

*true* freedom  
NATIONWIDE HOME CARE PLANS

**EricLeyIns@aol.com**

**& GoldenBearPC@gmail.com**

**Eric Ley Insurance Agency**

**420 Buckmeyer Ct**

**Marysville, Ohio 43040**

**Phone & Fax**

**(614) 488-2065**

**Cell & Text**

**(614) 285-2387**



**HOME CARE SERVICE CONTRACTS**

AGENCY | CUSTOM CARE ASSISTANCE

DAILY | OVERNIGHT SERVICE

NO AGE LIMIT

# YOUR HOME CARE SERVICE PLANS

## CUSTOM ASSISTANCE SOLUTIONS FOR YOUR FUTURE NEEDS

### OUR COMPANY'S EVOLUTION IN HELPING SENIORS REMAIN AT HOME WITH FAMILY AS THEY AGE

According to Health and Human Services, 70% of seniors will need some form of home care in their lifetime. That is nearly three out of four of us.

Many seniors are under the impression that their traditional health care programs will also provide the desired services in the home such as meal preparation, grocery shopping, assistance with hygiene, dressing, grooming, overnight care, etc. Medicare, Medigap and most Medicare Advantage Plans are designed to cover hospital stays, doctor bills and some short-term skilled nursing. **Unfortunately, they do not cover the cost of everyday assistance in your own home.**

Long Term Care insurance is an option for such services, however this type of coverage is usually secured by individuals between the ages of 45 and 64 who are in better than average health. While your loved ones will have the best intentions to be there for you when an unexpected crisis arises, most are not prepared for the time, energy and the amount of work involved in caregiving and quickly become overwhelmed.

**True Freedom Home Care Plans are the most viable and affordable alternative to traditional Long Term Care Insurance.** Whenever the need for extra care becomes essential in the event of an unexpected injury, illness or dramatic change in health, our membership plans quickly coordinate and arrange assistance for our members in the privacy and comfort of their own home. Every day can bring an unexpected challenge into a senior's life, from a surge of infections during flu season, to trip and fall accidents and all of the medical occurrences that can befall a loved one at any moment. Home care requests and the increased cost of fulfilling these needs can become unprecedented. The good sense of having a True Freedom Home Care Plan in place will give members and their families the peace of mind, security and independence in being prepared as they move forward together.



#### **ALL TRUE FREEDOM HOME CARE PLANS FEATURE:**

- **FIELD ISSUE CONTRACT**
- **NO MEDICAL UNDERWRITING**
- **DISCOUNT REWARD FOR NON-USE**
- **NATIONWIDE AGENCY NETWORK**
- **EMERGENCY CARE BENEFIT**
- **HOME CARE SERVICE PORTABILITY**

OUR PLANS CAN ARRANGE FOR  
**7 DAYS A WEEK OR OVERNIGHT CARE**  
IN THE COMFORT OF YOUR HOME.

TRUE FREEDOM PLANS ARE SERVICE CONTRACTS, **NOT** INSURANCE.

# TRUE FREEDOM NATIONWIDE HOME CARE PLANS

## SERVICE CONTRACTS TO PROVIDE URGENT HOME CARE ASSISTANCE FOR SENIORS

### PLATINUM PLAN

10,000 LIFETIME MEMBERSHIP HOURS  
(TEN 1000 HOUR SEGMENTS)

CURRENT LIFETIME RETAIL VALUE:

\* BETWEEN \$250,000 TO \$400,000 OR MORE

### GOLD PLAN

6,000 LIFETIME MEMBERSHIP HOURS  
(TEN 600 HOUR SEGMENTS)

CURRENT LIFETIME RETAIL VALUE:

\* BETWEEN \$150,000 TO \$240,000 OR MORE

### SILVER PLAN

3,000 LIFETIME MEMBERSHIP HOURS  
(TEN 300 HOUR SEGMENTS)

CURRENT LIFETIME RETAIL VALUE:

\* BETWEEN \$75,000 TO \$120,000 OR MORE

### BRONZE PLAN

1,500 LIFETIME MEMBERSHIP HOURS  
(TEN 150 HOUR SEGMENTS)

CURRENT LIFETIME RETAIL VALUE:

\* BETWEEN \$37,500 TO \$60,000 OR MORE



### SUITABILITY STANDARD FOR ENROLLMENT:

**A True Freedom Plan must be secured BEFORE an individual needs or is receiving any home care.** Members must be fully able to live independently and perform all daily tasks (walking, dressing, bathing, toileting, meal preparation, grocery shopping, running errands, transportation) without assistance. Members should not be experiencing or already diagnosed with a progressive condition affecting their cognitive, physical or mental capabilities.

