can't be managed without the care or treatment being grieved, call us toll-free at 1-800-765-4977 and we can expedite the grievance process for you:

You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. We'll provide a prompt, complete, and unbiased review of your request and our decision. If you designate a representative, we'll send the results of our review to him or her instead of to you. The results will include our claim or benefit decision, the reason for our decision, and identify the policy provisions on which we based our decision.

Definition:

Grievance means any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, a member.

WPS – Insuring Wisconsin's Health Since 1946

WPS Health Insurance has been offering affordable, high-quality health benefits to Wisconsin residents for more than 60 years. Today, we're one of the largest not-for-profit health insurers in the state. We're proud of our Midwestern roots and deeply committed to this state and its residents, with a long tradition of providing flexible and innovative health plans backed by caring member service.

NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING (OUT-OF-NETWORK) PROVIDERS ARE USED.

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. **YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND CO-PAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than co-payment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on your identification card or visiting the WPS Health Insurance website at www.wpsic.com.

ALSO, ASK ABOUT OUR...

WPS Individual Preferred - Group-like benefits at a price individuals can afford, including prescription drug coverage and office visit copay options. Optional dental coverage is also available.

WPS HSA-Qualified Plan - A high-deductible health plan that qualifies members for a tax-advantaged personal health savings account. Optional dental coverage is also available.

WPS Bridge65 Plan - A fixed-rate plan for those aged 60 to 64 that is guaranteed not to increase for up to five years, so they can lock in their monthly premium costs until they are eligible for Medicare at age 65.

WPS Medicare Companion - A Medicare supplement plan with up to five optional benefit riders. Plan members keep the doctor they know and trust, and enjoy preventive benefits that go above and beyond standard Medicare. A lower-priced Cost Sharing option is also available.

Medicare Prescription Drug Plans - Affordable plans covering a wide range of brand-name and generic drugs at more than 55,000 pharmacies nationwide.

Other plans including Long-Term Care, Life Insurance, and more.

*Call your local agent today
or call us at 1-800-236-1448
to find out how the WPS
Instant Protection Plan
will work for you.*



1717 W. Broadway
P.O. Box 8190
Madison, WI 53708-8190
www.wpsic.com

WPS INSTANT PROTECTION PLAN – APPLICATION FOR COVERAGE

Complete (print) and sign application in black or blue ink. Send application and a check payable to WPS in the envelope provided. Please keep the brochure for your files.

Please Note: You must be a Wisconsin resident to apply for WPS Instant Protection Plan.

Applicant's Name (Print last, first, middle initial)		Social Security Number	
Street Address	City	ZIP Code	Email (optional)

<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yy)	Occupation	Home Phone Number ()
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Covered Dependents			Date of Birth (MM/DD/YY)	Gender M/F	Social Security Number
First Name	Middle Initial	Last Name			
Spouse					
Child(ren)					

Have you, your spouse, or any dependent named on this application had the WPS Instant Protection Plan before? Yes If yes, when? _____ No

1. Do you, your spouse, or any dependent named on this application have any hospital, major medical, group health, or other medical insurance coverage that will not be terminated prior to the effective date of this policy? Yes No
2. Are you, your spouse, or any dependent currently pregnant, an expectant mother or father, or disabled (even if dependent coverage is not being requested)? Yes No
3. Have you, your spouse, or any dependent named on this application ever been denied health insurance due to health reasons? Yes No
4. Within the past five years, have you, your spouse, or any dependent named on this application: (a) been diagnosed with, treated for, had medication prescribed for, or had symptoms of joint replacement, hemophilia, cancer, heart or circulatory disorders, stroke or transient ischemic attack (TIA), alcohol or drug abuse, eating disorder, liver disease, pancreas disorder, diabetes, multiple sclerosis, fibromyalgia, systemic lupus, emphysema, chronic obstructive pulmonary disease, cystic fibrosis, Crohn's disease, ulcerative colitis, disorder of the bone marrow, kidney disorder or disease, Fabry Disease, sclerosing mesenteritis, diverticulitis, tumors, (b) had or been considered for an organ, stem cell, or bone marrow transplant; (c) been treated for, or diagnosed by a medical professional as having AIDS (acquired immunodeficiency syndrome), ARC (AIDS-related complex), HIV positive (the reporting of HIV test results is limited to FDA-licensed tests, and you need not report results of tests conducted at an anonymous counseling and testing site or through the use of a home test kit), (d) had any alcohol or drug-related arrest? Yes No
5. Are you, your spouse, or anyone applying for coverage over 275 pounds if male, or 235 pounds if female? Yes No
6. Within the past five years, have you, your spouse, or any dependent named on this application: (a) had any medical condition for which future testing, surgery or hospitalization is scheduled, planned, recommended or warranted; (b) had signs or symptoms of an undiagnosed illness or an injury for which it may be necessary to seek medical services or treatment in the future? Yes No
7. Do you, your spouse, or any dependent named on this application engage in any of the following activities: farming; racing a motor vehicle, boat or snowmobile; sky diving; hang gliding; flying an aircraft? Yes No

Note: This plan cannot be issued if you answered yes to any of the above questions.

