QUEST DIAGNOSTICS ENROLLMENT GUIDE FOR PRE-65 ELIGIBLE INDIVIDUALS

LOOK INSIDE TO LEARN MORE ABOUT:

- **Connecting with a benefits counselor**
- **Exploring your new healthcare coverage options**
- **Enrolling in a plan that meets your needs and budget**

This Enrollment Guide contains important information on healthcare coverage options that will be available to you. It is important that you read through all pages carefully. You must take action by enrolling in your new healthcare plan in order to have the coverage you need.

Aptia365*
PO Box 9034, Brentwood, NY 11717
Online: quest.aptia365.com
Toll-Free: 1.888.264.9876
For deaf or hard of hearing: Dial 711 for Telecommunications Relay Service

* Services provided by Aptia Insurance Services Group LLC

This guide has been organized to provide you with a clear roadmap for your upcoming healthcare plan change.

SUCCESSFUL ENROLLMENT USING A STEP-BY-STEP PROCESS — Following these steps will help you understand what to expect, what is needed, and how to get ready for a smooth transition. **Page 2**

PREPARING FOR YOUR CONSULTATION — Using this guide will help you get the most out of your appointment with your benefits counselor. **Page 4**

COVERAGE AND PLAN TYPES — Utilize these pages for understanding which plan options may best fit your needs and budget. **Page 6**

OTHER INSURANCE OPTIONS — Understand how you can build complete coverage with Dental and Vision insurance. **Page 7**

PRA INFORMATION — Understand important facts about the Premium Reimbursement Account (PRA) your former employer will be providing. **Page 8**

ASSISTANCE BEYOND ENROLLMENT — Our team is available year-round to answer any questions or concerns you may have regarding any healthcare plan related matter. **Page 9**

GETTING READY FOR MEDICARE ELIGIBILITY — If you are approaching Medicare eligibility, it's important to understand the timing and what you need to do in advance. **Page 10**

FREQUENTLY ASKED QUESTIONS — Review these FAQs to help guide the transition to your new healthcare plan. **Page 11**

HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION — Record this important information and send to us as soon as possible, but at least 10 days before your consultation. **Page 15**

Welcome to Aptia365

Having the right healthcare coverage to meet your needs and budget is important. That's why Quest Diagnostics has engaged Aptia365 to help you evaluate your options for a new healthcare plan. You will need to enroll in a new medical plan if you want to continue to have medical coverage.

This solution is intended to provide you with more flexibility and assistance with:

- Spending your healthcare dollars.
- Providing access to a greater variety of plans in the marketplace.
- Connecting you with an experienced, licensed benefits counselor who will assist you in making a new healthcare plan election.

You will be able to explore options for new healthcare coverage throughh Aptia365. You now have several options to choose from to meet your healthcare and prescription drug needs. Aptia365 and its benefits counselors are ready to support you before, during, and long after your health plan changes. They will help you understand the different individual plans offered to you and assist you in determining which plans provide the coverage you need.

When you enroll in new medical coverage, Quest Diagnostics will provide you with a PRA (Premium Reimbursement Account) to offset the cost of your healthcare plan. This PRA, set up in your name, is a special, tax-free account that you may use to reimburse yourself for eligible healthcare plan expenses as defined by your employer and the IRS. To be eligible for the PRA, you must enroll in an ACA-compliant metal tier plan. A Reimbursement Instructional Guide will be provided in a separate mailing upon your enrollment in medical coverage.

You will have assistance from a benefits counselor at every step. A counselor will help you compare your health and prescription drug coverage options. You may also visit our website to learn more about the different plans and compare your coverage options. Refer to page 4 for more information about connecting with a benefits counselor.

In the meantime, review this Enrollment Guide. It contains tools and exercises to help you start learning about your new healthcare plan options. Completing the information requested in this guide will make it easy for you and a benefits counselor to evaluate your options so you will be ready to enroll.

Our team is excited to serve you in this new program. Benefits counselors are available to support you during your enrollment period. You may reach Aptia365:

- Online at **quest.aptia365.com** at your convenience, 24 hours a day, seven days a week.
- Any business day, from 8:00 a.m. to 5:30 p.m. ET at 1-888-264-9876 toll-free (deaf or hard of hearing individuals should dial 711) to set up a consultation.

For additional information about Aptia365, including our compensation and privacy practices, please see the enclosed document.

