

SERFF Tracking Number: SEFL-125591147 State: Arkansas  
Filing Company: Assurity Life Insurance Company State Tracking Number: 38933  
Company Tracking Number: HI+  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: HI+  
Project Name/Number: HI+/HI+

## Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: HI+

SERFF Tr Num: SEFL-125591147 State: ArkansasLH

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed

State Tr Num: 38933

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: HI+

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status: sent to state

Reviewer(s): Rosalind Minor

Author: Kristi Hendrickson

Disposition Date: 05/12/2008

Date Submitted: 05/12/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: HI+

Status of Filing in Domicile: Authorized

Project Number: HI+

Date Approved in Domicile: 05/08/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form Numbers Form Title

W H230 (AR) Hospital Indemnity Policy

OC-W H230 (AR) Outline of Coverage

R WH231 Accidental Death and Dismemberment Benefit Rider

R WH232 Critical Illness Benefit Rider

R WH233 Diagnostic Benefit Rider

R WH234 Emergency Accident Benefit Rider

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R WH235 First Hospital Admission Benefit Rider  
R WH236 Intensive Care Unit Benefit Rider  
R WH237 Outpatient Sickness Benefit Rider  
R WH238 Private Duty Nursing Benefit Rider  
R WH239 Surgical and Anesthesia Benefit Rider  
R WH240 Wellness Benefit Rider  
47-406-05053 Hospital Indemnity Application Section

Dear Sir or Madame:

Assurity Life Insurance Company submits the above captioned forms and associated rates for review and approval.

The above forms have not been previously submitted. Once approved, they will replace policy form AAW-D114 and associated riders and application forms.

Form W H230 (AR) is a hospital indemnity policy which provides a fixed daily benefit for inpatient, maternity and skilled nursing facility stays. An individual has the choice of a 180 or 365 day benefit period and the choice of a 0 or 7 day elimination period for sickness.

Form OC-W I220 (AR) is the corresponding outline of coverage for policy form W H230 (AR).

Form R WH231 is an accidental death and dismemberment benefit rider that provides a minimum \$5,000 benefit for death or total loss or use of both hands or both feet.

Form R WH232 is a critical illness benefit rider that provides a lump sum benefit for diagnosis of heart attack, stroke or cancer.

Form R WH233 is a diagnostic benefit rider that pays \$200 per calendar year for one of the following: angiogram, CT, CTA, MRI, MRA or EEG.



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Should you have any questions or concerns regarding this submission, please contact me at 800-276-7619, ext 3452. I may also be reached via email at policyfiling@assurity.com.

Best regards,  
 Kristi Hendrickson  
 Policy Filing Specialist  
 Compliance/Policy Filing Unit  
 New Business Services

## Company and Contact

### Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com  
 1526 K Street (402) 437-3452 [Phone]  
 Lincoln, NE 68508 (402) 437-3802[FAX]

### Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska  
 1526 K Street Group Code: -99 Company Type: Life/Health  
 P.O. Box 82533  
 Lincoln, NE 68501-2533 Group Name: State ID Number:  
 (800) 276-7619 ext. [Phone] FEIN Number: 38-1843471  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 50 for rates and 50 for forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$100.00	05/12/2008	20266421

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2008	05/12/2008

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## **Disposition**

Disposition Date: 05/12/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Hospital Indemnity Policy	Approved-Closed	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Accidental Death and Dismemberment Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Critical Illness Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Diagnostic Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Emergency Accident Benefit Rider	Approved-Closed	Yes
<b>Form</b>	First Hospital Admission Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Intensive Care Unit Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Outpatient Sickness Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Private Duty Nurse Rider	Approved-Closed	Yes
<b>Form</b>	Surgical and Anesthesia Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Wellness Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Application for Hospital Indemnity	Approved-Closed	Yes
<b>Rate</b>	Actuarial Memorandum	Approved-Closed	No

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## Form Schedule

Lead Form Number: W H230

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	W H230 (AR)	Policy/Cont	Hospital Indemnity ract/Fratern Policy al Certificate	Initial		50	AR_W H230_P.pdf
Approved-Closed	OC-I H0750 (AR)	Outline of Coverage	Outline of Coverage	Initial		50	AR_OC-W H230_OC.pdf
Approved-Closed	R WH231	Policy/Cont	Accidental Death and ract/Fratern Dismemberment al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	R WH231_ADD. pdf
Approved-Closed	R WH232	Policy/Cont	Critical Illness Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	R WH232_CI.pdf
Approved-Closed	R WH233	Policy/Cont	Diagnostic Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		51	R WH233_D.pdf

SERFF Tracking Number: SEFL-125591147 State: Arkansas  
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 nt or Rider

Approved- R WH234 Closed	Policy/Cont Emergency Accident Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51	R WH234_EA.p df
Approved- R WH235 Closed	Policy/Cont First Hospital ract/Fratern Admission Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50	R WH235_FHA. pdf
Approved- R WH236 Closed	Policy/Cont Intensive Care Unit ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52	R WH236_ICU. pdf
Approved- R WH237 Closed	Policy/Cont Outpatient Sickness ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50	R WH237_OPS. pdf
Approved- R WH238	Policy/Cont Private Duty Nurse Initial	Initial	54	R

<i>SERFF Tracking Number:</i>	<i>SEFL-125591147</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38933</i>
<i>Company Tracking Number:</i>	<i>HI+</i>		
<i>TOI:</i>	<i>H141 Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H141.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>HI+</i>		
<i>Project Name/Number:</i>	<i>HI+/HI+</i>		
Closed	ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		WH238_PDN. pdf
Approved- R WH239 Closed	Policy/Cont Surgical and ract/Fratern Anesthesia Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51 R WH239_SA.p df
Approved- R WH240 Closed	Policy/Cont Wellness Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50 R WH240_W.pd f
Approved- 47-406- Closed 05053	Application/ Application for Enrollment Hospital Indemnity Form	Initial	53 47-406-05053 _R02-08_.pdf





This is a legal contract between You (the primary Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your application and first premium. We agree to pay this policy's benefits to You while this policy is in effect and after the policy provisions have been met.

**RENEWAL PROVISION**

This policy is guaranteed renewable to age 65. That means as long as You pay premiums when due, We cannot cancel or change Your policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change the premium rates, We can only do it for all policies in Your class. You will be given 31 days notice by mail prior to any premium change. If You are over age 65 and Employed on a Full-Time Basis, You can continue to renew Your policy up to age 70. You must be Employed on a Full-time Basis on each renewal date.

**RIGHT TO CANCEL**

You may cancel this policy within 30 days of receiving it by returning the policy to Our administrative office. As soon as You deliver or mail the policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive the policy. After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. Cancellation of Your policy after the 30-day period will be effective at the end of the period for which premiums have been paid at the time Your written notice is received by Us unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to the termination of the contract.

Assurity Life Insurance Company has signed this policy on the Issue Date.

**[President's Signature]**  
President

**[Secretary's Signature]**  
Secretary

**Assurity Life Insurance Company  
Administrative Office  
PO Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337**

**HOSPITAL INDEMNITY POLICY**

**Guaranteed Renewable to Age 65 – Qualified Right to Renew to Age 70  
Company may change premium rates**

Representative Name: [ ]  
Address: [ ]  
[ ]  
[ ]  
[ ]  
[ ]  
Telephone: [ ]

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**POLICY SCHEDULE**

<b>FORM NO.</b>	<b>BENEFIT</b>	<b>INITIAL ANNUAL PREMIUM</b>
W H230 (AR)	Hospital Indemnity Benefits Daily Benefit [ \$50 - \$1,000 ] Maximum Benefit Period [ 180, 365 ] Days Elimination Period – Injury 0 Consecutive Days Elimination Period – Sickness [ 0, 7 ] Consecutive Days	[ \$       ]
<b>ADDITIONAL BENEFITS ARE EXPLAINED IN THE POLICY.</b>		
[R WH231	Accidental Death and Dismemberment Benefit Rider Employee [ \$5,000 - \$50,000 ] [Spouse \$5,000 - \$25,000 ] [Child \$5,000 ]	[ \$       ]
R WH232	Critical Illness Benefit Rider Benefit Amount [ \$5,000, \$10,000 ]	[ \$       ]
R WH233	Diagnostic Benefit Rider	[ \$       ]
R WH234	Emergency Accident Benefit Rider Benefit Amount [ \$100, \$150, \$200 ]	[ \$       ]
R WH235	First Hospital Admission Benefit Rider	[ \$       ]
R WH236	Intensive Care Unit Benefit Rider [ \$100 – 1,500 ]	[ \$       ]
R WH237	Outpatient Sickness Benefit Rider Benefit Amount [ \$25, \$50, \$75, \$100 ]	[ \$       ]
R WH238	Private Duty Nursing Benefit Rider \$50 per day	[ \$       ]
R WH239	Surgical and Anesthesia Benefit Rider Benefit Amount [ \$500 - \$5,000 ]	[ \$       ]
R WH240	Wellness Benefit Rider	[ \$       ]

<b>INSURED PERSON(S)</b>	<b>ISSUE AGE(S)</b>	<b>POLICY NUMBER:</b>	[1234567890]
[John Doe] (primary)	[38]	<b>ISSUE DATE:</b>	[September 15, 2006]
[Jane Doe]	[36]	<b>MODAL PREMIUM:</b>	[ \$       ]
[Jamie Doe]	[14]	<b>PREMIUM MODE:</b>	[1 month]
[Jason Doe]	[12]		
[Jenny Doe]	[10]		
[Jake Doe]	[8]		
[Jackie Doe]	[6]		
[Jerome Doe]	[4]		
[Jackson Doe]	[2]		

## DEFINITIONS

**Calendar Year** means the period of time that begins on January 1 and ends on December 31, of the same year.

**Complications of Pregnancy** means a condition (when the pregnancy is not terminated) the diagnosis of which is distinct from pregnancy but which is adversely affected by pregnancy or caused by pregnancy, and include, but is not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, an ectopic pregnancy which is surgically terminated or spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible; and pernicious vomiting (hyperemesis gravidarum), pre-eclampsia and toxemia with convulsions (eclampsia of pregnancy). Complications of Pregnancy cease upon termination of the pregnancy.

Complications of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as distinct Complications of Pregnancy.

**Confined/Confinement** means the assignment to a bed as a resident inpatient in a Hospital or an observation unit within a Hospital. The confinement must:

- be due to a Covered Injury or Sickness;
- be for at least 20 hours; and
- be at the direction of and under the supervision of a Physician.

**Cosmetic Care** means the surgical alteration of tissue for the improvement of appearance, which is not intended to effect a substantial improvement or restoration of bodily function.

**Covered Injury** means an accidental bodily injury that happens to an Insured Person which (a) occurs after the Issue Date; (b) occurs while this policy is in force; and (c) is not caused by or a result of an activity or condition listed in Exclusions in this policy.

**Daily Benefit** means the amount We agree to pay You if an Insured Person is Confined to a Hospital, subject to the Hospital Confinement Benefit provisions of this policy. See the Policy Schedule.

**Dependent Child(ren)** means any natural child, step-child, legally adopted child or child placed into Your custody for adoption who: (a) is unmarried; (b) is living with You in a regular parent child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) is younger than age 25.

**Elimination Period** means the number of consecutive days an Insured Person must be Confined to a Hospital during each One Period of Confinement before We pay the Daily Benefit. See the Policy Schedule. We do not pay Daily Benefits during the Elimination Period.

**Emergency Care** means those health care services that are provided for a Covered Injury of sufficient severity that would cause a reasonably prudent person to seek immediate medical attention.

**Employed on a Full-Time Basis** means You are:

- performing in the usual manner all of the regular duties of Your occupation on a scheduled work day; and
- performing these duties at one of the places of business where You normally do such duties or at a location to which Your employer sends You.

You are said to be Employed on a Full-Time Basis on a day which is not a scheduled work day only if You would be able to perform in the usual manner all of the regular duties of Your occupation if it were a scheduled work day and You were Employed on a Full-Time Basis on the last preceding regular work day.

**Employee** means the person named in the Policy Schedule as the primary Insured Person. An Employee must work for pay at least 30 hours per week.

**Foster Child** means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

**Hospital** means a primary care medical facility operated pursuant to law. The Hospital must have organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a RN (registered nurse), and be supervised by a staff of one or more Physicians. The Hospital also maintains on its premises the patient's written history and medical records.

Not included as a Hospital is an institution or part of such Hospital or institution which is licensed or used principally as: (a) a hospice unit (including any bed designated as a hospice bed); (b) a swing bed; (c) a convalescent home; (d) a rest or nursing facility; (e) a skilled nursing facility; (f) a psychiatric unit; (g) a rehabilitation unit or facility; or (h) a facility which primarily cares for the aged, drug addicts or alcoholics.

**Immediate Family** means the Spouse, father, mother, children or siblings of any Insured Person.

**Insured Person** means You or any other person(s) insured for the benefits of this policy.

**Issue Date** means the date You first become insured for the benefits of this policy. The Issue Date is shown on the Policy Schedule.

**Maximum Benefit Period** means the maximum period of time the Daily Benefit is payable for any One Period of Confinement. See the Policy Schedule.

**Medically Necessary** means that which is (a) prescribed by a Physician; (b) considered to be necessary and appropriate for the diagnosis and treatment of the condition; and (c) commonly accepted as proper care or treatment of the condition. Medically Necessary care does not include care (a) provided only as a convenience to the Insured Person or provider; and (b) in excess (in scope, duration, or intensity) of that level of care which is needed to provide safe, adequate and appropriate diagnosis and treatment. The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

**Medically Necessary Reconstructive Surgery** means surgery to:

- restore a normal bodily function;
- correct functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
- reconstruct a breast or breasts following mastectomy, including surgery to the non-diseased breast to achieve symmetry.

