



## We Listen, Take Action *and put the relationship first*

**> Do your clients' current voluntary benefits carriers listen, proactively solve problems and create tailored solutions specifically for them?**

Kemper Health is a true partner in voluntary benefits. We listen, respond quickly to issues and work tenaciously to develop and implement solutions.

### No Carrier is Perfect

The Kemper Health difference is in our flexibility and responsiveness because we're not held to rigid legacy systems. We have a constant desire to get better, to support your agency's growth and to provide your clients with the best benefit solutions.

### Thoughtful, Responsive, Nimble

We work to identify potential issues, so we can proactively solve problems before they affect your relationship. If there's an issue that we can't fix, we'll be honest about what we can do, and we'll continue to work hard to find a solution.

**We respond quickly and won't make you wait for an answer.**

**"Kemper Health's support has been the best we've experienced in our 20+ years in this industry."**

*- Mike Minor, WBS Managing Partner*

### A Flexible Partner Who:

- Listens and responds quickly
- Proactively solves issues
- Creates tailored solutions
- Adapts to your needs and the market

# KEMPER Health

We understand that maintaining integrity with your clients is important. At Kemper Health, we listen, take action and put the relationship first.

“We searched the market for a carrier willing to step out of the box to create a worksite package that was simple to sell, enroll and service.

Kemper really stepped up and even went beyond our expectations to develop exactly what we were looking for.”

– Steve Dalaba, Broker

## Large-Case support: A Case Study

### ISSUES

- Poor service
- Billing issues
- Unresponsiveness
- Lack of claims transparency

### RESULTS

**\$5 MM**

Improved Client Satisfaction

### SOLUTIONS

- ✓ Matched plans for ease of administration
- ✓ Detailed quarterly reporting
- ✓ Dedicated Senior Account Manager
- ✓ Weekly service reviews

Based on an actual client for illustrative purposes, only.

➤ **Contact your Territory Manager today to learn more about Kemper Health, a true voluntary benefits partner who delivers on their promises.**

[kemperbenefits.com](http://kemperbenefits.com)

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The underwriting company for the worksite voluntary Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the worksite voluntary Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance.

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In case of conflict between this brochure, the certificate of insurance and the Master Policy, the language of the Master Policy is overriding. A sample Master Policy is available upon request. Please verify state availability at the time of sale. Group Master Policy No: MG-158/MG-159/MG-160. Policy Form No: M-9134/M-9135. Form numbers may vary by state.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations and are subject to the requirements of state insurance laws and regulations, and the benefits/provisions as described may vary due to such requirements. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Health voluntary insurance plans, either alone or in combination with each other, are not “minimum essential coverage” under the federal Affordable Care Act.

**IMPORTANT:** If an individual is insured under one or more Kemper Health voluntary insurance plans, and plans and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Health coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 (“ERISA”). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.

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