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# Simplified Disability Income Insurance Policy

## PRODUCT GUIDE

**AssurityBalance<sup>®</sup>**

**For Agent use only.**

Product availability, rates and features vary by state.



## Product Guide for AssurityBalance® Simplified Disability Income Insurance Policy

### Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract is I D0710. This product 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 the requirements of this product. If your state requires a state-specific contract or applications, these will be given to you by your general agent or general manager.**

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# General Guidelines (may vary by state)

## PRODUCT TYPE

Individual guaranteed renewable disability income (DI) policy with a traditional definition of disability and simplified underwriting.

## INTENDED MARKET

Individuals 25 to 50 years old employed in blue, gray and white collar occupations earning from \$15,000 to \$50,000 annually. Small-business owners (under 100 employees), managers and/or employees.

## ISSUE AGES

18 through 59

## PREMIUMS

Level; based on age as of last birthday, gender, tobacco use, occupational class, elimination period, monthly benefit, benefit period and any optional benefits selected.

### Non-Tobacco

If no tobacco use in last 12 months.

### Policy Fee

\$40

### Rate Increases

Premiums may only be raised on a class basis.

<u>Mode Premium</u>	<u>Factors as Percentage of Annual Premium</u>
Semi-Annual	51.0 percent
Quarterly	26.4 percent
Monthly	8.8 percent

## 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 for all policies in a class.

If the insured is employed on a full-time basis on each renewal date after age 65, the policy can be renewed up to age 70. The benefit period is limited to one year.

## ELIMINATION PERIODS

The number of consecutive days that an insured must be totally disabled before the monthly benefit becomes payable. The elimination periods available are 30, 60, 90 and 180 days.

## AVAILABLE MONTHLY BENEFIT AMOUNTS

Minimum: \$300

Maximum: 60 percent of monthly income up to \$2,500

# General Guidelines (continued)

Other sources of income protection need to be taken into consideration in order to avoid over-insurance. If the source of income protection is employer-paid group disability income, difference between 90 percent of the monthly income and the group benefit, up to \$2,500, can be purchased with a 90-day elimination period.

If a 180-day elimination period is elected, the difference between 100 percent of the monthly income and the group benefit, up to \$2,500, can be purchased.

*Examples:*

**90-day elimination period:**

Bill's monthly income at ABC Co. is	\$4,000
ABC Co. covers Bill with group long-term DI.	
If Bill is disabled his monthly benefit from ABC Co. will be	\$2,400
Additional benefit with Assurity's SDI would be	\$1,200
(The difference between 90 percent of Bill's monthly income and his group DI benefit)	
<b>Total monthly benefit</b>	<b>\$3,600</b>

**180-day elimination period:**

Additional benefit with Assurity's SDI would be	\$1,600
(The difference between 90 percent of Bill's monthly income and his group DI benefit)	
<b>Total monthly benefit</b>	<b>\$4,000</b>

**AVAILABLE BENEFIT PERIODS**

Six months, 1 year and 2 years

**UNDERWRITING**

Simplified approach with ability to exclude certain conditions. MIBs and prescription checks will be ordered. Telephone interviews will be ordered on applicants age 30 and above if the monthly benefit is \$2,001+ per month (and as requested on a case-by-case basis). An APS will be requested as needed.

## **Policy Provisions** (may vary by state)

**TOTAL DISABILITY**

Total disability means a disability due to a sickness or injury which:

- keeps the insured from doing the important, substantial and material duties of his or her own occupation;
- starts while this policy is in force; and
- requires a physician's care unless the insured has reached the maximum point of recovery.

## Policy Provisions (continued)

Monthly benefits are not payable if:

- the disability is due to an injury and begins more than 30 days after the injury; or
- the insured is working for wage or profit during a period of total disability.

### RECURRENT TOTAL DISABILITY

Recurrent total disability means a situation in which the insured becomes totally disabled, ceases to be totally disabled, then becomes totally disabled again from the same sickness or injury. The latter total disability will be considered a recurrent total disability.