**Mental or Nervous Disorder** means 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.

**One Period of Confinement** means Hospital Confinement or Confinements for the same or related cause that are separated by no more than 90 days. Each Hospital Confinement must begin while the coverage is in force for the Insured Person Confined.

**Physician(s)** means a doctor of medicine or doctor of osteopathy who is duly licensed by the state medical board. Such Physician cannot be an Insured Person's Immediate Family member and must be providing services within the scope of his or her license. Practitioners of homeopathic, naturopathic and related medicines are not Physicians.

Practitioners other than those named above are not Physicians.

**Preexisting 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.

**Sickness** means an illness, disease or condition of the Insured Person.

**Spouse** means the person to whom You are lawfully married and is named on Your application for this policy as Your Spouse to be insured at the time You first applied for this policy, or who was added to this policy at a later date. You may never have more than one Spouse insured under this policy at any given time.

**We, Us, or Our** means Assurity Life Insurance Company.

**You or Your** means the primary Insured Person listed on the Policy Schedule.

## PREMIUMS

**Premium Payments.** The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided on Page 1.

The date renewal premiums are due is called the due date. Except as provided under the Grace Period, Your policy will end if a renewal premium is not paid by the next due date. All premiums are considered paid when they are received at Our administrative office.

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

**Reinstatement.** If You do not pay Your premium by the end of the Grace Period, Your policy will lapse (will not be in force). If You want Your policy Reinstated (to be in force again), You must:

- apply for Reinstatement; and
- pay a renewal premium.

Your application for Reinstatement requires Our approval. The Reinstated policy is in force on the day We approve Your application. Any premium You give Us before We approve Your application for Reinstatement is held conditionally. It will not be used as premium unless and until We approve Your application for Reinstatement. Conditional premiums will be returned if We do not approve Your application. If We have not already acted, Your policy will be Reinstated 45 days after You apply for Reinstatement.

The Reinstated policy shall cover benefits resulting from such Covered Injury as may be sustained after the date of Reinstatement. The Reinstated policy shall also cover benefits due to such Sickness as may begin more than ten days after the date of Reinstatement.

**Refund of Unearned Premium.** If Your policy terminates due to death, We will refund, on a pro-rata basis, the portion of any premiums paid which were applied to periods following the date of Your death.

**Unpaid Premiums.** When a claim is paid under this policy, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefits are payable.

### **HOSPITAL CONFINEMENT BENEFIT**

We will pay the Daily Benefit for each day after the Elimination Period an Insured Person is Confined to a Hospital due to a Covered Injury or Sickness. The Confinement must begin while this policy is in force. Benefits payable will not exceed the Maximum Benefit Period for any One Period of Confinement. The Daily Benefit, Elimination Period and the Maximum Benefit Period are shown on the Policy Schedule.

### **LIMITATIONS**

**Preexisting Condition.** We will pay benefits that result from a Preexisting Condition if this policy and any applicable riders have been in force for more than 12 months from the Issue Date.

This limitation does not apply to the Wellness Benefit Rider or Diagnostic Benefit Rider if they are attached to this policy.

This provision also applies to riders attached to this policy, if any. In applying it, the word "rider" will be used in place of the word "policy."

### **EXCLUSIONS**

We will not pay benefits for Hospital Confinements that are caused by or are the result of an Insured Person:

- 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;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 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 elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization;
- having Mental or Nervous Disorders;
- 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;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane;
- having dental treatment except as the result of a Covered Injury;
- traveling outside the United States, except for those Covered Injuries and Sicknesses that require Emergency Care in a Hospital;
- voluntarily inhaling gas;
- having Cosmetic Care, except when the Hospital Confinement is due to Medically Necessary Reconstructive Surgery;
- being Confined primarily for rest care, convalescent care or for rehabilitation;

- having a Covered Injury or Sickness covered under Worker's Compensation, an Employer's Liability law or similar law; or
- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date.

## PERSON INSURED

**Persons Eligible on Issue Date.** The only people eligible for coverage ("Eligible Person(s)") on the Issue Date are:

- Employee;
- Spouse; and
- Dependent Children,

Only the Eligible Persons listed as Insured Persons on the Policy Schedule or by Amendment are covered by this policy. Eligible Persons not so listed are not Insured Persons.

### **Persons Who Become Eligible After the Issue Date.**

Automatic Coverage. A Dependent Child born to You or, if under age 25, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child if and only if written notice is received by Us and a premium is paid for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, or within 60 days of adoption, placement for adoption or placement as a Foster Child. The required written notice must include the child's name, gender and date of birth, adoption or placement with You.

Except as provided above, any others who become Eligible Persons after the Issue Date can only become Insured Persons after:

- We approve such Eligible Person's written application for coverage; and
- all required premiums are paid.

Termination of Coverage. Coverage for Dependent Children will terminate when any such child no longer meets the definition of Dependent Children. Coverage for any Spouse will terminate when such Spouse no longer meets the definition of Spouse.

It is Your responsibility to notify Us of any Eligible Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person and Our sole liability will be limited to a refund of any premium overpayment.

Continuation of Coverage. If this is a policy that includes coverage for Your Spouse and You die, Your Spouse can keep this policy in force with timely payment of due premiums. Your Spouse must notify Us in writing within 60 days after Your death to continue coverage and begin paying premiums.

## TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- when any premium due for this policy is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country;
- upon Your death; or
- the due date of the first renewal premium following Your 65th birthday, or if You continue to be Employed on a Full-Time Basis after age 65, the due date of the first renewal premium following the date You cease being Employed on a Full-Time Basis. However, in no case shall coverage extend past the due date of the first renewal premium following Your 70th birthday.

## CLAIMS PROCEDURE

**Notice of Claim.** Written notice of claim must be given to Us within 20 calendar days after the loss covered by this policy starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule.

**Claim Forms.** When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**Proof of Loss.** Written proof of loss must be given to Us within 120 calendar days after such loss. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of loss unless You were legally incapacitated.

**Time of Payment of Claims.** Benefits for any loss covered by this policy will be paid after proper written proof of loss is received.

**Payment of Claims.** All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

## GENERAL PROVISIONS

**Entire Contract; Changes.** This policy is a legal contract between You and Us. The entire contract consists of the policy, which includes the application and any attached papers. No change in this policy will be effective until approved by one of Our officers. No sales agent has authority to change this policy or to waive any of its provisions.

**Time Limit on Certain Defenses.** After three years from the Issue Date of this policy or three years after the last Reinstatement date (only for information completed on the Reinstatement application), We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss.

This provision also applies to riders attached to this policy, if any. In applying it, the word "rider" will be used in place of the word "policy".

**Legal Action.** You cannot bring a legal action to recover benefits under Your policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

**Misstatement of Age.** If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

**Assignment.** You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our administrative office.

**Physical Examination and Autopsy.** We have the right to have an Insured Person examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

**Conformity with State Statutes.** The law of Your state of residence applies. If this policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Periods of Time.** All periods of time shown in the policy begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

**Time of Coverage.** Coverage starts on the policy Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal Provision. Each time this policy is renewed, the new term begins when the old term ends.

## **HOSPITAL CONFINEMENT POLICY**

**Guaranteed Renewable to Age 65 – Qualified Right to Renew to Age 70  
Company may change premium rates**

**READ YOUR POLICY CAREFULLY**

**ASSURITY LIFE INSURANCE COMPANY**  
**P.O. Box 82533 Lincoln, Nebraska 68501-2533**  
**(866) 289-7337**

**HOSPITAL INDEMNITY POLICY**  
**OUTLINE OF COVERAGE**

**A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

**B.** Hospital Indemnity coverage is designed to provide You with coverage for expenses incurred for the benefits described in the **BENEFITS** section below. The benefits described may be limited as outlined in the **LIMITATIONS** and **EXCLUSIONS** sections.

**C. BENEFITS**

**Hospital Confinement Benefit.** We will pay the Daily Benefit for each day after the Elimination Period an Insured Person is Confined to a Hospital. The Confinement must begin while this policy is in force. Benefits payable will not exceed the Maximum Benefit Period for any One Period of Confinement. The Daily Benefit, Elimination Period and the Maximum Benefit Period are shown on the Policy Schedule.

**D. LIMITATIONS**

**Preexisting Condition.** We will pay no benefits for a Hospital Confinement that results from a Preexisting Condition unless the Hospital Confinement starts after this policy has been in force for 12 months from the Issue Date. A Preexisting Condition is 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.

**E. EXCLUSIONS**

We will not pay benefits for Hospital Confinements that are caused by or are the result of an Insured Person:

- 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;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- 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 elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization;
- having Mental or Nervous Disorders;
- 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;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane;
- having dental treatment except as the result of a Covered Injury;
- traveling outside the United States, except for those Covered Injuries and Sicknesses that require Emergency Care in a Hospital;
- voluntarily inhaling gas;
- having Cosmetic Care, except when the Hospital Confinement is due to Medically Necessary Reconstructive Surgery;
- being Confined primarily for rest care, convalescent care or for rehabilitation;
- having a Covered Injury or Sickness covered under Worker's Compensation, an Employer's Liability law or similar law; or
- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date.

#### F. RENEWABILITY

This policy is guaranteed renewable to age 65. That means as long as You pay premiums when due, We cannot cancel or change Your policy.

#### G. PREMIUMS

We reserve the right to change the premium rates. If We do this, We can only do it for all Policies in Your class. You will be given 31 days notice by mail prior to any premium change.

#### H. OPTIONAL BENEFIT RIDERS

**Accidental Death and Dismemberment Benefit Rider** – We will pay this benefit if the Primary Insured Person sustains a Covered Injury that results in death or loss of both hands or both feet, subject to the Limit on Payment of Benefit Amount.

**Critical Illness Benefit Rider** – We will pay this benefit if an Insured Person receives a First Ever Diagnosis for one of the Specified Critical Illnesses shown below if:

- the Date of Diagnosis is after the Waiting Period;
- the Date of Diagnosis is while coverage under this rider is in force; and
- the Specified Critical Illness is not excluded by name or specific description in this rider.

Specified Critical Illness

Heart Attack  
Stroke  
Invasive Cancer  
Carcinoma in situ

**Diagnostic Benefit Rider** – We will pay this benefit for each Insured Category when a charge is incurred for one and only one of the following:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Emergency Accident Benefit Rider** – We will pay this benefit if an Insured Person sustains a Covered Injury in which they receive Emergency Care provided in an Emergency Room, Urgent Care Facility or a Physician’s office.

**First Hospital Admission Benefit Rider** – We will pay this benefit for an Insured Person’s First Hospital Confinement. The Benefit Amount payable will be for the total number of days of First Hospital Confinement.

**Intensive Care Unit Benefit Rider** – We will pay this benefit for an Insured Person who is Confined in a Hospital Intensive Care Unit.

**Outpatient Sickness Benefit Rider** – We will pay this benefit amount if an Insured Person incurs Outpatient Treatment due to a Sickness.

**Private Duty Nursing Benefit** – We will pay this benefit for private duty nursing care and attendance received while Confined in a Hospital due to a Covered Injury or Sickness.

**Surgical and Anesthesia Benefit Rider** – We will pay this benefit if an Insured Person undergoes a surgical procedure listed in the Surgical Schedule.

If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay an amount equal to 25% of the Surgical Benefit.

