

SERFF Tracking Number: SEFL-126751259 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 46819
 Company Tracking Number: IND CI
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: IND CI
 Project Name/Number: IND CI/IND CI

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: IND CI

SERFF Tr Num: SEFL-126751259 State: Arkansas

TOI: H07I Individual Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed State Tr Num: 46819

Sub-TOI: H07I.001 Critical Illness

Co Tr Num: IND CI

State Status: Approved-Closed

Filing Type: Form/Rate

Author: Kristi Hendrickson

Reviewer(s): Rosalind Minor

Date Submitted: 09/16/2010

Disposition Date: 09/30/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: IND CI

Status of Filing in Domicile: Authorized

Project Number: IND CI

Date Approved in Domicile: 09/09/2010

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: 09/30/2010

Explanation for Other Group Market Type:

State Status Changed: 09/30/2010

Deemer Date:

Created By: Kristi Hendrickson

Submitted By: Kristi Hendrickson

Corresponding Filing Tracking Number:

Filing Description:

FILING DESCRIPTION

Assurity Life Insurance Company submits the forms mentioned below for review and approval.

Form Number Form Title

I H0810 (AR) Critical Illness Insurance Policy

OC-I H0810 (AR) Outline of Coverage

R I0811 (AR) Spouse Critical Illness Benefit Rider

SERFF Tracking Number: SEFL-126751259 State: Arkansas
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R I0812 (AR) Dependent Child Critical Illness Benefit Rider
47-340-02241 Application for Simplified Critical Illness Insurance
I H0820 (AR) Critical Illness Insurance Policy
OC-I H0820 (AR) Outline of Coverage
R I0821 (AR) Spouse Critical Illness Benefit Rider
R I0822 (AR) Dependent Child Critical Illness Benefit Rider
47-359-05051 (R07-10) Critical Illness Product Section of Application
47-354-05051 (R09-10) Physician Information And Agreement
REPLACEMENT

The new forms will replace previously approved forms as indicated below. The main change is that the new forms have the language from the CI 005 Amend (AR)/CI 007 Amend (AR) built into the language.

New Form Replaced Form Approval Date

I H0810 (AR) CI 005 (AR) and CI 005 Amend (AR) 10/22/04 and 08/27/07
OC-I H0810 (AR) OC-CI 005 (AR) 10/22/04
R I0811 (AR) CIR 010 (AR) 10/22/04
R I0812 (AR) CIR 014 (AR) 10/22/04
47-340-02241 APP-04-CI (AR) (Rev. 01/05) 01/27/05
I H0820 (AR) CI 007 (AR) and CI 007 Amend (AR) 11/16/04 and 08/27/07
OC-I H0820 (AR) OC-CI 007 (AR) 11/16/04
R I0821 (AR) CIR 012 (AR) 11/16/04
R I0822 (AR) CIR 020 (AR) 11/16/04
47-359-05051 (R07-10) 47-359-05051 12/06/06
47-354-05051 (R09-10) 47-354-05051 (R05-10) 08/03/10

Although form no. CIR 018 (AR), Return of Premium Rider, has not changed since its approval on October 22, 2004; a revised actuarial memorandum is included, building in the category benefit language.

FORMS

I H0810 (AR) and I H0820 (AR)

Forms I H0810 (AR) and I H0820 (AR) are critical illness policies that provide a lump sum payment if the insured is diagnosed with one of the specified critical illnesses named in the policy. A limited benefit is paid for cancer in situ, coronary bypass and angioplasty. Form I H0810 (AR) is guaranteed renewable to age 75. Form I H0820 (AR) is guaranteed renewable for the lifetime of the insured and has a reduced benefit after age 65.

R I0811 (AR) and R I0821 (AR)

Forms R I0811 (AR) and R I0821 (AR) are critical illness riders that provide a lump sum payment if the spouse of the policy's insured is diagnosed with one of the specified critical illnesses named in the rider. A limited benefit is paid for

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cancer in situ, coronary bypass and angioplasty. Form R I0811 (AR) will be available with policy form I H0810 (AR) while form R I0821 (AR) will be available with I H0820 (AR).

R I0812 (AR) and R I0822 (AR)

Forms R I0812 (AR) and R I0822 (AR) are critical illness riders that provide a lump sum payment if a child of the policy's insured is diagnosed with one of the specified critical illnesses named in the rider. A limited benefit is paid for cancer in situ, coronary bypass and angioplasty. Form R I0812 (AR) will be available with policy form I H0810 (AR) while form no. R I0822 (AR) will be available with I H0820 (AR).

OC-I H0810 (AR) and OC-I H0820 (AR)

Forms OC-I H0810 (AR) and OC-I H0820 (AR) are the outlines of coverage that will print with policy forms I H0810 (AR) and I H0820 (AR), respectively.

47-340-02241

This application will be used to apply for coverage under policy form I H0810.

47-359-05051 (R07-10)

This product page will be used with other previously approved application forms to apply for coverage under policy form I H0820 (AR). A copy of the full application is attached for your reference.

47-354-05051 (R09-10)

This page is the Physician Information And Agreement section of the application. We revised the form by adding the statement required to be on all specified disease applications.

DISTRIBUTION/MARKETING

Assurity's appointed and licensed agents and brokers will distribute the products.

ADDITIONAL FORMS AVAILABLE WITH POLICIES

Please note that rider A-R 130 (AR), Accidental Death Benefit, will also be available for issue with policy I H0810 (AR) and I H0820 (AR). Your Department approved A-R 130 (AR) on June 13, 2000.

Rider CIR 016, Disability Waiver of Premium Rider, will also be available with policy I H0810 (AR) and I H0820 (AR). CIR 016 was approved on October 22, 2004.

Rider CIR 018, Return of Premium Rider, will be available with policy I H0810. This rider was also approved on October 22, 2004. As a reminder, a new actuarial memorandum for CIR 018 is included for approval.

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 Limited Benefit
 Product Name: IND CI
 Project Name/Number: IND CI /IND CI

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	Group Name:	State ID Number:
Lincoln, NE 68501-2533	FEIN Number: 38-1843471	
(800) 276-7619 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$750.00
 Retaliatory? No
 Fee Explanation: \$50 per form and \$50 per rate
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$750.00	09/16/2010	39569453

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/30/2010	09/30/2010

SERFF Tracking Number: SEFL-126751259 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Critical Illness Insurance Policy	Approved-Closed	Yes
Form	Critical Illness Insurance Policy Outline of Coverage	Approved-Closed	Yes
Form	Spouse Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Dependent Child Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Application for Simplified Critical Illness Insurance	Approved-Closed	Yes
Form	Critical Illness Insurance Policy	Approved-Closed	Yes
Form	Critical Illness Insurance Outline of Coverage	Approved-Closed	Yes
Form	Spouse Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Dependent Child Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Critical Illness Product Section of the Application	Approved-Closed	Yes
Form	Physician Information And Agreement	Approved-Closed	Yes
Rate	Rates SCI Policy and Spouse	Approved-Closed	Yes
Rate	Rates SCI Dependent Child Rider	Approved-Closed	Yes
Rate	Rates FCI Policy and Spouse	Approved-Closed	Yes
Rate	Rates FCI Dependent Child Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: I H0810 (AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/30/2010	I H0810 (AR)	Policy/Contract/Certificate	Critical Illness Insurance Policy	Initial		51.200	AR_I_H0810_Policy.pdf
Approved-Closed 09/30/2010	OC-I H0810 (AR)	Outline of Coverage	Critical Illness Insurance Policy Outline of Coverage	Initial		51.200	AR_OC-I_H0810_Outline.pdf
Approved-Closed 09/30/2010	R I0811 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	Spouse Critical Illness Benefit Rider	Initial		55.200	AR_R_I0811_Spouse.pdf
Approved-Closed 09/30/2010	R I0812 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	Dependent Child Critical Illness Benefit Rider	Initial		54.900	AR_R_I0812_Child.pdf
Approved-Closed 09/30/2010	47-340-02241	Application/Enrollment Form	Application for Simplified Critical Illness Insurance	Initial		50.800	47-340-05051.pdf
Approved-Closed	I H0820 (AR)	Policy/Contract	Critical Illness Insurance Policy	Initial		52.900	AR_I_H0820_Policy.pdf

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Company Tracking Number:	IND CI		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	IND CI		
Project Name/Number:	IND CI/IND CI		
09/30/2010	al		
Approved- OC-I	Outline of Critical Illness	Initial	52.600
Closed H0820 (AR)	Coverage Insurance Outline of Coverage		
09/30/2010			
Approved- R I0821	Policy/Cont Spouse Critical	Initial	54.500
Closed (AR)	ract/Fratern Illness Benefit Rider		
09/30/2010	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- R I0822	Policy/Cont Dependent Child	Initial	54.600
Closed (AR)	ract/Fratern Critical Illness Benefit		
09/30/2010	al Rider		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- 47-359-	Application/Critical Illness	Initial	52.900
Closed 05051	Enrollment Product Section of		
09/30/2010 (R07-10)	Form the Application		
Approved- 47-354-	Application/Physician Information Revised	Replaced Form #:	50.300
Closed 05051(R09-	Enrollment And Agreement	47-354-05051(R05-	
09/30/2010 10)	Form	10)	
		Previous Filing #:	
		46330	

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DEFINITIONS

Accidental Injury means bodily harm that is caused solely by or is the result of an unforeseen event or occurrence.

Accidental Loss of Speech means the Diagnosis of the total, permanent and irreversible loss of the Insured Person's ability to speak as a result of Accidental Injury. The Diagnosis must be by a Physician board certified as medically appropriate for this condition.

Activities of Daily Living (ADLs) means certain basic daily tasks necessary to maintain the Insured Person's health and safety. In this policy, ADLs refer to the activities described below:

- **Bathing** means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence** means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table), by a feeding tube or intravenously.
- **Toileting** means getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.
- **Transfer and Mobility** means the ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.

Advanced Alzheimer's Disease means the Insured Person exhibits loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). It must result in significant reduction in mental and social functioning such that the Insured Person requires Substantial Assistance in performing at least three of the six Activities of Daily Living (as defined in this policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Specified Critical Illness. Advanced Alzheimer's Disease must be Diagnosed by a Physician board certified in Neurology.

