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# Simplified Whole Life Insurance

## PRODUCT GUIDE

**LifeScape®**

**For agent use only. Not for use with consumers.**  
Product and rider availability, features and rates vary by state.



# Product Guide for Simplified Whole Life Insurance

## Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract, **I L601**, **I L602**, **I L603** 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.**

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# Simplified Life Insurance Portfolio

Assurity's Simplified Life Insurance portfolio offers an affordable solution to a variety of needs. This portfolio includes:

- **Simplified Level Benefit Whole Life** (Form No. I L601) – The full death benefit is provided from the first day.
- **Simplified Graded Benefit Whole Life** (Form No. I L602) – A graded death benefit is provided the first two policy years for non-accidental death (40 percent of the face amount policy year one and 75 percent of the face amount year two).
- **Simplified Modified Benefit Whole Life** (Form No. I L603) – A modified death benefit is provided the first two policy years for non-accidental death (return of premium plus 10 percent in the first two policy years).

## Level Benefit Whole Life

**Simplified Level Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. This policy provides the full death benefit from the first day the policy is issued. To be considered for the Level Death Benefit plan, all questions on the application must be answered "no."

### ISSUE AGES

0 through 80 Age Last Birthday (applicant must be at least 6 months old)

### ISSUE LIMITS

#### Face Amounts \$10,000 - \$50,000

Ages 0 through 14: Male/Female – Select Non-Tobacco

Ages 15 through 19: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000 - \$50,000

Ages 20 through 65: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000-\$25,000\*

Ages 66 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

*\* In the state of Washington, the only face amount available is \$25,000.*

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

## Level Benefit Whole Life (continued)

### PREMIUMS

Level, guaranteed, and based on issue class, gender, and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000

Semiannual – 0.510

Quarterly – 0.264

Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using Assurity's Foresight illustration software.

## Graded Benefit Whole Life

**Simplified Graded Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. To be considered for the Graded Death Benefit plan, the proposed insured must be able to truthfully answer "no" to the medical history questions in Sections A and B, and unable to answer "no" to the medical history questions in Section C of the application. The Graded Death Benefit plan has a reduced death benefit for the first two years the policy is in force. If death due to natural causes occurs during the first year of coverage, the benefit is limited to 40 percent of the face amount. If death due to natural causes occurs during the second year of coverage, the benefit is limited to 75 percent of the face amount. After the second year, the full face amount of the policy is payable. The death benefit in Arkansas is 40 percent of the face amount in year one and 75 percent of the face amount in year two, regardless of the cause of death. The death benefit in Missouri in year one is equal to 50 percent of the face amount.

### ISSUE AGES

40 through 80 Age Last Birthday

### ISSUE CLASSES

#### Face Amounts \$5,000-\$35,000

Ages 40 through 65: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000-\$25,000

Ages 66 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

## Graded Benefit Whole Life (continued)

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

### PREMIUMS

Level, guaranteed, based on issue class, gender and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000

Semiannual – 0.510

Quarterly – 0.264

Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using Assurity's Foresight illustration software.

## Modified Benefit Whole Life

**Simplified Modified Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. To be considered for the Modified Death Benefit plan, the proposed insured must be able to truthfully answer "no" to the medical history questions in Section A, and unable to answer "no" to the medical history questions in Section B and Section C of the application. The Modified Death Benefit plan has a reduced death benefit for the first two years of coverage. For death due to natural causes, the benefit is limited to 110 percent of the annual premium amount in year one of coverage and 220 percent return of the annual premium amount in year two of coverage. After the second year, the full face amount of the policy is payable.

### ISSUE AGES

40 through 80 Age Last Birthday

## Modified Benefit Whole Life (continued)

### ISSUE CLASSES

#### Face Amounts \$5,000-\$25,000

Ages 40 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

### PREMIUMS

Level, guaranteed, based on issue class, gender and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000

Semiannual – 0.510

Quarterly – 0.264

Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using Assurity's Foresight illustration software.

## Completing the application form

Completing an application for Simplified Life consists of eight easy steps:

1. Begin by completing the Proposed Insured, Policy Owner and Beneficiaries Sections.
2. Complete Health Information Section A. If a question in Section A is answered "yes," STOP! Do not ask any further medical questions and do not submit the application.
3. If all questions in Section A are answered "no," complete Section B. If a question in Section B is answered "yes," STOP! Do not ask any further health questions. The application will be considered for the Modified Benefit Life plan.

