Critical Illness+

PRODUCT GUIDE

For Agent Use Only.
Product, rates, availability and features may vary by state.

Assurity®
AT WORK

16-121-02243 (04/09)

Product Guide for

Critical Illness+ Insurance

Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract, **W I220**, and/or the optional benefits listed may not be available in all states.

The individual contract is your ultimate authority for any questions you may have about this product. Learn the contract. Know the contract. Refer to the contract.

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Quick Facts

PRODUCT TYPE

Critical Illness+ is an individual insurance policy available for sale to employees in a worksite setting. It provides a lump sum benefit upon diagnosis of certain specified diseases and illnesses.
The product provides for the possibility of multiple payments by using a category approach**.**

Covered Conditions:

Heart Attack	Major Organ Transplant	Stroke
Coronary Bypass Surgery	Angioplasty	Advanced Alzheimer's Disease
Coma	Kidney (*Renal)* Failure	Occupational HIV
Paralysis	Severe Burns	Loss of Independent Living
Invasive Cancer and Cancer in Situ (*available by rider*)		

Return of Premium Death Benefit

BENEFIT AMOUNTS

- Employee: $5,000 to $50,000 with simplified underwriting; up to $100,000 with authorization and additional underwriting.
- Amounts above $30,000 require answering family history question.
- Spouse: $5,000 up to amount purchased by employee with simplified underwriting; up to $100,000 with authorization and additional underwriting.
- Amounts above $30,000 require answering family history question.
- Spouse coverage must be less than or equal to the employee coverage.
- Children: $10,000 if employee purchases at least $10,000.
- Same rate whether one child or 10 children.

RATE STRUCTURE

- Age bands:18-29; 30-39; 40-49; 50-59; 60-64; 65-69
- Unisex
- Non-Tobacco, Tobacco
- Separate rates for employee, spouse and child
- Employee and spouse rates based on their own age and tobacco use

ISSUE AGE *(varies by state)*

Employee and spouse (*using Age Last Birthday as of policy issue date*)**:** 18 through 69
Children (*using Age Last Birthday as of policy issue date*)**:** 0 through 21 if dependent children definition met with coverage to age 25; automatic coverage will be afforded any newborn or adopted dependent child if Assurity receives written notification within 30 days.

ELIGIBILITY

Coverage is available for the employee, spouse and dependent children. The employee must be actively at work 30 hours a week and with their current employer for 30 uninterrupted days.

New hires must be actively at work, working 30 hours or more per week for the last 30 days.

WAITING PERIOD

Thirty days from date of issue for the Loss of Independent Living (*ADL*) Benefit, Cancer Benefit Rider and Wellness Benefit Rider.

RENEWABILITY

- Policy other than Loss of Independent Living (*ADL*) Benefit is guaranteed renewable for life.
- Loss of Independent Living (*ADL*) Benefit terminates at age 75.

OPTIONAL RIDERS

- Cancer Benefit Rider
- Wellness Benefit Rider

PORTABILITY

Critical Illness+ is portable. Insureds who leave their employer can keep their coverage by changing to another acceptable payment method.

Definitions

INVASIVE CANCER

A malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia and lymphoma are included.

While not an exhaustive list, the following conditions are **NOT** considered to be invasive cancer:

- pre-malignant lesions (*such as intraepithelial neoplasia*);
- benign tumors or polyps;
- early prostate cancer diagnosed as T1N0M0 or equivalent staging;
- cancer in situ; or
- any skin cancer *(other than invasive malignant melanoma in the dermis or deeper, or skin malignancies that have become metastatic)*.

Invasive cancer must be diagnosed pursuant to a pathological or clinical diagnosis.

There is a 30-day waiting period for the Invasive Cancer Benefit. The waiting period is the number of days (shown on the policy schedule) following the issue date or last reinstatement date. If Invasive Cancer is diagnosed during the 30-day waiting period, no benefit is payable.

CANCER IN SITU

A diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes, but is not limited to:

- early prostrate cancer diagnosed as T1N0M0 or equivalent staging; and
- melanoma not invading the dermis.

Cancer in Situ does **NOT** include:

- other skin malignancies;
- pre-malignant lesions (*such as intraepithelial neoplasia*); or
- benign tumors or polyps.

Cancer in Situ must be diagnosed pursuant to a pathological or clinical diagnosis.

There is a 30 day waiting period for the Cancer in Situ Benefit. The waiting period is the number of days (*shown on the policy schedule*) following the issue date or last reinstatement date. If Cancer in Situ is diagnosed during the 30-day waiting period, no benefit is payable.

HEART ATTACK

Death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

Established (*old*) myocardial infarction prior to the issue date is excluded.

Definitions (*continued*)

ANGIOPLASTY

Undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a physician board certified in cardiology. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

CORONARY BYPASS SURGERY

Undergoing coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a physician board certified as a cardiothoracic surgeon. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

STROKE

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a physician board certified in neurology.

LOSS OF INDEPENDENT LIVING (*ADL*)

An insured person both initially incurring and being diagnosed, by a physician, with permanent loss of two or more activities of daily living, including:

- *Transfer and Mobility*
- *Continence*
- *Dressing*
- *Toileting*
- *Eating*
- *Bathing*

The elimination period for Loss of Independent Living (*ADL*) is 180 consecutive days during which an insured person must be unable to perform two or more activities of daily living. The elimination period begins after the end of the 30-day waiting period.