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

Beneficiary means the person(s) You named in the application, or by later designation, to receive the Benefit Amount, if any.

Benefit Amount means the amount We will pay for a Specified Critical Illness.

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:

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

Carcinoma in Situ must be Diagnosed pursuant to a Pathological 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 the following conditions are met:

- 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.

Coma means the Diagnosis that the Insured Person is in a state of unconsciousness from which the Insured Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours. The Diagnosis must be by a Physician board certified in Neurology. Coma as a result of Stroke is excluded. (Stroke is covered under a separate benefit.)

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

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

Diagnosis and **Diagnosed** mean the definitive establishment of the Specified Critical Illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this policy.

First Ever Diagnosis or Procedure means the Diagnosis or procedure is the first time ever in the Insured Person's lifetime they have undergone that specific covered procedure or been Diagnosed with that specific Specified Critical Illness.

Heart Attack means an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to supply blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Physician board-certified as a Cardiologist and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

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

Immediate Family means the spouse, father, mother, children or siblings of Yours or an Insured Person.

Insured Person means the person insured for the benefits of this policy.

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 or Clinical Diagnosis.

Issue Date means the date this policy was issued as shown on the Policy Schedule.

Kidney (Renal) Failure means the chronic and irreversible failure of both of the Insured Person's kidneys which requires the Insured Person to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Physician board certified in Nephrology.

Major Organ Transplant means the clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this policy, the Insured Person must be registered by the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

Paralysis means the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Stroke is covered under a separate benefit.)

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.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of Yours or an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Severe Burns means the Diagnosis that the Insured Person has sustained third degree burns covering at least 20% of the surface area of the body. The Diagnosis must be by a Physician board certified as a General Surgeon or Plastic Surgeon.

Sickness means an illness, disease or physical condition.

Specified Critical Illness means those conditions specified within this policy for which benefits may be payable.

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.

Substantial Assistance means that physical assistance from another person is required to enable the Insured Person to perform one or more of the Activities of Daily Living (ADLs) as defined in the Definitions section of this policy.

We, Us, and Our mean Assurity Life Insurance Company.

You and Your mean the owner listed on the Policy Schedule or as changed by later designation.

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, this policy will lapse if a renewal premium is not paid by the 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 grace period that follows the due date. This policy stays in force during this time. The 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, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within one year of the lapse in writing to Our administrative office. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after You apply for reinstatement.

The reinstated policy shall cover losses resulting from such Accidental Injury as may be sustained after the Reinstatement Date. The reinstated policy shall also cover Specified Critical Illness due to a Sickness as may begin more than 10 days after the Reinstatement Date.

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

BENEFITS

We will pay You a benefit if the Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule, page 3. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 3	Advanced Alzheimer’s Disease	100%	100%
	Coma – not as a result of Stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of this policy.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

LIMITATIONS

If, within 30 days following this policy's Issue Date, or last Reinstatement Date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this policy's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

EXCLUSIONS

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

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

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 date We receive Your written request at Our administrative office to terminate coverage unless Your request specifies a later date;
- upon the death of the Insured Person;
- the policy anniversary following the Insured Person's 75th birthday; or
- when 100% of the Benefit Amount has been paid for each category.

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 and the name of the Insured Person, if different.

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 as provided under proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after such loss. If it is not 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 immediately after proper written proof of loss is received.

Payment of Claims. At the time of claim payment, any premium then due and unpaid may be deducted by Us from the claim payment. Benefits will be paid to You, if living, otherwise to Your Beneficiary. If a Beneficiary is not named, any benefits will be payable to 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

Application Statements. No statement will void this policy or any attached riders, or be used to defend a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

Statements You make in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake. Therefore, in the absence of fraud, We regard the statements made in Your application as representations, not as warranties.

Assignment. You can transfer, or assign, some or all of Your policy rights, while the policy's Insured Person is alive, to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy.

When We furnish you written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

Change of Beneficiary. The Beneficiary is named in the application or later endorsement and may be changed while the Insured Person is alive. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

Change of Ownership. This policy belongs to You and all policy rights may be exercised by You. Policy ownership may be changed while the Insured Person is alive. You may change Ownership by completing and signing a form approved by Us for changing ownership and returning the form to Our administrative office for Our written acknowledgement.

Naming a new owner voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of ownership the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the ownership change.

Conformity with State Statutes. The law of the Insured Person's state of residence on the Issue Date applies. If this policy conflicts with the 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.

Entire Contract; Changes. The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed on and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this 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 and/or Gender. If the age and/or gender of the Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age and/or gender. If, according to the Insured Person's correct age, the coverage provided by this policy would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

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

Physical Examination and Autopsy. We have the right to have the Insured Person examined when and as often as is reasonable while a claim is pending 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.

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

Time Limit on Certain Defenses. After three years from the Issue Date of this policy, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss that happens after the three-year period.

After three years from Your last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date of this policy, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

CRITICAL ILLNESS POLICY

**Guaranteed Renewable to Age 75
Company may change premium rates**

READ YOUR POLICY CAREFULLY

ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 Lincoln, Nebraska 68501-2533
(800) 869-0355

CRITICAL ILLNESS POLICY
OUTLINE OF COVERAGE
This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

- 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.** Critical Illness coverage is designed to provide You with a lump sum payment if an Insured Person is Diagnosed with one of the Specified Critical Illnesses named in the policy. A limited benefit is paid for Carcinoma in Situ, Coronary Bypass Surgery and Angioplasty. No benefits are payable for basic hospital, medical-surgical, or major medical expenses. Coverage may be provided for multiple benefits as described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.

C. BENEFITS

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 3	Advanced Alzheimer's Disease	100%	100%
	Coma – not as a result of Stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of the policy.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

D. LIMITATIONS

If, within 30 days following the policy Issue Date, or last reinstatement date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following the rider Issue Date or last reinstatement date, coverage for Category 1 will end.

E. EXCLUSIONS

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

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

F. RENEWABILITY

This policy is guaranteed renewable to age 75. That means until the policy anniversary after the Insured Person's 75th birthday, as long as You pay premiums when due and 100% of the benefit amount has not been paid, 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 the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Spouse Critical Illness Benefit Rider – This rider provides coverage for the Spouse (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Dependent Child Critical Illness Benefit Rider – This rider provides coverage for the Dependent Children (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Disability Waiver of Premium Rider – This rider waives the premiums of the policy to which it is attached and any applicable rider premiums if the policy's Insured Person is Totally Disabled (as defined in this rider).

Return of Premium Rider – This rider pays a return of premium benefit equal to the amount as calculated in the Premium Benefit Calculation provision of this rider.

Accidental Death Benefit Rider – This rider pays a benefit upon Insured Person's Accidental Death.



SPOUSE 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 approved application and the Initial Premium. Premium for this rider is included in the Initial Premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person	[Jane B Doe]
Issue Age	[]
Class	
Issue Date	[January 1, 2008]
Benefit Amount	[\$]
Expiration Date	[]

DEFINITIONS

Insured Person means the Spouse named in the Rider Schedule.

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

RIDER BENEFIT

We will pay You a benefit if the Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

- 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.

The amount payable for each Specified Critical Illness within a category 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 illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 3	Advanced Alzheimer's Disease	100%	100%
	Coma – not as a result of Stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Rider Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 Your policy. Payment of critical illness benefits is subject to all terms and conditions of this rider.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this rider is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this rider, less any benefits paid under this rider. We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this rider is equal to or greater than the sum of the premiums paid for this rider, there will be no return of premiums.

LIMITATION

If, within 30 days following this rider's Issue Date, or last Reinstatement Date of this rider, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this rider's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

CONVERSION

The Spouse can convert this rider to his/her own critical illness insurance policy if:

- 100% of the Benefit Amount for all categories is paid under Your policy to which this rider is attached;
- the Insured Person listed on Your policy dies; or
- the Insured Person listed on Your policy and Spouse become legally divorced.

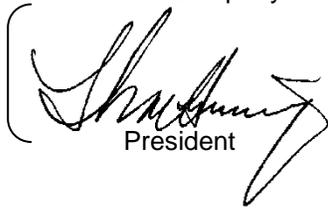
The Spouse must request conversion in writing within 31 days of one of the events above. Completion of a written application and payment of the necessary premium will be required. Evidence of insurability will not be required. The conversion policy will provide the Spouse the same coverage and Benefit Amount provided under this rider at the time of conversion. Any waiting period for the Time Limit on Certain Defenses will be waived to the extent the same period has been met under this rider. If any Specified Critical Illness benefits have been paid under this rider, such condition(s) will be excluded from coverage under the conversion policy. If such payment(s) represent the Maximum Percentage of Benefit Amount for a category, all conditions in the category will be excluded. The premium for the conversion policy will be based upon the age and gender of the Spouse when this rider was issued. In the event the policy to which this rider is attached is no longer offered, We will issue an available policy which is most comparable.

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 date We receive Your written request at Our administrative office to terminate this rider unless Your request specifies a later date;
- the Expiration Date listed in the Rider Schedule;
- upon the death of the Insured Person; or
- when 100% of the Benefit Amount has been paid for each category.

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


President


Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



DEPENDENT CHILD 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 approved application and the Initial Premium. Premium for this rider is included in the Initial Premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person(s)	[Jackie B Doe] [Jerome C Doe]
Issue Date	[January 1, 2008]
Benefit Amount per Insured Person	[\$]
Expiration Date	[]

DEFINITIONS

Age 18, Age 21 and Age 25 means the first policy anniversary following a Dependent Child's 18th, 21st and 25th birthdays, respectively.

Insured Person means the Dependent Child(ren) named in the Rider Schedule.

Dependent Child(ren) means any natural child, step-child, legally adopted child or child placed in the Insured Person's custody for adoption who is: (a) unmarried; (b) living with the policy's Insured Person in a regular parent child relationship; (c) qualified as dependents of the policy's Insured Person or their spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than Age 25.

RIDER BENEFIT

We will pay a benefit if an Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

- 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.

