
Personal Disability Income Protection

PRODUCT GUIDE

FLORIDA version

AssurityBalance®

For Agent use only.



Product Guide for Florida

AssurityBalance® Personal Disability Income Insurance

Important Notice

This is a product guide for Assurity Balance® Personal Disability Income Protection, approved for sale to residents of **Florida ONLY**.

The individual contract is your ultimate authority for any questions you may have about the benefits of this product.

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General Guidelines

PRODUCT TYPE

Individual guaranteed renewable disability Policy with a traditional definition of disability.

INTENDED MARKET

Individuals 25 to 50 years old, employed in blue, gray, and white collar occupations earning from \$24,000 to \$50,000 annually. Small business (under 100 employees) owners, managers, and/or employees.

ISSUE AGES

18 through 60

Certain restrictions for ages 56 through 60; see Available Benefit Periods.

PREMIUMS

Level, based on *nearest* age (age as of nearest birthday) at time of application, Occupational Class, Elimination Period, Monthly Disability Benefit Amount, Benefit Period, and any Optional Benefits selected.

MULTI-LIFE DISCOUNT

A discount of 5 percent will be applied to all employer-employee groups applying for three or more policies at the same time. The discount extends to future insureds when added to an existing eligible list bill.

Available in all Classes.

NON-TOBACCO

If no tobacco in last 12 months.

ANNUAL POLICY FEE

\$40

RATE INCREASES

Premiums may only be raised on a class basis with state approval.

MODE PREMIUM FACTORS AS A PERCENTAGE OF ANNUAL PREMIUM

Monthly – 8.8 percent (Pre-authorized Check Only; List Bill available through cooperating Employers)

Quarterly – 25.8 percent

Semi-Annual – 51.0 percent

ELIMINATION PERIODS

The number of consecutive days an Insured must be Totally Disabled before the Monthly Disability Benefit amount becomes payable. The Elimination Periods available are 60, 90, 180, and 365 days.

General Guidelines (continued)

AVAILABLE BENEFIT PERIODS

- **Class 4A** — 1-, 2-, 5-year and To-Age-65
- **Class 3A** — 1-, 2-, 5-year and To-Age-65
- **Class 2A** — 1-, 2-, 5-year; also To-Age-65 **IF**
 - Self Employed:** Under age 56, and working in, and owning, the same business for the last two years, with an annual net income of *at least* \$40,000 for *each* of the last two years.
 - W-2 Employee:** Under age 56 with an annual income of *at least* \$40,000 for *each* of the last two years.
- **Class 1A** — 1-, 2-, 5-year

NOTE: Ages 56 to 60 are limited to the following Benefit Periods:

- Classes 4A and 3A: 1-, 2-, or 5-year Benefit Periods
- Classes 2A and 1A: 1- or 2-year Benefit Periods

RENEWABILITY

Guaranteed renewable to age 65. Until the Policy Anniversary after the Insured's 65th birthday, as long as the premiums are paid, the Policy cannot be canceled. However, the premium rates can be changed with state approval.

UNDERWRITING

Traditional underwriting. Home Office staff will order medical records if needed. See Medical Exam Requirements.

Different than “applied-for coverage” may be offered with a Policy Amendment Rider, Special Class premium, longer Elimination Period, shorter Benefit Period or a combination of any of these.

TABLE RATINGS

Special Class premiums are determined based on the following table ratings:

- A = 25 percent increase
- B = 50 percent increase
- C = 75 percent increase
- D = 100 percent increase

Policy Provisions

DEFINITION OF TOTAL DISABILITY

During the first 24 months after the Elimination Period, Benefits are paid if the Insured is unable, because of sickness or injury, to perform the important, substantial and material duties of his/her **own** occupation.

After Benefits have been paid for 24 months, benefits are paid if the Insured is unable to perform the substantial and material duties of **any** occupation for which he/she is fitted by age, education, training, experience, physical and mental capability, and not engaged in any job for wage or profit.

PRESUMPTIVE DISABILITY

The Company will presume the Insured is Totally Disabled if the Insured suffers total loss of speech, loss of hearing, loss of sight, severance and loss of both feet, severance and loss of both hands, or severance and loss of one hand and one foot. The Elimination Period is waived and full Monthly Benefits will be paid for the Maximum Benefit Period, whether or not the Insured is able to return to work.

