



True Freedom Home Care Plan Statement of Understanding

My representative has shared with me the benefits and boundaries of my True Freedom Home Care Plan from American Senior Services, Inc.

1. I am aware my membership premium will decrease by 10% for each of the first 4 years that I do not use the plan. My plan will revert to my original membership premium with the initiation of service.
2. Once I start services, my total hours of coverage will be split into 10 equal bundles. Once I use up one bundle, my benefits will stop, and my membership will go into rejuvenation for 90 days. After rejuvenation period, I have access to the next bundle of hours.
3. I understand my True Freedom Home Care Plan is a service contract and not an insurance policy.
4. I understand the benefit hours only covers custodial care.
5. I understand that I will be reimbursed on services provided by a Friend or Neighbor determined by the pre-approved hourly rate.
6. In the rare event that you need service during the first 90 days of your contract. There is 10% of Emergency care hours available based on approval by American Senior Services, Inc.
7. I have read and I fully understand my membership benefits.

I can find the explanation of benefits and boundaries on my copy of the enrollment application and True Freedom Brochure. Please retain a copy of this document for your records.

Member Print Name

Member Signature

Date

Representative Print Name

Representative Signature

Date