### AGENCY AND ANYTIME SERVICES DURING ESSENTIAL CARE INCLUDE:

- MEAL PLANNING / PREPARATION
- ASSISTANCE WITH DRESSING
- ASSISTANCE WITH BATHING, GROOMING, TOILETING AND HYGIENE
- LAUNDRY, IRONING AND CHANGING LINENS
- GROCERY SHOPPING
- LIGHT HOUSEKEEPING DURING URGENT CARE
- MONITOR DIET AND FOOD EXPIRATIONS
- MEDICATION AND HYDRATION REMINDERS
- ACCOMPANY TO PLACE OF WORSHIP, DOCTORS APPOINTMENTS, ERRANDS AND MORE\*\*

\* The value of the "Lifetime Membership Hours" for each plan are determined from current national retail averages ranging between \$25.00 to \$40.00 per hour (based on geographic location) for non-medical home care assistance from a licensed home care agency. All plan hours are divided into ten equal segments separated by 90-day reset periods that total the Lifetime Membership Hours of a chosen level contract. Multiple segments can be accessed in a single contract year within the parameters of the plan. Benefits are limited to \$150.00 a day.

\*\* This service is only available through Anytime Hours assistance. A friend or neighbor may accompany you during transport, pending prior approval from ASSI.

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# TRUE FREEDOM NATIONWIDE HOME CARE PLANS

## HOME CARE SERVICE HOURS

The True Freedom Home Care includes two options of non-medical home care service to choose from. Members can select to utilize either AGENCY Hours provided by a network of licensed and registered Home Care Agencies in the True Freedom Network OR ANYTIME Hours, where members have the freedom to choose a friend or neighbor (compensated minimum wage +) to provide their home care services (it cannot be a family member/relative or someone living in the same household.) All home care service must be authorized and arranged by the Customer Care Coordinators at American Senior Services Inc.

### AGENCY HOURS

(Provided by a Network Agency) are available for up to 5 hours a day, Monday thru Friday between the hours of 9:00am and 5:00pm.

### ANYTIME HOURS

(Provided by a friend or neighbor) are available any day of the week and during any/all hours including overnight and 24/7 live-in home care.

AGENCY HOME CARE SERVICE HOURS AND ANYTIME HOME CARE SERVICE HOURS CANNOT BE UTILIZED IN THE SAME DAY.

WHEN THE NEED FOR ASSISTANCE BECOMES ESSENTIAL, JUST CALL THE TOLL-FREE SERVICE NUMBER:

## 1-888-245-9001

### TRUE FREEDOM HOME CARE BUILT-IN DISCOUNT TRUE FREEDOM DISCOUNT REWARD PROGRAM

Because seniors have the foresight to secure a True Freedom Plan as a future strategy to age in the comfort of their own home, members will earn a 10% discount upon the anniversary and renewal of their plan for each year that no home care hours have been utilized.

<u>BRONZE PLAN / 1,500 HRS</u>	<u>SILVER PLAN / 3,000 HRS</u>	<u>GOLD PLAN / 6,000 HRS</u>	<u>PLATINUM PLAN / 10,000 HRS</u>
YEAR 1: \$95.00 A MONTH	YEAR 1: \$175.00 A MONTH	YEAR 1: \$295.00 A MONTH	YEAR 1: \$475.00 A MONTH
YEAR 2: \$85.50 A MONTH	YEAR 2: \$157.50 A MONTH	YEAR 2: \$265.50 A MONTH	YEAR 2: \$427.50 A MONTH
YEAR 3: \$76.00 A MONTH	YEAR 3: \$140.00 A MONTH	YEAR 3: \$236.00 A MONTH	YEAR 3: \$380.00 A MONTH
YEAR 4: \$66.50 A MONTH	YEAR 4: \$122.50 A MONTH	YEAR 4: \$206.50 A MONTH	YEAR 4: \$322.50 A MONTH
YEAR 5: \$57.00 A MONTH	YEAR 5: \$105.00 A MONTH	YEAR 5: \$177.00 A MONTH	YEAR 5: \$285.00 A MONTH

The discounted rate of maintaining your plan will peak at 40% and remain at that level, up until the member initially calls in for service. This cumulative saving strategy rewards members for keeping their homecare plan in place, significantly lowering their costs of maintaining their plan over time while ensuring help will be there when you need it. Additional discounts for making annual payments or enrolling with a spouse/partner are granted in addition to the non-use reward.