### PARTIAL DISABILITY

Partial Disability means a degree of disability due to a sickness or injury which keeps the insured from doing one or more, but not all, of the important, substantial and material duties of his or her own occupation or results in the loss of 50 percent or more of the time spent by the insured in the usual daily performance of the duties of his or her own occupation. The condition must occur while the policy is in force and immediately follow a period of total disability during which monthly benefits were paid. The condition must require a physician's care unless the insured has reached the maximum point of recovery.

### TOTAL DISABILITY BENEFIT

Assurity will pay the monthly benefit if the insured is totally disabled and the elimination period has been satisfied. We will only pay the monthly benefits while the insured is totally disabled or to the end of the maximum benefit period, whichever is first. Monthly benefits will be paid for only one or two or more concurrent total disabilities. A total disability from the same sickness or injury is subject to one maximum benefit period. We will not pay for both sickness and injury for the same period of total disability.

If an insured receives social insurance benefits, we will reduce the monthly benefit, up to 50 percent by the amount of the social insurance benefits the Insured receives. Social insurance benefits are:

- Social Security Disability Benefit;
- Workers Compensation;
- Government Retirement and Disability Fund Benefit; and
- Railroad Retirement Disability Income.

A recurrent total disability is considered a continuation of a prior total disability if it is separated from the ending date of the prior total disability by a period of continuous, full-time employment of less than six months. A recurrent total disability is not subject to a new elimination period, nor does it result in the start of a new maximum benefit period. A recurrent total disability is considered a new total disability if it is separated from the ending date of the prior total disability by a period of continuous, full-time employment of six months or more. A new total disability is subject to a new elimination period and starts a new maximum benefit period.

### PARTIAL DISABILITY BENEFIT

This provision pays 50 percent of the monthly base policy benefit amount for each month of a partial disability from an insured injury or sickness for up to six months, when the partial disability immediately follows a period of total disability during which monthly benefits were paid. The combined total and partial disability benefits cannot extend beyond the maximum

## Policy Provisions (continued)

benefit period. Partial disability is a sickness or injury that keeps the insured from being employed on a full-time basis.

### **WAIVER OF PREMIUM**

Assurity will begin to waive payment of renewal premiums on the first premium due date after the insured has been totally disabled from a covered condition for 90 days or after the insured has been totally disabled from a covered condition for the duration of the elimination period, whichever is longer. Waiver of Premium ends when the insured ceases to be totally disabled or at the end of the maximum benefit period, whichever is first. Premiums are not waived during a period of partial disability.

## Optional Benefits

Available only at the time of application.  
(may vary by state)

### **RETURN OF PREMIUM RIDER (R I0713) – Available in all classes**

This rider will provide a return of premium paid for the policy and all riders to the insured, minus any claims paid. The amount of premium returned will be based on a scale determined by the issue age of the policyholder and the amount of time the policy was in force. There is no refund available until the policy has been in force for five full policy years.

