



**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.

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Member Print Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Print Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date