## Completing the application form (continued)

4. If all questions in Section A and B are answered “no,” complete Section C. If all questions in Section A, B and C are answered “no,” the proposed insured will be considered for the Level Death Benefit plan. If a question in Section C is answered “yes,” the proposed insured will be considered for the Graded Benefit Life plan.
5. After all the questions in the Health section have been answered, please check the appropriate plan of insurance and specify the face amount and premium mode. Answer the replacement question and provide the company name and policy number, if a policy is being replaced.
6. Obtain the Proposed Insured’s signature. No one other than the Proposed Insured may sign on the Proposed Insured signature line.
7. Complete the Agent’s Statement. If the monthly premiums are being automatically deducted from a checking account or savings account, complete the Electronic Funds Authorization form and obtain a voided check. Complete the Premium Receipt and give the proposed insured the Premium Receipt. If a check for the initial modal premium does not accompany the application, the initial premium will be drafted from the insured’s financial institution at the time of policy issue.
8. Arrange the Personal History Interview (PHI) while with the proposed insured. A PHI is required on all applicants age 40+. See the Underwriting section for instructions.

### APPLICATION CHECKLIST

- ☐ Application form correct?
- ☐ Date of birth and age last birthday correct?
- ☐ Application questions answered and application signed by Proposed Insured?
- ☐ Plan applied for correct based on answers to questions in Sections B and/or C?
- ☐ Correct premium submitted (agent/agency checks and agent/agency money orders not acceptable), and if premiums paid by bank deduction, bank authorization and voided check attached?
- ☐ All information and questions completed on Customer Identification Form?
  - ☐ Premium Receipt left with Proposed Insured?
- ☐ On-site Personal History Interview conducted for applicants age 40+ or voice-mail message left with underwriter requesting next-day call-back?
  - ☐ Any special effective date requested?
- ☐ Agent’s Information section completed?
- ☐ Agent Number(s) and split percentages shown?
- ☐ Referrals for your next three sales obtained?

# Underwriting

The company's primary objective is to underwrite and issue Simplified Whole Life business using the application, MIB, prescription drug check, and a Personal History Interview at the time of sale.

There are no mandatory medical requirements such as paramedical or medical examinations, home office specimens, electrocardiograms, etc. Whenever possible, the company will underwrite and issue the insurance based on the answers on the application as confirmed during the Personal History Interview.

**Assurity reserves the right to decline an application for conditions which may not be included on the application form.**

- Applicants with chronic lung disease **and** on oxygen will not be accepted for this product.

## HEIGHT/WEIGHT CHARTS

### Adult Build Table

Insured's Height		Minimum Weight	Maximum Weight
Feet	Inches		
4	10	78	214
4	11	81	221
5	0	84	230
5	1	86	237
5	2	90	246
5	3	93	254
5	4	96	262
5	5	98	269
5	6	101	278
5	7	104	285
5	8	107	294
5	9	110	303
5	10	113	310
5	11	116	319
6	0	120	328
6	1	124	336
6	2	127	345
6	3	131	354
6	4	134	363
6	5	137	369
6	6	141	380
6	7	145	388
6	8	148	394
6	9	152	402



**Infant Build Table** – U.S. Standard (effective Sept. 8, 2009)

Age – Months	Height		Weight	
	Minimum	Maximum	Minimum	Maximum
0	18"	21"	6	15
1	19"	22"	7	18
2	21"	24"	8	22
3	22"	25"	10	26
4	23"	26"	11	28
5	24"	27"	13	30
6	24"	28"	14	32
7	25"	29"	14	35
8	26"	29"	14	35
9	26"	30"	14	37
10	27"	30"	16	37
11	27"	31"	16	40
12	28"	31"	17	40
13	28"	32"	17	42
14	29"	32"	18	42
15	29"	33"	18	45
16	29"	33"	18	45
17	30"	34"	19	48
18	30"	34"	19	48
19	30"	35"	19	51
20	31"	35"	20	51
21	31"	35"	20	51
22	31"	36"	20	54
23	32"	36"	21	54
24	32"	36"	21	54

**If over maximum:** First look up all three identifiers of age, height and weight and if the chart indicates that this infant or child is over the maximum, go to the next step, which is to ignore the age and go by the height and weight only. If the height and weight alone is over the maximum, this infant/child is a declination. **If below the minimum:** Use the three identifiers, and if below the minimum, this infant or child is a declination.