We look forward to working with you.

Aptia365

What steps do I have to take to successfully enroll in my new plan?

This transition will be an easy one if you review the steps below and gather the requested information prior to your consultation. Doing so ensures you will be accurately and efficiently enrolled in the plan that best fits your needs and budget.

STEP 1: Upon receipt

- Review this Enrollment Guide.

STEP 2: Schedule your consultation

Consult with a licensed benefits counselor

Go online at **quest.aptia365.com** to schedule a one-on-one consultation with a licensed benefits counselor. On the home page, click the link in the 'Schedule a Consultation' section. If you prefer, you may also call to schedule. It is important to act NOW to select your date and time. Don't wait until the end of your enrollment period approaches before making this appointment; doing so may leave you with a short amount of time in which to make a decision. If you have signed up for text messages or email updates, you will receive a text/email confirmation once your have scheduled your consultation.

STEP 3: Before your consultation

Preparing for your consultation

Start by keeping track of your individual healthcare coverage needs. Providing correct and complete information will help your benefits counselor analyze your health plan coverage specifics:

- Use the worksheet on page 15 to list your important healthcare providers and prescription drugs; you may enter your prescription drugs online by visiting **quest.aptia365.com**
- Think about plan features that are important to you.
- Prepare any questions you may have for your benefits counselor.
- Gather any documentation that pertains to a Power of Attorney, if applicable to you.
- Go online to visit our website: **quest.aptia365.com**. Our online tools are easy to use, and utilizing them can help you feel more comfortable with this process and also reduce the amount of time you spend on the phone with your benefits counselor.
- If you have signed up for text messages or email updates, you will receive a text/email 24 hours before your consultation with a reminder of the steps listed above.

STEP 4: The consultation

Explore your new plan options when you consult with your benefits counselor

Please take this opportunity to utilize your benefits counselor and his or her health insurance expertise. He or she will present you with all of your options so you can feel confident about the decision you are making.

STEP 5: Avoid a gap in coverage

Enroll in your new plan.

When you are ready to enroll in your new plan(s), you will:

- Provide information to set up payment for your premium.
- Be sent any forms that are required; please review, sign, date, and return promptly.

STEP 6: Coverage begins

Begin coverage in your new plan(s).

STEP 7: After enrolling in your new plan(s)

After your effective date, you:

- May be contacted by your new insurance carrier in order to verify your enrollment; please do not ignore this request, as doing so could delay or nullify your coverage.
- Will receive your new insurance cards by mail from your insurance carrier within 3-5 weeks after your enrollment has been processed; please review them for accuracy.

STEP 8: Preparing to use your subsidy

Set up your PRA

You will receive additional information in a future mailing outlining how to set up and utilize your PRA.

STEP 9: Ongoing

Please retain this Enrollment Guide as it will serve as an ongoing reference for your health insurance transition.

Open your camera on your smartphone or tablet and place your camera over this code. You will be directed to our website where you can schedule a consultation, chat with our experts, or research your plan options.

How do I schedule an appointment with a benefits counselor and how should I prepare for my consultation?

Follow these steps to ensure that you are prepared for your phone consultation with your Aptia365 benefits counselor.

1 GO ONLINE AT **QUEST.APTIA365.COM** TO SCHEDULE A CONSULTATION WITH A BENEFITS COUNSELOR. On the home page, click the link in the 'Schedule a Consultation' section. If you prefer, you may call 1-888-264-9876 (Monday through Friday, 8:00 a.m. to 5:30 p.m. ET) to schedule your consultation. If your spouse is also eligible to enroll, you may schedule your consultation together. Jot down the date and time for this appointment below:

Consultation Date: _____

Time: _____

2 COMPLETE THE HEALTHCARE PROVIDER AND PRESCRIPTION DRUG INFORMATION FORM **as soon as possible, but at least 10 days before your consultation**. If you submit your prescription drug information and healthcare providers list before your consultation, you can shorten the amount of time you spend on the call.

- Start by visiting the homepage at **quest.aptia365.com**.
- From the main menu at the top of the page, click 'Prepare for Your Consultation' and scroll down to the'Healthcare Provider & Prescription Drug Information' section.
- Follow the instructions to download the form (or tear out the form included in this guide on page 15) and mail to arrive to us 10-14 days before your consultation.
- Your prescription drug information will be pre-loaded to your profile and available to your benefits counselor prior to your consultation.