The amount payable for each Specified Critical Illness within a category for each Insured Person 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 illness or procedure in the chart below.

The maximum total percentage of the Benefit Amount payable per category of Specified Critical Illnesses per Insured Person is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 3	Advanced Alzheimer's Disease	100%	100%
	Coma – not as a result of Stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above for an Insured Person is paid and the same Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

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. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime per Insured Person.

If benefits have been paid for a Specified Critical Illness within one category for an Insured Person, no benefits will be payable for a subsequent Specified Critical Illness within a different category for that 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 Your policy. Payment of critical illness benefits is subject to all terms and conditions of this rider.

LIMITATION

If, within 30 days following this rider's Issue Date, or last Reinstatement Date of this rider, an Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount for that Insured Person. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this rider's Issue Date or last Reinstatement Date, coverage for Category 1 will end for that Insured Person.

DEPENDENT CHILD ELIGIBILITY

Eligibility. An eligible dependent is:

- any unmarried Dependent Child (including any naturally born child, legally adopted child or stepchild) of the policy's Insured Person or their spouse under Age 18; and
- any unmarried child placed with the policy's Insured Person for the purpose of legal adoption.

A dependent who is eligible but not insured on this rider's Issue Date may be covered if a written application is submitted to and accepted by Us for coverage.

Newborn Children. Any child of the policy's Insured Person born or adopted while this rider is in force will be automatically insured at 15 days of age or on the date of the filing of the petition for adoption, if later.

When Dependent Child Insurance Ends. Coverage for a Dependent Child will end on the earlier of the date he or she:

- reaches Age 21 (Age 25 if a full-time student);
- is married; or
- meets any of the requirements of the Termination provision.

If We accept premium for this rider after the last Dependent Child:

- reaches Age 21 (Age 25 if a full-time student);
- is married and We receive notice of marriage; or
- is no longer a full-time student and We receive notice he or she is no longer a full-time student,

coverage for such child will continue until the end of the period for which premium has been accepted. If We accept premium without notice of marriage or notice that the last Dependent Child is no longer a full-time student, it will be refunded.

If, on the date a Dependent Child's insurance would end because of reaching Age 21 (Age 25 if a full-time student), and such Dependent Child:

- is not capable of self-sustaining employment because of mental retardation or physical handicap; and
- is chiefly dependent on the policy's Insured Person for support and maintenance,

We will continue coverage for such child. Coverage will continue as long as this rider remains in force and the incapacity continues. The adult premium for the age and gender of the Dependent Child on the date above must be paid. Prior to the date coverage for a Dependent Child is to end We may ask whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to Us within 60 days of Our inquiry, We may terminate the child's coverage under this rider.

TERMINATION

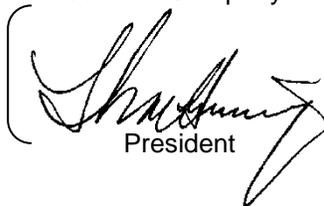
Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- 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;
- when We receive Your written request at Our administrative office to terminate coverage unless Your request specifies a later date;
- the Expiration Date listed in the Rider Schedule; or
- when 100% of the Benefit Amount has been paid for each category for each Insured Person.

If none of the above reasons for termination apply, each Insured Person's coverage under this rider will terminate on the earliest of:

- the date 100% of the Benefit Amount is paid for each category for that Insured Person;
- the first policy anniversary following the date that Insured Person reaches Age 21 (Age 25 if a full-time student) or is married;
- the date benefits for such Insured Person are paid in accordance with the Limitations Provision; or
- the date of that Insured Person's death.

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


President


Secretary

Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355



1. PROPOSED INSURED

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	Age	
Home Address <i>Street Address</i>		<i>City</i>	<i>State</i>	<i>ZIP+4</i>
Personal Phone No. ()	Birth State/Country	Height ft. in.	Weight	lbs.
Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, please list type: amount per day: last date of use <i>(MM/DD/YYYY)</i> / /				
Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident <i>(green card)</i> status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the Proposed Insured has permanent resident status, please list permanent resident <i>(green card)</i> number.				
Is the Proposed Insured currently working at least 30 hours per week in primary occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Length of employment <i>Years Months</i> /
Primary Employer	Employer's Address <i>Street Address City State ZIP+4</i>			
Full-time Employment <i>Occupation Duties</i>	Part-time Employment <i>Occupation Duties</i>			
Gross monthly income \$	If self-employed, net monthly income \$			

2. BENEFICIARIES (If additional space is needed, attach a separate sheet of paper)

Primary Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
Contingent Beneficiary Name <i>(First, Middle, Last)</i>	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

3. PREMIUM PAYMENT

Please indicate preference for payment type and billing frequency below:

Type		Frequency	
<input type="checkbox"/> Direct Billing	<input type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
<input type="checkbox"/> List Billing <i>(employer)</i>	<input type="checkbox"/> Automatic Bank Withdrawal	<input type="checkbox"/> Monthly <i>(not available with Direct Billing)</i>	



4. GENERAL SECTION

1. If under age 65, is any Proposed Insured receiving Medicare or Medicaid? Yes No

If YES, name of person(s): _____

2. During the past **5 years**, has any Proposed Insured had a critical illness insurance application postponed, rated up or declined; had a condition excluded; or had insurance renewal or reinstatement refused? Yes No

If YES, please explain: _____

3. During the next **12 months**, does any Proposed Insured contemplate residence or travel outside of the United States? Yes No

If YES, please explain: _____

4. Is any Proposed Insured currently negotiating for other insurance coverage?..... Yes No

If YES, please explain: _____

5. a. Is other critical illness insurance coverage in force for any Proposed Insured?..... Yes No

If YES, please provide details below.

b. If this insurance is issued, will it replace, modify or borrow against existing or pending accident or sickness coverage? Yes No

If YES, please complete and return the appropriate State Replacement Form.

Insured's Name	Company Name	Policy No	Type of Coverage	Benefit Amount

5. HEALTH SECTION

1. During the past **5 years**, has any Proposed Insured received medical treatment from a member of the medical profession for, or experienced symptoms of, any of the following? If YES, indicate all that apply. Yes No

- Disorder of the heart or circulatory system
- Unexplained fatigue
- Unexplained weight loss
- Unexplained dizziness
- Abnormal Pap smear
- Fibrocystic breast disease, recurrent breast tumors, or unexplained tumors/growths

2. Has any Proposed Insured **ever** consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of, any of the following? If YES, indicate all that apply. Yes No

- Stroke or TIA (*transient ischemic attack*)
- Systolic blood pressure 150 or greater (*within the past 6 months*)
- Heart attack
- Diastolic blood pressure 95 or greater (*within the past 6 months*)
- Alcoholism
- Ulcerative colitis or Crohn's disease
- Drug abuse
- Mental or nervous disorder
- Cancer (*other than skin cancer*)
- Disease or disorder of the nervous system
- Melanoma
- Alzheimer's disease or senile dementia
- Skin cancer (*2 or more occurrences*)
- Chronic lung disease (*COPD*) or emphysema
- Diabetes
- Recurrent human papillomavirus (*HPV*) or sexually transmitted disease (*within the past 5 years*)
- Hepatitis B or C
- Acquired immune deficiency syndrome (*AIDS*), AIDS-related complex (*ARC*), human immunodeficiency virus infection (*HIV, symptomatic or asymptomatic*) or any AIDS-related condition
- Cirrhosis
- Abnormal kidney functions

3. During the past **2 years**, has any Proposed Insured been advised by a member of the medical profession:

a. Of any abnormal diagnostic test results or been advised to have any diagnostic tests (*including self-administered*) which has not been completed, or for which the results have not been received?..... Yes No

b. To undergo any treatment, surgery, hospitalization or consultation with a medical professional which has not been completed? ... Yes No

c. To refer to a specialist and have not yet done so? Yes No

If YES, what specialty: _____

4. During the past **5 years**, has any Proposed Insured needed assistance or personal supervision to perform any activities of daily living (*toileting, transferring, continence, eating, bathing, dressing, grooming, walking or managing medications*)? Yes No



5. HEALTH SECTION (continued)

5. Have **2 or more** of any Proposed Insured's natural parents, brothers or sisters, either living or deceased, been diagnosed with the same conditions from the following list?

- a. Heart disease, stroke, diabetes, kidney disease or breast cancer prior to age 60? Yes No
- b. Colorectal cancer or Alzheimer's disease or senile dementia prior to age 75? Yes No
- c. Any other same type of cancer in both relatives prior to age 55? Yes No

If YES, please list conditions and relationship to the Proposed Insured(s): _____

6. POLICY INFORMATION

Benefit Amount \$ _____

ADDITIONAL BENEFITS (If available)

Check benefit(s) desired and indicate amount requested.

Accidental Death Benefit Rider \$ _____

Return of Premium Rider

Spouse Critical Illness Benefit Rider \$ _____
(complete information below)

Disability Waiver of Premium Rider

Dependent Child Critical Illness Benefit Rider \$5,000 \$10,000
(complete information below)

SPOUSE AND CHILD RIDER INFORMATION—If additional space is needed, attach a separate sheet of paper.

Information	Spouse	Child Rider No. 1	Child Rider No. 2	Child Rider No. 3
Legal Name (First, Middle, Last)				
Date of Birth (MM/DD/YYYY)	/ /	/ /	/ /	/ /
Age				
Social Security No.				
Birth State/Country				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Height/Weight	ft. in. / lbs.			
Residing with Proposed Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Has the Proposed Insured's Spouse ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? ... Yes No

If YES, please list type: _____ amount per day: _____ last date of use (MM/DD/YYYY) / /

Is the Proposed Insured's Spouse a United States citizen, or does he/she have permanent resident (green card) status? Yes No

If the Proposed Insured's Spouse has permanent resident status, please list permanent resident (green card) number.



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DEFINITIONS

Accidental Injury means bodily harm that is caused solely by or is the result of an unforeseen event or occurrence.

Accidental Loss of Speech means the Diagnosis of the total, permanent and irreversible loss of the Insured Person's ability to speak as a result of Accidental Injury. The Diagnosis must be by a Physician board certified as medically appropriate for this condition.