## **SURGICAL SCHEDULE**

### **INTEGUMENTARY SYSTEM REPAIR**

- Incision and drainage of cyst
- Acne surgery
- Skin biopsy
- Excision of benign tumor
- Excision of malignant tumor (trunk, arms or legs)
- Excision of malignant tumor (face, scalp, ears, neck, hands, genitalia or feet)
- Excision of malignant tumor (eyelids, nose, lips or mucous membrane)
- Excision of nail
- Repair of simple wounds
- Repair of complex wounds (linear repair)
- Repair of skin grafts (single stage)
- Repair of skin grafts (multiple stage)
- Electro-surgical destruction or chemocautery – destroy one benign/premalignant lesion
- Electro-surgical destruction or chemocautery – destroy 2-14 lesions
- Electro-surgical destruction or chemocautery – destroy 15 or more lesions
- Laser destruction of cutaneous vascular lesions over 50 sq. cm
- Laser destruction of flat warts, up to 14 lesions
- Chemosurgery – malignancies of skin

### **BREAST**

- Biopsy, needle core
- Excision of cyst or benign tumor
- Excision of chest wall tumor, including ribs
- Mastectomy, simple
- Mastectomy, radical
- Mammoplasty, reconstructive
- Excision of seroma

### **MUSCULOSKELETAL SYSTEM**

#### **Bone or Cartilage Graft**

- Arthrodesis, lumbar
- Spinal fusion for scoliosis
- Spinal fusion with removal of intervertebral disc

- Skull
- Nose
- Jaw
- Vertebrae, one or more
- Collar bone
- Shoulder blade (scapula)
- Closed treatment of humeral shaft fracture
- Open treatment of humeral shaft fracture
- Closed treatment of supracondylar or transcondylar humeral fracture
- Open treatment of supracondylar or transcondylar humeral fracture
- Closed treatment of distal radial fracture
- Closed treatment of distal radial fracture with manipulation
- Closed treatment of carpal scaphoid fracture

## Fractures

- Open treatment of carpal scaphoid
- Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb
- Closed treatment of fracture great toe, phalanx or phalanges
- Closed treatment of femoral shaft fracture
- Open treatment of femoral shaft fracture
- Closed treatment of tibial shaft fracture
- Open treatment of proximal fibula or shaft fracture
- Closed treatment of trimalleolar ankle fracture
- Closed treatment of calcaneal fracture with manipulation

## Shoulder or Elbow Joints

- Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage or removal of foreign body
- Arthrotomy, elbow, including exploration, drainage or removal of foreign body

- Arthroplasty, glenohumeral joint; hemiarthroplasty
- Arthroplasty, elbow, with membrane
- Arthroscopy, shoulder, surgical, decompression of subacromial space with partial acromioplasty

## Wrist Joints

- Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

- Arthroplasty with prosthetic replacement; distal radius

## Hip Joints

- Arthrotomy, hip, with drainage

- Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty)

## Knee Joints

- Arthrotomy, knee with exploration, drainage or removal of foreign body
- Arthroplasty, knee, medial and lateral compartments with or without patella resurfacing

- Arthroscopy debridement/shaving of articular cartilage
- Arthroscopy with meniscectomy (medial and lateral)
- Arthroscopically aided anterior cruciate ligament repair

## Ankle Joints

- Arthrotomy, ankle, including exploration, drainage or removal of foreign body
- Arthroplasty, ankle

- Hammertoe, correction
- Fasciotomy

## Dislocations

- Jaw
- Collar bone (requiring reduction)
- Shoulder
- Elbow
- Wrist
- Fingers

- Toes
- Hip (closed)
- Hip (open)
- Knee
- Ankle

## **Tendons**

- Repair of ruptured rotator cuff, open
- Reconstruction of complete shoulder (rotator) cuff avulsion, chronic
- Repair, tendon or muscle, flexor, forearm and/or wrist
- Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath, primary or secondary without free graft
- Suture of infrapatellar tendon
- Repair, primary, open or percutaneous, ruptured achilles tendon
- Lengthening of tendon, extensor, hand or finger
- Lengthening of hamstring

## **Amputations**

- Arm at shoulder joint
- Arm below shoulder joint
- Finger
- Leg at hip
- Leg at knee joint
- Toe

## **RESPIRATORY SYSTEM**

### **Nose**

- Excision of nasal polyps
- Submucous resection, classic nasal sept

### **Sinuses**

- Frontal sinusotomy, simple
- Frontal sinusotomy, radical
- Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement
- Nasal/sinus endoscopy, surgical with ethmoidectomy, total
- Nasal/sinus endoscopy, surgical with maxillary antrostomy
- Nasal/sinus endoscopy, surgical with frontal sinus exploration

### **Larynx**

- Laryngectomy
- Laryngoscopy

### **Trachea and Bronchi**

- Tracheotomy
- Bronchoscopy
- Closure of tracheotomy

### **Lungs**

- Thoracostomy
- Thoracotomy
- Pneumonocentesis
- Thoracentesis
- Pneumonectomy, total
- Pneumonectomy, partial
- Wedge resection of lung, single or multiple

## **CARDIOVASCULAR SYSTEM**

### **Heart**

- Heart transplant
- Catheterization of heart
- Suture of heart wound or injury
- Valvotomy, aortic and pulmonic valve
- Valvotomy, mitral valve
- Valvuloplasty or replacement, aortic and mitral valve
- Valvuloplasty, radical reconstruction
- Replacement, mitral valve, with cardiopulmonary bypass
- Coronary artery bypass, using arterial graft
- Coronary artery bypass, using two arterial grafts
- Coronary artery bypass, using three coronary arterial grafts
- Repair of myocardial aneurysm
- Repair of septal defect
- Angioplasty, percutaneous
- Pervenous or transvenous insertion of pacemaker

### Arteries

- Arteriotomy, extremity
- Thromboendarterectomy
- Carotid endarterectomy
- Excision and graft, abdominal aortic aneurysm
- Injection-varicose veins
- Transcatheter placement of stents

### CENTRAL VENOUS ACCESS PROCEDURES

- Insertion of tunneled centrally inserted central venous access device
- Insertion of peripherally inserted central venous catheter

### HEMIC AND LYMPHATIC SYSTEMS

- Splenectomy
- Biopsy of lymph node
- Radical lymphadenectomy

### DIGESTIVE SYSTEM

- Gastrotomy
- Gastrectomy, total
- Gastrectomy, partial
- Gastroscopy
- Gastrostomy
- Gastrorrhaphy
- Enterotomy
- Enterectomy
- Colostomy
- Enterostomy
- Enterolysis
- Diverticulectomy
- Appendectomy
- Laparoscopy, surgical, appendectomy
- Proctectomy
- Proctosigmoidoscopy
- Sigmoidoscopy
- Proctoplasty
- Fistulotomy
- Sphincterotomy
- Fissurectomy or hemorrhoidectomy
- Removal of external hemorrhoids
- Removal of internal hemorrhoids
- Aspiration biopsy of liver, pancreas or bile duct
- Laparoscopic cholecystectomy
- Cholecystectomy with cholangiography
- Excision, cholecystectomy
- Liver transplant
- Pancreatectomy partial
- Pancreatectomy, total
- Laparotomy
- Herniotomy, ventral
- Herniotomy, umbilical
- Herniotomy, inguinal
- Herniotomy, hiatal
- Gastric bypass (Roux-en-y)
- Fundal plication
- Repair of rectocele
- Colonoscopy

### URINARY SYSTEM

- Nephrolithotomy
- Renal biopsy
- Nephrectomy
- Lithotripsy
- Kidney transplant
- Cystotomy
- Cystectomy, partial
- Cystectomy, complete
- Cystourethroscopy or cystoscopy
- Cystoplasty
- Dilatation of urethra

### GENITAL SYSTEM

#### Male

- Circumcision
- Orchiectomy
- Reduction of torsion of testis
- Excision of epididymis
- Excision of hydrocele, unilateral
- Excision of varicocele or ligation of spermatic veins for varicocele
- Biopsy, prostate
- Prostatectomy, partial
- Prostatectomy, radical
- Transurethral resection of prostate

## Female

- Total abdominal or vaginal hysterectomy with or without removal of tubes or ovaries
- Hysterectomy, radical for cancer including lymph nodes
- Salpingo-oophorectomy
- Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
- Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
- Combined anteroposterior colporrhaphy
- Biopsy or removal of cervical lesion or polyp
- Dilation and curettage
- Myomectomy, excision of fibroid tumor, 1 to 4 intramural myomas
- Repair of uterine suspension
- Cesarean delivery
- Vaginal delivery
- Amniocentesis
- Colposcopy, cervix
- Conization, cervix

## ENDOCRINE SYSTEM

- Incision and drainage of thyroid gland
- Local excision of thyroid cyst or adenoma
- Thyroidectomy or parathyroidecomy
- Adrenalectomy
- Tonsillectomy
- Tonsillectomy, with adenoidectomy

## NERVOUS SYSTEM

- Burr holes
- Crainoplasty
- Craniotomy or craniectomy
- Crainotomy for craniosynostosis, frontal or parietal bone flap
- Craniectomy or craniotomy, drainage of intracranial abscess
- Laminotomy, one interspace, lumbar
- Laminotomy, lumbar
- Laminectomy, facetectomy and foraminotomy, lumbar
- Spinal puncture
- Median nerve decompression carpal tunnel
- Cerebrospinal fluid shunt

## EYE

- Removal of eye
- Excision of pterygium
- Sclerotomy, anterior
- Sclerotomy, posterior
- Iridectomy
- Extraction of lens including cataract extraction
- Reattachment of retina
- Muscle operation, one or more muscles
- Excision of lacrimal gland
- Excision of lacrimal sac
- Vitrectomy

## EAR

- Drainage of abscess
- Otoscopy
- Myringotomy
- Tympanotomy (diagnostic)
- Tympanotomy with insertion of collar button tube
- Mastoidectomy, single
- Tympanoplasty
- Labyrinthotomy
- Labyrinthectomy

**Wellness Benefit Rider** – We will pay this benefit for each Insured Category when a charge is incurred for one and only one of the following:

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



**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount:	
Employee	[\$5,000 - 50,000]
[Spouse]	\$5,000 - 25,000]
[Child]	\$5,000]

**RIDER BENEFIT**

**Accidental Death.** We will pay the benefit amount shown in the rider Schedule if an Insured Person sustains a Covered Injury that results in death within 90 days of such Covered Injury. Payment of the applicable benefit amount will be subject to the Limit on Payment of Benefit Amount.

**Accidental Dismemberment.** We will pay the benefit amount shown in the rider Schedule if an Insured Person sustains a Covered Injury which results in loss of both hands or both feet and occurs within 90 days after the Covered Injury.

“Loss of both hands” means that the hands are completely severed from the arm through or above the wrist joint or the use of the hands are medically determined to be permanently lost. “Loss of both feet” means that the feet are completely severed from the leg through or above the ankle joint or the use of both feet are medically determined to be permanently lost.

**Limit on Payment of Benefit Amount.** We will pay only one benefit amount if multiple losses are sustained as the result of any one Covered Injury. This amount will not exceed the applicable Benefit Amount, shown in the rider Schedule, for the Insured Person suffering multiple losses.

**ENTIRE CONTRACT**

In this rider, “policy” means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**CRITICAL ILLNESS BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount:	[\$5,000, \$10,000]

**DEFINITIONS**

**Carcinoma in situ** means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in situ includes, but is not limited to:

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

Carcinoma in situ does not include:

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

Carcinoma in situ must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

**Clinical Diagnosis** means the Diagnosis of Invasive Cancer or Carcinoma in situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in situ.

**Date of Diagnosis** means the date the Diagnosis is established by a Physician, who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records.

**Diagnosis (Diagnosed)** means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

**First Ever Diagnosis** means the first time ever in the lifetime of the Insured Person that this person has been Diagnosed with a specified critical illness.

**Heart Attack** means death of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

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

Established (old) myocardial infarction prior to the Issue Date is excluded.

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

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer:

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

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

**Pathological Diagnosis** means a Diagnosis of Invasive Cancer or Carcinoma in situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

**Stroke** means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in Neurology.

**Waiting Period** means the 30 day period following the Issue Date or last Reinstatement date. If a specified critical illness is Diagnosed during the applicable Waiting Period, no benefit is payable.

## RIDER BENEFIT

We will pay this benefit if any Insured Person receives a First Ever Diagnosis-for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is after the Waiting Period;
- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description in this rider.

The amount payable for each First Ever Diagnosis of a specified critical illness is the percentage of the benefit amount multiplied by the benefit amount. The benefit amount is shown on the rider Schedule. The percentage of the benefit amount payable for each specified critical illness is shown beside the specified critical illness in the chart below.

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

<b>Category</b>	<b>Specified Critical Illness</b>	<b>Percentage of Benefit Amount Payable for each Specified Critical Illness</b>	<b>Maximum Percentage of Benefit Amount for Category</b>
Category 1	Heart Attack	100%	100%
	Stroke	100%	
Category 2	Invasive Cancer	100%	100%
	Carcinoma in situ	25%	

If an Insured Person receives benefits for Carcinoma in situ and is later Diagnosed with Invasive Cancer, the remaining benefit amount for that Insured Person will be paid. We will pay the benefit for Carcinoma in situ only once per lifetime per Insured Person.

After 100% of the benefit amount shown on the rider Schedule has been paid for an Insured Person within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category for that Insured Person.

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

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

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

### **EXCLUSIONS**

We will not pay benefits under this rider for conditions caused by or as the result of an Insured Person:

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

### **ENTIRE CONTRACT**

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**DIAGNOSTIC BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]

**DEFINITIONS**

**Insured Category** means a grouping of Insured Persons each of which is subject to a separate benefit maximum. The Employee is an Insured Category, the Employee’s Spouse is an Insured Category and all Dependent Children of the Employee, as a single grouping, is an Insured Category.

**RIDER BENEFIT**

We will pay \$200 per Calendar Year for each Insured Category when a charge is incurred for one and only one of the following:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

Once We have paid \$200 under this rider for an Insured Category in a Calendar Year, that Insured Category is ineligible for any additional payments under this rider in that Calendar Year.

**ENTIRE CONTRACT**

In this rider, “policy” means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**EMERGENCY ACCIDENT BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount:	[\$100, \$150, \$200]

**DEFINITIONS**

**Emergency Room** means a specified area within a Hospital that is designated for the Emergency Care of accidental injuries. This area must: (a) be staffed and equipped to handle trauma; (b) be supervised and provide treatment by Physicians; and (c) provide care seven days per week, 24 hours per day.

**Insured Category** means a grouping of Insured Persons each of which is subject to a separate benefit maximum. The Employee is an Insured Category, the Employee's Spouse is an Insured Category and all Dependent Children of the Employee, as a single grouping, is an Insured Category.

**Urgent Care Facility** means a free-standing facility, which is not part of a Hospital or Hospital Emergency Room, which provides care on an urgent basis.

**RIDER BENEFIT**

We will pay the Benefit Amount shown in the rider Schedule if an Insured Person sustains a Covered Injury for which that person receives Emergency Care provided in an Emergency Room, Urgent Care Facility or a Physician's office within 72 hours of such Covered Injury. This benefit is payable up to, but not more than, four times per Calendar Year for each Insured Category.