Your benefits counselor will ask you the following questions during your consultation, but it helps to have them in front of you and be better prepared for your call. Your answers to these questions will help your benefits counselor discuss healthcare insurance plans that best fit your needs.

3 BELOW ARE SOME QUESTIONS YOU AND ALL FAMILY MEMBERS WHO ARE UNDER AGE 65 SHOULD CONSIDER. These will help determine the best plan at a cost you can afford:

- Who do you want to enroll (who are under 65) and what are their dates of birth?
- How many times a year do you or your family visit the doctor?
- Do your healthcare providers participate with carriers on the individual health insurance market? (You can call your providers and ask the billing department.)
- How many ongoing monthly prescriptions do you have?
- Are any other benefits such as children's dental or chiropractic care important to you?
- Are you currently receiving Medicaid benefits?

4 GATHER THE FOLLOWING INFORMATION TO SHARE WITH YOUR BENEFITS COUNSELOR:

- Your Social Security Number (or other document ID number if you are a legal immigrant).
- Your household income: you should have a pay stub, your W-2 tax form, or your most recent tax return and other income information. This could include unemployment checks, child support, veterans' payments, alimony, retirement income or other sources.
- People in your household: the number of people who you claim as dependents, whether or not they live with you.
- Current medical plan information: the type of current medical coverage you have and other medical plans you may have access to now.

5 BE READY ON THE DATE AND TIME YOU SELECTED, AND:

- Allow enough time for the consultation, approximately 60-90 minutes.
- Make certain any family member, caregiver, or a power of attorney that you wish on the call is available for the call if desired.
- Wait for your benefits counselor to call you.
- Promptly reschedule the consultation if you find you cannot keep the appointment you originally scheduled by going online at **quest.aptia365.com** or by calling 1-888-264-9876; those who are deaf or hard of hearing should dial 711 for Telecommunications Relay Service.

How can I learn more about options available to me as a pre-65 individual?

When you begin researching and shopping for a healthcare plan through Aptia365, you will see that plans are tiered and named after metals: Platinum, Gold, Silver, and Bronze. The cost sharing structure is different from tier to tier. But keep in mind that all of the plans, regardless of tier, combine both health coverage and prescription coverage under one plan.

Lower out-of-pocket expense ***Higher out-of-pocket expense***

PLATINUM: typically, the premium payments are highest for this tier, but the expected out-of-pocket costs when seeking care are the lowest among the tiers. Availability of these plans is very limited and varies by geography.

GOLD: typically, the premium payments are the lower than Platinum, but the expected out-of-pocket costs when seeking care are slightly higher.

SILVER: typically, the premium payments are lower than Gold and higher than Bronze. The expected out-of-pocket costs when seeking care are slightly higher than Gold and lower than Bronze.

BRONZE: typically, the premium payments are the lowest for this tier, but the expected out-of-pocket costs when seeking care are the highest among the tier.

KEEP IN MIND

When you enroll

After researching your medical plan options and gathering your basic household information as listed above, please keep in mind:

• You have options for coverage: you may elect a plan that provides coverage for your family, or each family member can enroll in an individual plan.

• You may have access to federal tax credits: when you call Aptia365, your benefits counselor will walk you through your options. They will help you determine whether there are tax credits for which you may qualify. **You can only use a federal tax credit or employer provided subsidy, but may not use both. If you choose to use a federal tax credit, you will no longer be eligible to receive the PRA moving forward.** A benefits counselor will discuss this with you during your consultation.

As you compare your medical plan options, it is important to consider all the costs of the plan, not just the monthly premium. When determining your budget, remember to include other factors that go into your healthcare expenses, like prescriptions and provider visit co-payments. This will help you get a clear picture of the true cost differences among the insurance plans.

What other insurance options should I be considering to round out my coverage?

During your consultation with your benefits counselor, he or she will review all of your benefits options with you, discuss your personal situation, and answer any questions you may have. Your benefits counselor will help educate you about additional insurance options available that you may wish to consider in order to make the best possible decision for you and your family.

DENTAL INSURANCE THROUGH APTIA365:

Enrolling in dental insurance can be a cost-effective way to address the costs of annual exams and related services such as fillings and extractions. Dental insurance can play an important role in your health. Since people with dental insurance are more likely to visit the dentist, a solid insurance plan can help you maintain good oral health, which promotes your overall health.

