

Subject: Attestation

Coverage Election

Select Your Plan Sanford **TRUE** \$1,750

I understand that my network consists of Sanford Health providers and facilities.

Your Initials TV

I understand that this plan does not have out-of-network coverage.

Your Initials TV

I understand that when traveling outside the Sanford Health Plan service area I only have coverage and emergent services.

Your Initials TV

Note: The Sanford *Simplicity* Catastrophic \$8,550 and Sanford **TRUE** Catastrophic \$8,550 are available to individuals who are under the age of 30 before the plan year begins, or have received a hardship certification from the Marketplace.

Agreement and Certification

I certify that I am legally authorized to apply for coverage for myself and all other persons named in this application. I understand that I am applying for coverage as indicated on this application which is under Sanford Health Plan providing the specific health care coverage. I further understand that coverage application will not start until after this application is accepted by Sanford Health Plan and the appropriate premium amount is received.

I certify that after this application was completed, I carefully and fully read it and that the statements and information set forth are full, **true**, and correct to the best of my knowledge and belief, and no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Sanford Health Plan will rely on the completeness and truthfulness given in the statements made in this application. An act, practice, or omission that constitutes fraud or intentional misrepresentations of material fact, made by an applicant for insurance coverage may be used to void this application or policy and deny claims to any person covered under this Policy.

I further agree, upon request, to furnish Sanford Health Plan all information required to administer the coverage.

I have read and understand this information provided in the sections above.

Application for Individual Health Insurance

Welcome to our individual enrollment system. The secure and easy way to sign up health insurance

Important Note: Beginning February 15, 2021 through May 15, 2021, a Special Enrollment Period (SEP) available to new and/or existing enrollees. To inquire about this SEP for off-exchange coverage, please contact our team at 888-535-4831, or reach out to your agent directly to request the appropriate application. If you are interested in obtaining on-exchange coverage, please visit [healthcare.gov](https://www.healthcare.gov) or contact the Marketplace Call Center (1-800-318-2596) for more information on how to enroll.

How to Apply

Instructions

Applicant must reside and maintain a street address in South Dakota or North Dakota and be a United States citizen or have a permanent green card to be eligible for this plan. Sanford **TRUE** applicants must reside in an approved county.