**EXCLUSIONS**

In addition to the Exclusions shown in the policy, We will not pay benefits for loss that is caused by or is the result of:

- having any Sickness or condition caused by a Sickness independent of the Covered Injury, including physical or mental infirmity.

## ENTIRE CONTRACT

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***

President

***[Secretary's Signature]***

Secretary

**Assurity Life Insurance Company**

P.O. Box 82533, Lincoln, Nebraska 68501-2533

Toll-free (866) 289-7337



**FIRST HOSPITAL ADMISSION BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]

Total Days of First Hospital Confinement:	One	Two	Three	Four	Five	Six
Benefit Amount:	\$500	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000

**DEFINITIONS**

**First Hospital Confinement** means the first Period of Confinement in a Calendar Year for an Insured Person. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

**Period of Confinement** means a Hospital Confinement or Confinements for the same or related cause that are separated by no more than 90 days. The First Hospital Confinement must begin while the coverage is in force for the Insured Person Confined.

**RIDER BENEFIT**

We will pay the Benefit Amount for an Insured Person’s First Hospital Confinement due to a Covered Injury or Sickness. Before a benefit amount is payable, the First Hospital Confinement must:

- begin while this rider is in force for the Insured Person;
- be at the direction of and under the supervision of a Physician; and
- be for at least 20 hours.

The benefit amount payable will be the amount listed in the rider Schedule above for the total number of days of First Hospital Confinement during such Period of Confinement. Benefit amounts for this rider will be limited to the First Hospital Confinement each Calendar Year for each Insured Person. The benefit amount will not exceed \$5,000 for each Insured Person for each Calendar Year.

## ENTIRE CONTRACT

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no Benefit Amount will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**INTENSIVE CARE UNIT BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Daily Benefit Amount per Insured Person	[\$100 – 1,500]

**DEFINITIONS**

**Hospital Intensive Care Unit** means a specialized area which: (a) is a specifically designated area of the Hospital called an Intensive Care Unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit on a 24 hour basis; and (e) has a Physician assigned to the Hospital Intensive Care Unit as defined in this rider.

A Hospital Intensive Care Unit is not any of the following step down units: (a) a progressive care unit; (b) an intermediate care unit; (c) a private monitored room; (d) a Hospital Sub-Acute Intensive Care Unit; (e) a modified/moderate care unit; (f) an observation unit; or (g) any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this rider.

**Hospital Sub-Acute Intensive Care Unit** means a specialized area which: (a) is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and (d) is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, modified/moderate care unit, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or ward with or without monitoring equipment.

**Waiting Period** means the 30 days following the Issue Date or last reinstatement date.

**RIDER BENEFIT**

Benefits are not payable for Confinement which begins within the Waiting Period.

We will pay You the Daily Benefit Amount for each day an Insured Person is Confined in a Hospital Intensive Care Unit due to a Covered Injury or Sickness. We will pay this amount for each day of such Confinement, not to exceed 20 days during any One Period of Confinement. The Daily Benefit Amount for this rider for each Insured Person is shown in the rider Schedule.

**ENTIRE CONTRACT**

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

**TERMINATION**

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**OUTPATIENT SICKNESS BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount:	[\$25, \$50, \$75, \$100]

**DEFINITIONS**

**Ambulatory Surgical Center** means a licensed facility whose primary purpose is to provide surgical procedures and in which the patient is admitted to and discharged within the same day. It has one or more Physicians on duty whenever a patient is in the facility. It is not a facility existing for the primary purpose of terminating pregnancies nor an office maintained by a Physician for the practice of medicine nor does it provide services or accommodations for patients to stay overnight.

**Emergency Room** means a specified area within a Hospital that is designated for the Emergency Care of accidental injuries and acute illness. This area must: (a) be staffed and equipped to handle trauma and acute illness; (b) be supervised and provide treatment by Physicians; and (c) provide care seven days per week, 24 hours per day.

**Insured Category** means a grouping of Insured Persons each of which is subject to a separate benefit maximum. The Employee is an Insured Category, the Employee’s Spouse is an Insured Category and all Dependent Children of the Employee, as a single grouping, is an Insured Category.

**Outpatient Treatment** means treatment an Insured Person receives due to a Sickness in: (a) an Ambulatory Surgical Center; (b) a Physician’s office; (c) the outpatient department or Emergency Room of a Hospital, or d) Urgent Care Facility.

**Urgent Care Facility** means a free-standing facility, which is not part of a Hospital or Hospital Emergency Room, which provides care on an urgent basis.

## **RIDER BENEFIT**

We will pay the benefit amount shown in the rider Schedule if an Insured Person incurs Outpatient Treatment due to a Sickness. Such benefits will be payable up to the Maximum Benefit Amount if the Outpatient Treatment was received in an Ambulatory Surgical Center, Physician's office, outpatient department of Hospital, or Urgent Care Facility and up to one and one half times the Maximum Benefit Amount if the Outpatient Treatment was received in a Hospital Emergency Room. This benefit is payable up to, but not more than, four times per Calendar Year per Insured Category.

## **LIMITATIONS**

**Preexisting Condition.** This rider is not subject to the Preexisting Condition provision of the policy.

## **EXCLUSIONS**

In addition to the Exclusions shown in the policy, We will not pay benefits for loss that is caused by or is the result of:

- normal pregnancy. Loss caused by or resulting from Complications of Pregnancy is covered as a Sickness.

## **ENTIRE CONTRACT**

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## **TERMINATION**

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



### PRIVATE DUTY NURSE BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

#### SCHEDULE

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount:	\$50 per day

#### RIDER BENEFIT

We will pay the benefit amount shown in the rider Schedule after the Elimination Period (shown on the Policy Schedule) has been met for private duty nursing care and attendance. The care and attendance must be provided by a registered nurse, licensed practical nurse or licensed vocational nurse while the Insured Person is Confined in a Hospital due to a Covered Injury or Sickness. Such care must be for at least eight hours a day, be required and authorized by a Physician and not provided by an Immediate Family member.

This benefit is payable for a maximum of 30 days per Insured Person per Calendar Year.

#### ENTIRE CONTRACT

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

#### TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



**SURGICAL AND ANESTHESIA BENEFIT RIDER**

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

**SCHEDULE**

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Benefit Amount per Insured Person	[\$500 - 5,000]

**DEFINITIONS**

**Ambulatory Surgical Center** means a licensed facility whose primary purpose is to provide surgical procedures and in which the patient is admitted to and discharged within the same day. It has one or more Physicians on duty whenever a patient is in the facility. It is not a facility existing for the primary purpose of terminating pregnancies nor an office maintained by a Physician for the practice of medicine nor does it provide services or accommodations for patients to stay overnight.

**RIDER BENEFIT**

**Surgical Benefit.** We will pay the percentage listed in the Surgical Schedule below times the Benefit Amount in the rider Schedule if an Insured Person undergoes surgery performed by a Physician due to a Covered Injury or Sickness. The surgery can be performed in a Hospital, an Ambulatory Surgical Center or a Physician’s office.

If a surgery is not listed in the Surgical Schedule and is not excluded under Exclusions, We will pay an amount comparable to that which would be payable for the surgery listed in the Surgical Schedule which is most nearly similar in severity and complexity. If two or more surgical procedures are performed at the same time through the same incision, We will pay the greater of the surgical benefit amounts, but not both.

**Anesthesia Benefit.** If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay an amount equal to 25% of the Surgical Benefit.

## SURGICAL SCHEDULE

### CPT Code Description

#### INTEGUMENTARY SYSTEM REPAIR

10080	Incision and drainage of cyst .....	4%
10040	Acne surgery .....	2%
11100	Skin biopsy.....	2%
11400	Excision of benign tumor.....	3%
11600	Excision of malignant tumor (trunk, arms or legs) .....	3%
11620	Excision of malignant tumor (face, scalp, ears, neck, hands, genitalia or feet).....	3%
11640	Excision of malignant tumor (eyelids, nose, lips or mucous membrane).....	3%
11750	Excision of nail .....	3%
12001	Repair of simple wounds.....	3%
13100	Repair of complex wounds (linear repair) .....	6%
14000	Repair of skin grafts (single stage) .....	15%
14060	Repair of skin grafts (multiple stage) .....	20%
17000	Electro-surgical destruction or chemocautery – destroy one benign/premalignant lesion .....	1%
17003	Electro-surgical destruction or chemocautery – destroy 2-14 lesions .....	2%
17004	Electro-surgical destruction or chemocautery – destroy 15 or more lesions .....	4%
17108	Laser destruction of cutaneous vascular lesions over 50 sq. cm .....	19%
17110	Laser destruction of flat warts, up to 14 lesions.....	2%
17260	Chemosurgery – malignancies of skin .....	2%

#### BREAST

19100	Biopsy, needle core.....	3%
19120	Excision of cyst or benign tumor .....	9%
19260	Excision of chest wall tumor, including ribs.....	23%
19303	Mastectomy, simple .....	12%
19305	Mastectomy, radical .....	21%
19325	Mammoplasty, reconstructive .....	18%
10140	Excision of seroma.....	5%

#### MUSCULOSKELETAL SYSTEM

##### Bone or Cartilage Graft

22612	Arthrodesis, lumbar .....	32%
22800	Spinal fusion for scoliosis.....	28%
22630	Spinal fusion with removal of intervertebral disc.....	32%

##### Fractures

62000	Skull.....	16%
21310	Nose .....	2%
21450	Jaw .....	9%
22305	Vertabrae, one or more .....	4%
23500	Collar bone.....	4%
23570	Shoulder blade (scapula) .....	5%
24500	Closed treatment of humeral shaft fracture.....	7%
24515	Open treatment of humeral shaft fracture .....	19%
25530	Closed treatment of supracondylar or transcondylar humeral fracture.....	5%
25545	Open treatment of supracondylar or transcondylar humeral fracture .....	15%
25600	Closed treatment of distal radial fracture .....	6%
25607	Closed treatment of distal radial fracture with manipulation .....	11%
25622	Closed treatment of carpal scaphoid fracture .....	6%
25628	Open treatment of carpal scaphoid.....	14%
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb .....	4%
28490	Closed treatment of fracture great toe, phalanx or phalanges .....	3%

27500	Closed treatment of femoral shaft fracture.....	10%
27506	Open treatment of femoral shaft fracture .....	27%
27750	Closed treatment of tibial shaft fracture .....	6%
27784	Open treatment of proximal fibula or shaft fracture .....	12%
27816	Closed treatment of trimalleolar ankle fracture .....	5%
28400	Closed treatment of calcaneal fracture with manipulation .....	8%

#### Shoulder or Elbow Joints

23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage or removal of foreign body .....	12%
24000	Arthrotomy, elbow, including exploration, drainage or removal of foreign body .....	10%
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty.....	26%
24360	Arthroplasty, elbow, with membrane.....	19%
29826	Arthroscopy, shoulder, surgical, decompression of subacromial space with partial acromioplasty ..	15%

#### Wrist Joints

25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body.	13%
25441	Arthroplasty with prosthetic replacement; distal radius.....	20%

#### Hip Joints

27030	Arthrotomy, hip, with drainage .....	20%
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty).....	30%

#### Knee Joints

27310	Arthrotomy, knee with exploration, drainage or removal of foreign body .....	15%
27447	Arthroplasty, knee, medial and lateral compartments with or without patella resurfacing.....	32%
29877	Arthroscopy debridement/shaving of articular cartilage.....	13%
29880	Arthroscopy with meniscectomy (medial and lateral) .....	14%
29888	Arthroscopically aided anterior cruciate ligament repair .....	22%

#### Ankle Joints

27610	Arthrotomy, ankle, including exploration, drainage or removal of foreign body.....	14%
27700	Arthroplasty, ankle .....	13%
28285	Hammertoe, correction.....	7%
28250	Fasciotomy.....	8%

#### Dislocations

21480	Jaw .....	1%
23520	Collar bone (requiring reduction) .....	7%
23650	Shoulder .....	5%
24600	Elbow.....	7%
25690	Wrist .....	10%
26641	Fingers .....	7%
28630	Toes .....	3%
27250	Hip (closed) .....	10%
27253	Hip (open) .....	20%
27550	Knee.....	9%
27840	Ankle .....	7%

#### Tendons

23410	Repair of ruptured rotator cuff, open.....	21%
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic.....	22%
25260	Repair, tendon or muscle, flexor, forearm and/or wrist.....	18%
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath, primary or secondary without free graft.....	18%

27380	Suture of infrapatellar tendon.....	13%
27650	Repair, primary, open or percutaneous, ruptured achelles tendon .....	15%
26476	Lengthening of tendon, extensor, hand or finger .....	14%
27393	Lengthening of hamstring .....	11%

### Amputations

23900	Arm at shoulder joint .....	28%
24900	Arm below shoulder joint.....	15%
26951	Finger .....	13%
27590	Leg at hip .....	17%
27598	Leg at knee joint.....	16%
28820	Toe .....	7%

## RESPIRATORY SYSTEM

### Nose

30110	Excision of nasal polyps.....	3%
30630	Submucucous resection, classic nasal sept .....	13%

### Sinuses

31070	Frontal sinusotomy, simple .....	9%
31090	Frontal sinusotomy, radical .....	19%
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement.....	7%
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy, total.....	10%
31267	Nasal/sinus endoscopy, surgical with maxillary antrostomy .....	8%
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration.....	12%