Activities of Daily Living (ADLs) means certain basic daily tasks necessary to maintain the Insured Person's health and safety. In this policy, ADLs refer to the activities described below:

- **Bathing** means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence** means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table), by a feeding tube or intravenously.
- **Toileting** means getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.
- **Transfer and Mobility** means the ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.

Advanced Alzheimer's Disease means the Insured Person exhibits loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). It must result in significant reduction in mental and social functioning such that the Insured Person requires Substantial Assistance in performing at least three of the six Activities of Daily Living (as defined in this policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Specified Critical Illness. Advanced Alzheimer's Disease must be Diagnosed by a Physician board certified in Neurology.

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

Aortic Surgery means undergoing surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The surgery must be deemed medically necessary and performed by a Physician board certified as a Cardiologist, Cardiovascular Thoracic Surgeon or Vascular Surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Beneficiary means the person(s) You named in the application, or by later designation, to receive the Benefit Amount, if any.

Benefit Amount means the amount We will pay for a Specified Critical Illness.

Benign Brain Tumor means the Diagnosis of a non-malignant tumor within the substance of the brain or meninges resulting in permanent deficit to the neurological system. The Diagnosis must be by a Physician board certified in Neurology. Permanent deficit is defined as a continuous residual neurological deficit as a result of the tumor, as evidenced by physical examination. Specifically excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.

Blindness means the Diagnosis of the permanent and uncorrectable loss of sight in both eyes. The Diagnosis must be by a Physician board certified in Ophthalmology. Corrected visual acuity must either be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

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:

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

Carcinoma in Situ must be Diagnosed pursuant to a Pathological 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 the following conditions are met:

- 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.

Coma means the Diagnosis that the Insured Person is in a state of unconsciousness from which the Insured Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours. The Diagnosis must be by a Physician board certified in Neurology. Coma as a result of Stroke is excluded. (Stroke is covered under a separate benefit.)

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

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

Deafness means the Diagnosis of the permanent and uncorrectable loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear. The Diagnosis must be by a Physician board certified in Otolaryngology.

Diagnosis and **Diagnosed** mean the definitive establishment of the Specified Critical Illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this policy.

First Ever Diagnosis or Procedure means the Diagnosis or procedure is the first time ever in the Insured Person's lifetime they have undergone that specific covered procedure or been Diagnosed with that specific Specified Critical Illness.

Heart Attack means an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to supply blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Physician board-certified as a Cardiologist and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

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

Heart Valve Replacement/Repair Surgery means undergoing open heart surgery to replace or repair one or more valves. The surgery must be deemed medically necessary and performed by a Physician board certified as a Cardiologist or Cardiovascular Surgeon.

Immediate Family means the spouse, father, mother, children or siblings of Yours or an Insured Person.

Insured Person means the person insured for the benefits of this policy.

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 or Clinical Diagnosis.

Issue Date means the date this policy was issued as shown on the Policy Schedule.

Kidney (Renal) Failure means the chronic and irreversible failure of both of the Insured Person's kidneys which requires the Insured Person to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Physician board certified in Nephrology.

Loss of Limbs means the Diagnosis of a total and irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation. The Diagnosis must be by a Physician board certified as medically appropriate for this condition.

Major Organ Transplant means the clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this policy, the Insured Person must be registered by the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

Motor Neuron Disease means the unequivocal Diagnosis of one of the following motor neuron diseases: amyotrophic lateral sclerosis (A.L.S. or Lou Gehrig's Disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy. The Diagnosis must be by a Physician board certified in Neurology. Coverage is limited to these conditions and all other variations of motor neuron disease are excluded.

Occupational HIV means the infection with the Human Immunodeficiency Virus (HIV) resulting from an Accidental Injury which occurred in the United States after the Issue Date, and which exposed the Insured Person to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured Person's normal occupation.

Payment under this Specified Critical Illness requires satisfaction of all of the following:

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

The following are excluded:

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

Paralysis means the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Physician board certified in Neurology. Limb is defined as a complete arm or leg. Paralysis as a result of Stroke is excluded. (Stroke is covered under a separate benefit.)

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.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of Yours or an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Severe Burns means the Diagnosis that the Insured Person has sustained third degree burns covering at least 20% of the surface area of the body. The Diagnosis must be by a Physician board certified as a General Surgeon or Plastic Surgeon.

Sickness means an illness, disease or physical condition.

Specified Critical Illness means those conditions specified within this policy for which benefits may be payable.

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.

Substantial Assistance means that physical assistance from another person is required to enable the Insured Person to perform one or more of the Activities of Daily Living (ADLs) as defined in the Definitions section of this policy.

We, Us, and Our mean Assurity Life Insurance Company.

You and Your mean the owner listed on the Policy Schedule or as changed by later designation.

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, this policy will lapse if a renewal premium is not paid by the 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 grace period that follows the due date. This policy stays in force during this time. The 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, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within one year of the lapse in writing to Our administrative office. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after You apply for reinstatement.

The reinstated policy shall cover losses resulting from such Accidental Injury as may be sustained after the Reinstatement Date. The reinstated policy shall also cover Specified Critical Illness due to a Sickness as may begin more than 10 days after the Reinstatement Date.

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

BENEFITS

We will pay You a benefit if the Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% up to a maximum of \$25,000	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Aortic Surgery	100%	
	Heart Valve Replacement/Repair Surgery	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% up to a maximum of \$25,000	
	Angioplasty	25% up to a maximum of \$25,000	
Category 3	Advanced Alzheimer's Disease	100%	100%
	Accidental Loss of Speech	100%	
	Benign Brain Tumor	100%	
	Blindness	100%	
	Coma – not as a result of Stroke	100%	
	Deafness	100%	
	Kidney (Renal) Failure	100%	
	Loss of Limbs	100%	
	Major Organ Transplant – other than heart	100%	
	Motor Neuron Disease	100%	
	Occupational HIV Infection	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of this policy.

Reduced Benefit after Age 65. Beginning in the policy year immediately following the Insured Person's 65th birthday or five years from this policy's Issue Date, whichever is later, the Benefit Amount then in force will be automatically reduced by 50%. This will be the Benefit Amount available for the remaining years this policy is in force.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

LIMITATIONS

If, within 30 days following this policy's Issue Date, or last Reinstatement Date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this policy's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

EXCLUSIONS

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

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

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 date We receive Your written request at Our administrative office to terminate coverage unless Your request specifies a later date;
- upon the death of the Insured Person; or
- when 100% of the Benefit Amount has been paid for each category.

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 and the name of the Insured Person, if different.

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 as provided under proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after such loss. If it is not 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 immediately after proper written proof of loss is received.

Payment of Claims. At the time of claim payment, any premium then due and unpaid may be deducted by Us from the claim payment. Benefits will be paid to You, if living, otherwise to Your Beneficiary. If a Beneficiary is not named, any benefits will be payable to 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

Application Statements. No statement will void this policy or any attached riders, or be used to defend a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

Statements You make in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake. Therefore, in the absence of fraud, We regard the statements made in Your application as representations, not as warranties.

Assignment. You can transfer, or assign, some or all of Your policy rights, while the policy's Insured Person is alive, to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy.

When We furnish you written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

Change of Beneficiary. The Beneficiary is named in the application or later endorsement and may be changed while the Insured Person is alive. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

Change of Ownership. This policy belongs to You and all policy rights may be exercised by You. Policy ownership may be changed while the Insured Person is alive. You may change Ownership by completing and signing a form approved by Us for changing ownership and returning the form to Our administrative office for Our written acknowledgement.

Naming a new owner voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of ownership the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the ownership change.

Conformity with State Statutes. The law of the Insured Person's state of residence on the Issue Date applies. If this policy conflicts with the 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.

Entire Contract; Changes. The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed on and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this 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 and/or Gender. If the age and/or gender of the Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age and/or gender. If, according to the Insured Person's correct age, the coverage provided by this policy would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

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

Physical Examination and Autopsy. We have the right to have the Insured Person examined when and as often as is reasonable while a claim is pending 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.

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

Time Limit on Certain Defenses. After three years from the Issue Date of this policy, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss that happens after the three-year period.

After three years from Your last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date of this policy, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of this policy.

CRITICAL ILLNESS POLICY

**Guaranteed Renewable for Life - Reduced Benefit after Age 65
Company may change premium rates**

READ YOUR POLICY CAREFULLY

ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 Lincoln, Nebraska 68501-2533
(800) 869-0355

CRITICAL ILLNESS POLICY
OUTLINE OF COVERAGE
This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

- 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.** Critical Illness coverage is designed to provide You with a lump sum payment if an Insured Person is Diagnosed with one of the Specified Critical Illnesses named in the policy. A limited benefit is paid for Carcinoma in Situ, Coronary Bypass Surgery and Angioplasty. No benefits are payable for basic hospital, medical-surgical, or major medical expenses. Coverage may be provided for multiple benefits as described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.

C. BENEFITS

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% up to a maximum of \$25,000	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Aortic Surgery	100%	
	Heart Valve Replacement/Repair Surgery	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% up to a maximum of \$25,000	
	Angioplasty	25% up to a maximum of \$25,000	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 3	Advanced Alzheimer's Disease	100%	100%
	Accidental Loss of Speech	100%	
	Benign Brain Tumor	100%	
	Blindness	100%	
	Coma – not as a result of Stroke	100%	
	Deafness	100%	
	Kidney (Renal) Failure	100%	
	Loss of Limbs	100%	
	Major Organ Transplant – other than heart	100%	
	Motor Neuron Disease	100%	
	Occupational HIV Infection	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of the policy.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

D. LIMITATIONS

If, within 30 days following the policy Issue Date, or last Reinstatement Date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this policy's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

E. EXCLUSIONS

We will not pay benefits for conditions caused by or the result of the Insured Person:

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

F. RENEWABILITY

This policy is guaranteed renewable for life. That means as long as You pay premiums when due and 100% of the benefit amount has not been paid for each category, 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 the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Spouse Critical Illness Benefit Rider – This rider provides coverage for the Spouse (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Dependent Child Critical Illness Benefit Rider – This rider provides coverage for the Dependent Children (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Disability Waiver of Premium Rider – This rider waives the premiums of the policy to which it is attached and any applicable rider premiums if the policy's Insured Person is Totally Disabled (as defined in this rider).