VISION INSURANCE THROUGH APTIA365:

Vision insurance is a type of supplemental insurance that can help pay for yearly eyesight exams, glasses and/or contact lenses. With vision insurance, you will also have access to eye doctors who are focused on keeping your eyes healthy by detecting conditions such as glaucoma or cataracts.

You may go online to view your additional insurance options.

- Start by visiting the homepage at **quest.aptia365.com**
- On the navigation bar at the top of the page, click 'Learn about Plan Options (Shop & Compare)', then explore the Dental & Vision insurance options.

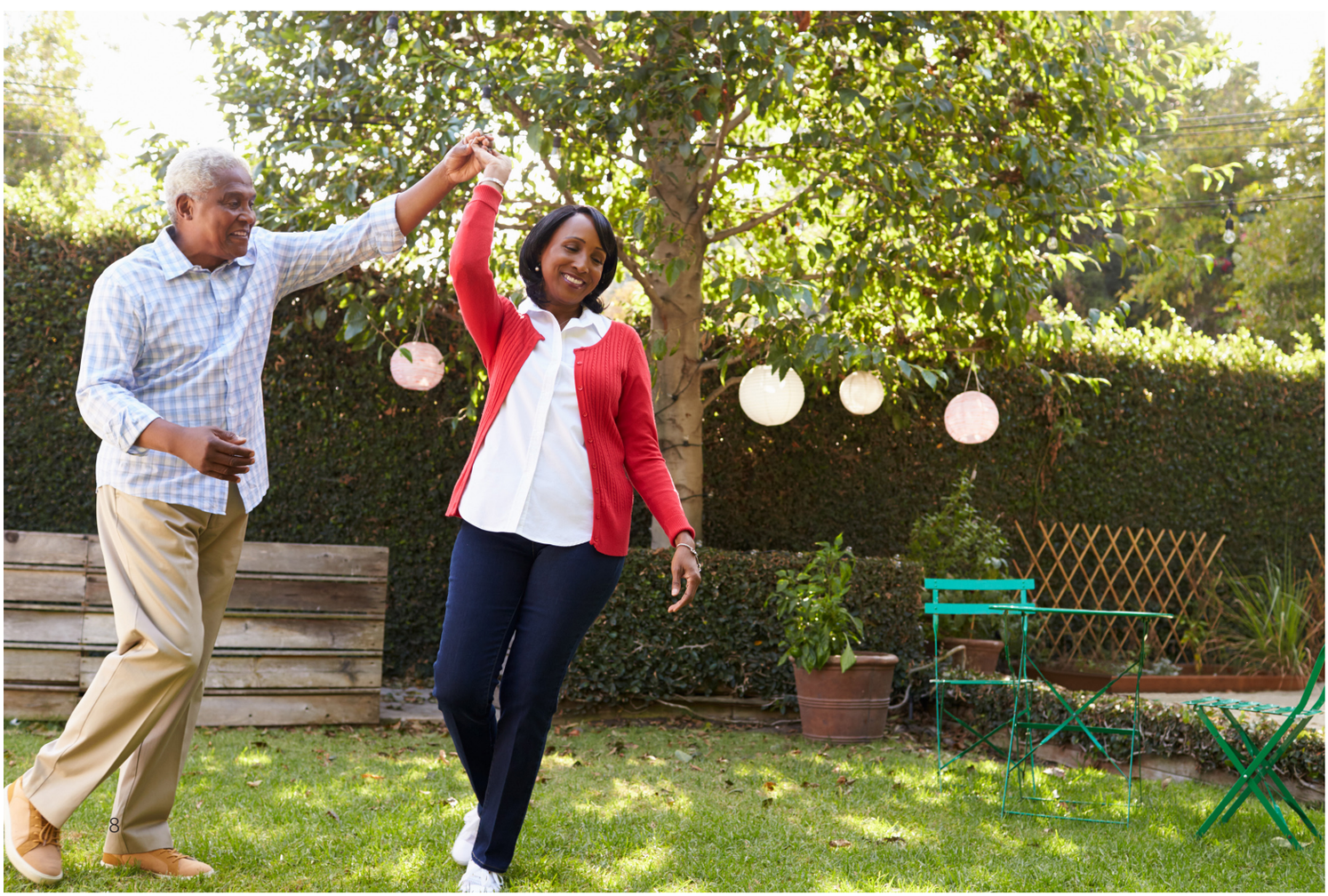
How does my subsidy work and how will I be reimbursed?