**REFERENCE THE TERMS AND CONDITIONS FOR COMPLETE DETAILS.**

SEE ENDORSEMENTS AND TESTIMONIALS ON OUR OFFICIAL WEBSITE AT [WWW.TRUEFREEDOMHOMECARE.COM](http://WWW.TRUEFREEDOMHOMECARE.COM)

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**NATIONAL ASSOCIATION OF  
INSURANCE AND FINANCIAL ADVISORS**

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2901 Telestar Court  
PO Box 12012  
Falls Church, VA  
22042-1205  
www.naifa.org  
703/770-8100

Capitol Hill Office:  
512 C Street, NE  
Washington, DC 20002

November 19, 2019

Eric Ley, LUTCF®  
**420 Buckmeyer Ct**  
**Marysville, Ohio 43040-3560**

**Confirmation Letter**

This is to confirm that after satisfying the educational, ethical, and experience requirements established by the Board of Trustees of The American College and the National Association of Insurance and Financial Advisors (NAIFA), Eric Ley, LUTCF®, was awarded the right to use the following designation.

<b>Designation</b>	<b>Year Conferred</b>
Life Underwriter Training Council Fellow (LUTCF®)	1990

This designation does not expire. There are no ongoing fees or other requirements that must be met in order to maintain this designation.

Sincerely,

Tara Laptew  
Marketing & Program Manager - Professional Development & Education

**Call or Text Eric @ (614) 285-2387**  
**Email: EricLeyIns@aol.com**

**National Producer # 2772743**

# Mail Signed & Filled out Application w/ Check Payable TO - American Senior Services, Inc.



ASSI is a proud member of:



**Mail to - American  
Senior Services, Inc.  
8250 Bryan Dairy Rd  
Suite - 350  
Largo, FL 33777**

PLEASE MAKE CHECKS PAYABLE TO:  
**American Senior Services, Inc.**  
Not to Any Representative, Agent,  
Agency or Individual.

## ▶ RECEIPT

Received from

\_\_\_\_\_

on \_\_\_\_\_ a payment of

\$ \_\_\_\_\_

for the purchase of this field issue contract with  
American Senior Services, Inc. This receipt  
is not valid unless payment is made by check,  
money order, or credit card and is collectible.

**Eric Ley, LUTCF**  
Representative (Please Print)  
**OH-165 (Rep ID)**

**(614) 488-2065** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Phone Date  
**Cell (614) 285-2387**



**I understand True Freedom Home Care Plans are NOT insurance**

MEMBER \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_  
First Last  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNTY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_  
This date will replace your signature date as the official start (Effective Date) of your membership.

**MEMBERSHIP PLANS (Select One)**

<input type="checkbox"/> <b>PLATINUM - 10,000 Lifetime Membership Hours</b>	<input type="checkbox"/> <b>SILVER - 3,000 Lifetime Membership Hours</b>
Single Rate - Monthly: \$475.00 Annual: \$5,415.00	Single Rate - Monthly: \$175.00 Annual: \$1,995.00
Partner Rate - Monthly: \$427.50 Annual: \$4,845.00	Partner Rate - Monthly: \$157.50 Annual: \$1,785.00
<input type="checkbox"/> <b>GOLD - 6,000 Lifetime Membership Hours</b>	<input type="checkbox"/> <b>BRONZE - 1,500 Lifetime Membership Hours</b>
Single Rate - Monthly: \$295.00 Annual: \$3,363.00	Single Rate - Monthly: \$95.00 Annual: \$1,083.00
Partner Rate - Monthly: \$265.50 Annual: \$3,009.00	Partner Rate - Monthly: \$85.50 Annual: \$969.00

**PAYMENT TERM:** \_\_\_\_\_ **RENEWAL TERM:** \_\_\_\_\_  
Monthly or Annual Monthly or Annual

**Payment Information:**

Bank Name: \_\_\_\_\_ Account Type: Checking, Savings, or Credit Card \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Account Holder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

**Are You Enrolling Today with a Spouse/Partner:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_  
*(Spouse/Partner must complete a separate enrollment)*

**Suitability Survey**

The statements below describe my current state of health: **Yes or No**  
I am fully able to live independently and perform all daily tasks (walking, dressing, bathing, toileting, meal preparation, grocery shopping, running errands, transportation) without assistance. I have not been diagnosed with or experiencing any progressive condition affecting my cognitive, physical or mental capabilities.