RECURRENT DISABILITY

A second disability is considered a continuation of a previous disability (recurrent) unless it is due to an unrelated sickness or injury, or the recurrent disabilities are separated by at least 12 months of full-time employment.

VOCATIONAL REHABILITATION BENEFIT

If the Insured is Totally Disabled and receiving Monthly Benefits, the Company will consider helping pay the cost of a rehabilitation program. Participation in such program is voluntary. The Company will consider paying the cost of an Insured's proposed rehabilitation program if it provides educational instruction or training by an accredited college, university or vocation school, and the program will lead to the Insured returning to work sooner, in a position acceptable to the Insured. The Company will determine the amount paid for rehabilitation, but it will not pay more than the total of six Monthly Benefits.

WAIVER OF PREMIUM

Premiums are waived following the later of 90 days of Total Disability or the Elimination Period. Any premium paid that should have been waived will be refunded. Waiver stops when Total Disability stops **or** at the end of the Maximum Benefit Period, whichever is first.

HOME MODIFICATION BENEFIT

The Company will pay a one-time benefit of \$1000 for the modification of the Insured's existing residence due a current Total Disability. This benefit is intended to assist with improving access to or use of facilities in the Insured's existing residence.

Policy Provisions (continued)

RELATIONS TO EARNINGS

Monthly Benefits for disability will be paid on a *reduced* basis when Monthly Benefits provided by all disability coverage for the same loss *not shown on the Insured's application* are more than the Insured's pre-disability earnings. The amount of Monthly Benefit paid by this Policy will be a proportionate amount based on the amount the pre-disability earnings bears to the total of all coverages.

Pre-disability Earnings

All Disability Coverage x Monthly Benefit for Total Disability

Pre-disability Earnings are defined as the greater of

- The Insured's Monthly Earnings at the time of Total Disability, or
- The average of Monthly Earnings for the two years immediately preceding the Total Disability.

All Disability Coverage includes:

- Individual loss of earnings and disability coverage with Assurity or any of its affiliates;
- Individual loss of earnings and disability coverage with other companies;
- Disability benefits under individual life insurance policies; and
- Employer sponsored group disability coverage.

SURVIVOR BENEFIT

A survivor benefit is provided, paying a lump sum benefit to a named beneficiary in the event the Insured has been receiving disability benefits for at least 12 months and then dies. The lump sum death benefit is \$1,000.

Optional Benefits

Available only at time of application

SUPPLEMENTAL DISABILITY INCOME RIDER (S.D.I.R.)

This rider coordinates with Social Insurance Program Benefits and offsets this Rider's benefits dollar for dollar. Social Insurance Benefits include the following:

- A. Social Security Disability Benefits** — Includes primary or family disability benefits for which the Insured may become eligible under the U.S. Social Security Act, as amended from time to time, or a similar law of any other country. Any payment under Social Security Retirement provisions will be considered as a Social Security Disability Benefit.
- B. Worker's Compensation** — Includes compensation benefits under any Worker's Compensation Act or Law or Occupational Disease Law, for which the Insured may become eligible. It also includes insurance that provides benefits under any such Law in any of the States or Territories of the United States, or similar act or law of any other country.
- C. Government Retirement and Disability Fund Benefit** — Includes disability compensation, including amounts for dependents, under any Federal, State, County, Municipal or other government subdivision retirement and disability fund for which the Insured may be eligible. Any payment resulting from retirement will be considered a Government Retirement and Disability Fund Benefit.

Optional Benefits (continued)

Available only at time of application

D. Railroad Retirement Disability Fund Benefit — Includes primary or family disability benefits under the Railroad Retirement Act as amended from time to time. Any payment resulting from the Retirement option will be considered as Railroad Retirement Disability Income.

Benefits under S.D.I.R. start after the Elimination Period has been satisfied and payments will be made only while the Monthly Benefit is being paid under the base Policy for Total Disability.

A lump sum payment of Social Insurance Benefits will be treated as if it was received over several months. The lump sum will be *divided* by the Supplemental Disability Income Benefit and the result will be the number of months the benefit is not paid. Any remainder reduces the next payable month's benefit. Assurity will not seek a refund of benefits paid before the lump sum was received.