MAJOR ORGAN TRANSPLANT

The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the insured person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart or pancreas. In order for the major organ transplant to be covered under this policy, the insured person must be registered by the United Network of Organ Sharing (*UNOS*).

KIDNEY (*RENAL*) FAILURE

The chronic and irreversible failure of both of the insured person's kidneys which requires the insured person to undergo periodic and ongoing dialysis. The diagnosis must be made by a physician board certified in nephrology.

Definitions (*continued*)

ADVANCED ALZHEIMER'S DISEASE

Must be diagnosed by a physician board certified in neurology. The insured person must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests (e.g., CT scan, MRI, PET of the brain). It must result in significant reduction in mental and social functioning such that the insured person requires substantial assistance in performing at least three of the six activities of daily living (as defined in this policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a specified critical illness.

PARALYSIS

The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a physician board certified in neurology. Limb is defined as a complete arm or leg. Paralysis as a result of stroke is excluded. (Note: Stroke is a separate benefit.)

OCCUPATIONAL HIV

The infection with the Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in the United States after the issue date, and which exposed the insured person to HIV-contaminated blood or bodily fluids during the course of the duties of the insured person's normal occupation.

Payment under this specified critical illness requires satisfaction of all of the following:

- the accidental injury must be reported to us within 14 days of the accidental injury; and
- an HIV test must be taken within 14 days of the accidental injury and the result must be negative; and
- an HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive; and
- the accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

The following are excluded:

- HIV infection acquired via sexual transmission;
- HIV infection acquired via IV drug use; or
- HIV infection determined not to be the result of an accidental injury.

SEVERE BURNS

The diagnosis, by a physician board certified as a general surgeon or plastic surgeon, that the insured person has sustained third degree burns covering at least 20 percent of the surface area of the body.

COMA

The diagnosis, by a physician board certified in neurology, that the insured person is in a state of unconsciousness from which the insured person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

Definitions (*continued*)

RETURN OF PREMIUM UPON DEATH OF PRIMARY INSURED

If the primary insured person dies while the policy is in force from a cause other than one of the specified critical illnesses, we will return 100 percent of all premiums paid for the primary insured person's coverage under the policy, less any benefits paid for that insured person under the policy or its attached riders. Assurity must receive written notice and proof of the primary insured person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of benefits paid under the policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

DATE OF DIAGNOSIS

The date the diagnosis is established by a physician, who is a board certified specialist where required under this policy, through the use of clinical and/or laboratory findings as supported by the insured person's medical records. For a procedure, it is the date the insured person undergoes the procedure.

DEPENDENT CHILDREN

Any natural child, stepchild, legally adopted child or child placed into your custody for adoption who is: (a) unmarried; (b) living with you in a regular parent-child relationship; (c) qualified as a dependent of you or your spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 25.

DIAGNOSIS

The definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The diagnosis must be made by a physician who is a board certified specialist where required under this policy.

EMPLOYEE

The person named in the policy schedule as the primary insured person. An employee must work for pay at least 30 hours per week.

PRE-EXISTING CONDITION *(varies by state)*

A sickness or physical condition for which, during the 12 months before the issue date, the insured person:

- had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment; or
- received medical consultation, advice or treatment from a physician or had taken prescribed medication.

Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after this policy has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

SPOUSE

The person you are lawfully married to and who is named on your application for this policy as your spouse to be insured at the time you first applied for this policy, or who was added by endorsement to this policy at a later date. You may never have more than one spouse insured under this policy at any given time.

Provisions

GRACE PERIOD

The premium must be paid on or before the due date or during the 31-day period that follows the due date (*grace period*). The policy stays in force during this time. This grace period does not apply if you request termination of this policy.

RENEWAL PROVISION

The policy is guaranteed renewable for life (*Loss of Independent Living Benefit terminates at age 75*) which means as long as the premiums are paid when due, Assurity cannot cancel or change the policy before the insured reaches the maximum age. Assurity can, however, change the premium rates after the policy has been in force for at least 12 months, but not more than once in a 12-month period. Assurity can only change rates for all policies in the same class. The insured person will be given at least 31 days' notice by mail prior to any premium change.

RIGHT TO CANCEL

The insured person may cancel the policy within 30 days of receiving it by returning the policy to Assurity's administrative office. As soon as the insured person delivers or mails the policy to Assurity, it is treated as if it was never issued. Premium payments will be refunded after Assurity receives the policy. After the 30-day period, the insured person may cancel the policy by written notification to Assurity. Cancellation of the policy after the 30-day period will be effective at the end of the period for which premiums have been paid at the time the written notice is received by Assurity unless the notice specifies a later date. Cancellation of the policy will be without prejudice to any claim made prior to the termination of the contract.

EXCLUSIONS *(varies by state)*

We will not pay benefits under this policy for conditions caused by or as the result of an insured person:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal activity or occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

Benefits

Assurity will pay the benefit chosen if any insured person is diagnosed with one of the specified critical illnesses shown in the chart below if:

- the date of diagnosis is after the 30-day waiting period (*for Loss of Independent Living* (*ADL*) *Benefit only*) ;
- the date of diagnosis is while coverage under this policy is in force; and
- the specified critical illness is not excluded by name or specific description in the policy.