Your former employer is providing a Premium Reimbursement Account (PRA) for their participants and eligible dependents. A PRA is a "notional" account established in your name by Quest Diagnostics. "Notional" means a bookkeeping entry will be established on your behalf; no specific funds are set aside for you and your PRA does not earn interest. Instead, to help offset your healthcare costs, Quest Diagnostics will reimburse your eligible medical plan premiums up to the amount credited to your notional account. Quest Diagnostics may decide to increase, decrease, or terminate the PRA credit at any time.

You can only use a federal tax credit or the employer provided subsidy, but may not use both. If you choose to use a federal tax credit, you will no longer be eligible to receive the PRA moving forward. A benefits counselor will discuss this with you during your consultation.

Once you select your new plan(s), you will first pay your premium(s) directly to your insurance carrier(s), then you will submit a claim for premium reimbursement. You will be reimbursed from available funds in the PRA. Any balance left in your PRA at the end of the year would remain available until March 31st of the following calendar year. You must submit a claim for reimbursement of medical, prescription drug, and dental plan premiums paid during the calendar year by this March 31st deadline.

You will receive additional information in a future mailing outlining how to set up and utilize your PRA. Remember, the primary PRA account holder is responsible for the submission of all claims.



What type of assistance is available to me after I enroll?

We are here to help beyond your initial enrollment

Once you have enrolled in your medical plan, your benefits counselor is available to provide assistance with any healthcare plan related matter. If you have questions about your plan or problems resolving an issue with a carrier, help is just a phone call away.

What to expect in the years to come

Typically, if you like your healthcare plan(s), and the carrier continues to offer the plan(s), you do not need to re-enroll each year. However, there are a few things you will need to consider each fall:

- We will send you a reminder that the Open Enrollment Period is approaching. If you do wish to make a new healthcare plan election, keep in mind the Open Enrollment Period (for individuals not yet Medicare eligible) is typically scheduled for the November 1 – December 15 timeframe; this is subject to change, so we will be sure to communicate with you in advance of that date.
- By law, your insurance carrier is required to send you information about plan or pricing changes. Please be certain to open, review, and save all of this documentation.
- If you are considering making a change to your healthcare plan, please be certain to contact an Aptia365 benefits counselor BEFORE making any changes on your own. There are implications you will need to consider, and our benefits counselors are trained at making sure you understand these prior to enrolling in a new plan.
- When you or another member of your household approach Medicare eligibility, Aptia365 will continue to be your point of contact for enrollment support; see page 10 for more details.

How you can reach us

- **Go online:** **quest.aptia365.com**
- **Call:** 1-888-264-9876; those who are deaf or hard of hearing should dial 711 for Telecommunications Relay Service.
- **Mailing address:** PO Box 9034, Brentwood, NY 11717

Make sure your email and mailing addresses are up-to-date with us, as we may send you different communications throughout the year and want to have the most accurate way of reaching you.

I will be Medicare-eligible soon. What should I expect from Aptia365 and what should I do in advance?

As you approach your 65th birthday and reach Medicare eligibility, rest assured that the transition will be an easy one for you. An Aptia365 licensed benefits counselor will guide you through the enrollment process in the same manner as he/she did with your pre-65 enrollment.

In the months before your 65th birthday, you will receive information from the Social Security Administration about your Medicare enrollment, if you are not already enrolled due to specific circumstances such as disability. Your entitlement to Medicare is established with the Social Security Administration.

To enroll in a Medicare Advantage plan or a Medicare Supplement plan, you must enroll in Medicare Part A and B in a timely manner. Enrollment in a Prescription Drug Plan -- Medicare Part D -- only requires enrollment in either Medicare Part A or Part B.

If you want to better understand the Medicare program and different benefits, you may visit CMS (Centers for Medicare and Medicaid Services) at **https://www.medicare.gov** or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048), available 24 hours a day, 7 days a week.

CMS produces a comprehensive publication each year, Medicare & You, that discusses the Medicare program in its entirety. You may request a printed copy of this book by calling 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048. You may also access this publication online by visiting **https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf**.

Where can I find answers to additional questions I may have?

