



## WILLIAMSON COUNTY GOVERNMENT

### Williamson County IN-HOSPITAL Indemnity Program Enrollment Form

The In-Hospital Indemnity program is available to full-time employees who decline the group medical coverage offered by Williamson County because they have medical coverage through another plan. There is no cost to the employee for enrollment in this program.

Under the In-Hospital Indemnity Program, benefits are payable on a per diem basis for inpatient hospital confinements that are the result of non-occupational injury or sickness. An inpatient confinement is defined as a hospital stay of a minimum of 24 hours with a room & board charge. Benefits begin the first day of the confinement and are payable for up to a maximum confinement of 365 days per calendar year. There is a yearly maximum benefit of \$10,000 per covered individual and a lifetime maximum benefit of \$100,000 per covered individual. Claims must be submitted within one year from date of discharge.

#### Reimbursement Schedule

- \$ 72.50 per day In-Hospital Benefit (includes Maternity)
- \$145.00 per day Intensive Care Benefit
- \$145.00 per day Cancer Benefit
- \$ 36.25 per day Convalescent Care

If more than one type of hospital care listed above is received during the hospital confinement, only one daily benefit is payable per day. Therefore, daily benefits are not payable simultaneously under more than one category of hospital care.

I understand the above description of In-Hospital Indemnity Plan offered by the Williamson County Benefit Plan. I hereby decline enrollment in the Williamson County group medical plan and accept the In-Hospital Indemnity Plan.

Employee Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_