**SMALL STAKEHOLDER GROUP SUGGESTED DISCLOSURE ALTERNATIVE LANGUAGE**

**Hospital Indemnity**

Consumer Representative Suggestion

“The [policy] [certificate] only pays a fixed dollar benefit for hospital stays or other covered health-related event, regardless of how much your expenses are. Carefully review your [policy] [certificate] to understand what health-related events it covers before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] pays fixed dollar benefits during periods of covered hospitalization resulting from a covered sickness or injury.  These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers for medical expenses.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.

**Other Fixed Indemnity**

Consumer Representative Suggestion

“The [policy] [certificate] only pays a fixed dollar benefit for hospital stays or other covered health-related event, regardless of how much your expenses are. Carefully review your [policy] [certificate] to understand what health-related events it covers before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] pays fixed dollar benefits during periods of covered health care-related events resulting from a covered sickness or injury  These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers for medical expenses.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.

**Disability Income**

Consumer Representative Suggestion

“The [policy] [certificate] only provides for periodic [weekly or monthly] payments for a set time when you are disabled from either sickness or injury or a combination of both. Review your [policy] [certificate] carefully to understand when it would cover a disability before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] provides periodic payments [weekly, bi-weekly, or monthly] for a set length of time while you are disabled as a result of a covered sickness or injury.   Review the description of benefits provided along with your [enrollment form/application] carefully.

**Accident**

Consumer Representative Suggestion

“The [policy] [certificate] only provides coverage, singly or in combination, for death, dismemberment, disability or hospital and medical care caused by accident. Carefully review the [policy] [certificate] to understand what accidents it covers before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] pays benefits for covered injuries as a result of a covered accident.  It does not provide benefits resulting from sickness. These benefits are designed to be paid the [policyholder] [certificate holder]. They are not intended to be paid directly to providers for medical expenses. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.

**Specified Disease**

Consumer Representative Suggestion

“The [policy] [certificate] only pays limited benefits to diagnose and treat the disease(s) named in the [policy] [certificate]. Review your [policy] [certificate] carefully to learn what specific disease(s) it covers before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] pays limited benefits as a result of the diagnosis or treatment of a covered disease specified in the [policy] [certificate].  These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to directly pay providers for medical expenses.  They are not intended to be paid directly to providers for medical expenses. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.

**Specified Accident**

Consumer Representative Suggestion

“The [policy] [certificate] only provides coverage for accidental death or accidental death and dismemberment combined and then only if it is caused by a type of accident named in the [policy] [certificate]. Carefully review the [policy] [certificate] to understand what type(s) of accidents it covers before you decide whether to submit an application.”

Alternate Suggestion

“This [policy] [certificate] provides coverage for a specifically identified type of accident as named in the policy.  It does not provide benefits resulting from sickness. These benefits are designed to be paid to the [policyholder] [certificate holder]. They are not intended to be paid directly to providers for medical expenses. This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.

**Limited Benefit**

Consumer Representative Suggestion

“The [policy] [certificate] only covers disease(s) named in the [policy] [certificate]. Review the [policy] [certificate] carefully to learn what specific disease(s) it covers before you decide whether to submit an application.”

Alternate Suggestion

“The [policy] [certificate] pays limited benefits as a result of a covered event as specified in the [policy] [certificate]. These limited benefits are designed to be paid to the[policyholder] [certificate holder]. They and are not intended to directly pay providers for medical expenses.  They are not intended to be paid directly to providers for medical expenses.  This [policy] [certificate] is supplementary and not intended to replace major medical insurance. Review the description of benefits provided along with your [enrollment form /application} carefully.