**Child Build Table** – U.S. Standard (effective Sept. 8, 2009)

Age – Years	Height		Weight	
	Minimum	Maximum	Minimum	Maximum
2	2' 8"	3' 0"	23	54
3	2' 11"	3' 4"	26	59
4	3' 1"	3' 7"	30	65
5	3' 4"	3' 10"	33	76
6	3' 6"	4' 1"	37	83
7	3' 8"	4' 3"	41	91
8	3' 11"	4' 6"	45	109
9	4' 1"	4' 9"	50	115
10	4' 2"	4' 11"	54	125
11	4' 4"	5' 1"	60	135
12	4' 6"	5' 4"	67	145
13	4' 8"	5' 6"	75	155
14	4' 11"	5' 9"	84	165
15	5' 2"	6' 0"	94	185
16	5' 3"	6' 1"	103	197

**If over maximum:** First look up all three identifiers of age, height and weight and if the chart indicates that this infant or child is over the maximum, go to the next step, which is to ignore the age and go by the height and weight only. If the height and weight alone is over the maximum, this infant/child is a declination. **If below the minimum:** Use the three identifiers, and if below the minimum, this infant or child is a declination.

# Underwriting (continued)

## CONCERNING CONDITIONS

<b>-A-</b>		
ADL's (Activities of Daily Living)	If unable to do activities such as toileting, transferring in and out of a chair or bed, eating, bathing, dressing, grooming, walking or managing medications without assistance.	No coverage will be offered
AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex)	Any diagnosis of this disease.	No coverage will be offered.
Alcoholism	If treated for alcoholism anytime in the past and still drinks.	No coverage will be offered.
Alzheimer's Disease	Refer to Memory Loss.	
ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease)	This is a form of motor neuron disease and is a progressive, fatal disease.	No coverage will be offered.
Anemia – other than iron deficiency	If diagnosed or treated within the last 12 months.	No coverage will be offered.
Aneurysm	If diagnosed or treated within the last 12 months.	Graded
	If no treatment within the last 12 months.	Level
Angina (heart related chest pain)	If any angina within the last 12 months.	No coverage will be offered.
Atrial Fibrillation	If had a cardiac ablation within 12 months (this is considered heart surgery).	No coverage will be offered.
	If no angina/chest pains and is controlled.	Level
<b>-B-</b>		
Brain Surgery	If had or been advised to have brain surgery in the past 12 months.	No coverage will be offered.
	If had brain surgery greater than 12 months ago, was non-cancerous and able to do all ADL's without assistance.	Level
Brain Tumor (Meningioma)	If surgery within the past 12 months.	No coverage will be offered.
	If had brain surgery greater than 12 months ago, was non-cancerous and able to do all ADL's without assistance.	Level
<b>-C -</b>		
Cancer (Internal)	If within 5 years from date of last treatment.	No coverage will be offered
	If diagnosis and date of last treatment have been over 5 years.	Level
Cardiomyopathy	If diagnosed or treated within the last 12 months.	Graded
	If diagnosed over 12 months ago and no treatment within the last 12 months.	Level
Chronic bronchitis, emphysema or COPD	If using Oxygen or is a smoker.	No coverage will be offered
	If using a nebulizer.	Level
Circulatory Surgery	If in the past 12 months, had any circulatory surgery (includes placement of stents).	No coverage will be offered