CATASTROPHIC DISABILITY RIDER – Available with all Occupational Classes

Issue Ages:

18 through 55 for 1-, 2-, and 5-year Benefit Periods

56 through 60 for 1- and 2-year Policy Benefit Periods

NOT available with 30-day elimination periods.

This rider will provide a disability benefit if

- the Insured's Total Disability continues beyond the Maximum Benefit Period of the Policy, and
- the Insured requires assistance or supervision with at least two of six Activities of Daily Living (bathing, toileting, transferring, continence, eating, dressing), or
- is Cognitively Disabled, and
- is not engaged in any job for wage or profit, and
- a physician has certified the Catastrophic Disability with a plan of treatment.

The rider extends the total Benefit Period payable under the base Policy to either five or 10 years. Allowable combinations of base Policy Benefit Periods and Catastrophic Disability Benefit Periods are listed below.

1-year base Policy Benefit Period – 4-year CDR Benefit Period

1-year base Policy Benefit Period – 9-year CDR Benefit Period

2-year base Policy Benefit Period – 3-year CDR Benefit Period

2-year base Policy Benefit Period – 8-year CDR Benefit Period

5-year base Policy Benefit Period – 5-year CDR Benefit Period

Optional Benefits (continued)

Available only at time of application

RECOVERY BENEFIT RIDER

Available to all Occupational Classes.

This rider will provide a Monthly Benefit for residual disability. A residual disability is a condition that allows the Insured to perform one or more of the material and substantial duties of his/her own occupation, allows the Insured to be employed on a part-time basis, and immediately follows a period of Total Disability for which Monthly Benefits were paid. Payment of the benefit is subject to the maximum Benefit Period shown on the Policy schedule, less any period in which Total Disability benefits were payable, not to exceed six months.

AUTOMATIC BENEFIT INCREASE RIDER

Available in all Occupational Classes.

This rider provides for an annual increase equal to **5 percent** of the original base Policy Monthly Benefit amount on each anniversary of the date of Total Disability, if an Insured is continuously Totally Disabled for the previous 12 months. The lifetime cap on Monthly Benefit amounts is two times the original base Policy Monthly Benefit.

If the Insured recovers from Total Disability and there was a Monthly Benefit increase under this rider, the Insured can increase the base Policy Monthly Benefit to the amount of the last Monthly Benefit payment.

To obtain the increase, the Insured must:

- Be under age 60.
- Apply within 90 days of the end of Total Disability.
- Have a full-time job, working at least 30 hours per week.

A new premium for the increase will be charged, based on the current rates and the Insured's attained age. The new premium must be paid within 31 days of the increase.

Exclusions

No benefits will be paid for the following conditions:

NORMAL PREGNANCY

Total Disability due to normal pregnancy or childbirth is excluded from benefits. However, the Company will pay Monthly Benefits for a Total Disability caused by:

1. Complications of pregnancy **OR**
2. Pregnancy or childbirth, in which the period of Total Disability extends beyond the later of 90 days or the Policy's Elimination Period.

Complications of pregnancy include eclampsia, toxemia, hyperemesis gravidarum, anemia of pregnancy, placenta previa, ectopic pregnancy, puerperal infection, anemia of pregnancy, and Cesarean Section delivery and miscarriage.

WAR

Total Disability due to war or act of war, whether or not declared.

Exclusions (continued)

No benefits will be paid for the following conditions:

SELF-INFLICTED

Total Disability due to an intentional, self-inflicted injury or sickness.

FELONY

Total Disability due to committing or attempting to commit a felony.

ILLEGAL OCCUPATION

Total Disability due to engaging in an illegal occupation.

INCARCERATION

Total Disability starting while incarcerated in a penal institution or other government detention facility.

INTOXICATION

No benefits will be paid for Total Disabilities sustained while intoxicated or under the influence of an illegal drug or a narcotic not prescribed by a physician.

Limitations

Limits on benefits are as follows:

MENTAL, NERVOUS, DRUG, ALCOHOL

Monthly Benefits for Total Disabilities related to mental, nervous, drug and alcohol disorders and conditions are limited to a lifetime maximum of 24 months. Conditions included under the mental/nervous part of this limitation shall be any disorder classified in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

The Company will pay normal Policy benefits for mental, nervous, drug, and alcohol disorders or conditions if the Insured is confined in a hospital, under a physician's care.