# Optional Benefits (continued)

## TABLE OF SURRENDER PERCENTAGES

The applicable surrender percentages from the table below are based on the number of completed policy years. Percentages for completed policy years other than those shown will be furnished upon request.										
AGE AT ISSUE	AT END OF COMPLETED POLICY YEAR									AT AGE 65 AND OVER
	5	6	7	8	9	10	15	20	30	
18-25	13%	15%	18%	21%	24%	27%	37%	47%	71%	100%
26	13	15	18	21	24	27	37	48	74	100
27	13	15	18	21	24	27	38	49	77	100
28	12	15	18	21	24	27	39	50	79	100
29	12	15	18	21	24	27	39	51	81	100
30	12	15	18	21	23	27	39	52	83	100
31	11	14	17	20	23	27	40	54	86	100
32	11	14	17	20	23	27	41	55	90	100
33	11	14	17	20	23	27	41	57	93	100
34	11	14	17	20	23	27	41	58	96	100
35	11	14	17	20	23	27	41	59	100	100
36	11	14	17	20	23	27	44	63	—	100
37	11	14	18	21	24	28	47	67	—	100
38	11	14	18	22	25	29	50	71	—	100
39	11	14	18	22	26	30	53	74	—	100
40	11	14	18	22	26	30	55	78	—	100
41	11	15	19	23	27	31	57	81	—	100
42	11	15	19	24	28	32	60	85	—	100
43	11	15	19	24	28	33	62	89	—	100
44	11	15	19	24	29	34	65	94	—	100
45	11	15	19	24	29	35	68	100	—	100
46	11	15	19	25	30	37	70	—	—	100
47	11	15	20	26	31	39	75	—	—	100
48	11	15	20	28	33	41	80	—	—	100
49	11	15	20	29	34	43	87	—	—	100
50	11	15	20	30	35	45	100	—	—	100
51	11	15	23	30	38	47	—	—	—	100
52	11	15	26	30	42	53	—	—	—	100
53	11	15	29	35	47	62	—	—	—	100
54	11	15	32	41	59	77	—	—	—	100
55	11	15	35	55	75	100	—	—	—	100

All returned premium amounts will be calculated as all premium paid, multiplied by the total percentage shown in the schedule, less the total of all benefits paid, including all premiums waived under the Waiver of Premium Provision.

## Optional Benefits (continued)

Available only at the time of application.  
(may vary by state)

### **RETROACTIVE INJURY BENEFIT RIDER (R I0712) – Available in both classes**

This rider will provide a lump sum amount at the end of the elimination period equal to the total disability monthly benefit times the elimination period in days divided by 30, if an injury causes total disability within 30 days of such injury and the insured is totally disabled continuously from the injury for the entire elimination period.

### **CRITICAL ILLNESS RIDER (R I0711)**

This rider is offered in benefit amounts of \$5,000 or \$10,000. The benefit amount purchased will be paid upon the insured receiving a first-ever diagnosis for one of the specified critical illnesses stated in the rider.

## Exclusions

Assurity will not pay benefits for total disability that are caused by or are the result of the insured:

- being pregnant, or experiencing pregnancy-related conditions. Complications of pregnancy are deemed to be a sickness;
- operating, learning to operate or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 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 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;
- having cosmetic surgery;
- having other elective procedures that are not medically necessary, including but not limited to organ donation and elective sterilization;
- having a mental and/or nervous disorder. (A mental and/or nervous disorder is considered any disorder listed in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma.);
- participating in or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.



## Limitations (may vary by state)

Limits on benefits are as follows:

### FOREIGN TRAVEL

The policy will only pay up to three monthly benefits for any total disability sustained or continued outside the U.S., Canada or Mexico. If the insured remains totally disabled upon return to any of these countries, benefits will resume up to the maximum benefit period, as long as the insured is totally disabled.

### PRE-EXISTING CONDITION

Pre-existing condition means 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 pay no benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the policy has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

## 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. If the applicant is self-employed or owns any part of a business, earned income is the applicant's share of income earned by the business, plus the salary or draw from the business, minus the applicant's share of business expenses that are deductible for income tax.

### INCOME VERIFICATION

Income verification is not required as part of the underwriting process.

### 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 would also be considered as unearned income. If unearned income is greater than 15 percent of earned income, the total monthly base policy benefit available at issue is reduced by one half of the monthly unearned income.

### OTHER INCOME PROTECTION

Other sources of income protection need to be taken into consideration in order to avoid over-insurance. Other sources of income protection include group disability income coverage, salary continuation, social insurance disability, retirement disability and other individual disability income. Unless being replaced, these in-force coverages must be subtracted from the maximum total amount of monthly benefit, subject to issue and participation limits.

## Financial Guidelines (continued)

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. The maximum issue amount will never exceed 60 percent of monthly income up to \$2,500.