### Larynx

31360	Laryngectomy.....	29%
31575	Laryngoscopy.....	3%

### Trachea and Bronchi

31600	Tracheotomy .....	9%
31622	Bronchoscopy .....	3%
31820	Closure of tracheotomy .....	7%

### Lungs

32020	Thoracostomy .....	3%
32100	Thoracotomy .....	21%
32420	Pneumonocentesis.....	2%
32000	Thoracentesis.....	2%
32440	Pneumonectomy, total .....	34%
32480	Pneumonectomy, partial .....	32%
32500	Wedge resection of lung, single or multiple .....	31%

## CARDIOVASCULAR SYSTEM

### Heart

33945	Heart transplant.....	100%
36013	Catheterization of heart.....	3%
33300	Suture of heart wound or injury .....	24%
33470	Valvotomy, aortic and pulmonic valve.....	75%
33420	Valvotomy, mitral valve .....	28%
33405	Valvuloplasty or replacement, aortic and mitral valve.....	100%
33427	Valvuloplasty, radical reconstruction.....	53%
33430	Replacement, mitral valve, with cardiopulmonary bypass .....	45%

33533	Coronary artery bypass, using arterial graft.....	41%
33534	Coronary artery bypass, using two arterial grafts .....	44%
33535	Coronary artery bypass, using three or more coronary arterial grafts .....	47%
35001	Repair of myocardial aneurysm .....	26%
33813	Repair of septal defect .....	28%
35470	Angioplasty, percutaneous.....	10%
33208	Pervenous or transvenous insertion of pacemaker .....	11%

#### Arteries

35600	Arteriotomy, extremity .....	6%
35301	Thromboendarterectomy .....	24%
33572	Carotid endarterectomy.....	5%
34800	Excision and graft, abdominal aortic aneurysm .....	26%
36475	Injection-varicose veins.....	8%
92980	Transcatheter placement of stents.....	5%

#### CENTRAL VENOUS ACCESS PROCEDURES

36561	Insertion of tunneled centrally inserted central venous access device.....	2%
36569	Insertion of peripherally inserted central venous catheter .....	1%

#### HEMIC AND LYMPHATIC SYSTEMS

38100	Splenectomy .....	18%
38500	Biopsy of lymph node.....	5%
38700	Radical lymphadenectomy.....	12%

#### DIGESTIVE SYSTEM

43500	Gastrotomy.....	14%
43620	Gastrectomy, total .....	37%
43631	Gastrectomy, partial .....	28%
43235	Gastroscopy .....	3%
43653	Gastrostomy .....	11%
43840	Gastrorrhaphy .....	20%
44110	Enterotomy .....	15%
44120	Enterectomy .....	21%
44320	Colostomy .....	22%
44300	Enterostomy .....	16%
44005	Enterolysis.....	20%
44800	Diverticulectomy .....	15%
44950	Appendectomy .....	20%
44970	Laparoscopy, surgical, appendectomy .....	11%
45110	Proctectomy .....	36%
45300	Protosigmoidoscopy.....	1%
45330	Sigmoidoscopy.....	1%
45500	Proctoplasty .....	9%
46270	Fistulotomy .....	6%
46080	Sphincterotomy .....	3%
46200	Fissurectomy or memorrhoidectomy.....	5%
46250	Removal of external hemorrhoids .....	3%
46255	Removal of internal hemorrhoids .....	3%
47000	Aspiration biopsy of liver, pancreas or bile duct .....	2%
47562	Laparoscopic cholecystectomy .....	14%
47563	Cholecystectomy with cholangiography.....	30%
47600	Excision, cholecystectomy .....	18%
47135	Liver transplant.....	100%

48140	Pancreatectomy partial .....	29%
48155	Pancreatectomy, total .....	32%
49000	Laparotomy .....	15%
49560	Herniotomy, ventral .....	15%
49585	Herniotomy, umbilical .....	15%
49505	Herniotomy, inguinal .....	15%
49570	Herniotomy, hiatal .....	15%
43621	Gastric bypass (Roux-en-y) .....	15%
43324	Fundal plication .....	15%
45560	Repair of rectocele .....	14%
45355	Colonoscopy .....	3%

### URINARY SYSTEM

50060	Nephrolithotomy .....	23%
50200	Renal biopsy .....	3%
50220	Nephrectomy .....	21%
50590	Lithotripsy .....	11%
50360	Kidney transplant .....	41%
51520	Cystotomy .....	12%
51550	Cystectomy, partial .....	19%
51570	Cystectomy, complete .....	29%
52000	Cystourethroscopy or cystoscopy .....	4%
51800	Cystoplasty .....	21%
52260	Dilation of urethra .....	5%

### GENITAL SYSTEM

#### Male

54150	Circumcision .....	2%
54520	Orchiectomy .....	7%
54600	Reduction of torsion of testis .....	9%
54830	Excision of epididymis .....	7%
55040	Excision of hydrocele, unilateral .....	7%
55530	Excision of varicocele or ligation of spermatic veins for varicocele .....	7%
55700	Biopsy, prostate .....	5%
55801	Prostatectomy, partial .....	22%
55845	Prostatectomy, radical .....	34%
52612	Transurethral resection of prostate .....	12%

#### Female

58150	Total abdominal or vaginal hysterectomy with or without removal of tubes or ovaries .....	20%
58210	Hysterectomy, radical for cancer including lymph nodes .....	37%
58720	Salpingo-oophorectomy .....	15%
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele .....	9%
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy .....	8%
57260	Combined anteroposterior colporrhaphy .....	11%
57500	Biopsy or removal of cervical lesion or polyp .....	1%
58120	Dilation and curettage .....	5%
58140	Myomectomy, excision of fibroid tumor, 1 to 4 intramural myomas .....	19%
58400	Repair of uterine suspension .....	9%
59514	Cesarean delivery .....	21%
59409	Vaginal delivery .....	18%
59000	Amniocentesis .....	2%
57452	Colposcopy, cervix .....	1%
57520	Conization, cervix .....	1%

### ENDOCRINE SYSTEM

60000	Incision and drainage of thyroid gland .....	3%
60200	Local excision of thyroid cyst or adenoma .....	13%
60240	Thyroidectomy or parathyroidectomy .....	21%
60540	Adrenalectomy .....	21%
42826	Tonsillectomy .....	7%
42821	Tonsillectomy, with adenoidectomy .....	8%

### NERVOUS SYSTEM

61120	Burr holes .....	14%
62120	Crainoplasty .....	37%
61510	Craniotomy or craniectomy .....	43%
61556	Crainotomy for craniostylosis, frontal or parietal bone flap .....	31%
61320	Craniectomy or craniotomy, drainage of intracranial abscess .....	38%
63030	Laminotomy, one interspace, lumbar .....	19%
63042	Laminotomy, lumbar .....	27%
63047	Laminectomy, facetectomy and foraminotomy, lumbar .....	23%
62270	Spinal puncture .....	1%
64721	Median nerve decompression carpal tunnel .....	8%
62200	Cerebrospinal fluid shunt .....	10%

### EYE

65101	Removal of eye .....	14%
65420	Excision of pterygium .....	11%
66130	Sclerotomy, anterior .....	11%
67250	Sclerotomy, posterior .....	15%
66600	Iridectomy .....	14%
66984	Extraction of lens including cataract extraction .....	15%
67108	Reattachment of retina .....	30%
67311	Muscle operation, one or more muscles .....	11%
68500	Excision of lacrimal gland .....	17%
68520	Excision of lacrimal sac .....	13%
67010	Vitrectomy .....	10%

### EAR

69000	Drainage of abscess .....	4%
69399	Otoscopy .....	1%
69420	Myringotomy .....	4%
69440	Tympanotomy (diagnostic) .....	14%
69436	Tympanotomy with insertion of collar button tube .....	4%
69502	Mastoidectomy, single .....	20%
69631	Tympanoplasty .....	18%
69801	Labyrinthotomy .....	15%
69905	Labyrinthectomy .....	19%

### ENTIRE CONTRACT

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337



## WELLNESS BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and the first rider premium. Premium for this rider is included in the modal premium shown on page 3 of the policy. Rider premiums are paid to Our administrative office at the same time as policy premiums. After the rider has been in force 12 months, We may change the premium, but not more than once in a 12-month period. You will be given a 31-day notice by mail prior to any premium change.

### SCHEDULE

Issue Date	[Issue Date]
Insured Person(s)	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]

### DEFINITIONS

**Insured Category** means a grouping of Insured Persons each of which is subject to a separate benefit maximum. The Employee is an Insured Category, the Employee's Spouse is an Insured Category and all Dependent Children of the Employee, as a single grouping, is an Insured Category.

**Waiting Period** means the 30 days following the Issue Date or ten days following the last Reinstatement date.

### RIDER BENEFIT

We will pay \$50 per Calendar Year for each Insured Category when a charge is incurred for one and only one of the following after the Waiting Period:

- annual physical;
- blood test for triglycerides;
- CA 19-9 (blood test for pancreatic cancer);
- fast blood glucose test;
- hemocult stool analysis;
- PSA (blood test for prostate cancer);
- pap smear;
- vaccinations (flu shot, pneumonia shot, tetanus shot, MMR, polio vaccine, chicken pox, diphtheria); or
- vision/hearing exams.

We will pay \$100 per Calendar Year for each Insured Category when a charge is incurred for one and only one of the following after the Waiting Period:

- biopsy for skin cancer;
- bone marrow biopsy and aspiration;
- breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CA 125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer and cervical cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- mammography;
- serum cholesterol test to determine level of HDL and LDL;
- serum protein electrophoresis (blood test for Myeloma);
- stress test (bicycle or treadmill); or
- thermography.

Once We have paid \$150 under this rider to an Insured Category in a Calendar Year, that Insured Category is ineligible for any additional payments under this rider in that Calendar Year.

### **ENTIRE CONTRACT**

In this rider, "policy" means the Hospital Indemnity policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

### **TERMINATION**

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the end of the period for which premiums have been paid for this rider when You give Us a written request to terminate coverage;
- when You establish residence in a foreign country; or
- upon Your death.

Assurity Life Insurance Company has signed this rider on the Issue Date.

***[President's Signature]***  
President

***[Secretary's Signature]***  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337

**HOSPITAL INDEMNITY**

Plan	Insured Options	Riders	
<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Employee/Child	<input type="checkbox"/> AD&D Benefit Rider Employee \$ _____ Spouse \$ _____ <input type="checkbox"/> Critical Illness Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Diagnostic Benefit Rider <input type="checkbox"/> Emergency Accident Benefit Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200	<input type="checkbox"/> First Hospital Admission Benefit Rider <input type="checkbox"/> Intensive Care Unit Benefit Rider \$ _____ <input type="checkbox"/> Outpatient Sickness Benefit Rider <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Private Duty Nurse Benefit Rider <input type="checkbox"/> Surgical/Anesthesia Benefit Rider \$ _____ <input type="checkbox"/> Wellness Benefit Rider <input type="checkbox"/> Other (specify) _____
<b>Benefit Options</b> Daily Benefit Amount \$ _____ Benefit Period <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days Sickness Elimination <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days			
<b>Premium Amount</b> (indicate amount and frequency) \$ _____			

**Please answer the following questions.**

1. Currently or during the past **12 months**, has any Proposed Insured:
- a. Been hospitalized two or more times? .....  Yes     No
  - b. Been hospitalized for five or more days? .....  Yes     No
  - c. Been advised by a medical professional to be hospitalized? .....  Yes     No
  - d. Been advised by a medical professional to have any medical or surgical procedures or diagnostic tests performed that have not been completed or for which results have not been received? .....  Yes     No
  - e. Been undergoing evaluation following abnormal test results? .....  Yes     No

**If YES to any of the above, please indicate which Proposed Insured(s)** \_\_\_\_\_

2. During the past **12 months**, has any Proposed Insured been hospitalized or received emergency treatment for any of the following:
- a. Asthma, chronic obstructive pulmonary disease (COPD) or emphysema? .....  Yes     No
  - b. Liver disease or disorder (excluding hepatitis A)? .....  Yes     No
  - c. Parkinson's disease? .....  Yes     No
  - d. Anemia? .....  Yes     No
  - e. Drug or alcohol abuse? .....  Yes     No

**If YES to any of the above, please indicate which Proposed Insured(s)** \_\_\_\_\_

3. During the past **3 years**, has any Proposed Insured been hospitalized or received emergency treatment for any of the following:
- a. Angina (heart-related chest pain), heart attack, heart surgery, arrhythmia with pacemaker or congestive heart failure? .....  Yes     No
  - b. Cerebral vascular insufficiency, peripheral vascular disease, stroke or transient ischemic attack (TIA/mini-stroke)? .....  Yes     No
  - c. Crohn's disease or ulcerative colitis? .....  Yes     No
  - d. Multiple sclerosis? .....  Yes     No

**If YES to any of the above, please indicate which Proposed Insured(s)** \_\_\_\_\_

4. During the past **5 years**, has any Proposed Insured been diagnosed with or treated for internal cancer or any malignancy, including but not limited to, carcinoma, sarcoma, malignant melanoma, Hodgkin's disease, leukemia, lymphoma or malignant tumor? (For this question only, cancer does not include basal cell or squamous cell carcinoma.) .....  Yes     No