Accidental Death Benefit Rider – This rider pays a benefit upon Insured Person's Accidental Death.



SPOUSE 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 approved application and the Initial Premium. Premium for this rider is included in the Initial Premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person	[Jane B Doe]
Issue Age	[]
Class	[]
Issue Date	[January 1, 2008]
Benefit Amount	[\$]

DEFINITIONS

Insured Person means the Spouse named in the Rider Schedule.

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

RIDER BENEFIT

We will pay You a benefit if the Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

- 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.

The amount payable for each Specified Critical Illness within a category 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 illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% up to a maximum of \$25,000	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Aortic Surgery	100%	
	Heart Valve Replacement/ Repair Surgery	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% up to a maximum of \$25,000	
	Angioplasty	25% up to a maximum of \$25,000	
Category 3	Advanced Alzheimer’s Disease	100%	100%
	Accidental Loss of Speech	100%	
	Benign Brain Tumor	100%	
	Blindness	100%	
	Coma – not as a result of Stroke	100%	
	Deafness	100%	
	Kidney (Renal) Failure	100%	
	Loss of Limbs	100%	
	Major Organ Transplant – other than heart	100%	
	Motor Neuron Disease	100%	
	Occupational HIV Infection	100%	
	Paralysis – not as a result of Stroke	100%	
Severe Burns	100%		

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Rider Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 Your policy. Payment of critical illness benefits is subject to all terms and conditions of this rider.

Reduced Benefit after Age 65. Beginning in the policy year immediately following the Insured Person's 65th birthday or five years from the rider Issue Date, whichever is later, the Benefit Amount then in force will be automatically reduced by 50%. This will be the Benefit Amount available for the remaining years the rider is in force.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this rider is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this rider, less any benefits paid under this rider. We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this rider is equal to or greater than the sum of the premiums paid for this rider, there will be no return of premiums.

LIMITATION

If, within 30 days following this rider's Issue Date, or last Reinstatement Date of this rider, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this rider's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

CONVERSION

The Spouse can convert this rider to his/her own critical illness insurance policy if:

- 100% of the Benefit Amount for all categories is paid under Your policy to which this rider is attached;
- the Insured Person listed on Your policy dies; or
- the Insured Person listed on Your policy and Spouse become legally divorced.

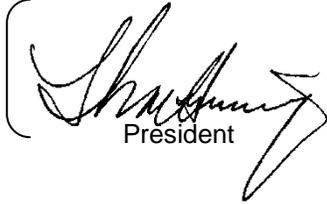
The Spouse must request conversion in writing within 31 days of one of the events above. Completion of a written application and payment of the necessary premium will be required. Evidence of insurability will not be required. The conversion policy will provide the Spouse the same coverage and Benefit Amount provided under this rider at the time of conversion. Any waiting period for the Time Limit on Certain Defenses will be waived to the extent the same period has been met under this rider. If any Specified Critical Illness benefits have been paid under this rider, such condition(s) will be excluded from coverage under the conversion policy. If such payment(s) represent the Maximum Percentage of Benefit Amount for a category, all conditions in the category will be excluded. The premium for the conversion policy will be based upon the age and gender of the Spouse when this rider was issued. In the event the policy to which this rider is attached is no longer offered, We will issue an available policy which is most comparable.

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 date We receive Your written request at Our administrative office to terminate this rider, unless Your request specifies a later date;
- upon the death of the Insured Person; or
- when 100% of the Benefit Amount has been paid for each category.

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


President


Secretary

Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355



DEPENDENT CHILD 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 approved application and the Initial Premium. Premium for this rider is included in the Initial Premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person(s)	[Jackie B Doe] [Jerome C Doe]
Issue Date	[January 1, 2008]
Benefit Amount per Insured Person	[\$]

DEFINITIONS

Age 18, Age 21 and Age 25 means the first policy anniversary following a Dependent Child's 18th, 21st and 25th birthdays, respectively.

Insured Person means the Dependent Child(ren) named in the Rider Schedule.

Dependent Child(ren) means any natural child, step-child, legally adopted child or child placed in the policy's Insured Person's custody for adoption who is: (a) unmarried; (b) living with the policy's Insured Person in a regular parent child relationship; (c) qualified as dependents of the policy's Insured Person or their spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than Age 25.

RIDER BENEFIT

We will pay a benefit if an Insured Person receives a First Ever Diagnosis or Procedure from a Physician for one of the Specified Critical Illnesses shown in the chart below if:

- 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.

The amount payable for each Specified Critical Illness within a category for each Insured Person 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 illness or procedure in the chart below.

The maximum total percentage of the Benefit Amount payable per category of Specified Critical Illnesses per Insured Person is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% up to a maximum of \$25,000	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Aortic Surgery	100%	
	Heart Valve Replacement/ Repair Surgery	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% up to a maximum of \$25,000	
	Angioplasty	25% up to a maximum of \$25,000	
Category 3	Advanced Alzheimer's Disease	100%	100%
	Accidental Loss of Speech	100%	
	Benign Brain Tumor	100%	
	Blindness	100%	
	Coma – not as a result of Stroke	100%	
	Deafness	100%	
	Kidney (Renal) Failure	100%	
	Loss of Limbs	100%	
	Major Organ Transplant – other than heart	100%	
	Motor Neuron Disease	100%	
	Occupational HIV Infection	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above for an Insured Person is paid and the same Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

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. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime per Insured Person.

If benefits have been paid for a Specified Critical Illness within one category for an Insured Person, no benefits will be payable for a subsequent Specified Critical Illness within a different category for that 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 Your policy. Payment of critical illness benefits is subject to all terms and conditions of this rider.

LIMITATION

If, within 30 days following this rider's Issue Date, or last Reinstatement Date of this rider, an Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount for that Insured Person. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this rider's Issue Date or last Reinstatement Date, coverage for Category 1 will end for that Insured Person.

DEPENDENT CHILD ELIGIBILITY

Eligibility. An eligible dependent is:

- any unmarried Dependent Child (including any naturally born child, legally adopted child or stepchild) of the policy's Insured Person or their spouse under Age 18; and
- any unmarried child placed with the policy's Insured Person for the purpose of legal adoption.

A dependent who is eligible but not insured on this rider's Issue Date may be covered if a written application is submitted to and accepted by Us for coverage.

Newborn Children. Any child of the policy's Insured Person born or adopted while this rider is in force will be automatically insured at 15 days of age or on the date of the filing of the petition for adoption, if later.

When Dependent Child Insurance Ends. Coverage for a Dependent Child will end on the earlier of the date he or she:

- reaches Age 21 (Age 25 if a full-time student);
- is married; or
- meets any of the requirements of the Termination provision.

If We accept premium for this rider after the last Dependent Child:

- reaches Age 21 (Age 25 if a full-time student);
- is married and We receive notice of marriage; or
- is no longer a full-time student and We receive notice he or she is no longer a full-time student,

coverage for such child will continue until the end of the period for which premium has been accepted. If We accept premium without notice of marriage or notice that the last Dependent Child is no longer a full-time student, it will be refunded.

If, on the date a Dependent Child's insurance would end because of reaching Age 21 (Age 25 if a full-time student), and such Dependent Child:

- is not capable of self-sustaining employment because of mental retardation or physical handicap; and
- is chiefly dependent on the policy's Insured Person for support and maintenance,

We will continue coverage for such child. Coverage will continue as long as this rider remains in force and the incapacity continues. The adult premium for the age and gender of the Dependent Child on the date above must be paid. Prior to the date coverage for a Dependent Child is to end, We may ask whether or not he or she is incapacitated. Unless satisfactory proof of such incapacity is sent to Us within 60 days of Our inquiry, We may terminate the child's coverage under this rider.

TERMINATION

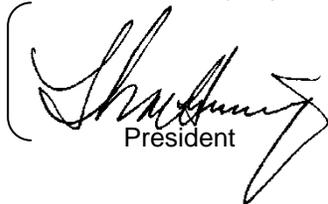
Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- 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;
- when We receive Your written request at Our administrative office to terminate coverage, unless Your request specifies a later date; or
- when 100% of the Benefit Amount has been paid for each category for each Insured Person.

If none of the above reasons for termination apply, each Insured Person's coverage under this rider will terminate on the earliest of:

- the date 100% of the Benefit Amount is paid for each category for that Insured Person;
- the first policy anniversary following the date that Insured Person reaches Age 21 (Age 25 if a full-time student) or is married;
- the date benefits for such Insured Person are paid in accordance with the Limitations Provision; or
- the date of that Insured Person's death.

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


President


Secretary

Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355

CRITICAL ILLNESS PRODUCT SECTION

Benefit Amount \$ _____

ADDITIONAL BENEFITS (If available)

Check benefit(s) desired and indicate amount requested.

- Accidental Death Benefit Rider \$ _____
 Disability Waiver of Premium Rider
- Spouse Critical Illness Benefit Rider \$ _____
 Dependent Child Critical Illness Benefit Rider
 \$5,000 \$10,000
- (complete information below)*

SPOUSE AND CHILD RIDER INFORMATION—If additional space is needed, attach a separate sheet of paper.

Information	Spouse	Child Rider No. 1	Child Rider No. 2	Child Rider No. 3
Legal Name <i>(First, Middle, Last)</i>				
Date of Birth <i>(MM/DD/YYYY)</i>	/ /	/ /	/ /	/ /
Age				
Social Security No.				
Birth State/Country				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height/Weight	ft. in. / lbs	ft. in. / lbs.	ft. in. / lbs.	ft. in. / lbs.
Residing with Proposed Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		(Additional space for information; attach separate sheet if needed)		
Occupation/Duties				
Gross monthly income \$				
If self-employed, net monthly income \$				

Has the Proposed Insured's Spouse ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Yes No

If YES, please list type: _____ amount per day: _____ last date of use (MM/DD/YYYY) / /

Is the Proposed Insured's Spouse a United States citizen, or does he/she have permanent resident (*green card*) status? Yes No

If the Proposed Insured's Spouse has permanent resident status, please list permanent resident (*green card*) number.