The amount payable for each specified critical illness is the percentage of the benefit amount payable for each specified critical illness (*see chart below*) multiplied by the benefit amount shown on the schedule page of the policy.

The maximum total percentage of the benefit amount payable per category for any specified critical illness is shown in the last column of the chart below.

CRITICAL ILLNESS POLICY

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for Each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1 (Heart-related)	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% (payable once per lifetime	
	Angioplasty	10% (payable once per lifetime)	
Category 2 (Non-heart-related)	Advanced Alzheimer's Disease	100%	100%
	Coma	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – not covered in category 1	100%	
	Occupational HIV	100%	
	Paralysis – not as a result of stroke	100%	
	Severe Burns	100%	
	Loss of Independent Living (*ADL*)– not as a result of any specified critical illness included in category 1	25% (payable once per lifetime)	

CANCER BENEFIT RIDER

Specified Cancer	Maximum Percentage of Benefit Amount Payable for Each Specified Cancer
Invasive Cancer	100%
Cancer in Situ	25% (payable once per lifetime)

See optional riders on page 11 for more information regarding the Cancer Benefit Rider.

Benefits (*continued*)

If an insured person receives a percentage of the benefit amount for one specified critical illness within a category and then becomes eligible for benefits for another specified critical illness within that same category, the benefit amount payable for the subsequent illness is the lesser of the percentage amount payable or 100 percent minus the percentage of the benefit amount received for all previous specified critical illnesses in that category.

After 100 percent of the benefit amount shown on the policy schedule has been paid for an insured person within a category, Assurity will not pay any additional benefits for any specified critical illness in that category for that insured person.

The benefit for coronary bypass surgery and angioplasty will only be paid once per lifetime per insured person.

If benefits have been paid for a specified critical illness within one category for an insured person, no benefits will be payable for a subsequent specified critical illness within a different category for that same insured person, unless the date of diagnosis of the subsequent specified critical illness is separated by at least 180 days from the date of diagnosis of the immediately preceding specified critical illness.

If the date of diagnosis of two or more specified critical illnesses is the same day, Assurity will pay only the larger of the specified critical illness benefits.

No benefits are payable for conditions other than the specified critical illnesses defined in the policy.

LOSS OF INDEPENDENT LIVING (*ADL*)

Assurity will pay the Loss of Independent Living (*ADL*) Benefit once proof is received from a physician that the condition is permanent and has continued after the end of the elimination period.

The benefit for loss of independent living is payable only once per lifetime per insured person.

There is no coverage for loss of independent living if an insured person initially incurred or was diagnosed with the permanent loss of two or more activities of daily living before the end of the 30-day waiting period.

The Loss of Independent Living (*ADL*) Benefit will terminate on the due date of the first renewal premium following the insured's 75th birthday.

Optional Riders

CANCER BENEFIT RIDER

- Product Type: The Cancer Benefit Rider pays when any insured person is diagnosed with invasive cancer or Cancer in Situ if:

  – The date of diagnosis is after the waiting period;
  – The date of diagnosis is while coverage under this rider is in force; and
  – The cancer is not excluded by name or specific description.

- Benefit Amount: Employee and Spouse, $5,000 - $100,000; Child, $10,000 (*benefit amount chosen for Cancer Benefit Rider must be the same benefit amount as the bas policy*)
- Issue Ages: 18 through 69 (*using Age Last Birthday as of policy issue date*)
- Renewability: Guaranteed renewable for life
- Waiting Period: 30 days

The percentage of the benefit amount payable for each specified cancer is shown beside the specific cancer in the chart below. The benefit amount payable is the percentage of the benefit amount for each specified cancer multiplied by the benefit amount shown on the rider schedule page of the policy.

Specified Cancer Rider	Maximum Percentage of Benefit Amount Payable for Each Specified Cancer
Invasive Cancer	100%
Cancer in Situ	25%

If an insured person receives benefits for Cancer in Situ and is later diagnosed with invasive cancer, the remaining benefit amount for that insured person will be paid.

The benefit for Cancer in Situ will only be paid once per lifetime per insured person.

No benefits are payable under this rider for conditions other than invasive cancer and Cancer in Situ.

LIMITATIONS

Benefits are not payable if during the 30-day waiting period an insured person:

- receives a diagnosis of having invasive cancer or Cancer in Situ; or
- has exhibited any common or identifiable symptoms or medical problems which lead to a diagnosis of invasive cancer or Cancer in Situ and would cause an ordinary prudent person to seek medical advice or treatment.