**If YES, please indicate which Proposed Insured(s)** \_\_\_\_\_

5. Has any Proposed Insured **ever** been diagnosed with or received treatment by a medical professional for:
- a. Kidney disease (excluding kidney stones or urinary tract disorders)? .....  Yes     No
  - b. Uncorrected congenital heart defect (excluding mitral valve prolapse)? .....  Yes     No
  - c. Cystic fibrosis or muscular dystrophy? .....  Yes     No
  - d. Systemic lupus or any other autoimmune disease? .....  Yes     No
  - e. Insulin-dependent diabetes diagnosed prior to age 30 or diabetes with complications, including but not limited to, retinopathy, neuropath or nephropathy? .....  Yes     No
  - f. Senile dementia or Alzheimer's disease? .....  Yes     No
  - g. An organ transplant or the potential need for an organ transplant? .....  Yes     No

**If YES to any of the above, please indicate which Proposed Insured(s)** \_\_\_\_\_

**If any items in question 1-5 are answered YES, the indicated Proposed Insured will not be covered under this policy or any rider.**

**Question 6 MUST be answered in all cases if applying for the Critical Illness Rider.**

6. **If applying for the Critical Illness Rider:** During the past **10 years**, has any Proposed Insured been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of, any of the following: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder, congestive heart failure) or circulatory system; stroke; transient ischemic attack (TIA); peripheral vascular disease; carotid artery disease; insulin dependent diabetes; internal cancer; leukemia; lymphoma; Hodgkin's disease; melanoma; malignant tumors or carcinoma in situ? .....  Yes     No

**If YES to any of the above, please indicate which Proposed Insured(s)** \_\_\_\_\_



*SERFF Tracking Number:* SEFL-125591147      *State:* Arkansas  
*Filing Company:* Assurity Life Insurance Company      *State Tracking Number:* 38933  
*Company Tracking Number:* HI+  
*TOI:* H14I Individual Health - Hospital Indemnity      *Sub-TOI:* H14I.000 Health - Hospital Indemnity  
*Product Name:* HI+  
*Project Name/Number:* HI+/HI+

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-125591147 State: Arkansas  
 Filing Company: Assurity Life Insurance Company State Tracking Number: 38933  
 Company Tracking Number: HI+  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: HI+  
 Project Name/Number: HI+/HI+

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Actuarial Memorandum W H230 (AR)		New		Act Memo - Worksite HI Plan 1-28-08.pdf Appendix 1 Worksite HI Rates.pdf



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January 28, 2008

**ASSURITY LIFE INSURANCE COMPANY**  
**Actuarial Memorandum – Individual Hospital Indemnity Plan**

<b>Policy Form:</b>	<b>W H230</b>
<b>AD&amp;D Rider:</b>	<b>R WH231</b>
<b>Critical Illness Rider:</b>	<b>R WH232</b>
<b>Diagnostic Rider:</b>	<b>R WH233</b>
<b>Emergency Accident Rider:</b>	<b>R WH234</b>
<b>1<sup>st</sup> Hospital Admit Rider:</b>	<b>R WH235</b>
<b>ICU Rider:</b>	<b>R WH236</b>
<b>OP Sickness Rider:</b>	<b>R WH237</b>
<b>Private Duty Nurse Rider:</b>	<b>R WH238</b>
<b>Surgical Rider:</b>	<b>R WH239</b>
<b>Wellness Rider:</b>	<b>R WH240</b>

## **Purpose and Scope**

The purpose of this filing is to demonstrate that the anticipated loss ratio for this new plan and riders to be sold to employees at an employer's worksite meets applicable statutory requirements and to provide documentation of actuarial methods and assumptions used in pricing these plans and riders. This filing may not be appropriate for other purposes.

Appendix 1 presents monthly premiums for this plan.

## **Description of Benefits**

Policy Form W H230 provides a fixed daily benefit for inpatient, maternity, and skilled nursing facility stays. A choice of benefits is available ranging from \$50 to \$500 per day. An individual has the choice of a 180 or 365 day benefit period and the choice of a 0 day or 7 day elimination period for sickness. The following benefit summary outlines the coverage provided by the Policy Form W H230 and riders R WH231-240.



<b>Assurity Life Insurance Company</b> <b>Hospital Indemnity Plan Form W H230, Riders R WH231 &amp; R WH233-240</b> <b>Benefit Summary</b>	
<b>Form / Rider</b>	<b>Benefit Description</b>
Policy Form: W H230	Hospital / Maternity: \$50 - \$1,000 per day available
AD&D Rider: R WH231	Minimum \$5,000 benefit for death or total loss or use of both hands or both feet
Diagnostic Rider: R WH233	\$200 per calendar year for Angiography, CT Scan, MRI, MRA, and EEG
Emergency Accident Rider: R WH234	\$100, \$150, or \$200 benefit payable up to 4 times per calendar year
1 <sup>st</sup> Hospital Admit Rider: R WH235	Pays \$500 for 1 day, \$1000 for 2 days, increasing by \$1000 per day up to a maximum benefit of \$5,000 for first hospital confinement in a calendar year
ICU Rider: R WH236	Minimum \$100 / day up to a maximum of the lesser of 10 times the base policy or \$1,500
OP Sickness Rider: R WH237	\$25, \$50, \$75, or \$100 benefit payable up to 4 times per calendar year
Private Duty Nurse Rider: R WH238	\$50 per day, 30 day max benefit per calendar year
Surgical Rider: R WH239	\$500 - \$5,000 benefit available for surgery performed by a physician, 25% of schedule allowed for anesthesia
Wellness Rider: R WH240	\$150 maximum benefit per calendar year

<b>Assurity Life Insurance Company</b> <b>Hospital Indemnity Plan Rider R WH232</b> <b>Benefit Summary</b>			
<b>Category</b>	<b>Specific Critical Illness</b>	<b>Percentage of Benefit Amount Payable for each Specified Critical Illness</b>	<b>Maximum Percentage of Benefit Amount for Category</b>
Category 1	Heart Attack	100%	100%
	Stroke	100%	
Category 2	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% (payable once per lifetime)	



This description of benefits is only a summary and is not intended to describe all benefits in full detail. It does not detail policy exclusions, limitations, or other related provisions. See the policy form for a full description.

### **Renewability**

This policy is guaranteed renewable to age 65 (conditionally renewable to 70 if employed full time). The policy will be issued through age 64 on a guaranteed issue basis.

### **Applicability**

The premiums in this filing are for the policy forms and riders captioned above. These are new policy forms.

### **Morbidity Basis**

Claim costs were developed by issue age based on the prescribed benefits and frequencies developed from several sources including the American Heart Association, hospital admission rates by diagnosis or operation from Solucient, Inc., several state hospital inpatient and ambulatory data bases, the *American Journal of Cardiology*, *Post Graduate Medicine*, *Cardiology*, *Cancer Facts*, *Milliman Health Cost Guidelines*, and company experience.

Milliman's MG-ALFA pricing and actuarial projection model was used to develop and test gross premiums based on the present values of premiums, expenses, and commissions using a 5.5% annual discount rate. Key assumptions are listed below.

Adjustments were made as necessary to population data in certain instances. For example, population rates of heart attacks and strokes were adjusted to reflect the first diagnosis of such conditions only. Since heart attack and stroke are in the same benefit category, an adjustment was made to reduce the incidence for those that have both a heart attack and a stroke. Exposure adjustments were made to prevent re-exposing someone who is diagnosed with a condition within a benefit category from being exposed to that same condition again. First occurrence rates for invasive cancer and breast cancer were based on 2000 - 2003 Surveillance Epidemiology and End Results (SEER) data. The SEER data is more current than the 1985 NAIC tables and shows higher incidence rates at older ages than the 1985 NAIC tables. At younger ages the 1985 NAIC table



incidence rates appear much too high as compared to the historical SEER data over several decades. A comparison of the SEER data to the 1985 NAIC tables is shown in the following table.

Invasive Cancer Incidence Rates per 100,000								
	Male				Female			
Age	1985 NAIC	'73 - '74 SEER	'92 - '93 SEER	'00 - '03 SEER	1985 NAIC	'73 - '74 SEER	'92 - '93 SEER	'00 - '03 SEER
0 - 14	NA	14.2	14.8	15.8	NA	11.4	13.0	14.1
14 - 34	59.9	31.1	45.7	40.0	143.3	42.7	48.4	54.0
35 - 44	141.5	103.5	141.5	117.1	340.6	216.0	209.4	213.8
45 - 54	404.5	337.7	390.4	391.8	587.1	496.0	494.6	484.5
55 - 64	992.6	898.0	1,250.7	1,224.9	953.0	849.6	916.6	927.1
65 - 74	1,882.8	1,868.2	2,926.9	2,567.4	1,270.7	1,161.3	1,475.7	1,501.0
75+	2,450.9	2,896.3	3,893.0	3,263.2	1,532.5	1,510.8	1,909.4	1,941.3

### Mortality and Persistency

Mortality is based on '75 - '80 ultimate mortality tables and lapses are assumed to be 35%, 27%, 20%, 15%, 11%, and 10% for policy years 1, 2, 3, 4, 5, and 6+, respectively.

### Expenses

- A. Commissions: 60% first year and 16.1% thereafter
- B. Expenses as a Percent of Premium: 4%
- C. Expenses as a Percent of Claims: 4%
- D. Expenses Per Policy: \$15 first year, increasing at 3% per year thereafter

### Marketing

This plan and riders will be sold through agents primarily to employees at an employer's worksite.

### Underwriting

The policy is offered with very minimal underwriting, so the selection factor is 1.0 in all policy years.



## **Premium Classes**

Premiums for Policy Form W H230 and riders R WH231-240 are based on the assumptions listed in the 'Distribution of Business' section of this memorandum. These premiums vary by age bracket and type of contract (employee, spouse, single parent, or family). Premiums are based on issue age.

## **Issue Age Range**

These plans can be issued through age 64.

## **Area Factors**

Premium rates for these plans and riders do not vary by area.

## **Average Annual Premium**

The average annual premium per policy is estimated to be \$752.

## **Premium Modalization Rules**

Appendix 1 shows the applicable monthly premiums. Other modes of premium are available including, but not limited to, quarterly, semi-annual, monthly, bi-weekly, and weekly. There is no surcharge for premium modes other than annual.

## **Claim Liability and Reserves**

Since these are new plans and riders, there are no claim liabilities and reserves to consider.

## **Active Life Reserves**

For premium development, policy reserves are based on ultimate claim costs used in pricing, 1980 CSO mortality 50 / 50 male / female, 4% interest, and a two year preliminary term basis. For valuation purposes, reserves at least as great as the statutory minimum basis will be used.



### **Net Investment Earnings Rate**

The annual net investment earnings rate based on discussions with the company is assumed to be 5.5% in all years. This rate is used to earn interest on unearned premium, active life and claim reserves, and as a discount rate to determine present values.

### **Trend Assumption**

Since the benefits are fixed, no trend assumption was used in claim costs for premium development.

### **Minimum Loss Ratio**

The minimum loss ratio is 55% for individual guaranteed renewable Hospital Indemnity policies.

### **Anticipated Loss Ratio**

Based on a projection of financial results for the policy forms covered by this memorandum, covering the period from date of issue over the policy lifetime, the anticipated loss ratio of 56.3% is expected to exceed the minimum of 55%. Loss ratio as used here means the ratio of the present value of incurred claims plus change in active life reserve to the present value of earned premiums with present values taken over the life of the policy.



**Distribution of Business**

<b>Base Policy Issue Age Distribution</b>				
<b>Pivotal Age</b>	<b>Single</b>	<b>Spouse</b>	<b>Single Parent</b>	<b>Family</b>
22	13.6%	3.0%	5.6%	1.9%
27	14.2%	7.8%	10.8%	7.2%
32	12.1%	7.0%	16.0%	14.6%
37	10.5%	5.7%	19.0%	19.9%
42	11.3%	9.1%	19.6%	22.1%
47	10.8%	13.3%	16.0%	18.5%
52	12.2%	20.2%	9.3%	11.5%
57	8.6%	17.7%	2.6%	3.4%
62	6.8%	16.3%	1.2%	1.1%

<b>Base Policy Benefit Period Distribution</b>	
<b>Period</b>	<b>Distribution</b>
180 Days	80%
365 Days	20%

<b>Base Policy Elimination Period Distribution</b>	
<b>Accident / Sickness</b>	<b>Distribution</b>
0 days / 0 days	70%
0 days / 7 days	30%

<b>Rider Distribution</b>	<b>Distribution</b>
R WH231	34%
R WH232	50%
R WH233	50%
R WH234	83%
R WH235	73%
R WH236	50%
R WH237	63%
R WH238	41%
R WH239	63%
R WH240	18%



<b>Member Distribution</b>	<b>Distribution</b>
Employee	74%
Spouse	12%
Parent	6%
Family	8%

<b>Average Benefit</b>	
W H230	\$150 / day
R WH231	\$18,000
R WH232	\$6,250
R WH233	NA
R WH234	\$170
R WH235	NA
R WH236	\$575
R WH237	\$70
R WH238	\$50
R WH239	\$3,000
R WH240	NA

### Contingency and Risk Margin

An average premium contingency and risk margin of 11.2% is assumed.

### Sample Annual Claim Costs (before underwriting selection)

<b>Base Policy W H230</b> <b>Annual Claim Cost</b> <b>\$150 Hospital Daily Benefit</b> <b>180 Day Benefit Period, 0 Day Elimination Period</b>				
<b>Issue Age</b>	<b>Employee</b>	<b>Spouse</b>	<b>Single Parent</b>	<b>Family</b>
32	\$21.08	\$40.77	\$92.83	\$131.34
47	\$36.11	\$71.17	\$57.87	\$97.99
62	\$89.21	\$184.65	\$108.39	\$203.98



### Actuarial Certification

I, Richard H. Hauboldt, am a consulting actuary associated with Milliman Inc., and am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion. I have been retained by Assurity Life Insurance Company to prepare this actuarial memorandum and render this opinion on the reasonableness of the benefits in relation to the premiums charged for this initial rate filing. In my opinion, to the best of my knowledge and judgment the benefits provided are reasonable in relation to the proposed premiums.