**IF YOU ANSWER NO, DO NOT SUBMIT ENROLLMENT.**

**Enrollment Acknowledgment:**

I confirm that my representative has fully explained the True Freedom membership and plan options. I understand that True Freedom is not insurance, and that my Effective Date begins on the date I sign this contract. The information I've provided is true and accurate to the best of my knowledge, and I have completed the Suitability Survey of my own free will. A signed copy of this agreement has been left with me.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Member's Signature Date  
**Eric K. Ley** **OH-165**  
Representative's Signature Print Name Rep ID  
**X** \_\_\_\_\_  
Date

## Terms and Conditions

**THE FOLLOWING TERMS AND CONDITIONS (THE "TERMS AND CONDITIONS") ARE HEREBY INCORPORATED AS AN INTEGRAL PART OF THE TRUE FREEDOM ENROLLMENT AND SERVICE CONTRACT (COLLECTIVELY, THE "AGREEMENT") BETWEEN AMERICAN SENIOR SERVICES, INC., A FLORIDA CORPORATION ("ASSI"), AND THE MEMBER NAMED IN AND WHO SIGNED THE AGREEMENT ("YOU").**

**THIS AGREEMENT IS NOT INSURANCE BUT RATHER CONSTITUTES A SERVICE CONTRACT. THIS IS NOT A REPLACEMENT FOR ANY INSURANCE POLICY. IT IS NOT INTENDED TO BE UTILIZED AT THE TIME OF ENROLLMENT. (REVIEW SUITABILITY TO VALIDATE YOUR PURCHASE BELOW.)** Members need to choose the best plan within their budget at the time of enrollment. There are no upgrades. Members can choose to downgrade on the annual renewal month. A member must be able to live independently at the time of enrollment to perform daily activities like walking, dressing, bathing, toileting, meal preparation, grocery shopping, running errands, & transportation without any assistance. Members cannot be diagnosed with or experiencing any progressive condition affecting their cognitive, physical or mental capabilities. If the intent upon enrollment is to go on service for a current condition following the 90-day Waiting Period, that would not be a suitable membership. ASSI's membership program arranges for non-medical services provided in the comfort of your own home, either:

**ANYTIME HOME CARE SERVICE CAN BE UTILIZED ANY DAYS/EVENINGS, INCLUDING WEEKENDS, FOR OVERNIGHT SERVICE OR FOR 24 HOURS/7 DAYS A WEEK LIVE-IN SERVICE, UP TO THE TOTAL NUMBER OF HOURS UNDER THE PLAN YOU PURCHASE.** The home care service provider can be a friend, neighbor or independent contractor chosen by the member (and must be approved by ASSI.) The home care provider cannot be a family member, anyone related to the member or someone already living in the same household. At the time that you designate a friend or neighbor for ANYTIME home care service, you will sign a release of ASSI from any liability for injuries or damages caused by a selected caregiver. Pre-authorized requests of 8 hours or more will be considered as 24-hour live-in services for that day. **PAYMENT WILL NOT EXCEED \$150.00 A DAY FOR A LIVE-IN FRIEND OR NEIGHBOR IN ANY 24-HOUR PERIOD.**

**AGENCY HOME CARE SERVICE CAN BE UTILIZED UP TO FIVE (5) HOURS A DAY, MONDAY THROUGH FRIDAY BETWEEN 9:00 A.M. AND 5:00 P.M. BY A NETWORK AGENCY EXCLUDING NATIONAL HOLIDAYS AND WEEKENDS.** PAYMENTS TO NETWORK AGENCIES CANNOT EXCEED \$150.00 A DAY. ASSI may change AGENCY service providers at any time. In order to receive the AGENCY Home Care Service hours or the ANYTIME Home Care Service hours, your membership must be in effect for ninety (90) days (the "Waiting Period"), during which you cannot use any of the hours. Once the Waiting Period has elapsed, AGENCY Home Care Service hours and ANYTIME Home Care Service hours can be mixed and matched, up to the total number of hours specified under the plan that you purchase: provided, however, that both **AGENCY HOME CARE SERVICE HOURS AND ANYTIME HOME CARE SERVICE HOURS CANNOT BE UTILIZED IN THE SAME DAY. AGENCY HOME CARE SERVICE WILL NOT BE AUTHORIZED BY ASSI TO TRANSPORT MEMBERS.**

