
ACKNOWLEDGMENT

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ACKNOWLEDGMENT OF LIMITED BENEFITS

I have requested enrollment in my employer's group health plan ("Employer Plan") and hereby acknowledge:

- Coverage under the Employer Plan will be LIMITED to those benefits available under Allied™ Cost Saver.
- Allied™ Cost Saver is not "catastrophic" major medical coverage.
- Allied™ Cost Saver is supplemental group health insurance, designed to supplement and coordinate with high deductible "catastrophic" coverage.
- Benefits under Allied™ Cost Saver have specific Calendar Year Benefit limits as outlined in the plan brochure and Certificate of Insurance.

Name of Employee: _____

Signature of Employee: _____ Date: _____

Social Security Number: _____

Employer: _____