FOREIGN TRAVEL

Monthly Benefits for a Total Disability sustained outside the United States will be paid only upon the Insured's return to the United States and provided the Total Disability was not sustained in a country where national unrest or war exists, where living conditions are unsanitary, or in a remote or uncivilized area.

PRE-EXISTING CONDITIONS

A Total Disability due to health conditions not disclosed on the application for which medical advice, treatment or medicine was received or symptoms existed before the effective date of coverage is **not** covered for the first 2 years after coverage is in force.

Benefits will be paid if the condition was disclosed and not misrepresented on the Insured's application and is not excluded by a Policy Amendment Rider.

Financial Guidelines

EARNED INCOME

Earned income is the gross income from the applicant's occupation, including salary, wages, bonuses, fees and any other compensation received from all sources for work performed by the applicant. Applicants earning less than \$2,000 per month are ineligible. If the applicant is self-employed, or owns any part of a business, earned income is the applicant's share of the income earned by the business, plus the salary and/or bonus from the business, minus the applicant's share of business expenses that are deductible for income tax.

INCOME VERIFICATION

Income verification will be required as part of the underwriting process. All applications for coverage must be accompanied with two full years income verification.

Employed applicants will provide two full years W-2's as proof of employment. **Applicants who have not been employed continuously, full time, during the last two years are ineligible.** The applicant may provide his/her most recent pay stubs as verification of current income if substantially different than income reported on the W-2's.

Self-employed applicants will provide two full years tax returns with all schedules and W-2's, if any. "All schedules" includes all forms submitted to the IRS for the previous two years.

UNEARNED INCOME

Any kind of unearned income, such as rental property or interest income, that continues even if the Insured is Totally Disabled, does not qualify as earned income. Pension or retirement benefits will also be considered unearned income. If unearned income is greater than 15percent of earned income, the total Monthly Benefits available at issue will be reduced by one half of the monthly unearned income.

OTHER INCOME PROTECTION

Other sources of income protection will be considered to avoid over-insurance. Other sources include: group disability income, salary continuation, social insurance disability, retirement disability, and other individual disability income. Unless being replaced, these in-force coverages must be subtracted from the total amount of Monthly Benefit applied for.

SELF-EMPLOYED APPLICANTS

Many self-employed individuals capitalize on depreciation and other expenses to report little or no income for income tax purposes. However, these individuals may be eligible for limited disability income coverage if:

- A. Self-employed in the same business for two years; and
- B. Self-employed on a full-time basis, at least 30 hours per week; and
- C. Under age 50 at the time of the application; and
- D. Showing a net business profit on each of the two most recent tax returns less than \$24,000 and not showing a business loss. Assurity will consider up to \$600 (\$300 base, \$300 SDIR) with no other benefits or riders available.

Financial Guidelines (continued)

NEWLY SELF-EMPLOYED APPLICANTS

Newly self-employed applicants who do not have a full year tax return (January through December calendar year) from self-employment will be required to demonstrate prior full-time employment in a related field. No offers for coverage will be made to newly self-employed applicants without related experience. Any offers made will be based on the following:

- One-half of the applicant's documented average annual income over the last two years;
- Standard cases only – no waivers, no rate ups;
- 1-, 2-, or 5-year Benefit Period;
- Minimum 90-day Elimination Period;
- Applicant must be age 55 or younger; and
- Maximum base Policy Monthly Benefit of \$2,000. Supplemental Disability Income Rider Monthly Benefit may be the maximum for which the applicant qualifies based on the result of the two year income average divided by 2.
- No riders other than SDIR, AIR, CAT

MAXIMUM ISSUE AND PARTICIPATION LIMITS

The maximum issue and participation limits are those indicated below.

- **Class 4A** — \$7,000
- **Class 3A** — \$6,000
- **Class 2A** — \$5,000
- **Class 1A** — \$4,000

The participation limit includes all monthly disability income already in force with Assurity Life Insurance Company or any of its affiliates, or with any other company under individual or group policies.