Notwithstanding the preceding paragraph, at any time after your membership has been active for ten (10) days, if a temporary situation arises during the remainder of the Waiting Period, then you may request EMERGENCY CARE BENEFITS during the Waiting Period, which may be AGENCY Home Care Services or ANYTIME Home Care Services, with the maximum service hours available being 10 percent (10%) of the initial segment of hours specified under your plan.

The Lifetime Membership Hours of each plan are equally divided into ten (10) separate segments. Once the service hours in the initial segment have been exhausted, following a 90-day Reset Period (of non-use), the 2nd segment of plan hours of a membership can be accessed. A total of nine (9) Reset Periods occur, separating each segment of hours that add up to the total Lifetime Membership Hours of a contract. All plans cover twelve (12) months (each a "Term"). Unused hours from a preceding term will roll over and must be utilized before service hours in a new segment can be accessed following a 90-day Reset Period. The Home Care Hours of any plan can reset for up to the "Maximum Lifetime Membership Hours," which is a total of 10 times the initial segment of hours of your chosen plan. Multiple segments of hours can be utilized within a twelve (12) month term within the parameters of the contract. Contracts must be kept current through all periods of membership for continued access to any unused service hours of a chosen plan. **TO ACTIVATE SERVICES:** To receive services, call the ASSI toll free customer service number: **1-888-245-9001**

Membership must be paid by the due date to activate services. Please allow between 24 and 72 hours after your call for ASSI to coordinate services. Services could be delayed due to weather, location, availability, natural disasters, and pandemics. Requests should be essential and necessary. ASSI must pre-authorized all service requests. All unauthorized claims will be denied, and the member will be responsible for the payment of those services. All claims must comply with our Claims Policy, which is available upon request or at the time of service activation. The contract must be paid in full if the service is activated within the first 12 months. Non-use discount will discontinue when home care service is activated and will return to the current membership fee on the next payment due for the remainder of the membership. Service is not available outside of the United States, in assisted living facilities, nursing homes, rehab facilities, adult daycare, memory centers or during hospital confinement.

**CANCELLATION:** If a member fails to make a payment, ASSI will terminate the membership contract if not resolved within 30 days of the due date. In addition, all memberships include a one-time 10-day cancellation period. The cancellation notice must be submitted to ASSI in writing within 10-days from the effective date of your membership. Full refunds will be made during this time only. After 10-days, you may cancel your membership at any time; however, ASSI is under no obligation to refund any portion of your membership fee. In the event of death, your estate will be refunded on a prorated basis. The death certificate must be received within 90 days from the date of passing. **MAIL LETTER TO: American Senior Services, Inc., 8250 Bryan Dairy Road Suite 350, Largo, FL 33777**

**MISCELLANEOUS:** These Terms and Conditions may be amended from time to time by ASSI upon thirty (30) days prior written notice to you, sent to your home address as shown on the Enrollment Form. In the event of such unilateral amendment by ASSI, you have the right to terminate the Agreement by giving written notice of such termination to ASSI as specified above within (10) days after your receipt of the notice from ASSI of the amendment to these Terms and Conditions. If ASSI determines that misstatement, fraud, or misappropriation of service was intended or utilized, ASSI reserves the right to terminate or revoke a membership contract. American Senior Services Inc. reserves the right to increase membership fees.

This Agreement is made in and shall be governed by and construed under the laws of the State of Florida. The failure of either of us to exercise any of our rights or to enforce any of the provisions of the Agreement on any occasions shall not be a waiver of such right or provision, nor affect the right of such party thereafter to enforce each and every provision of the Agreement. If any provision of the Agreement is held to be invalid, illegal, or unenforceable under the applicable statute or the rule of law, then that provision shall be reformed to the maximum extent permitted to preserve the parties' original intent as agreed by the parties; failing which, such provision shall be severed from the Agreement, with the balance of the Agreement continuing in full force and effect. This Field Issued Agreement is retained by you at the time of purchase, with a signed copy being delivered to ASSI, as well.

**I have read, and I understand the Terms and Conditions in full.**

**X**

Member's Signature

**X**

Date

**2025**