8. How many days of coverage are you requesting? (Must be at least 30 days, but not more than 185 days.) _____ days. Please choose payment option:

30-185 days Prepay the entire coverage period with a personal check.

30-185 days Credit/Debit Card—prepay the entire coverage period. Please complete sections A. and B. of the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form.

150-185 days ACH - Monthly Bank Draft. Please complete sections A. & C. of the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form.

9. Requested Effective Date (check one): Day following postmark date
 _____ (Fill in date requested; must be after postmark date)

10. Deductible (Plan) Option (check one): \$1,000 \$1,500 \$2,500 \$5,000

- For coverage periods between 30 and 185 days NOT utilizing ACH: Please submit a check or credit/debit card authorization form equal to the entire premium amount you figured on the **How to Calculate Your Premium** page in the attached brochure.
- For coverage periods of 150 to 185 days utilizing the ACH option: Please submit a personal check equal to the sum of one month's premium and any partial month's premium. **AMOUNT ENCLOSED: \$** _____

I understand the Instant Protection Plan will not provide benefits for any illness or injury occurring before the effective date of the policy. I understand the policy is not renewable. I further understand and agree that WPS, its directors, officers, employees, and agents shall not be liable for any injury, damage, or expense (including attorney's fees) I, my spouse or any dependent(s) suffer as a result of any improper advice, action, or omission on the part of any health care provider. I have reviewed the WPS IPP brochure and have determined that this policy is suitable for me.

Applicant's Signature	Date	Spouse's Signature (if applying for coverage)	Date
WPS Agent/WPS Representative		WPS Agency Name and Number (if applicable)	

CREDIT/DEBIT CARD OR AUTOMATIC WITHDRAWAL PAYMENT AUTHORIZATION FORM

A. APPLICANT INFORMATION

Last Name _____ First Name _____
 WPS Customer Number (Social Security Number) _____

B. Please complete the following information if you have chosen Credit/Debit Card method of payment.

BILLING INFORMATION, IF DIFFERENT THAN APPLICANT

Name as it Appears on Credit/Debit Card _____
 Mailing Address _____
 City _____ State _____ ZIP _____ Country _____

CREDIT/DEBIT CARD AUTHORIZATION

Select one: Visa MasterCard Discover Card

_____ - _____ - _____ - _____ ____/____/____
 Credit/Debit Card Number Card Expiration Date

I authorize Wisconsin Physicians Service Insurance Corporation (WPS) or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated above for payment of the single premium charged for the WPS Instant Protection Plan (IPP) health insurance policy for which I am applying. If that WPS IPP policy is issued to me, I understand and agree that by executing this authorization, that action doesn't affect, waive, or change any of the policy's terms, conditions, and provisions, including that policy's premium payment and grace period provisions.

Signature _____ Date _____

C. Please complete the following information if you have chosen Automatic Cash Handling (ACH) method of payment. Note: ACH is available only if you are applying for a coverage period of 150 to 185 days.

ACCOUNT HOLDER INFORMATION

Last Name _____ First Name _____
 Mailing Address _____
 City _____ State _____ ZIP _____
 Social Security Number _____

FINANCIAL INSTITUTION INFORMATION

Institution Name _____ Branch Location _____
 Address _____
 City _____ State _____ ZIP _____
 Transit Number _____ Account Number _____

— Please attach a voided check or a savings deposit form from a personal account —

I authorize Wisconsin Physicians Service Insurance Corporation (WPS) to instruct my financial institution to deduct my premium payments plus a \$10.00 monthly administrative fee from the account designated above on the 20th of each month or the first business day thereafter. I authorize my financial institution to debit the amount of my premium plus the administrative fee from my designated account. This authorization shall remain in effect until my WPS Instant Protection Plan terminates. My notification must afford WPS and my financial institution reasonable opportunity to act on it.

Signature _____ Date _____