Optional Riders (*continued*)

WELLNESS BENEFIT RIDER

Product Type: The Wellness Benefit Rider pays when any insured person incurs one and only one of the following tests:

• biopsy for skin cancer	• fast blood glucose test
• blood test for triglycerides	• flexible sigmoidoscopy
• bone marrow biopsy and aspiration	• hemocult stool analysis
• breast ultrasound	• mammography
• CA 15-3 (blood test for breast cancer)	• pap smear
• CA 19-9 (blood test for pancreatic cancer)	• PSA (blood test for prostate cancer)
• CA 125 (blood test for ovarian cancer)	• serum cholesterol test to determine level of HDL and LDL
• CEA (blood test for colon cancer and cervical cancer screening)	• serum protein electrophoresis (blood test for Myeloma)
• chest x-ray	• stress test (bicycle or treadmill)
• colonoscopy	• thermography

- Benefit Amount: Maximum of $50 per calendar year for each insured person
- Issue Ages: 18 through 69 (using Age Last Birthday as of policy issue date)
- Renewability: Guaranteed renewable for life
- Waiting Period: 30 days
- Availability: This rider is chosen at the employer level and included in package to all employees.

Policy and Rider Rates

MONTHLY RATES PER $1,000 OF BENEFIT

(Use **ANNUAL** premiums and calculations on page 15 to match Assurity billing)

	Base Plan W I220 Per $1,000 Benefit	Cancer Rider R WI221 Per $1,000 Benefit	Wellness Rider R WI223 $50 Benefit
Employee			
Issue Age 18-29			
Non-Smoker	.24	.11	1.08
Smoker	.33	.15	1.08
Issue Age 30-39			
Non- Smoker	.35	.25	1.42
Smoker	.59	.32	1.42
Issue Age 40-49			
Non- Smoker	.64	.62	2.01
Smoker	1.23	.80	2.01
Issue Age 50-59			
Non- Smoker	1.30	1.33	2.76
Smoker	2.64	1.72	2.76
Issue Age 60-64			
Non- Smoker	2.71	2.46	3.13
Smoker	5.53	3.19	3.13
Issue Age 65-69			
Non- Smoker	4.05	3.46	3.33
Smoker	8.07	4.48	3.33
Spouse			
Issue Age 18-29			
Non- Smoker	.11	.12	1.35
Smoker	.20	.16	1.35
Issue Age 30-39			
Non- Smoker	.21	.27	1.69
Smoker	.43	.35	1.69
Issue Age 40-49			
Non- Smoker	.47	.64	2.22
Smoker	.99	.82	2.22
Issue Age 50-59			
Non- Smoker	1.07	1.28	2.89
Smoker	2.89	1.64	2.89
Issue Age 60-64			
Non- Smoker	2.40	2.29	3.13
Smoker	4.98	2.92	3.13
Issue Age 65-69			
Non- Smoker	3.69	3.17	3.33
Smoker	7.44	4.04	3.33
Child			
Uni- Smoker	.03	.02	.37

Rates for Assurity at Work's Critical Illness+ plan are also available using the CI+ Rate Finder found on our agent extranet website at https://assurelink.assurity.com/.

Proposal and enrollment software will be available in the future.

Policy and Rider Rates

ANNUAL RATES PER $1,000 OF BENEFIT

(Use **ANNUAL** premiums and calculations on page 15 to match Assurity billing)

	Base Plan W I220 Per $1,000 Benefit	Cancer Benefit Rider R WI221 Per $1,000 Benefit	Wellness Benefit Rider R WI223 $50 Benefit
EMPLOYEE			
Issue Ages 19-29			
Non-Smoker	2.85	1.35	12.93
Smoker	4.01	1.76	12.93
Issue Age 30-39			
Non-Smoker	4.17	2.99	17.07
Smoker	7.09	3.89	17.07
Issue Age 40-49			
Non-Smoker	7.72	7.42	24.15
Smoker	14.74	9.63	24.15
Issue Age 50-59			
Non-Smoker	15.58	15.93	33.12
Smoker	31.73	20.69	33.12
Issue Age 60-64			
Non-Smoker	32.55	29.53	37.50
Smoker	66.35	38.26	37.50
Issue Age 65-69			
Non-Smoker	48.65	41.54	40.00
Smoker	96.86	53.76	40.00
SPOUSE			
Issue Ages 19-29			
Non-Smoker	1.32	1.46	16.22
Smoker	2.37	1.88	16.22
Issue Age 30-39			
Non-Smoker	2.51	3.25	20.24
Smoker	5.12	4.15	20.24
Issue Age 40-49			
Non-Smoker	5.67	7.66	26.59
Smoker	11.90	9.79	26.59
Issue Age 50-59			
Non-Smoker	12.85	15.41	34.62
Smoker	27.42	19.71	34.62
Issue Age 60-64			
Non-Smoker	28.76	27.42	37.50
Smoker	59.77	35.04	37.50
Issue Age 65-69			
Non-Smoker	44.26	38.00	40.00
Smoker	89.25	48.53	40.00
CHILD			
Uni-Smoker	0.39	0.27	4.45

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Policy and Rider Rates *(continued)*

PREMIUM CALCULATIONS FOR CRITICAL ILLNESS+ INSURANCE

To calculate a mode of premium payment other than annual, use the following calculation:

Modal Premium for Each Insured =
Base Plan Annual Premium x [Face Amount / 1,000] / Factor (round to 2 decimals)

+ Cancer Benefit Rider Annual Premium x [Face Amount / 1,000] / Factor (round to 2 decimals)

+ Wellness Benefit Rider Annual Premium / Factor (round to 2 decimals)

