



TRUE FREEDOM HOME CARE PLAN STATEMENT OF UNDERSTANDING

MY REPRESENTATIVE HAS SHARED WITH ME THE BENEFIT LIMITS AND EXCLUSIONS OF MY TRUE FREEDOM HOME CARE PLAN FROM AMERICAN SENIOR SERVICES, INC. (ASSI), DBA TRUE FREEDOM.

1. I know my membership premium will decrease by 10% Non-Usage Discount starting year 2 for the next four years I do not use the plan. After that, my plan will revert to my original membership premium with service initiation when the next payment is due.
2. Once I start services, my total lifetime hours of coverage are split into ten equal bundles. Once I use up one bundle, my benefits will stop, and my membership will go into rejuvenation for 90 days. After the rejuvenation period, I have access to the next bundle of hours.
3. I understand that my True Freedom Home Care Plan is a service contract, not an insurance policy.
4. I understand the benefit hours only cover custodial care.
5. I understand all service hours provided by a Friend/Neighbor or Network Agency must be pre-approved by ASSI to be paid by ASSI. Service payments are not made directly to the member but to the pre-approved Friend/Neighbor or Network Agency. ASSI will NOT compensate for all unauthorized hours; I am responsible for the unpaid invoices.
6. In the rare event that I need service during the first 90 days of my contract, 10% of Emergency care hours are available based on approval by ASSI.
7. I have read and fully understand my membership benefits, and I understand my membership or benefits/hours cannot be transferred to another member at any time.
8. I know I cannot upgrade my membership, but I can downgrade at renewal time. If I cancel the plan or do not make premium payments on time, my membership contract terminates, and I have no access to my benefit hours.
9. I understand the contractual obligations are solely between myself and the company, American Senior Services, Inc. dba True Freedom and I hold my Representative harmless from liability, suits, or proceedings.

I CAN FIND THE EXPLANATION OF BENEFITS AND TERMS & CONDITIONS ON MY COPY OF THE ENROLLMENT APPLICATION AND TRUE FREEDOM BROCHURE. I WILL RETAIN A COPY OF THIS DOCUMENT FOR MY RECORDS.

MEMBER PRINT NAME

MEMBER SIGNATURE

DATE

REPRESENTATIVE PRINT NAME

REPRESENTATIVE SIGNATURE

DATE