Does the Proposed Insured's Spouse have a valid driver's license? Yes No

If YES, please list state of issue and number.



CRITICAL ILLNESS HEALTH SECTION

Please answer the following questions. If YES to any of the following, please provide details in #7 below.

1. Has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following:
 - a. Heart attack, stroke, elevated or abnormal cholesterol, angina, coronary heart disease, disease of the blood vessels or TIA (transient ischemic attack)? Yes No
 - b. Thyroid disorder, hepatitis, hepatitis carrier, anemia, fatigue, disorder of the pancreas, any lupus or any other blood or glandular disorder? Yes No
 - c. Polyp, mole, lump, other growth, breast disorder or abnormal mammogram, biopsy or abnormal prostate specific antigen (PSA) test? Yes No
2. Does any Proposed Insured regularly take any prescription medications? If YES, specify type and daily dosage in #7 below. Yes No
3. During the past **5 years**, has any Proposed Insured consulted any physician for any reason not detailed above? Yes No
4. Is any Proposed Insured aware of any symptoms or complaints regarding their health for which they have not yet consulted a physician? Yes No
5. Has any Proposed Insured been advised to have surgery, treatment or testing which has not been completed? Yes No
6. Has any Proposed Insured ever used marijuana or any illegal or addictive drugs? Yes No

7. **DETAILS:** Enter complete details from questions #1-6 below. If additional space is needed, attach a separate sheet of paper.

Question #/Letter	Name <i>(First, Middle)</i>	Onset Date <i>(MM/DD/YYYY)</i>	Duration <i>(Days, Mos, Yrs)</i>	Health Condition and Details Including Prescription Medication(s)	Medical Care Provider's Name/Address/Phone
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

8. Has any immediate family member (*whether living or deceased*) of any Proposed Insured ever suffered from, or is currently suffering from: cancer, heart disease, stroke, kidney disease, diabetes, ALS (*amyotrophic lateral sclerosis or Lou Gehrig's disease*), motor neuron disease, Alzheimer's disease, Huntington's disease, Parkinson's disease or any other hereditary disease? If YES, please provide details below. If additional space is needed, attach a separate sheet of paper. Yes No

Proposed Insured's Name	Family Member/ Relationship	Diagnosis	Age at Time of Diagnosis



PHYSICIAN INFORMATION

Please list the last physician seen:

Name _____ Date last consulted / /
MM/DD/YYYY

Address _____
Street Address _____ Suite _____

City _____ State _____ ZIP+4 _____

Phone No. (_____) _____ Fax No. (_____) _____

Is this your primary physician? Yes No

Reason for consultation _____

Results _____

AGREEMENT

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this application shall form a part of the policy if attached thereto.

I (We) agree that:

- a. In the event the first full premium on the policy applied for is paid upon the date of this application, the insurance under such policy shall take effect as provided in the Temporary Conditional Insurance Agreement delivered by the Company's agent in exchange for such payment.
- b. In the event the first full premium on the policy applied for is not paid upon the date of this application, the insurance under such policy shall not take effect unless: a) The application is approved by the Company at its home office, b) Such policy is issued and delivered to the Proposed Insured/ Owner, and c) Such first full premium is paid during the Proposed Insured's lifetime and continued good health and the life and continued good health of any other person(s) covered under the policy. When such approval, issue, delivery and payment have occurred, the insurance under such policy shall take effect as of the date of issue specified in the policy.
- c. No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Temporary Conditional Insurance Agreement or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

Any person to be covered for any specified disease may not be covered by the Title XIX program (Medicaid).

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.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

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

Signature of Proposed Insured

Signature of Additional Proposed Insured

Signature of Parent/Guardian of Minor Child

Signature of Additional Proposed Insured

Signature of Owner(s) (If other than Proposed Insured)

Signature of Beneficiary (If applying for Reversionary Annuity)

Signature of Licensed Agent

Print Agent Name and Agent No.



SERFF Tracking Number: SEFL-126751259 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 46819
 Company Tracking Number: IND CI
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: IND CI
 Project Name/Number: IND CI /IND CI

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/30/2010	Rates SCI Policy and Spouse	I H0810 and R I0811	New		Rates SCI Policy & Spouse30-day wait.pdf
Approved-Closed 09/30/2010	Rates SCI Dependent Child Rider	R I0812	New		Rates SCI Dep Child.pdf
Approved-Closed 09/30/2010	Rates FCI Policy and Spouse	I H0820 and R I0821	New		Rates FCI Policy & Spouse 30-day wait.pdf
Approved-Closed 09/30/2010	Rates FCI Dependent Child Rider	R I0822	New		Rates FCI Dep Child.pdf

**Assurity Life Insurance Company
Critical Illness Insurance Policy - I H0810
Spouse Critical Illness Benefits Rider - R I0811**

Annual Rates per \$1,000 coverage
\$50.00 Policy Fee (no fee for spouse rider)

	<u>MNS</u>	<u>MSM</u>	<u>FNS</u>	<u>FSM</u>
18	4.04	5.24	3.54	4.42
19	4.04	5.24	3.54	4.42
20	4.04	5.24	3.54	4.42
21	4.04	5.24	3.54	4.42
22	4.04	5.24	3.54	4.42
23	4.04	5.24	3.54	4.42
24	4.04	5.24	3.54	4.42
25	4.04	5.24	3.54	4.42
26	4.63	6.15	3.85	4.97
27	5.22	7.07	4.17	5.52
28	5.81	7.98	4.48	6.07
29	6.39	8.89	4.80	6.63
30	6.98	9.81	5.11	7.17
31	7.51	10.63	5.41	7.68
32	8.04	11.45	5.69	8.18
33	8.57	12.27	5.99	8.68
34	9.10	13.09	6.27	9.19
35	9.63	13.91	6.56	9.69
36	10.47	15.74	7.18	11.00
37	11.31	17.57	7.80	12.32
38	12.16	19.39	8.43	13.63
39	13.00	21.22	9.05	14.94
40	13.84	23.05	9.67	16.25
41	14.71	24.97	10.32	17.64
42	15.58	26.88	10.97	19.03
43	16.45	28.80	11.62	20.41
44	17.33	30.71	12.27	21.80
45	18.20	32.63	12.93	23.18
46	19.24	34.36	13.46	24.07
47	20.28	36.07	14.01	24.95
48	21.32	37.79	14.54	25.82
49	22.35	39.50	15.09	26.70
50	23.39	41.22	15.62	27.58
51	24.55	43.09	16.15	28.42
52	25.70	44.96	16.68	29.25
53	26.86	46.82	17.21	30.09
54	28.01	48.69	17.75	30.92
55	29.17	50.56	18.27	31.76
56	30.32	52.63	19.01	32.66
57	31.48	54.81	19.64	33.66
58	32.63	57.02	20.37	34.65
59	33.89	59.24	21.00	35.65

**Assurity Life Insurance Company
Dependent Child Critical Illness Benefits Rider
R I0812**

Issue Amount	Annual Premium
\$5,000	\$12
\$10,000	\$24

Assurity Life Insurance Company
Critical Illness Insurance Policy - I H0820
Spouse Critical Illness Benefits Rider - R I0821

Annual Premium Rates per \$1,000 of Maximum Benefit Amount

Issue Age	Male Lives				Female Lives			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2
20	4.92	4.35	5.65	4.92	4.05	3.62	4.64	4.20
21	5.22	4.49	5.94	5.22	4.20	3.77	4.92	4.35
22	5.37	4.78	6.23	5.50	4.35	3.77	5.22	4.64
23	5.65	4.92	6.67	5.80	4.49	3.92	5.50	4.78
24	5.80	5.07	6.95	6.09	4.64	4.05	5.80	5.07
25	6.09	5.37	7.39	6.52	4.78	4.20	6.09	5.37
26	6.23	5.50	7.68	6.81	5.07	4.35	6.37	5.65
27	6.52	5.65	8.12	7.25	5.22	4.64	6.67	5.94
28	6.67	5.94	8.55	7.54	5.37	4.78	7.10	6.23
29	6.95	6.09	9.12	7.97	5.65	4.92	7.39	6.52
30	7.25	6.37	9.57	8.40	5.80	5.07	7.82	6.95
31	7.39	6.52	10.00	8.84	6.09	5.37	8.19	7.25
32	7.68	6.81	10.57	9.27	6.23	5.50	8.69	7.68
33	7.97	6.95	11.16	9.85	6.52	5.65	9.12	8.12
34	8.26	7.25	11.74	10.29	6.67	5.94	9.71	8.55
35	8.40	7.39	12.32	10.87	6.95	6.09	10.14	8.99
36	8.84	7.82	13.34	11.74	7.25	6.37	11.01	9.71
37	9.27	8.12	14.49	12.75	7.68	6.67	11.89	10.44
38	9.71	8.55	15.65	13.77	7.97	7.10	12.75	11.16
39	10.14	8.99	16.96	14.92	8.40	7.39	13.62	12.02
40	10.72	9.42	18.26	16.09	8.69	7.68	14.64	12.89
41	11.16	9.85	19.56	17.24	9.12	8.12	15.65	13.77
42	11.74	10.29	21.01	18.54	9.57	8.40	16.66	14.64
43	12.17	10.72	22.61	19.86	10.00	8.84	17.82	15.65
44	12.75	11.16	24.20	21.30	10.44	9.12	18.98	16.66
45	13.34	11.74	25.79	22.75	10.87	9.57	20.14	17.68
46	13.91	12.17	27.38	24.06	11.16	9.85	21.01	18.54
47	14.64	12.75	29.13	25.65	11.59	10.14	22.03	19.24
48	15.21	13.47	30.86	27.10	11.89	10.44	22.89	20.14
49	15.94	14.06	32.60	28.69	12.17	10.72	23.91	21.01
50	16.52	14.64	34.35	30.28	12.61	11.01	24.78	21.74
51	17.24	15.21	36.23	31.88	12.89	11.30	25.65	22.61
52	17.97	15.79	37.97	33.47	13.19	11.59	26.66	23.33
53	18.54	16.37	39.85	35.07	13.47	11.74	27.53	24.20
54	19.13	16.96	41.59	36.66	13.62	12.02	28.40	24.93
55	19.86	17.39	43.32	38.25	13.91	12.17	29.13	25.65
56	20.72	18.26	44.92	39.42	14.34	12.61	30.00	26.38
57	21.59	18.98	46.37	40.72	14.64	12.89	30.86	27.24
58	22.46	19.86	47.82	42.02	15.07	13.34	31.73	27.96
59	23.48	20.58	49.27	43.32	15.51	13.62	32.60	28.69
60	24.34	21.44	50.72	44.63	15.94	14.06	33.47	29.41
61	25.21	22.17	52.16	45.79	16.37	14.34	34.35	30.10
62	26.08	23.04	53.61	47.09	16.66	14.78	35.07	30.86
63	26.95	23.76	55.06	48.39	17.09	15.07	35.93	31.73
64	27.96	24.63	56.51	49.70	17.54	15.36	36.80	32.46

Band 1: Initial maximum Benefit Amount of \$50,000 to \$99,999
Band 2: Initial Maximum Benefit Amount of \$100,000 to 500,000

For individual, add \$50 policy fee
For couples, add \$25 policy fee each person

Modal Factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515
(Appplied after the policy fee is added.)