Based on a projection of financial results for the policy forms covered by this memorandum, covering the period from date of issue over the policy lifetime, the anticipated loss ratio of 56.3% will equal or exceed the minimum loss ratio of 55%. Loss ratio as used here means the ratio of the present value of incurred claims plus change in active life reserve to the present value of premiums earned with present values taken over the life of the policy.

In preparing my opinion, I have relied upon the accuracy of the underlying records and summaries prepared under the direction of Assurity Life Insurance Company. I performed no verification as to the accuracy of this data.

The actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Richard H. Hauboldt, F.S.A.  
American Academy of Actuaries

January 28, 2008

Date

Milliman, Inc.  
15800 Bluemound Road, Suite 400  
Brookfield, WI 53005  
(262) 784-2250

dick.hauboldt@milliman.com

RHH/cb

**Appendix 1**  
**Assurity Life Insurance Company**  
**Hospital Indemnity Plan W H230 Monthly Premiums**

	Hospital Indemnity Base Plan W H230				R WH232 Critical Illness Rider	R WH233 Diagnostic Rider	R WH234 Emergency Accident Rider	R WH235 1st Hospital Admit Rider
	Per \$50 Hospital Daily Benefit				Per \$5,000 Benefit		Per \$50 Benefit	
	180 Day Benefit Period, 0 Day Elimination Period	180 Day Benefit Period, 7 Day Elimination Period	365 Day Benefit Period, 0 Day Elimination Period	365 Day Benefit Period, 7 Day Elimination Period				
Issue Ages 18-39								
Family	7.49	3.00	7.71	3.10	3.03	3.58	1.08	49.49
Single Parent	5.45	2.34	5.59	2.41	1.65	2.18	0.69	33.72
EE + Spouse	3.95	1.77	4.04	1.81	2.70	2.53	0.47	24.14
Single	2.55	1.37	2.59	1.39	1.36	1.31	0.22	12.82
Issue Ages 40-59								
Family	7.22	3.64	7.55	3.78	11.54	5.26	0.93	46.52
Single Parent	4.51	2.46	4.70	2.54	5.81	3.04	0.64	26.60
EE + Spouse	6.00	3.15	6.27	3.27	11.27	4.32	0.39	36.75
Single	3.49	2.04	3.62	2.10	5.45	2.32	0.18	18.43
Issue Ages 60-64								
Family	12.55	6.64	13.11	6.90	22.25	7.45	0.93	75.25
Single Parent	7.28	4.10	7.57	4.24	10.95	4.10	0.66	40.77
EE + Spouse	11.50	6.19	12.01	6.43	22.06	6.61	0.45	66.78
Single	6.20	3.63	6.45	3.75	10.71	3.49	0.21	32.39

	R WH236 ICU Rider	R WH237 OP Sickness Rider	R WH238 Private Duty Nurse Rider	R WH239 Surgical Rider	R WH240 Wellness Rider	R WH231 AD&D Rider	
	Per \$100/day	Per \$25 Benefit		Per \$500 Schedule		Per \$1,000 Benefit	
Issue Ages 18-39						Issue Ages 18-39	
Family	0.57	17.43	0.20	5.15	5.23	Employee	0.03
Single Parent	0.37	11.12	0.13	3.19	3.46	Spouse	0.02
EE + Spouse	0.22	10.92	0.09	3.92	3.00		
Single	0.10	5.69	0.05	2.07	1.60		
Issue Ages 40-59						Issue Ages 40-59	
Family	1.13	19.86	0.33	7.05	7.99	Employee	0.03
Single Parent	0.59	12.04	0.18	4.00	4.80	Spouse	0.02
EE + Spouse	1.00	14.24	0.27	5.69	6.03		
Single	0.47	7.43	0.13	2.87	3.26		
Issue Ages 60-64						Issue Ages 60-64	
Family	2.04	23.13	0.56	11.14	10.35	Employee	0.04
Single Parent	1.03	13.64	0.30	6.08	5.92	Spouse	0.03
EE + Spouse	1.96	18.04	0.51	9.85	8.65		
Single	0.88	9.05	0.25	4.88	4.58	Children	0.02

SERFF Tracking Number: SEFL-125591147 State: Arkansas  
 Filing Company: Assurity Life Insurance Company State Tracking Number: 38933  
 Company Tracking Number: HI+  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: HI+  
 Project Name/Number: HI+/HI+

## Supporting Document Schedules

<p><b>Satisfied -Name:</b> Certification/Notice  <b>Comments:</b>  <b>Attachments:</b>          READ CERT.pdf          AR Cert of Compliance.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 05/12/2008</p>
<p><b>Satisfied -Name:</b> Application  <b>Comments:</b>  <b>Attachment:</b>          ARSample app.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 05/12/2008</p>
<p><b>Satisfied -Name:</b> Health - Actuarial Justification  <b>Comments:</b>  <b>Attachments:</b>          Act Memo - Worksite HI Plan 1-28-08.pdf          Appendix 1 Worksite HI Rates.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 05/12/2008</p>
<p><b>Satisfied -Name:</b> Outline of Coverage  <b>Comments:</b>  <b>Attachment:</b>          OC-W H230_OC.pdf</p>	<p><b>Review Status:</b>          Approved-Closed 05/12/2008</p>

## READABILITY CERTIFICATION

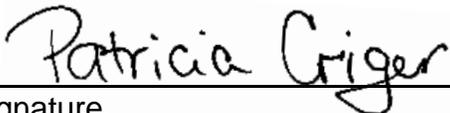
I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

**Company Name:** Assurity Life Insurance Company

**Form Number(s):** W H230 et al.

**Type of Form:** Hospital Indemnity Insurance Policy

<b>Form No.</b>	<b>Description</b>	<b>Flesch Score</b>
W H230 (AR)	Hospital Indemnity Policy	50.4
OC-W H230	Outline of Coverage	50.2
R WH231	Accidental Death and Dismemberment Benefit Rider	55.9
R WH232	Critical Illness Benefit Rider	51.2
R WH233	Diagnostic Benefit Rider	50.7
R WH234	Emergency Accident Benefit Rider	51.2
R WH235	First Hospital Admission Benefit Rider	50.1
R WH236	Intensive Care Unit Benefit Rider	51.8
R WH237	Outpatient Sickness Benefit Rider	50.2
R WH238	Private Duty Nurse Rider	54.3
R WH239	Surgical and Anesthesia Benefit Rider	51.3
R WH240	Wellness Benefit Rider	50.4
47-406-05053	Application	53.4

  
\_\_\_\_\_  
Signature

April 25, 2008  
\_\_\_\_\_  
Date

Patricia Criger  
Director, New Business Services



**STATE OF ARKANSAS**  
**CERTIFICATE OF COMPLIANCE**

**Company Name:** Assurity Life Insurance Company.

**Form Title(s) and Numbers:**

W H230 (AR)	Hospital Indemnity Policy
OC-W H230	Outline of Coverage
R WH231	Accident Death and Dismemberment Rider
R WH232	Critical Illness Benefit Rider
R WH233	Diagnostic Benefit Rider
R WH234	Emergency Accident Benefit
R WH235	First Hospital Admission Rider
R WH236	Intensive Care Unit Rider
R WH237	Outpatient Sickness Rider
R WH238	Private Duty Nurse Rider
R WH239	Surgical Benefit Rider
R WH240	Wellness Benefit Rider

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.



Carol S. Watson  
Vice President, Corporate Secretary

April 25, 2008

PLEASE PRINT WITH BLACK INK

APPLICATION FOR INSURANCE

**ASSURITY LIFE INSURANCE COMPANY**  
 1526 K Street, PO Box 80926, Lincoln NE 68501-0926

- New application
- Takeover
- Addition, increase or change to existing coverage; existing Policy No. \_\_\_\_\_

**Primary Proposed Insured - Employee**

Name (First MI Last)				Date of Birth (MM/DD/YYYY) / /			
Social Security No. - -		<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail		Issue Age		
Residential Address							
City				State		ZIP -	
Personal Phone No. ( ) -		Birth State/Country		Height ft. in.		Weight lbs.	
Employer				Occupation/Title			
Duties							
Monthly Income \$		Full-Time Hire Date (MM/DD/YYYY) / /			Dept No.		

**Other Proposed Insured(s) - Dependent(s)** (If additional space is needed, attach a separate sheet of paper.)

Name (First MI Last)	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Issue Age
Height ft. in. Weight lbs.	Spouse	/ /	
	Child	/ /	
	Child	/ /	
	Child	/ /	

**Beneficiary(ies)** (If additional space is needed, attach a separate sheet of paper.)

	Name (First MI Last)	Relationship to Insured	Date of Birth (MM/DD/YYYY)
Primary			/ /
Contingent			/ /

**For ALL COVERAGES, please answer the following questions.**

1. During the past 90 days, have you worked less than {30} hours per week in your primary occupation? .....  Yes  No
2. During the past 90 days, have you been unable to perform any of the duties of your primary occupation? .....  Yes  No
3. Has any Proposed Insured ever been treated or diagnosed by a medical professional for Acquired Immune Deficiency (AIDS), AIDS Related Complex (ARC) or Antibodies to Human T-lymphotropic Virus Type III (HTLV); or had a positive test for HIV (Human Immunodeficiency Virus) antibodies?.....  Yes  No  
 If YES, identify name(s) of person(s) \_\_\_\_\_
4. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? .....  Yes  No  
 If YES, complete replacement form provided by your agent if required by your state.
5. Is there any other life, cancer, heart/stroke, disability, hospital indemnity, critical illness or accident insurance in force or applied for on any Proposed Insureds? .....  Yes  No  
 If YES, list person, company name, policy number, year issued, type of coverage and amount of benefit.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Proposed Insured's Agreement**

I have read the answers and statements written in this application, and represent each and all of them to be true and complete to the best of my knowledge and belief. In the absence of fraud, my answers in this application shall be deemed representations and not warranties. I agree that a copy of this application and any supplement shall be attached to and form a part of any policy issued. Acceptance of any insurance policy issued on this application as evidenced by the payment of premiums, will constitute a ratification of any corrections or additions to the application noted by Assurity in the space headed "HOME OFFICE CORRECTIONS OR ADDITIONS ONLY" for administrative purposes. A photocopy of the amended application attached to the policy will be sufficient notice to me of such corrections or additions.

The insurance applied for shall be in force as of the policy issue date as shown on the policy schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the policy(ies) are pre-paid premiums and will be applied to coverage beginning on the issue date. If the policy(ies) is(are) not issued, Assurity will refund any premium deductions it receives.

**HOME OFFICE CORRECTIONS AND ADDITIONS ONLY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Issue Date \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City / State) (Date MM/DD/YYYY)

Primary Proposed Insured's Signature \_\_\_\_\_

Payor's Signature (for Term Life only) \_\_\_\_\_

**Agent's Statement and Agreement**

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured. The Proposed Insured has read the completed application, or has had the completed application read to them. I also certify that this insurance  does  does not replace or change any existing life, health or annuity coverage.

Agent's Printed Name \_\_\_\_\_ Agent No. \_\_\_\_\_ Agent's Telephone No. \_\_\_\_\_

Agent's Signature \_\_\_\_\_ on \_\_\_\_\_  
(Date MM/DD/YYYY)

Group No. \_\_\_\_\_



Primary Proposed Insured Name \_\_\_\_\_

### ELIMINATION AND AMENDMENT OF BENEFITS

RIDER ISSUE DATE (same as Policy Issue Date if no date shown) \_\_\_\_\_

In consideration of the issuance of the Policy to which this Rider is attached, it is hereby understood and agreed that the persons named in the application as having a condition listed below prior to the date the application was signed, are excluded from coverage as indicated below:

#### Elimination of Benefits

a. Skin Cancer

Assurity Life Insurance Company will not be liable for any loss resulting from skin cancer affecting

\_\_\_\_\_  
Name(s)  
for a period of 2 years from the Rider Issue Date. Coverage for anyone excluded under this section is limited to loss resulting from any cancer other than skin cancer.

b. Specified Diseases Rider

Assurity Life Insurance Company will not be liable for any loss resulting from

\_\_\_\_\_  
Specified Disease(s)  
affecting \_\_\_\_\_,  
Name(s)  
which is excluded from coverage for the named Specified Disease(s).

c. Intensive Care Unit Rider

Assurity Life Insurance Company will not be liable for any benefits under the Intensive Care Unit Rider for

\_\_\_\_\_  
Name(s)  
for loss resulting from any disease or disorder of the heart, stroke or diabetes. Furthermore, the intensive care benefits for such person will be limited to 3 days in connection with any one period of confinement for any other injuries or sickness, not the 30 days as stated in the Intensive Care Unit Rider.

#### Amendment of Benefits

d. All Cancers including malignant melanomas and carcinoma in situ

Assurity Life Insurance Company is amending coverage to show

\_\_\_\_\_  
Name(s)  
is excluded from coverage under this policy and any attached riders.