**TABLE OF ISSUE LIMITS BY INCOME LEVEL**

<b>Monthly Earned Income</b>	<b>Policy Maximum Monthly Benefit</b>
1,200	720
1,300	780
1,400	840
1,500	900
1,600	960
1,700	1,020
1,800	1,080
1,900	1,140
2,000	1,200
2,100	1,260
2,200	1,320
2,300	1,380
2,400	1,440
2,500	1,500
2,600	1,560
2,700	1,620
2,800	1,680
2,900	1,740
3,000	1,800
3,100	1,860
3,200	1,920
3,300	1,980
3,400	2,040
3,500	2,100
3,600	2,160
3,700	2,220
3,800	2,280
3,900	2,340
4,000	2,400
4,100	2,460
4,200	2,500

# 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, are to be classified according to the most hazardous occupation.

## BUSINESS IN THE HOME

Self-employed applicants conducting business in their home for at least two years will be underwritten with normal guidelines; self-employed applicants with less than two years are not eligible.

**Note:** W-2 employees working in the home more than 50 percent of the time will be underwritten with normal guidelines.

## NEWLY SELF-EMPLOYED APPLICANTS

Newly self-employed applicants who do not have a tax return for a full year (January through December calendar year) from self-employment will not be eligible for Simplified DI but may be eligible for AssurityBalance® Personal Disability Income Insurance.

## AVIATION/AVOCATIONS

Persons involved in aviation, auto racing, hang gliding, sky diving, skin/scuba diving, or similar activities on an amateur basis will not be eligible for Simplified DI but may be eligible for AssurityBalance® Personal Disability Income.

## FOREIGN NATIONALS

Applications may be taken on U.S. citizens who permanently reside in the U.S., or on permanent resident aliens who have lived in the U.S. for at least three 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 1** – Includes professional and clerical occupations, as well as occupations including laboratory, technical, supervisory and service work. Examples include:

Accountant	Locksmith
Architect	Pharmacist
Biologist	Real Estate Agent
Clergy	RN/LPN
Computer Consultant	Sales Clerk
Horticulturist	Secretary
Lab Technician	Speech Therapist
Librarian	Surveyor

## Occupational Classification (continued)

**Class 2** – Includes skilled and unskilled in what have traditionally been considered blue collar occupations. Examples include:

Auto Body Repair	Farmer
Auto Mechanic	Furniture Mover
Beautician	Painter
Bricklayer	Plumber
Carpenter	Pottery Maker
Crane Operator	Roofer
Custodian	Tailor
Electrician	Used Car Dealer

### Not Eligible (NE)

Includes occupations not eligible for coverage due to exposure to serious accident or occupational hazards. Examples include:

Air Traffic Controller	Entertainer
Armed Forces Member	Pilot
Author	Self-employed Artist
Bartender	Student

## SPECIAL OCCUPATIONS

### Government Employees

The normal benefit maximums will be allowed for federal, state, county, and city employees.

### Railroad Employees

The normal benefit maximums will be allowed for railroad employees.

### Teachers

The normal benefit maximums will be allowed for teachers.

**NOTE:** for Government employees, railroad employees and teachers, if the applicant has any pension payment from a previous occupation, some type of permanent government disability benefit, other group disability income insurance, or other individual disability income insurance in addition to their current group long-term disability, coverage will not be available.

### Casino Employees

The normal benefit maximums for casino employees *directly involved in gaming activities* will be allowed based on salary, with the following guidelines:

- Gambling must be legalized in that state; and
- The casino must be operated in accordance with the law.

All casino employees directly involved with gaming activities are classified as Occupational Class 2. (Employees of casinos who are *not involved* with gaming activities are not considered “casino employees” and will not be subject to the above limitations. Example: Casino Restaurant Manager would be classified as Class 1.)