Financial Guidelines (continued)

TABLE OF ISSUE LIMITS BY INCOME LEVEL

The minimum issue is \$500 of Base Policy Monthly Benefit. Applicants earning less than \$2,000 of monthly earned income are not eligible. (Minimum SDIR is \$100) The maximum issue limit will depend on the applicant's occupation class, earned income and existing disability coverage. The application must clearly list all other disability coverages in force and applied for.

Annual Earned Income	Monthly Earned Income	Base Policy Maximum	Supplemental Disability Income Rider Maximum	Annual Earned Income	Monthly Earned Income	Base Policy Maximum	Supplemental Disability Income Rider Maximum
24,000	2,000	750	750	76,800	6,400	2,600	1,200
25,200	2,100	800	750	79,200	6,600	2,690	1,200
26,400	2,200	830	800	81,600	6,800	2,770	1,200
27,600	2,300	900	800	84,000	7,000	2,860	1,200
28,800	2,400	930	850	86,400	7,200	2,980	1,200
30,000	2,500	1,000	850	88,800	7,400	3,090	1,200
31,200	2,600	1,030	900	91,200	7,600	3,210	1,200
32,400	2,700	1,100	900	93,600	7,800	3,320	1,200
33,600	2,800	1,130	950	96,000	8,000	3,400	1,200
34,800	2,900	1,200	950	98,400	8,200	3,470	1,200
36,000	3,000	1,270	950	100,800	8,400	3,520	1,200
37,200	3,100	1,300	1,000	103,200	8,600	3,570	1,200
38,400	3,200	1,370	1,000	105,600	8,800	3,620	1,200
39,600	3,300	1,440	1,000	108,000	9,000	3,660	1,200
40,800	3,400	1,480	1,000	110,400	9,200	3,680	1,200
42,000	3,500	1,520	1,050	112,800	9,400	3,750	1,200
43,200	3,600	1,580	1,050	115,200	9,600	3,810	1,200
44,400	3,700	1,620	1,050	117,600	9,800	3,880	1,200
45,600	3,800	1,650	1,100	120,000	10,000	3,950	1,200
46,800	3,900	1,700	1,100	122,400	10,200	4,000	1,200
48,000	4,000	1,740	1,150	124,800	10,400	4,090	1,200
49,200	4,100	1,780	1,150	127,200	10,600	4,180	1,200
50,400	4,200	1,830	1,150	129,600	10,800	4,270	1,200
51,600	4,300	1,900	1,150	132,000	11,000	4,360	1,200
52,800	4,400	1,980	1,150	134,400	11,200	4,370	1,200
54,000	4,500	2,000	1,150	136,800	11,400	4,450	1,200
55,200	4,600	2,020	1,200	139,200	11,600	4,545	1,200
56,400	4,700	2,090	1,200	141,600	11,800	4,620	1,200
57,600	4,800	2,100	1,200	144,000	12,000	4,710	1,200
58,800	4,900	2,180	1,200	146,400	12,200	4,800	1,200
60,000	5,000	2,200	1,200	148,800	12,400	5,000	1,200
61,200	5,100	2,220	1,200	151,200	12,600	5,100	1,200
62,400	5,200	2,230	1,200	153,600	12,800	5,200	1,200
63,600	5,300	2,250	1,200	156,000	13,000	5,300	1,200
64,800	5,400	2,260	1,200	158,400	13,200	5,400	1,200
67,200	5,600	2,320	1,200	160,800	13,400	5,500	1,200
69,600	5,800	2,390	1,200	163,200	13,600	5,600	1,200
70,800	5,900	2,430	1,200	165,600	13,800	5,700	1,200
72,000	6,000	2,460	1,200	168,000	14,000 +	5,800	1,200
74,400	6,200	2,520	1,200				

Financial Guidelines (continued)

ISSUE AMOUNTS FOR FARM/RANCH HOUSEHOLD WITH MINIMAL NET INCOME

Primary Farmer/Rancher:

<u>Acres or</u>	<u>Herd Size</u>	<u>Total Benefit</u>	<u>Base/SDIR Split</u>
240-319	24-49	\$1,200	\$600/600
320-499	50-74	\$1,500	\$750/750
500+	75+	\$2,000	\$1,000/1,000

Spouse working full time on farm/ranch:

<u>Acres or</u>	<u>Herd Size</u>	<u>Total Benefit</u>	<u>Base/SDIR Split</u>
240-319	24-49	\$600	\$300/300
320-499	50-74	\$800	\$400/400
500+	75+	\$1,000	\$500/500

Medical Underwriting Guidelines

MEDICAL EXAMINATION REQUIREMENTS

All applicants will be required to complete a full paramed exam with blood profile and urinalysis. The Monthly Benefit Limit shown in the chart below includes all coverage, in-force and applied for.