(CIDP) Chronic Inflammatory Demyelinating Polyneuropathy	If currently diagnosed as having the condition and is receiving treatment.	No coverage will be offered
Cirrhosis of the Liver	Refer to Liver Disease.	
Congestive Heart Failure	If diagnosed or treated within the last 12 months.	Graded
	If diagnosed over 12 months ago and no treatment within the last 12 months.	Level
Criminal History	If charges are pending or on parole or probation.	No coverage will be offered
	If convicted over 2 years ago, not on probation or incarcerated.	Level
-D-		
Dementia	Refer to Memory Loss.	
Defibrillator	Refer to Pacemaker.	
Diabetes	If dx within the last 12 months.	No coverage will be offered
	Complications, such as numbness, amputation, circulation, eye or kidney disorder, coma, insulin shock or neuropathy.	No coverage will be offered
	If medications have been increased or a change made to add insulin within the last 12 months.	No coverage will be offered
	If changing medication from insulin to tablet within the last 12 months.	Level
Diagnostic Test	Any testing that has been ordered or suggested and not completed.	No coverage will be offered
Dialysis	Refer to Kidney Disorder.	
Drug Abuse or Addiction	Has had or been advised to have treatment in the last 12 months.	Graded
Dystonia	If controlled and taking no medication.	Level
-E-		
Emphysema	Refer to Chronic Bronchitis/COPD.	
Epilepsy/Seizures	If greater than 8 episodes per year.	No coverage will be offered
	If controlled and less than 8 episodes per year.	Level
-G-		
Gastric by-pass	If less than 6 months ago.	No coverage will be offered
Guillain- Barre Syndrome	If currently diagnosed as having the condition and receiving treatment.	No coverage will be offered
-H-		
Heart Attack	If had a heart attack within the last 12 months.	No coverage will be offered
	After 12 months and no symptoms or surgery.	Level
Heart Surgery	If in the past 12 months, had any heart surgery (includes bypass surgery, cardiac ablation, open-heart surgery or placement of stents).	No coverage will be offered
	If had bypass surgery, angioplasty or placement of stents or defibrillator greater than 12 months but in the past 5 years.	Graded
Hospice Care	If receiving Hospice Care.	No coverage will be offered

Heart Valve Replacement	Heart valve replacement is considered a tissue transplant.	No coverage will be offered
Height/Weight Qualification Chart	If outside of the height/weight chart.	No coverage will be offered
	If within the height/weight chart.	Coverage may be offered
Hepatitis	Hepatitis C.	No coverage will be offered
	Hepatitis B or D. If Chronic (meaning being treated for greater than 2 continuous months or having multiple episodes).	No coverage will be offered
High Blood Pressure	If diagnosed less than 3 months ago.	No coverage will be offered
	After 3 months and controlled.	Level
Home Health Care	If receiving home health care (assistance with medication, bathing, dressing, eating, grooming), and not allowed by applicable state.	No coverage will be offered
	If allowed by applicable state.	Modified
	If receiving home health care for assistance with cooking and cleaning only.	Level
Hospitalization/Medical Facility	In the past 12 months, if an inpatient at a medical facility for more than 48 continuous hours.	No coverage will be offered
	If hospitalized within the last 3 months for knee or hip replacement or a musculoskeletal condition.	No coverage will be offered
	If hospitalized over 3 months ago for knee or hip replacement or a musculoskeletal condition.	Level
-K-		
Kidney Disease / Kidney Failure	If due to complications of diabetes, ever had dialysis treatment or any kidney failure.	No coverage will be offered
-L-		
Lab Tests	Refer to diagnostic test.	
Life Expectancy	If less than or equal to 12 months.	No coverage will be offered
Liver Disease	If diagnosed with liver disease.	No coverage will be offered
-M-		
Memory Loss	Any type of memory loss.	No coverage will be offered
Meningioma (Brain Tumor)	Refer to Brain Tumor.	
Mental/Nervous Illness except for Schizophrenia	If hospitalized within the last 12 months for any mental/nervous condition.	No coverage will be offered
	If any suicide thoughts or attempts within past 5 years.	No coverage will be offered
	If confined to a psychiatric facility within the past 90 days.	Modified, if available in your state
	Schizophrenia-any diagnosis of.	No coverage will be offered
Mental Retardation	If not self supporting or cannot do all ADL's without assistance.	No coverage will be offered
	If self supporting and can do all ADL's without assistance.	Level