We recognize your health plan choices and costs are important to you. If you have questions, we encourage you to reach out to your benefits counselor to understand more about this transition. Below you will find answers to many frequently asked questions.

WHAT IS MY DEADLINE TO ENROLL IN A NEW PLAN?

In order to avoid a gap in coverage, you must enroll in your new plan(s) before your current coverage ends. Depending on the type of coverage, you have a period of time after your health coverage ends (typically 60 days for pre-65 plans, two months for Medicare plans, up to 63 days for Medicare Supplement plans) to enroll, but you may experience a gap in coverage if you wait until after your current coverage ends to enroll and you may be without coverage for a period of time. You will not be able to enroll retroactively in coverage.

WHEN WILL MY NEW PLAN BE EFFECTIVE?

Plans available on the individual market are typically effective the first of the month following enrollment.

HOW WILL I OBTAIN MY NEW HEALTH INSURANCE?

In order to help you find the plan that best fits your needs and budget, your former employer has contracted with Aptia365 to guide you through the process from beginning to end. Aptia365 will be your single point of contact for healthcare insurance issues before, during and after the transition to your new healthcare plan.

WHAT HEALTHCARE PLAN CAN I ENROLL IN TO BE ELIGIBLE FOR MY EMPLOYER PROVIDED SUBSIDY?

The healthcare plan must be a qualified ACA metal tier plan (bronze, silver, gold or platinum).

Where can I find answers to additional questions I may have? *continued*

HOW WILL I PAY FOR MY NEW HEALTH INSURANCE?

You will now pay your premiums directly to the insurance carrier for your healthcare coverage and you will be reimbursed from your PRA. You can be reimbursed for your premiums via direct deposit into your bank account or a paper check. For additional details about your PRA, you may refer to the Reimbursement Instructional Guide you will receive after enrolling in medical coverage.

WILL I BE REQUIRED TO CHOOSE A NEW DOCTOR?

It depends on the health insurance strategy that you choose. Individual healthcare plans offer narrower provider networks. Your Aptia365 benefits counselor will review the plans you have available in your zip code and determine if your doctor(s) are included in the provider networks. You may also call your doctor to confirm for which plans they will be participating in the provider networks.

HOW LONG WILL THE APPOINTMENT WITH MY BENEFITS COUNSELOR LAST?

In general, you'll spend about 60 to 90 minutes on the phone speaking with your benefits counselor. The length of the call will depend on whether you enroll that day or want to include a family member or caregiver, or a power of attorney on the call. The length of your appointment will also depend on how much preparation you wish to do in advance.

Remember, your benefits counselor is an excellent resource and will take as much time on the phone or in a future conversation as you need to feel comfortable with your enrollment decision.

If you go online to the Aptia365 website prior to your consultation to enter your prescription drugs, your appointment could be much shorter. See the checklist in this Enrollment Guide for details on how to prepare for your call.

Where can I find answers to additional questions I may have? *continued*

IF I NEED ASSISTANCE WITH ENROLLING, CAN SOMEONE SPEAK WITH MY BENEFITS COUNSELOR ON MY BEHALF?

If you complete and sign a Personal Information Authorization form (found on **quest.aptia365.com** in the 'Prepare For Your Consultation' section), anyone listed on the form can assist you with your plan information and/or selections. However, **a durable Power of Attorney (POA) document must be on file at Aptia365 for anyone but the participant to discuss healthcare coverage options**. Anyone who is listed on the durable POA can act on your behalf in all insurance capacities, including PRA paperwork.

IF I LIKE THE BENEFITS COUNSELOR I HAVE MY CONSULTATION WITH, CAN I REQUEST THAT SAME PERSON AGAIN?

The person you enjoyed dealing with before may not be available due to other scheduled appointments when you call. Every benefits counselor must, by law, be licensed, and certified to talk with you about the plans in your specific geographic area.

Please be assured that if you can't reach the benefits counselor you request, all of your information is available in our secure system, and another licensed benefits counselor will be able to assist you.

WHAT HEALTHCARE PLANS WILL BE AVAILABLE?

The individual healthcare insurance market has the following metal tier plans: Bronze, Silver, Gold, and Platinum. Plans in these categories differ based on how you and the plan share the costs of your care. Bronze plans will have lower premiums but higher out-of-pocket expense when going to a doctor. Gold plans will have higher premiums but will have lower out of pocket expenses when going to a doctor. The categories have nothing to do with the amount or quality of care you receive.