1-, 2-, 5-Year and To-Age-65 Benefit Periods

<u>Ages</u>	<u>Monthly Benefit</u>	<u>Exam</u>	<u>HOS</u>	<u>SMA</u>	<u>EKG</u>
18-40	500 to 2,500	Yes	Yes	Yes	No
	2,501 and over	Yes	Yes	Yes	No
41-50	500 to 1,500	Yes	Yes	Yes	No
	1,501 to 4,000	Yes	Yes	Yes	No
	4,001 and over	Yes	Yes	Yes	Yes
51-55	500 to 1,000	Yes	Yes	Yes	No
	1,001 to 2,500	Yes	Yes	Yes	No
	2,501 and over	Yes	Yes	Yes	Yes
56-60	500 and over	Yes	Yes	Yes	Yes

PARAMEDICAL SERVICES – Authorized Paramedical Firms

American Paraprofessional System, Inc. (APPS)	800-635-1677
Examination Management Services (EMSI).....	800-872-3674
ExamOne Worldwide (LabOne)	800-873-8845
HealthCheck.....	785-273-4445
Portamedic/HooperHolmes	800-765-1010

LAB SERVICES

Blood and urine kits are available through our authorized paramedical firms. All blood and urine samples must be sent to our approved laboratories at the address below. **We will not accept blood chemistry and urinalysis test results from other laboratories.**

LabOne

10310 West 84th Terrace

Lenexa, KS 66214

INSPECTION REPORTS

Telephone inspection reports will be ordered by Underwriting on all cases. A commercial inspection company will complete the phone inspections. Please inform every applicant a phone call will be received.

COLLECTION LIMITS

A full initial premium may be collected at time of application when the amount of all in-force and applied-for disability coverage with Assurity or its affiliates does not exceed \$5,000. The \$5,000 limit applies to applications that have the health questions answered or the applicant is to be medically examined. On applications with in-force and applied-for amounts that exceed the \$5,000 limit, or where the Proposed Insured has significant health problems, the case must be handled on a C.O.D. basis.

Medical Underwriting Guidelines (continued)

ADDITIONAL UNDERWRITING INFORMATION TO EXPEDITE PROCESSING

Underwriting action often depends on answers to a number of basic questions specific to the condition or situation. In addition to information provided in the application, the underwriting process can be expedited by providing such additional underwriting information as outlined below. On a separate sheet of paper attached to the application, give the information as specified for conditions or situations listed 1 through 13. For any condition or situations not listed, please give information according to section 14.

1. Arthritis

- Applicant's name
- Type of arthritis
- Joints and areas involved
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

2. Asthma, emphysema, or bronchitis

- Applicant's name
- Number of attacks in the past 12 months
- Date of last attack
- Hospitalizations due to respiratory condition
- Date of last hospitalization (if any)
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

3. Back or neck pain or problems

- Applicant's name
- Diagnosis (sprain, strain, herniated disc, etc.)
- Area of the back or neck affected
- Date of last symptom
- Currently prescribed medications and treatment
- Date of last treatment
- Name, address and phone number of physician and medical facilities

4. Diabetes or glucose metabolism abnormalities

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Currently prescribed medications and treatment
- Date(s) of any hospitalizations
- Related conditions – eye disorders, kidney disorders, heart disorders, recurrent infections, circulatory problems, amputations, skin ulcers
- Other conditions/symptoms due to diabetes
- Name, address and phone number of physician and medical facilities

Medical Underwriting Guidelines (continued)

5. Epilepsy or seizure

- Applicant's name
- Type of epilepsy or seizure
- Date of onset or diagnosis
- Date of last seizure
- Currently prescribed medications or treatment
- Name, address and phone number of all physicians and medical facilities

