
ACKNOWLEDGMENT

(may be photocopied or duplicated)

ACKNOWLEDGMENT OF LIMITED BENEFITS

I have requested to sponsor an 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. However, coverage under Allied Cost Saver may be maintained with or without "catastrophic" coverage.
- Benefits under Allied™ Cost Saver are LIMITED to a Maximum Lifetime Benefit and have specific Calendar Year Benefit limits as outlined in the plan brochure and Certificate of Insurance.

Name of Employer: _____

Name of Employer Representative: _____

Signature of Employer Representative: _____

Date: _____

Employer ID Number: _____