WHAT BENEFITS WILL BE COVERED UNDER MY PLAN?

All individual healthcare plans provide the same essential health benefits, cover pre-existing conditions, and offer free preventive services. However, many plans will offer additional benefits which your benefits counselor can review.

Where can I find answers to additional questions I may have? *continued*

WHAT ARE "ESSENTIAL HEALTH BENEFITS?"

Essential health benefits are included in all individual healthcare plans. There are ten categories of essential health benefits including: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

DO I NEED TO ENROLL IN A PLAN WITH PEDIATRIC DENTAL COVERAGE?

Pediatric dental coverage is included as one of the ten essential health benefits that are all a part of individual healthcare plans. Many carriers include pediatric dental coverage as a rider or require the enrollee to attest they have dental coverage that include pediatric dental. Your Aptia365 benefits counselor will work with you to ensure you have the appropriate benefits to include pediatric dental so your plan is compliant with the Affordable Care Act's (ACA) regulations.

IF I DON'T LIKE THE PLAN I'M ENROLLED IN, WHEN CAN I CHANGE?

Outside of the annual Open Enrollment Period—typically November 1st through December 15th—the only way you can obtain or change your health insurance is through one of two ways: (1) Qualify for a special enrollment period if you lose job-based coverage, have a baby, get married, or have certain other life changes, or (2) Qualify for Medicaid or the Children's Health Insurance Program (CHIP). Your licensed benefits counselor can answer any questions you may have about changing your plan during your consultation or at any point throughout the year.

What information do I need to provide?

HEALTHCARE PROVIDER INFORMATION

YOUR NAME_____ **PHONE**_____

Please list your current healthcare providers below. Some healthcare plans like HMOs and PPOs use networks. Gathering your healthcare providers' information here will help your benefits counselor compare access to your current providers. You may also contact your providers and ask them which plans they accept.

CURRENT HEALTHCARE PROVIDERS (PRIMARY CARE, SPECIALISTS, ETC.)

Name	Address	Phone Number

PRESCRIPTION DRUG INFORMATION

In order to construct an accurate cost analysis, we will need your complete and correct drug information. For example, it is important to indicate the name of the drug that you are taking, and whether you are taking a BRAND or GENERIC version. Please note, over-the-counter medications, vitamins, and supplements are not covered by prescription drug plans and therefore are not required on this form.

CURRENT PRESCRIPTIONS, DOSAGES, FREQUENCY AND WHERE/HOW YOU OBTAIN THE MEDICATION

Medication	Dosage	Frequency	Pharmacy or Mail Order

Please complete one form per person. If you have additional healthcare providers or prescription drugs to share with your benefits counselor, please make a copy of this page (prior to completing) and use it to record your additional entries.

REMEMBER! You may download the form (or use the one in this guide) to enter your prescription drug information as soon as possible, but at least 10 days prior to your consultation; doing so will shorten the amount of time you spend on the consultation call. Follow the step-by-step instructions on page 4.

Please mail this worksheet as soon as possible, but at least 10 days prior to your scheduled appointment to:

Aptia365
PO Box 9034, Brentwood, NY 11717

[The remainder of this page is intentionally left blank so that if you submit this information by mail, you won't be mailing anything important that you may need later.]

Questions for my benefits counselor

The insurers whose policies you may enroll in are separate and independent from Aptia365. Aptia365 is not responsible for any insurer's or service provider's failure to provide coverage or service, including but not limited to any failure resulting from the insurer's or service provider's current or future financial condition or solvency. From time to time, insurance companies may become insolvent and fall into receivership with the state's insurance regulatory authority. In addition to potential access to state guarantee funds, these state departments also may provide financial information. See your state's department of insurance website for any information they may provide. While each state does impose its own minimum capital and surplus requirements on insurers, Aptia365 also advises that you consider the ratings of an independent agency. Independent agencies, such as A.M. Best (www.ambest.com), may also issue ratings describing their evaluation of an insurer's financial ability to honor its insuring obligations. Insurers receive different ratings. Some insurers available to you fail to achieve the agency's rating for superior or excellent. Aptia365 recommends that you carefully consider financialinformation provided by both state insurance regulators and independent rating agencies when purchasing insurance coverage.