6. Heart attack, angina or coronary artery disease

- Date of onset or diagnosis
- Diagnosis
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications and treatment
- Name, address and phone numbers of all physicians and medical facilities

7. Heart murmur

- Applicant's name
- Date of onset or diagnosis
- Type of murmur
- Restrictions to activities
- Currently prescribed medications and treatments
- Name, address and phone number of physician and medical facilities

8. High blood pressure

- Applicant's name
- Date of onset or diagnosis
- Currently prescribed medications or treatment
- Name, address and phone number of physicians and medical facilities

9. Kidney or urinary tract disease or disorder

- Applicant's name
- Disease or disorder
- Currently prescribed medications and treatments
- Tests completed
- Name, address and phone number of physician and medical facilities

10. Stomach and/or digestive tract disorders

- Applicant's name
- Diagnosis
- Date of onset
- Date of last symptoms
- Currently prescribed medications and treatment
- Name, address and phone number of physicians and medical facilities

Medical Underwriting Guidelines (continued)

11. Tumor, polyp or cyst

- Applicant's name
- Diagnosis
- Location of growth
- Date of removal
- Currently prescribed medications and treatment
- Follow-ups planned
- Name, address and phone number of physician and medical facilities

12. Driving under the Influence (DUI)

- Applicant's name
- Date of offense
- Number of DUI offenses
- License currently suspended
- Current employment

13. Drug or alcohol abuse

- Applicant's name
- Types of drugs or alcohol used
- Dates of last drug or alcohol use
- Treatment dates
- Current affiliation in support group - Alcoholics Anonymous (AA), Narcotics Anonymous (NA)

14. All other medical conditions

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Residual or ongoing symptoms
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications or treatment
- Names, addresses and phone numbers of all physicians and medical facilities

Customer Service

CHANGES IN COVERAGE

Increasing Coverage

To **increase** the amount of the Monthly Benefit, or
to **increase** the Benefit Period, or
to **decrease** the Elimination Period,
a new application for coverage is required.

There are two methods for increasing an in-force disability coverage:

1. Complete an application for the amount of the increase in Monthly Benefits and make arrangements for any needed medical requirements. When the application is approved, the new Policy will be issued for the amount of the increase. The Insured will then have two disability policies in force with Assurity. **OR**

Customer Service (continued)

2. Complete an application for the total amount of Monthly Benefits desired. Indicate on the application the new Policy will replace an in-force Policy. Return the in-force Policy to the Home Office with the application and make arrangements for any needed medical requirements. When the application is approved, the new Policy will be issued for the total amount of Monthly Benefits with a current date and the in-force Policy will be terminated. Commissions will be adjusted according to our normal replacement rules. The incontestable period for the new Policy will be two years from the date of issue.

Decreasing Coverage

To **decrease** the Monthly Benefit, or
to **increase** the Elimination Period, or
to **decrease** the Benefit Period,

a written request is required from the Insured indicating the change. When the request is approved, an Endorsement showing the changes is sent to the Policy owner for addition to the Policy.

REINSTATEMENT OF A LAPSED POLICY

If a disability income Policy lapses for nonpayment of a renewal premium, reinstatement can be applied for after the date of lapse. In order to reinstate, the following items are required:

- A completed reinstatement application.
- A signed medical authorization.
- One renewal premium. The applicant will be given a Conditional Receipt in return for the renewal premium.

The Reinstated Policy will only cover Total Disabilities resulting from an injury that occurs after the effective date of reinstatement or a sickness that begins 10 days after the effective date of reinstatement.

If the application is approved, the effective date of reinstatement is the date of approval.

Occupational Classification

GUIDELINES

Applicants must be employed on a full-time basis (at least 30 hours per week) at time of application.

Applicants employed only in seasonal occupations are **not eligible** for coverage.

Applicants engaged in more than one occupation, even on a part-time or seasonal basis, will be classified according to the most hazardous occupation.