**Assurity Life Insurance Company
Dependent Child Critical Illness Benefits Rider
R 10822**

Issue Amount	Annual Premium
\$5,000	\$14
\$10,000	\$28

SERFF Tracking Number: SEFL-126751259 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number: 46819
 Company Tracking Number: IND CI
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: IND CI
 Project Name/Number: IND CI /IND CI

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	09/30/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: AR.pdf	Approved-Closed	09/30/2010

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: Attachments: AR_OC-I H0810_Outline.pdf AR_OC-I_H0820_Outline.pdf	Approved-Closed	09/30/2010



READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft Office Word 2007 program and achieved the following test results:

Form No.	Description	Flesch Score
I H0810 (AR)	Critical Illness Insurance Policy	51.2
OC-I H0810 (AR)	Outline of Coverage	51.2
R I0811 (AR)	Spouse Critical Illness Benefit Rider	55.2
R I0812 (AR)	Dependent Child Critical Illness Benefit Rider	54.9
47-340-02241	Application for Simplified Critical Illness Insurance	50.8*
I H0820 (AR)	Critical Illness Insurance Policy	52.9
OC-I H0820 (AR)	Outline of Coverage	52.6
R I0821 (AR)	Spouse Critical Illness Benefit Rider	54.8
R I0822 (AR)	Dependent Child Critical Illness Benefit Rider	54.9
47-359-05055 (R07-10)	Critical Illness Product Section of Application	54.6**

*Scored with policy form I H0810 (AR)

**Scored with policy form I H0820 (AR)

Carol S Watson

Signature

September 7, 2010

Date

Carol Watson
Vice President, General Counsel and Secretary



PLEASE PRINT IN BLUE OR BLACK INK

1. PROPOSED INSURED

Legal Name: First Middle Last Date of Birth (MM/DD/YYYY) / /

Social Security No. Male Female E-mail Age

Home Address: Street Address City State ZIP+4

Personal Phone No. () Birth State/Country Height ft. in. Weight lbs.

Has the Proposed Insured ever used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Yes No
 If YES, please list type: amount per day: last date of use (MM/DD/YYYY) / /

Is the Proposed Insured a United States citizen, or does the Proposed Insured have permanent resident (green card) status? Yes No
 If the Proposed Insured has permanent resident status, please list permanent resident (green card) number.

Does the Proposed Insured have a valid driver's license? Yes No If YES, please list state of issue and number.

Is the Proposed Insured currently working at least 30 hours per week in primary occupation? Yes No Length of employment Years Months /

Employer's Address: Street Address City State ZIP+4

Full-time Employment	Occupation	Duties	Part-time Employment	Occupation	Duties

For

2. POLICY OWNERSHIP

If Ownership is Joint, please list names and relationship to insured.

Legal Name: First Middle Last Date of Birth (MM/DD/YYYY) / /

Social Security No. Relationship to Insured Birth State/Country

Home Address: Street Address City State ZIP+4 E-mail

Contingent Owner's Name: First Middle Last Relationship to Insured

3. BENEFICIARIES (Do not complete if applying for Reversionary Annuity coverage)

If Beneficiary is a trust, or if additional space is needed, complete the Trust Information/Additional Beneficiary form.

Primary Beneficiary Name (First, Middle, Last)	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	
Contingent Beneficiary Name (First, Middle, Last)	Relationship	Soc. Sec. No.	Date of Birth	Share %
			/ /	
			/ /	

4. PREMIUM PAYMENT

Please indicate preference for payment type and billing frequency below:

Type: Direct Billing Automatic Credit Card Automatic Bank Withdrawal Semi-Annual Quarterly List Billing (employer) Monthly (not available with Direct Billing)

Payor Name: First Middle Last Billing Address: City State ZIP+4

Secondary Payor Info: First Middle Last Billing Address: City State ZIP+4

Only

TRUST INFORMATION - ADDITIONAL BENEFICIARY

For

Please complete the following sections if Ownership and/or Beneficiary is a trust (or if additional room is needed to list beneficiaries of Policy):

1. POLICYOWNER

Name of Trust	Date of Trust <small>(MM/DD/YYYY)</small> / /
Name of Trustee(s)	Tax ID No.
Address of Trustee(s) <small>Street Address</small>	State ZIP+4

2. BENEFICIARIES

Testamentary Trust (Will) Share % _____

Living Trust (Please complete information below.) Share % _____

Name of Living Trust	Date of Trust <small>(MM/DD/YYYY)</small> / /
Name of Trustee(s)	Tax ID No.
Address of Trustee(s) <small>Street Address City State</small>	ZIP+4

3. ADDITIONAL BENEFICIARIES (Do not complete if applying for Reversionary Annuity)

Informational Purposes

Primary Beneficiary Name (First, Middle, Last)	Relationship	Social Security No.	Date of Birth (MM/DD/YYYY)	Share %
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
Contingent Beneficiary Name (First, Middle, Last)	Relationship	Social Security No.	Date of Birth (MM/DD/YYYY)	Share %
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Only



GENERAL SECTION

Please answer the following questions:

1. Does any Proposed Insured belong to or intend to join the National Guard or National Reserve? Yes No

2. During the past **5 years** or within the next **12 months**:

a. Has any Proposed Insured flown other than as a fare-paying passenger, or is any Proposed Insured contemplating flying as a pilot, crew member or student? Yes No

b. Has any Proposed Insured participated in, or contemplated participating in, any hazardous sport or activities? Yes No

- If YES, check all that apply:
- Skin/Scuba Diving
 - Motor-powered Racing
 - Cave Exploration
 - Boxing
 - Mountain/Rock/Ice Climbing
 - [unclear] Camping
 - Skydiving/Parachuting/Hang Gliding
 - Professional, Semi-professional or Club Sports
 - Hot Air Ballooning

3. During the next **12 months**, does any Proposed Insured contemplate residence or travel outside of the United States? Yes No

If YES, please explain _____

4. During the past **12 months**, has any Proposed Insured had a change in weight of more than 10 pounds? Yes No

If YES, please list Proposed Insured's name, amount of weight change and reason for change: _____

5. During the past **5 years**, has any Proposed Insured:

a. Had a life, health or hospital expense insurance application postponed, rated up or declined; had a condition excluded; or had insurance renewal or reinstatement refused? Yes No

If YES, please explain _____

b. Received benefit payments for accident or sickness, or applied to any government or insurance organization for such benefits? Yes No

If YES, please explain _____

6. Is any Proposed Insured currently negotiating or considering a divorce? Yes No

If YES, please explain _____

7. During the past **5 years**, has any Proposed Insured:

a. Had the driver's license suspended or had the license revoked for cause, a plea of "guilty" or "no contest" to a criminal offense involving alcohol or drugs (DUI/DWI), or a criminal conviction involving a motor vehicle? Yes No

If YES, please explain _____

b. Been convicted of a felony? Yes No

If YES, please explain _____

8. Is any Proposed Insured currently on probation? Yes No

If YES, please list Proposed Insured's name, reason for probation and length of probationary period: _____

9. a. Is other insurance coverage in force for any Proposed Insured? Yes No

If YES, provide details below. If any Proposed Insured is applying for life coverage, complete and return the appropriate State Replacement Form.

b. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No

If Yes and applying for health coverage, please complete and return the appropriate State Replacement Form.

Insured's Name	Company Name	Policy No.	Insured's monthly benefit (or face amount for DI)	Issue Date (MM/DD/YYYY)	DI Coverage Only	
					Coordinates w/ Soc. Sec.?	Employer Paid?
				/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. If the Proposed Insured is a juvenile, please list the total amount of life insurance in force and pending on all family members. If additional space is needed, attach a separate sheet of paper.

Father	Mother	Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5
\$	\$	\$	\$	\$	\$	\$



HEALTH SECTION

Please answer the following questions. If YES to any of the following, please provide details on page 2.