**NOTE:** See the separate **Occupational Schedule** for a complete listing of occupations and their classes.

# Underwriting Guidelines

## 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

## TELEPHONE INTERVIEW PHONE NUMBER (877) 611-4701

A Personal History Interview will be conducted with the applicant at the time of sale for all applicants age 30 and above and benefit amounts of \$2,001+ (and as requested by Underwriting). Interviewers are available from 8:00 a.m. through 9:00 p.m., Monday through Friday (Central Time). Personal History Interviews not completed during normal working hours will be conducted on the next business day.

## 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 \$2,500. The \$2,500 limit applies to applications that have the health questions answered or an applicant to be medically examined.

On applications with in-force and applied-for amounts that exceed the \$2,500 limit, or where the applicant has significant health problems, the case must be handled on a C.O.D. basis.

# Underwriting Guidelines (continued)

## REPLACEMENT GUIDELINES

If existing disability income coverage is to be replaced, the following states require that a replacement form be completed and submitted with the application:

Arkansas	Illinois	New Jersey	Utah
Colorado	Iowa	Oklahoma	Vermont
Connecticut	Kentucky	Pennsylvania	Virginia
Delaware	Maine	Rhode Island	Washington
Florida	Massachusetts	South Carolina	West Virginia
Idaho	New Hampshire	Texas	Wisconsin

**A copy of the complete replacement form must be left with the applicant.**

## 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

# Underwriting Guidelines (continued)

## 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

## 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

# Underwriting Guidelines *(continued)*

## 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

## 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

## FOUR-DAY SERVICE GUARANTEE

This product qualifies for the four-day service guarantee, the **Assurity Advantage**. The **Assurity Advantage** assures that your simplified underwritten application will be processed and the policy mailed within four business days, or the writing agent can cash in on an additional \$100.

Applications need to be filled out correctly and all required items included to qualify! For more information about the **Assurity Advantage**, contact your regional sales manager.

## MULTIPLE APPLICATIONS RECEIVED WITH A SERVICE GUARANTEE PRODUCT

When multiple products are applied for simultaneously, we will hold all applications until a final decision has been made for each product, and they will be issued together. Therefore, if a product in the **Assurity Advantage** program is applied for at the same time as a non-Assurity Advantage product, it will not qualify for the service guarantee.

## CHANGES IN COVERAGE

### Increasing Coverage

To **increase** the amount of the base policy monthly benefit, 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 Simplified Disability Income Policy:

1. Complete a Simplified DI application for the amount of the increase in base policy monthly benefits. When the application is approved, the new policy will be issued for the amount of the increase. The insured will then have multiple disability policies in force with Assurity.  
**OR,**
2. Complete a Simplified DI application for the total amount of base policy monthly benefit, including the increase desired. Indicate on the application that the new policy will replace an in-force policy. Return the in-force policy to Assurity with the application.

**Please note:** Replacement forms are required in the states listed on the previous page.

When the application is approved, the new policy will be issued for the total amount of monthly benefit using the current date. 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 **increase** the elimination period, a dated written request from the insured indicating the change is required. When the request is approved, an endorsement showing the changes is sent to the policyowner 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 within 12 months after the date of lapse. In order to reinstate, the following items are required:

- a completed reinstatement application,
- a signed medical authorization, and
- one renewal premium.

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

## About Assurity

Assurity Life Insurance Company's origins are rooted in a century-long 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, 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](http://www.ambest.com) or [www.assurity.com](http://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
3/26/2010	3	Changed age on Renewability section
1/15/2010	14-16	Added the "Additional Underwriting Information to Expedite Processing" section
9/01/2009	13	Telephone Interview times updated
1/09/2009	14	Added the "Four-Day Service Guarantee" and "Multiple applications received with a service guarantee product" sections
11/18/2008	12	Added a paragraph (starting with "NOTE: for Government employees, Railroad...")
11/18/2008	15	Added the "About Assurity" and "Revisions" section
11/18/2008	All	Added "For Agent Use Only"