Multiple Sclerosis	If diagnosed within the last 12 months.  If diagnosed more than 12 months ago and is mild, can complete all ADL's without assistance and doesn't receive any home health care.	No coverage will be offered  Level
Myasthenia Gravis	If ever diagnosed or treated.	No coverage will be offered
-O-		
Organ Transplant	Any organ transplants.	No coverage will be offered
Oxygen	If using Oxygen for any reason	No coverage will be offered
-P-		
Pacemakers/Defibrillators	If Pacemaker or Defibrillator placed within the last 12 months, it is considered heart surgery.  If Defibrillator installed after 12 months but within the last 5 years.  If pacemaker batteries changed within the last 12 months, this is not considered surgery.	No coverage will be offered  Graded  Level
Parkinson's Disease	Central Nervous Disorder.	No coverage will be offered
-R-		
Rheumatoid Arthritis	Stable after 1 year and can perform all ADL's.  Other (progressive or impaired ADL's).	Level  No coverage will be offered
-S-		
Sarcoidosis	If active, had surgery or uses Oxygen.  If not active, no surgery or Oxygen.	No coverage will be offered  Level
Schizophrenia	Any diagnosis of.	No coverage will be offered
Sleep Apnea	If prescribed a CPAP machine and not using it.  If using Oxygen with or without a CPAP or BIPAP machine.  If diagnosed or treated within the last 12 months.	No coverage will be offered  No coverage will be offered  Graded
Stroke / Transient Ischemic Attack (TIA)	If had a stroke within the last 6 months.  If unable to do all ADL's without assistance or receiving home health care.  If had a stroke within 6-12 months.  If treatment received within the last 12 months.	No coverage will be offered  No coverage will be offered  Graded  Graded
Systemic Lupus	Any diagnosis of this illness.	No coverage will be offered
-T-		
Terminal Illness	Any illness diagnosed that will cause death within 12 months.	No coverage will be offered
Thyroid Nodules	Not considered as lymph node enlargement. If benign.	Level
Tissue Transplants	Any significant transplants, such as: Heart Valve, Liver, Kidney, Bone Marrow  A skin transplant or graft (non-cancerous).	No coverage will be offered  Level

Transient Ischemic Attack (TIA) / Stroke	If had a stroke within the last 6 months.	No coverage will be offered
	If unable to do all ADL's without assistance or receiving home health care.	No coverage will be offered
	If had a stroke within 6-12 months.	Graded
	If treatment received within the last 12 months.	Graded
-U-		
US Citizen or Permanent Resident	If not a US Citizen or Permanent Resident.	No coverage will be offered
	If a Permanent Resident and has a Permanent Resident Card.	Provide number
-W-		
Wheelchair bound	If quadriplegic or due to progressive disease.	No coverage will be offered
	If paraplegic due to an accident and can do all ADL's without assistance.	Level

### NON-U.S. CITIZENS

We will consider non-U.S. citizens if they have official permanent resident status. Proof of permanent resident status (permanent visa) is required.

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

A Personal History Interview will be conducted with the Proposed Insured at the time of sale for all applicants age 40+. Interviewers are available from 8 a.m. through 9 p.m., Monday through Friday (Central Time). Personal History Interviews not completed during normal working hours will be conducted on the next business day.

The Personal History Interviewer will verify the application data (name, address, birth date, age, beneficiary designation). The interviewer confirms that the Proposed Insured signed the application in the presence of the agent. If information is developed during the interview that conflicts with the answers on the application, there could be a change in the plan requested.

### MAKING THE CALL

The agent is encouraged to call while with the Proposed Insured. Advise the interviewer that you are calling to complete an interview for Assurity's Simplified Life plan. Place the proposed insured on the telephone so the interviewer may ask questions directly to the individual who is being insured. It is important that your client is prepared to provide the necessary medical information and medications.

If calling outside the specified time periods, the agent should leave a voice mail. Your client will receive a telephone interview the next business day.

### 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.

# Underwriting Guidelines *(continued)*

## 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

## 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

## Underwriting Guidelines *(continued)*

### 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

### 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



## Underwriting Guidelines *(continued)*

### 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

## Administrative Guidelines

### ACCEPTABLE PAYMENT METHODS

Assurity **will accept** the following methods of payments for initial and renewal premium and contributions for cash value life insurance, annuities or reversionary annuity products:

- Personal checks;
- Preauthorized checks or drafts;
- Money orders in amounts below \$200 per month per policy;
- Cash for renewal premiums or contributions where payment by cash has a historical basis;
- ACH and wire transfers for premiums or contributions where such a payment method has historical basis

Assurity does not accept credit or debit card payments for new application. After a policy has been issued, the customer can change the payment method to recurring credit card or debit card by contacting the client services department at (800) 869-0355, Ext. 4279. Available dates for recurring payments are the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> and 25<sup>th</sup> of each month.