BUSINESS IN THE HOME

Applicants conducting business less than 50 percent of the time in their home will be underwritten in the usual manner. Applicants conducting business more than 50 percent of the time in their home will be underwritten under the following guidelines:

- Full-time employment in current home-based occupation for at least three years;
- Documented income over the last two years is required;

Occupational Classification (continued)

- Offers will be based on the average of the prior two years income, up to a maximum base Policy Monthly Benefit of \$1,200. The Supplemental Disability Income Rider Monthly Benefit offer will be based on the amount of the documented two year averaged income;
- Standard cases only – no waivers, no rate ups;
- 5-Year Benefit Periods available to applicants ages 18 through 50;
- 1- and 2-Year Benefit Periods available to applicants ages 51 through 60;
- Minimum 90-day Elimination Period on all cases;
- No riders other than SDIR, AIR, CAT.

NEW OCCUPATION OR BUSINESS

Persons just entering a profession or occupation, and persons entering business as self-employed or as a 1099 employee, must have a minimum of 24 months in their new position to be eligible for coverage.

AVIATION/AVOCATIONS

Persons involved in aviation, auto racing, hang gliding, sky diving, skin/scuba diving, or similar activities on an amateur basis can be considered for Individual Disability Income insurance, in most cases. Report the activity on the application and complete the appropriate Avocation questionnaire. Usually, a Policy Amendment Rider (waiver) will be attached to the Policy if the application is approved.

FOREIGN NATIONALS

Applications may be taken on foreign nationals have lived in the U.S. for at least two years and do not plan to return to their native country on a permanent basis. A photocopy of both sides of the applicant's resident alien card must be submitted with an application on a permanent resident alien.

DESCRIPTION OF CLASSES

Class 4A

Includes professional or office-type occupations that are rarely exposed to physical or occupational hazards. Examples include:

Accountant	Librarian
Architect	Biologist
Commercial Artist	Secretary
Real Estate Agent	

Class 3A

Includes occupations similar to Class 4A but with certain activities or hazards involving laboratory, technical, supervisory, and service work. Examples include:

Clergy	RN/LPN
Horticulturist	Sales Clerk
Lab Technician	Speech Therapist
Locksmith	Surveyor

Occupational Classification (continued)

Class 2A

Includes skilled and manual occupations in lighter industries, along with most machine operators.

Examples include:

Auto Mechanic	Electrician
Beautician	Farmer
Bricklayer	Plumber
Carpenter	Tailor

Class 1A

Includes occupations involving heavy manual labor or unskilled workers where there is increased risk of accident. Examples:

Auto Body Repair	Painter
Crane Operator	Paramedic
Custodian	Roofer
Furniture Mover	Used Car Dealership

SPECIAL OCCUPATIONS**Government Employees**

Federal, State, County, and City employees are considered in the Occupational Schedule under appropriate classification for their job duties. This section also includes Law Enforcement, Fire Fighters, and Postal Workers.

Benefits provided under the Supplemental Disability Income Rider offset, *dollar for dollar*, any Social Insurance benefits received, while benefits provided by the base Policy do not. Therefore, Government Employees will be allowed up to a maximum of \$1,000 Base Policy benefit and up to the maximum SDIR benefit, based on the applicant's earned income.

Railroad Employees

The benefit maximums for Railroad employees will be the same as those used for Government employees.

Teachers

If teachers are covered under any type of Teachers' Disability Retirement Plan, the benefit maximums will be the same as those used for Government employees.

Casino Employees

The normal benefit maximums for casino employees whose duties include gaming activities will be based on earned income, with the following guidelines:

- Gambling must be legalized in the state of residence;
- The casino must be operated in accordance with the law;
- Applicants must have a minimum of one year of employment with that casino; and
- All applicants involved in gaming activities will be Occupation **Class 1A**. Employees whose occupations do not include gaming activities will be classified in the normal manner.

NOTE: For a complete listing of occupations and their classes, see the appropriate Occupational Classification Guide – **Occupational Classification Guide (FL)**.

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, long-term care, and life insurance, annuities and specialty insurance plans through our representatives and worksite distribution.

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.

Revisions to this Product Guide

Date	Page	Update
9/15/2010	13	Added Issue Limits for Farm/Ranch
1/15/2010	14-16	Added the "Additional Underwriting Information to Expedite Processing" section
5/05/2009	18	Added the "About Assurity" and "Revisions" section
5/05/2009	15	Foreign Nationals – changed from three to two years