Payment Modes and Factors

Semi-annually.....2	11thly 11	Semi-Monthly.....24
Quarterly.....4	Monthly.....12	Bi-weekly 26
8thly.....8	13thly 13	Weekly.....52
9thly.....9	Semi-monthly skip 3 months 18	
10thly.....10	Semi-monthly skip 2 months 20	

Sample Calculation:

- Employee is 35-year old non-smoker
- Employee requests $30,000 Critical Illness Base Plan with Cancer Benefit Rider and Wellness Benefit Rider
- Spouse is 25-year old smoker
- Spouse requests $20,000 Critical Illness Base Plan with Cancer Benefit Rider and Wellness Benefit Rider
- Premium paid monthly

Monthly Premium for Employee =

$4.17 x [$30,000 / 1,000] / 12 (Base Plan)

+ $2.99 x [$30,000 / 1,000] / 12 (Cancer Benefit Rider)

+ $17.07 / 12 (Wellness Benefit Rider)

= $10.43 + $7.48 + $1.42 = $19.33

Monthly Premium for Spouse =
$2.37 x [$20,000 / 1,000] / 12

+ $1.88 x [$20,000 / 1,000] / 12 (Cancer Benefit Rider)

+ $16.22 / 12 (Wellness Benefit Rider)

= $3.95 + $3.13 + $1.35 = $8.43

Total Monthly Premium = $19.33 + $8.43 = $27.76

Benefit Payment Example

$20,000 base policy with Cancer Benefit Rider

Benefit	**Amount payable**
If employee has Coronary Bypass Surgery, then – a Heart Attack, then is –	25% of base policy amount = $5,000 75% of base policy amount = $15,000 (*Category 1 has been reduced by 25% paid due to bypass*)
placed on the UNOS list to receive a liver transplant, then is – diagnosed with Invasive Cancer	Major Organ Transplant 100% of base policy amount = $20,000 100% of base policy amount = $20,000
	Total of Categories 1, 2 and Cancer Benefit Rider = $60,000 Benefit

If benefits have been paid for a specified critical illness within one category for an insured person, no benefits will be payable for a subsequent specified critical illness within a different category for the insured person unless the date of diagnosis of the subsequent specified critical illness is separated by at least 180 days from the date of diagnosis of the immediately preceding specified critical illness.

After 100 percent of the basic benefit amount of the policy has been paid within a category (*Category 1, Category 2 and Cancer Benefit Rider*), Assurity does not pay any additional benefits for any illness associated with that category for the covered insured. Once the insured has exhausted all benefit maximums in Category 1, Category 2 and the Cancer Benefit Rider, coverage for that insured will terminate.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for Each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1 (*Heart-related*)	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% (payable once per lifetime)	
	Angioplasty	10% (payable once per lifetime)	
Category 2 (*Non-heart-related*)	Advanced Alzheimer's Disease	100%	100%
	Coma	100%	
	Kidney (*Renal*) Failure	100%	
	Major Organ Transplant – not covered in category 1	100%	
	Occupational HIV	100%	
	Paralysis – not as a result of stroke	100%	
	Severe Burns	100%	
	Loss of Independent Living *(ADL)*– not as a result of any specified critical illness included in category 1	25% (payable once per lifetime)	

Benefit Payment Example *(continued)*

Specified Cancer Rider	Maximum Percentage of Payable Benefit Amount for Each Specified Cancer
Invasive Cancer	100%
Cancer in Situ	25% (payable once per lifetime)

Marketing and Enrollment Guidelines

ENROLLMENT ARRANGEMENT CHECKLIST

- ✓ *Designate a contact person*. Assurity will need a contact person for the employer's account, usually from the organization's payroll or human resources department. Support from the employer and the contact person are critical in conducting a successful enrollment.
- ✓ *Request a census.* As the agent of record, request a census to aid in the enrollment process. A census assures accuracy and that all employees have met the eligibility requirements and have the opportunity to purchase Critical Illness+.
- ✓ *Inform employees with meetings and other communication.* Prior to enrollment, you should hold a meeting with the employees to review the products and benefits being offered. For larger accounts, it is advantageous to have a supervisors' meeting first. This will allow the leadership to more fully understand and "buy in" to the program at the introduction. The supervisors' meeting also allows the employer to announce the program to management and to endorse both Assurity and you, the agent of record. Strengthen the employer's endorsement by requesting communication such as use of company bulletin board space and announcements or inserts in employees' pay envelopes for the pay period prior to the enrollment.
- ✓ *Be prepared for multi-state enrollments.* Contact your field manager before beginning any multi-state enrollment to be sure you have proper forms, materials and appointments.

ORDERING SUPPLIES

Supplies are available only through your field manager. As the agent of record, you should allow adequate time for obtaining any supplies, such as applications, brochures, etc. The Assurity home office will not accept any orders for supplies submitted directly by anyone other than a field manager. You are not to receive any applications or other supplies prior to being licensed and appointed by **Assurity Life Insurance Company.**

Marketing and Enrollment Guidelines (*continued*)

CRITERIA FOR QUALIFIED EMPLOYERS

1. A minimum of five applications per product required.
2. Employer has been in business for a minimum of two years.
3. Employer is in an eligible industry. (*See Ineligible Industry list on page 25.)*
4. An employer/employee relationship must exist. Self-employed, one-person businesses and home-based businesses do not qualify as employer/employee groups.
5. Final and actual acceptance of a group/employer is at the discretion of the Assurity home office.