### ADVANCE PREMIUMS

Premiums may be paid in advance of their due date. When annual premiums are paid *at least a year in advance*, a discount is applied. The discount rate may change periodically to reflect current interest rates.

### ASSIGNMENTS

The company accepts collateral assignments of life insurance. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. The form is to be returned to the assignee and a copy retained by the company.

### ANNUAL STATEMENT

The policy owner will receive a Policy Annual Statement on each policy anniversary. The statement will show all policy activity for the prior policy year.

## **Administrative Guidelines** *(continued)*

### **CHANGE OF BENEFICIARY**

To change the beneficiary on an in-force policy, a Request for Change of Beneficiary form must be completed. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. Return of the policy is not required.

### **CHANGE OF OWNER**

The owner of an in-force policy may be changed while the Insured is alive. To change the owner, a Change of Ownership form must be completed. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. The return of the policy is not required.

### **DUPLICATE POLICIES**

A duplicate policy is available through the client services department. The policy owner will be mailed a Lost Policy Affidavit. The company will prepare and mail a duplicate policy upon receipt of the completed affidavit.

### **GRACE PERIOD**

A 31-day grace period is included in the policy for premiums not paid on or before the due date.

### **REINSTATEMENT**

A lapsed policy may be reinstated within three years of the lapse date if: 1) the company agrees the insured is insurable, and 2) all unpaid premiums, including the compound interest of 6 percent from each due date, is received.

### **STANDARD POLICY LOANS**

The loan value of the policy equals the cash value at the time of the loan – less any unpaid premiums and any unpaid loans or loan interest – through the next policy anniversary. The policyowner must send a signed, written request to the client services department. All loan checks are mailed directly to the policyowner with a copy of the letter sent to you, the agent.

### **SURRENDER**

To surrender a policy, the policyowner must send a written request to the client services department and return the original policy.

### **DEATH CLAIM PROCESSING**

Please contact the claims department to request an Application for Individual Life Benefits and provide the policyowner's date of death. Return the completed application to the claims department along with a certified copy of the policyowner's death certificate and the policy.

## Administrative Guidelines *(continued)*

### PREMIUM BILLING

The original premium notice for the direct premium mode is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date. If a remittance is still not received at the end of the 31-day grace period, lapse/nonforfeiture processing will be initiated.

Preauthorized premium payments may be drafted on any day falling between the 1<sup>st</sup> and the 28<sup>th</sup> of each month. If a preauthorized payment is returned, the company will notify the policyowner and send a copy of the notification to you, the agent. If a remittance is not received prior to the expiration of the grace period, lapse/nonforfeiture processing will be initiated.

Please contact client accounting at the home office for authorization forms needed to indicate a change in banks or to deduct a premium from a policyowner's bank account.

### LIST BILLING

Premiums may be billed to the policyowner's place of employment in a "list bill" by selecting this option on the application (including information provided on the Field Underwriter's Statement) and by having the employer complete an Authorization for List Bill (Form 75-060-05055). The initial premium must be remitted with the application. If you have any questions about setting up a list bill, contact the client services department at (800) 869-0355, Ext. 4279.

## 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.

## 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 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](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
4/13/2011	10	Declinable conditions deleted and concerning conditions added
3/8/2011	15	Updated Acceptable Payment Methods
2/17/2011	15	Credit Card payment changes
3/26/2010	3	Washington state specific information added
3/26/2010	7,8	A bullet removed from Application Checklist and Underwriting sections
1/15/2010	11-13	Added the "Additional Underwriting Information to Expedite Processing" section
9/10/2009	13	List Bill information updated
9/10/2009	9	Infant and Child Build tables updated
8/11/2009	10	Declinable Conditions added (page numbers changed as a result)
8/04/2009	10	Text deleted in the Personal History Interviewer paragraph
5/4/2009	8	"Assurity reserves the right to decline an application..." text and bullets added.
3/27/2009	9	Infant Build Table charts updated
2/17/2009	9	"If under..." text added to the Infant and Child Build charts
1/21/2009	9	"If over..." text added to the Infant and Child Build charts
1/09/2009	12	Added "Customer Service" section