1. Has any Proposed Insured **ever** consulted with or been diagnosed, hospitalized or prescribed medication by a medical professional for any of the following:
 - a. Heart disorder, including a heart attack (*myocardial infarction*), an irregular heartbeat or abnormal heart rhythm (*arrhythmia*), chest pain, hypertension (*high blood pressure*), heart murmur, any blockage or narrowing of the arteries, any aneurysm, stroke or transient ischemic attack (*TIA or mini-stroke*), or infectious fever? Yes No
 - b. Diabetes, high blood sugar or sugar in the urine, anemia, blood or platelet disorders, elevated cholesterol, liver disease, hemophilia, kidney disease (*other than kidney stones*), protein or blood in the urine, Crohn's disease, ulcerative colitis, disease or disorder of the stomach, gall bladder, bladder or prostate, other intestinal or digestive tract disease, or pancreatitis? Yes No
 - c. Internal cancer or tumor, cyst, melanoma, lymphoma, leukemia, disorder of lymph nodes or any glandular disorder? Yes No
 - d. Alzheimer's disease, dementia, memory loss, seizures, mental retardation (*including Down's syndrome*), multiple sclerosis (*MS*), muscular dystrophy (*MD*), Parkinson's disease, amyotrophic lateral sclerosis (*ALS*), any brain or nervous system disorder, cerebral palsy or any form of muscular atrophy?..... Yes No
 - e. Sleep apnea, cystic fibrosis, emphysema or chronic obstructive pulmonary disease (*COPD*), shortness of breath, asthma or other respiratory disorder, rheumatoid arthritis, paralysis or connective tissue disorder (*lupus or scleroderma*)? Yes No
 - f. Dizziness, fainting spells, anxiety, depression, eating disorders or any other psychiatric or emotional disorder?..... Yes No
 - g. Arthritis, rheumatism or any disease or disorder of the back, spine, bones, joints or muscles? Yes No
 - h. Vision impairment, including cataracts, glaucoma, or any other eye disorder? Yes No
 - i. A hearing impairment, including deafness or any other hearing disorder? Yes No
 - j. Any chronic illness, injury, or condition requiring medical attention, including blood transfusion? Yes No
2. Has any Proposed Insured **ever** been diagnosed, hospitalized or prescribed medication by a medical professional for any of the following:
 - a. Ever prescribed any narcotic, tranquilizer, sedative, or other medication? Yes No
 - b. Used controlled substances such as cocaine, heroin, amphetamines, barbiturates, hallucinogens or any other controlled substance not prescribed by a physician? Yes No
 - c. Been treated by a physician, or advised by a physician to seek treatment, for drug or alcohol use? Yes No
 - d. Been advised to have any test (*except HIV tests*), treatment, surgery, hospitalization or consultation with a medical professional which has not been completed, or for which results have not been received?..... Yes No
 - e. Had any special examinations or laboratory tests such as X-rays, electrocardiograms, blood tests (*other than AIDS-related blood tests*) or urine tests? Yes No
3. Has any Proposed Insured **ever** been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (*AIDS*), AIDS-related complex (*ARC*) or antibodies to human T-lymphotropic virus type III (*HTLV*); or had a positive test for human immunodeficiency virus (*HIV*) antibodies? Yes No
4. Has any Proposed Insured had a natural parent or sibling who was diagnosed with or died of cancer, heart disease or diabetes prior to the age of 60? If YES, please identify family member (relationship, Proposed Insured, disorder and age at death. Yes No

5.
 - a. Has any Proposed Insured **ever** had any disorder of any genital or reproductive organ, or had a miscarriage, stillbirth or Caesarean section? Yes No
 - b. Is any Proposed Insured currently pregnant? Yes No
 If YES, date child is expected (MM/DD/YYYY) _____ / _____ / _____

DETAILS: Enter complete details from questions #1-5 on page 2. If more space is needed, attach additional Supplemental Information form.



PHYSICIAN INFORMATION

For

Please list the last physician seen:

Name _____ Date last consulted ____/____/____
MM/DD/YYYY

Address _____
Street Address Suite

City _____ State _____ ZIP+4 _____

Phone No. (____) _____ Fax No. (____) _____

Is this your primary physician? Yes No

Reason for consultation _____

Results _____

AGREEMENT

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this application shall form a part of the policy attached thereto.

I (We) agree that the information provided herein is for informational purposes only.

- a. In the event that the information provided herein is used for any purpose other than that stated herein, the insurance company shall not be liable for any loss or damage.
- b. In the event that the information provided herein is used for any purpose other than that stated herein, the insurance company shall not be liable for any loss or damage.
- c. No agent or medical examiner is authorized or has power to change or waive any term, provision or condition of this application, the Temporary Conditional Insurance Agreement or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.

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.

Substitute Form W-9 information (Request for Taxpayer Identification Number and Certification): I, the Owner (or each Joint Owner), certify under penalties of perjury that the number shown is my correct Taxpayer Identification Number. I am not subject to backup withholding due to failure to report interest and dividend income, and I am a U.S. Person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

Signed at _____ or _____
City State Date (MM/DD/YYYY)

Signature of Proposed Insured Signature of Additional Proposed Insured

Signature of Parent/Guardian of Minor Child Signature of Additional Proposed Insured

Signature of Owner(s) (If other than Proposed Insured) Signature of Beneficiary (If applying for Reversionary Annuity)

Signature of Licensed Agent Print Agent Name and Agent No.

Only



ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 Lincoln, Nebraska 68501-2533
(800) 869-0355

CRITICAL ILLNESS POLICY
OUTLINE OF COVERAGE
This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

- 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.** Critical Illness coverage is designed to provide You with a lump sum payment if an Insured Person is Diagnosed with one of the Specified Critical Illnesses named in the policy. A limited benefit is paid for Carcinoma in Situ, Coronary Bypass Surgery and Angioplasty. No benefits are payable for basic hospital, medical-surgical, or major medical expenses. Coverage may be provided for multiple benefits as described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.

C. BENEFITS

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25%	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 3	Advanced Alzheimer's Disease	100%	100%
	Coma – not as a result of Stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of the policy.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

D. LIMITATIONS

If, within 30 days following the policy Issue Date, or last reinstatement date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following the rider Issue Date or last reinstatement date, coverage for Category 1 will end.

E. EXCLUSIONS

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

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

F. RENEWABILITY

This policy is guaranteed renewable to age 75. That means until the policy anniversary after the Insured Person's 75th birthday, as long as You pay premiums when due and 100% of the benefit amount has not been paid, 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 the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Spouse Critical Illness Benefit Rider – This rider provides coverage for the Spouse (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Dependent Child Critical Illness Benefit Rider – This rider provides coverage for the Dependent Children (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Disability Waiver of Premium Rider – This rider waives the premiums of the policy to which it is attached and any applicable rider premiums if the policy's Insured Person is Totally Disabled (as defined in this rider).

Return of Premium Rider – This rider pays a return of premium benefit equal to the amount as calculated in the Premium Benefit Calculation provision of this rider.

Accidental Death Benefit Rider – This rider pays a benefit upon Insured Person's Accidental Death.

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- B.** Critical Illness coverage is designed to provide You with a lump sum payment if an Insured Person is Diagnosed with one of the Specified Critical Illnesses named in the policy. A limited benefit is paid for Carcinoma in Situ, Coronary Bypass Surgery and Angioplasty. No benefits are payable for basic hospital, medical-surgical, or major medical expenses. Coverage may be provided for multiple benefits as described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.

C. BENEFITS

We will pay this benefit if the Insured Person receives a First Ever Diagnosis or Procedure for one of the Specified Critical Illnesses shown in the chart below if:

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

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount multiplied by the Benefit Amount. The Benefit Amount is shown on the Policy Schedule. The percentage of the Benefit Amount payable for each Specified Critical Illness is shown beside the illness or procedure 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.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer	100%	100%
	Carcinoma in Situ	25% up to a maximum of \$25,000	
Category 2	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Aortic Surgery	100%	
	Heart Valve Replacement/Repair Surgery	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% up to a maximum of \$25,000	
	Angioplasty	25% up to a maximum of \$25,000	

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 3	Advanced Alzheimer's Disease	100%	100%
	Accidental Loss of Speech	100%	
	Benign Brain Tumor	100%	
	Blindness	100%	
	Coma – not as a result of Stroke	100%	
	Deafness	100%	
	Kidney (Renal) Failure	100%	
	Loss of Limbs	100%	
	Major Organ Transplant – other than heart	100%	
	Motor Neuron Disease	100%	
	Occupational HIV Infection	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	

If a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above is paid and the Insured Person then becomes eligible for benefits for another Specified Critical Illness within the same category, the amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category.

After 100% of the Benefit Amount shown on the Policy Schedule has been paid for the Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category. We will pay the benefit for Coronary Bypass Surgery, Angioplasty, and Carcinoma in Situ only once per lifetime.

If benefits have been paid for a Specified Critical Illness within one category, no benefits will be payable for a subsequent Specified Critical Illness within a different category 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 policy. Payment of critical illness benefits is subject to all terms and conditions of the policy.

Return of Premium upon Death of Insured Person. If the Insured Person dies while this policy is in force from a cause other than one of the Specified Critical Illnesses, We will return to You, or to the Beneficiary if You are deceased or to Your estate if there is no Beneficiary, 100% of all premiums paid for this policy, less any benefits paid under this policy or its attached riders (except for the Spouse Critical Illness Benefit Rider if the conversion option is exercised). We must receive written notice and proof of the Insured Person's death. The premiums to be returned will be calculated without interest and after all pending claims have been settled. If the sum of all benefits paid under this policy and applicable riders is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

D. LIMITATIONS

If, within 30 days following the policy Issue Date, or last Reinstatement Date of this policy, the Insured Person:

- receives a First Ever Diagnosis of having Invasive Cancer or Carcinoma in Situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a First Ever Diagnosis of Invasive Cancer or Carcinoma in Situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the Benefit Amount. The percentage payable will be:

- 10% of the Benefit Amount for Invasive Cancer; or
- 2.5% of the Benefit Amount for Carcinoma in Situ.

In the event a benefit is paid for Invasive Cancer or Carcinoma in Situ within the first 30 days following this policy's Issue Date or last Reinstatement Date, coverage for Category 1 will end.

E. EXCLUSIONS

We will not pay benefits for conditions caused by or the result of the Insured Person:

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a Sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

F. RENEWABILITY

This policy is guaranteed renewable for life. That means as long as You pay premiums when due and 100% of the benefit amount has not been paid for each category, 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 the Insured Person's class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Spouse Critical Illness Benefit Rider – This rider provides coverage for the Spouse (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Dependent Child Critical Illness Benefit Rider – This rider provides coverage for the Dependent Children (as defined in this rider) of the Insured Person covered under the policy to which it is attached. The benefits available are identical to that of the policy.

Disability Waiver of Premium Rider – This rider waives the premiums of the policy to which it is attached and any applicable rider premiums if the policy's Insured Person is Totally Disabled (as defined in this rider).

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