ASSOCIATION / AFFINITY GROUPS

As a general rule, Assurity does NOT consider associations or affinity groups to be qualified employers.

Assurity will consider providing insurance to associations or affinity groups, but such requests must be received IN ADVANCE and IN WRITING. Approval will be given by Assurity's home office.

CRITERIA FOR QUALIFIED EMPLOYEES

1. Eligible employees must be working full time. Full time is defined as an employee actively at work for 30 hours or more each week for this employer. For groups where the minimum hours worked per week for benefit eligibility is less than 30, we will consider these on a case by case basis.
2. Retirees of a company do not qualify for coverage.
3. Eligible employees must be actively at work, performing all duties of any occupation for the last 90 days to apply for coverage and be employed at their current employer for at least 30 days.
4. New hires must be actively at work, working 30 hours or more per week for the last 30 days, to apply for coverage.

Marketing and Enrollment Guidelines (*continued*)

ELIGIBLE DEPENDENTS *(varies by state)*

Coverage for dependents can only be written with coverage for the employee. The application must include all family members to be covered. If the employee is applying for individual coverage only, family members should not be listed on the application.

A dependent child(*ren*) is any natural child, stepchild, legally adopted child or child placed into the insured's custody for adoption who is: (a) unmarried; (b) living with the insured in a regular parent-child relationship; (c) qualified as a dependent of the insured or the insured's spouse for tax purposes according to the U.S. Internal Revenue Code; and (d) younger than age 25.

Persons Eligible on Issue Date (varies by state)

The only people eligible for coverage on the issue date are the employee, spouse and dependent children. Dependent children at issue must be age 21 or younger. Dependent child coverage can remain up to age 25 as long as the definition of dependent children is satisfied.

Persons Who Become Eligible After the Issue Date

A dependent child born to the employee, or if under age 25, adopted by or placed for adoption with the employee, will be an insured person from the moment of birth, adoption or placement for adoption only if a premium is paid for the dependent child within 30 days of birth, adoption or placement for adoption.

A foster child will be treated in the same manner as newborn and adopted children upon placement in your home as a foster child.

Assurity also must receive notice of birth, adoption or placement for adoption or foster child status. The required notice must include the child's name, date of birth and sex.

Except as provided above, any others who become eligible persons after the issue date can only become insured persons after

- Assurity approves such eligible person's written application for coverage; and
- All required premiums are paid.

Marketing and Enrollment Guidelines (*continued*)

ENROLLING THE ACCOUNT / COMPLETING THE APPLICATION

1. Complete the Case Set-Up Form (*16-405-05053*). The agent of record and the person approving the agreement must sign this agreement, and include his or her title.

2. Complete the Worksite Application as follows:
   a. All applications are state specific. Be sure to use the application for the state in which the application is signed.

   b. The agent of record, who will be signing the applications, employer agreement and employees' payroll deduction authorizations, and receiving commissions and/or an overwrite, must be licensed and appointed with Assurity Life Insurance Company in the state where the applications will be signed.

   c. The proposed insured's full legal name and signature must be the same.

   d. Social Security number is required for all proposed insureds.

   e. Issue age is the current age *(last birthday)* as of the policy issue date.

   f. The first date of full-time employment with the employer must be completed on all applications. Applications missing plan codes, premium, beneficiary or other information will cause delays in processing and will require the application to be returned for completion.

   g. Paper applications must be completed and signed in **dark ink**.

   h. Paper applications that have "white-out" corrections will not be accepted.

   i. If an incorrect answer is recorded on the paper application, cross it out and complete the application with the correct information. Both the writing agent and applicant must initial the change.

   j. Applications must be received in the home office within 45 days of the application date. Applications older than 45 days will be declined and returned.

   k. The application date must be the date the application was actually taken. Predated or postdated applications will not be accepted.

   l. Applicant and agent signatures are required.

3. Complete the Payroll Deduction Authorization Form (*AAW-402*).

The application must be completed and accurately reflect all of the proposed insured's answers. If required questions are not answered, the application will be returned to your field manager for completion by the proposed insured.

Marketing and Enrollment Guidelines (*continued*)

SUBMITTING THE ACCOUNT

1. Complete a New Business Transmittal Form (16-500-05003) for all applications. This is a required form. Failure to properly and fully complete and submit this form will result in a delay in processing the applications.

2. Submit all completed applications with the New Business Transmittal Form.

3. **If the application process is completed using paper applications, submit all of the above requirements to your field manager.**

POLICY ISSUE PRACTICES

Issue Date / Effective Date of Coverage

- The issue date shown on the policy schedule page is the effective date of coverage; the effective date is NOT the date the application was signed. The requested policy issue date must be indicated on the application and transmittal.

- An application may not be written if the requested issue date is more than 60 days from the date the application is taken. Backdating applications will not be permitted by Assurity under any circumstances.

- Any premium deducted before the issue date is pre-paid premium and will be applied to coverage beginning on the issue date. Assurity will refund any premium deductions it receives if the policy is not issued.