#### Amendment of Benefits for All Other Plans

e. Removal of an Individual

Assurity Life Insurance Company is amending coverage to show

\_\_\_\_\_  
Name(s)  
is excluded from coverage under this policy and any attached riders

f. Removal of a Benefit Rider

Assurity Life Insurance Company is amending coverage to show that no benefits are available under

\_\_\_\_\_  
Rider Name and Form Number  
for \_\_\_\_\_  
Name(s)

Accepted by \_\_\_\_\_ on \_\_\_\_\_  
Primary Proposed Insured (Employee) (Date MM/DD/YYYY)



- having elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization;
- having Mental or Nervous Disorders;
- 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;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane;
- having dental treatment except as the result of a Covered Injury;
- traveling outside the United States, except for those Covered Injuries that require Emergency Care in a Hospital;
- voluntarily inhaling gas;
- having Cosmetic Care, except when the Hospital Confinement is due to Medically Necessary Reconstructive Surgery;
- being Confined primarily for rest care, convalescent care or for rehabilitation;
- having a Covered Injury or Sickness covered under Worker's Compensation, an Employer's Liability law or similar law; or
- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date.

**F. RENEWABILITY**

This policy is guaranteed renewable to age 65. That means as long as You pay premiums when due, We cannot cancel or change Your policy.

**G. PREMIUMS**

We reserve the right to change the premium rates. If We do this, We can only do it for all Policies in Your class. You will be given 31 days notice by mail prior to any premium change.

**H. OPTIONAL BENEFIT RIDERS**

**Accidental Death and Dismemberment Benefit Rider** – We will pay this benefit if the Primary Insured Person sustains a Covered Injury that results in death or loss of both hands or both feet, subject to the Limit on Payment of Benefit Amount.

**Critical Illness Benefit Rider** – We will pay this benefit if an Insured Person receives a First Ever Diagnosis for one of the Specified Critical Illnesses shown below if:

- the Date of Diagnosis is after the Waiting Period;
- the Date of Diagnosis is while coverage under this rider is in force; and
- the Specified Critical Illness is not excluded by name or specific description in this rider.

Specified Critical Illness

Heart Attack  
 Stroke  
 Invasive Cancer  
 Carcinoma in situ

**Diagnostic Benefit Rider** – We will pay this benefit for each Insured Category when a charge is incurred for one and only one of the following:

- angiogram;
- CT (computerized tomography) scan;
- CTA (computerized tomography angiogram) scan;
- MRI (magnetic resonance imaging);
- MRA (magnetic resonance angiogram); or
- EEG (electroencephalogram).

**Emergency Accident Benefit Rider** – We will pay this benefit if an Insured Person sustains a Covered Injury in which they receive Emergency Care provided in an Emergency Room, Urgent Care Facility or a Physician's office.

**First Hospital Admission Benefit Rider** – We will pay this benefit for an Insured Person's First Hospital Confinement. The Benefit Amount payable will be for the total number of days of First Hospital Confinement.

**Intensive Care Unit Benefit Rider** – We will pay this benefit for an Insured Person who is Confined in a Hospital Intensive Care Unit.

**Outpatient Sickness Benefit Rider** – We will pay this benefit amount if an Insured Person incurs Outpatient Treatment due to a Sickness.

**Private Duty Nursing Benefit** – We will pay this benefit for private duty nursing care and attendance received while Confined in a Hospital due to a Covered Injury or Sickness.

**Surgical and Anesthesia Benefit Rider** – We will pay this benefit if an Insured Person undergoes a surgical procedure listed in the Surgical Schedule.

If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay an amount equal to 25% of the Surgical Benefit.

## **SURGICAL SCHEDULE**

### **INTEGUMENTARY SYSTEM REPAIR**

- Incision and drainage of cyst
- Acne surgery
- Skin biopsy
- Excision of benign tumor
- Excision of malignant tumor (trunk, arms or legs)
- Excision of malignant tumor (face, scalp, ears, neck, hands, genitalia or feet)
- Excision of malignant tumor (eyelids, nose, lips or mucous membrane)
- Excision of nail
- Repair of simple wounds
- Repair of complex wounds (linear repair)
- Repair of skin grafts (single stage)
- Repair of skin grafts (multiple stage)
- Electro-surgical destruction or chemocautery – destroy one benign/premalignant lesion
- Electro-surgical destruction or chemocautery – destroy 2-14 lesions
- Electro-surgical destruction or chemocautery – destroy 15 or more lesions
- Laser destruction of cutaneous vascular lesions over 50 sq. cm
- Laser destruction of flat warts, up to 14 lesions
- Chemosurgery – malignancies of skin

### **BREAST**

- Biopsy, needle core
- Excision of cyst or benign tumor
- Excision of chest wall tumor, including ribs
- Mastectomy, simple
- Mastectomy, radical
- Mammoplasty, reconstructive
- Excision of seroma

### **MUSCULOSKELETAL SYSTEM**

#### **Bone or Cartilage Graft**

- Arthrodesis, lumbar
- Spinal fusion for scoliosis
- Spinal fusion with removal of intervertebral disc

- Skull
- Nose
- Jaw
- Vertebrae, one or more
- Collar bone
- Shoulder blade (scapula)
- Closed treatment of humeral shaft fracture
- Open treatment of humeral shaft fracture
- Closed treatment of supracondylar or transcondylar humeral fracture
- Open treatment of supracondylar or transcondylar humeral fracture
- Closed treatment of distal radial fracture
- Closed treatment of distal radial fracture with manipulation
- Closed treatment of carpal scaphoid fracture

## Fractures

- Open treatment of carpal scaphoid
- Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb
- Closed treatment of fracture great toe, phalanx or phalanges
- Closed treatment of femoral shaft fracture
- Open treatment of femoral shaft fracture
- Closed treatment of tibial shaft fracture
- Open treatment of proximal fibula or shaft fracture
- Closed treatment of trimalleolar ankle fracture
- Closed treatment of calcaneal fracture with manipulation

## Shoulder or Elbow Joints

- Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage or removal of foreign body
- Arthrotomy, elbow, including exploration, drainage or removal of foreign body

- Arthroplasty, glenohumeral joint; hemiarthroplasty
- Arthroplasty, elbow, with membrane
- Arthroscopy, shoulder, surgical, decompression of subacromial space with partial acromioplasty

## Wrist Joints

- Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

- Arthroplasty with prosthetic replacement; distal radius

## Hip Joints

- Arthrotomy, hip, with drainage

- Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty)

## Knee Joints

- Arthrotomy, knee with exploration, drainage or removal of foreign body
- Arthroplasty, knee, medial and lateral compartments with or without patella resurfacing

- Arthroscopy debridement/shaving of articular cartilage
- Arthroscopy with meniscectomy (medial and lateral)
- Arthroscopically aided anterior cruciate ligament repair

## Ankle Joints

- Arthrotomy, ankle, including exploration, drainage or removal of foreign body
- Arthroplasty, ankle

- Hammertoe, correction
- Fasciotomy

## Dislocations

- Jaw
- Collar bone (requiring reduction)
- Shoulder
- Elbow
- Wrist
- Fingers

- Toes
- Hip (closed)
- Hip (open)
- Knee
- Ankle

## **Tendons**

- Repair of ruptured rotator cuff, open
- Reconstruction of complete shoulder (rotator) cuff avulsion, chronic
- Repair, tendon or muscle, flexor, forearm and/or wrist
- Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath, primary or secondary without free graft
- Suture of infrapatellar tendon
- Repair, primary, open or percutaneous, ruptured achilles tendon
- Lengthening of tendon, extensor, hand or finger
- Lengthening of hamstring

## **Amputations**

- Arm at shoulder joint
- Arm below shoulder joint
- Finger
- Leg at hip
- Leg at knee joint
- Toe

## **RESPIRATORY SYSTEM**

### **Nose**

- Excision of nasal polyps
- Submucucous resection, classic nasal sept

### **Sinuses**

- Frontal sinusotomy, simple
- Frontal sinusotomy, radical
- Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement
- Nasal/sinus endoscopy, surgical with ethmoidectomy, total
- Nasal/sinus endoscopy, surgical with maxillary antrostomy
- Nasal/sinus endoscopy, surgical with frontal sinus exploration

### **Larynx**

- Laryngectomy
- Laryngoscopy

### **Trachea and Bronchi**

- Tracheotomy
- Bronchoscopy
- Closure of tracheotomy

### **Lungs**

- Thoracostomy
- Thoracotomy
- Pneumonocentesis
- Thoracentesis
- Pneumonectomy, total
- Pneumonectomy, partial
- Wedge resection of lung, single or multiple

## **CARDIOVASCULAR SYSTEM**

### **Heart**

- Heart transplant
- Catheterization of heart
- Suture of heart wound or injury
- Valvotomy, aortic and pulmonic valve
- Valvotomy, mitral valve
- Valvuloplasty or replacement, aortic and mitral valve
- Valvuloplasty, radical reconstruction
- Replacement, mitral valve, with cardiopulmonary bypass
- Coronary artery bypass, using arterial graft
- Coronary artery bypass, using two arterial grafts
- Coronary artery bypass, using three coronary arterial grafts
- Repair of myocardial aneurysm
- Repair of septal defect
- Angioplasty, percutaneous
- Pervenous or transvenous insertion of pacemaker

### Arteries

- Arteriotomy, extremity
- Thromboendarterectomy
- Carotid endarterectomy
- Excision and graft, abdominal aortic aneurysm
- Injection-varicose veins
- Transcatheter placement of stents

### CENTRAL VENOUS ACCESS PROCEDURES

- Insertion of tunneled centrally inserted central venous access device
- Insertion of peripherally inserted central venous catheter

### HEMIC AND LYMPHATIC SYSTEMS

- Splenectomy
- Biopsy of lymph node
- Radical lymphadenectomy

### DIGESTIVE SYSTEM

- Gastrotomy
- Gastrectomy, total
- Gastrectomy, partial
- Gastroscopy
- Gastrostomy
- Gastrorrhaphy
- Enterotomy
- Enterectomy
- Colostomy
- Enterostomy
- Enterolysis
- Diverticulectomy
- Appendectomy
- Laparoscopy, surgical, appendectomy
- Proctectomy
- Proctosigmoidoscopy
- Sigmoidoscopy
- Proctoplasty
- Fistulotomy
- Sphincterotomy
- Fissurectomy or hemorrhoidectomy
- Removal of external hemorrhoids
- Removal of internal hemorrhoids
- Aspiration biopsy of liver, pancreas or bile duct
- Laparoscopic cholecystectomy
- Cholecystectomy with cholangiography
- Excision, cholecystectomy
- Liver transplant
- Pancreatectomy partial
- Pancreatectomy, total
- Laparotomy
- Herniotomy, ventral
- Herniotomy, umbilical
- Herniotomy, inguinal
- Herniotomy, hiatal
- Gastric bypass (Roux-en-y)
- Fundal plication
- Repair of rectocele
- Colonoscopy

### URINARY SYSTEM

- Nephrolithotomy
- Renal biopsy
- Nephrectomy
- Lithotripsy
- Kidney transplant
- Cystotomy
- Cystectomy, partial
- Cystectomy, complete
- Cystourethroscopy or cystoscopy
- Cystoplasty
- Dilatation of urethra

### GENITAL SYSTEM

#### Male

- Circumcision
- Orchiectomy
- Reduction of torsion of testis
- Excision of epididymis
- Excision of hydrocele, unilateral
- Excision of varicocele or ligation of spermatic veins for varicocele
- Biopsy, prostate
- Prostatectomy, partial
- Prostatectomy, radical
- Transurethral resection of prostate

## Female

- Total abdominal or vaginal hysterectomy with or without removal of tubes or ovaries
- Hysterectomy, radical for cancer including lymph nodes
- Salpingo-oophorectomy
- Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
- Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
- Combined anteroposterior colporrhaphy
- Biopsy or removal of cervical lesion or polyp
- Dilation and curettage
- Myomectomy, excision of fibroid tumor, 1 to 4 intramural myomas
- Repair of uterine suspension
- Cesarean delivery
- Vaginal delivery
- Amniocentesis
- Colposcopy, cervix
- Conization, cervix

## ENDOCRINE SYSTEM

- Incision and drainage of thyroid gland
- Local excision of thyroid cyst or adenoma
- Thyroidectomy or parathyroidectomy
- Adrenalectomy
- Tonsillectomy
- Tonsillectomy, with adenoidectomy

## NERVOUS SYSTEM

- Burr holes
- Cranioplasty
- Craniotomy or craniectomy
- Craniotomy for craniosynostosis, frontal or parietal bone flap
- Craniectomy or craniotomy, drainage of intracranial abscess
- Laminotomy, one interspace, lumbar
- Laminotomy, lumbar
- Laminectomy, facetectomy and foraminotomy, lumbar
- Spinal puncture
- Median nerve decompression carpal tunnel
- Cerebrospinal fluid shunt

## EYE

- Removal of eye
- Excision of pterygium
- Sclerotomy, anterior
- Sclerotomy, posterior
- Iridectomy
- Extraction of lens including cataract extraction
- Reattachment of retina
- Muscle operation, one or more muscles
- Excision of lacrimal gland
- Excision of lacrimal sac
- Vitrectomy

## EAR

- Drainage of abscess
- Otoscopy
- Myringotomy
- Tympanotomy (diagnostic)
- Tympanotomy with insertion of collar button tube
- Mastoidectomy, single
- Tympanoplasty
- Labyrinthotomy
- Labyrinthectomy

**Wellness Benefit Rider** – We will pay this benefit for each Insured Category when a charge is incurred for one and only one of the following:

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