Automatic Bank Withdrawal

- If the employer is unable to accommodate the list bill arrangement, we will consider an automatic bank withdrawal (*ABW*). All ABWs must be approved in advance in writing. If the ABW is approved, complete an Automatic Bank Payment Form (*18-051-05055*) and submit the form with a voided check when requesting ABW deductions.

- The employer will be billed for pending applications.

BILLING AND FOLLOW-UP

Assurity Worksite Employer Unit

The worksite employer unit has been designed specifically to interface with employers, including processing employer list bills and responding to employer requests and inquiries. The worksite employer unit also has contact with the field managers.

1. The worksite employer unit may be reached during normal business hours by calling toll-free (800) 869-0355, ext. 4210.

2. A worksite employer administrator will be assigned to each employer group. The name of the worksite employer administrator and his/her extension number and email address will be provided to the employer and field manager.

3. When the first list bill is printed, the worksite employer administrator will call the employer and review the bill.

4. List bills will be mailed eight days prior to the due date. Employers will have the option to change that date by notifying their worksite employer administrator. Employers also have the option to receive their billing one month in arrears.

5. Delinquent policies on list bill will be cancelled after 60 days past due, and the employees will be sent a notice of termination.

Marketing and Enrollment Guidelines (*continued*)

UNDERWRITING: For Employee and Spouse Amounts $5,000 to $50,000; Children at $10,000

If the employee does not qualify for coverage under the base policy, then no coverage can be issued to dependents. There is no "spouse only" coverage. The employee or primary insured MUST purchase $10,000 coverage under the base policy in order for children to receive coverage.

Any proposed insured must be within the acceptable guidelines of the height and weight chart on page 22 to be eligible for coverage. Each insured must answer the question below to determine rates. Each applicant's premium is based on that applicant's tobacco use.

- During the past 12 months, has any proposed insured used any form of tobacco or nicotine-based products or substitutes, such as patches or gum?

If the proposed insured can answer "no" to the following questions, he or she qualifies for coverage. Any "yes" answer makes that individual ineligible for coverage. If a dependent answers "yes" to question 4, 5, 6, 7 or 8 on the application, the employee will need to indicate so in the details section (*question 9 on the application*) and complete the Elimination and Amendment of Benefits form (state specific form 408-05053) included in the application packet.

- During the past 90 days, have you worked less than 30 hours per week in your primary occupation?

- During the past 90 days, have you been unable to perform any of the duties of your primary occupation?

- During the past 12 months, has any proposed insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received?

- During the past 10 years, has any proposed insured had or been advised to have an organ or tissue transplant, or consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (*including heart attack, heart condition, congestive heart failure, heart valve disorder*), circulatory system (*including peripheral vascular disease, carotid artery disease*), liver, lungs (*excluding asthma but including emphysema, Chronic Obstructive Lung and Pulmonary Disease*), kidneys or pancreas; hepatitis (*other than type A*); stroke; Transient Ischemic Attack (*TIA*); insulin dependent diabetes; dementia; Alzheimer's Disease; paralysis; multiple sclerosis; muscular dystrophy; alcohol or drug abuse?

- During the past 6 months, has any proposed insured had any blood pressure readings of 160/100 or higher?

- During the past 10 years**,** has any proposed insured needed assistance or personal supervision to perform any activities of daily living (*toileting, transferring, continence, eating, bathing or dressing*)?

Marketing and Enrollment Guidelines (*continued*)

UNDERWRITING: For Employee and Spouse Amounts Above $30,000

Have any two or more of the proposed insured's natural parents or siblings, either living or deceased, ever consulted with or been diagnosed, treated or prescribed medication by a medical professional before the age of 60 for the same condition from the following list: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder*), kidney disease, stroke, diabetes, cancer or Alzheimer's Disease?

UNDERWRITING: For Employee and Spouse Amounts Above $50,000

Additional underwriting is required for amounts above $50,000. The applicant should complete the Confidential Information Authorization Form (*75-500-05055*) which is available through Assurity's supply department. Assurity will conduct a phone interview and obtain an APS and medical records if necessary.

UNDERWRITING FOR CANCER RIDER BENEFIT

Dependents may be considered eligible for coverage under the Cancer Rider Benefit even if the employee does not qualify for the rider. The Cancer Rider Benefit is only available if the CI policy is to be issued.

If the proposed insured can answer "no" to the following questions, he or she qualifies for coverage. Any "yes" answer makes that individual ineligible for coverage.

- During the past 10 years, has any proposed insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for internal cancer, leukemia, lymphoma, Hodgkin's disease, melanoma, malignant tumors or Carcinoma in Situ?

- During the past 12 months, has any proposed insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received?

Marketing and Enrollment Guidelines (*continued*)

Height/Weight Chart		
Height	Minimum Weight	Maximum Weight
4' 8"	74	168
4’ 9"	77	174
4’ 10"	80	180
4’ 11"	83	186
5' 0"	86	192
5’ 1"	89	198
5’ 2"	92	204
5’ 3"	95	210
5’ 4"	98	217
5’ 5"	101	224
5’ 6"	104	231
5’ 7"	107	238
5’ 8"	110	245
5’ 9"	113	252
5’ 10"	117	260
5’ 11"	121	268
6' 0"	125	276
6’ 1"	129	284
6’ 2"	133	292
6’ 3"	137	300
6’ 4"	142	308
6’ 5"	147	316
6’ 6"	152	324

Marketing and Enrollment Guidelines (*continued*)

Critical Illness + is available for many industries that are not eligible for Disability Income+. In addition to meeting many other needs, CI also represents an attractive alternative when Disability Income + is not available for an industry. Even in situations when an industry is listed as "no" in the chart below for Critical Illness +, Simplified Critical Illness may be available through Assurity's Individual Product Division. For more information, contact the home office underwriting department.

INELIGIBLE INDUSTRIES AND INDUSTRIES WHICH MUST BE REFERRED FOR APPROVAL

Industry	SIC	Class
Aerospace Manufacturing	3761 - 3769	Refer
Ammunitions/Small Arms	3482 - 3489	No
Amusement and Recreation	7911 - 7999	No
Armed Forces/Military	N/A	No
Asbestos	3292	No
Athletic Clubs	7991	Refer
Athlete, Professional	7941	Refer
Automobile Parking	7521	No
Bands	7929	No
Boarding Houses/Camps	7021 - 7041	No
Casinos	7999	Refer
Charitable Trusts	6732 & 6733	Refer
Chemical & Petroleum Refining	2840 - 2999	No
Drinking Places	5813	No
Electric, Gas, Sanitation Services	4911 - 4971	Refer
Employment Agencies	7361 & 7363	No
Explosives	2892	No
Gasoline Service Stations	5541	No
Lawn and Garden Services	0782	Refer
Logging	2411 - 2499	No
Meat Packing	2011	No
Mining	1011 - 1499	Refer
Motion Pictures	7812 - 7841	No
National Security and Internal Affairs	9711 - 9721	Refer
Non Classified Establishments	9999	Refer
Organizations, Associations	8611 - 8621, 8641 - 8699	Refer
Railroad Transportation	4000 - 4199	Refer
Restaurants	5812	Refer
Services, Not Elsewhere Classified	8999	Refer
Telemarketing Firms	7389	Refer
Transportation, Railroads, Transit, Bus	4011 - 4173	Refer
Trucking	4212-4215	*
Long Haul		No
Short Haul		Refer
Local		Yes
United States Postal Service	4311	Refer
Water Transportation	4412 - 4499	No

*Minimum six months' uninterrupted employment with this employer, unless employer requires a longer period.

Marketing and Enrollment Guidelines (*continued*)

PRE-APPROVAL OF FIELD-PRODUCED MARKETING MATERIALS

Field-produced marketing and agent-only materials must be approved by the home office prior to use. Failure to seek and secure approval prior to use of such materials is a violation of the agent contract.

COMPLIANCE PROCEDURES

1. All producers must submit all self- or agency-developed marketing materials – including field-produced advertising, brochures, preapproach letters, mailers, presentations, agent-only materials, websites with Assurity products and/or Assurity company name, etc. – to the home office marketing services department to ensure their compliance with advertising, unfair trade practices and other applicable state and federal regulations. Previously approved home office materials that have been altered must also be submitted, even if only rates or employer name have changed.

2. Please submit all materials via fax to marketing services at (402) 458-2185 or via e-mail to adapproval@assurity.com. Marketing services will let the individual requesting a compliance review know that we have received his or her request.

3. Some materials may require a more thorough and complex law department review. Marketing services will work with the law department as needed regarding issues needing that department's opinion.

4. Prompt turnaround is our goal for completing the compliance review process for producers' materials. Many reviews are finished in just a few days. However, the process occasionally can take as long as several weeks.

5. For producers' convenience, the marketing services department maintains a file of all agent-submitted marketing pieces with a completed compliance review.

Claims Administration

CLAIMS ADMINISTRATION

The claims contact center is available to handle telephone calls from policyholders. The claims contact center can verify coverage to providers and can answer many questions about the policy benefits.

The claims contact center may be reached during normal business hours by calling toll-free (800) 869-0355, extension 4484.

To begin the claim process and request the proper forms, contact the claim contact center using the following:

- email claimsinfo@assurity.com
- fax to (800) 869-0368
- call (800) 869-0355, extension 4484 during normal business hours
- mail to: Assurity Claims Department, Assurity Life Insurance Company, PO Box 82533, Lincoln, NE 68501-2533

If the claim form is emailed or faxed as described above, please do not mail the original claim form.

Revisions to this Product Guide

Date	Page	Update
4/09/2009	3, 18	Updated qualifying information for Issue Ages
4/09/2009	25	Trucking added to Marketing and Enrollment Guidelines

About Assurity

Assurity Life Insurance Company's origins are rooted in a 120-year legacy of providing long-term security to policyholders that has earned generations of customers' confidence and trust.

Assurity Life serves customers across the nation, offering disability income, critical illness, accident, hospital indemnity, long-term care and life insurance, annuities and specialty insurance plans through our individual and worksite distributors.

With assets exceeding $2 billion, Assurity Life has built a reputation for "best in class" service and sound, conservative business practices with a disciplined approach to financial management. Headquartered in Lincoln, Neb., Assurity Life has earned a high rating from A.M. Best Company, one of the insurance industry's leading independent analysts. For more information about this rating, please visit www.ambest.com or www.assurity.com.

We're proud of our history of integrity, financial accountability…and helping people through difficult times.