

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Conversion Accident Expense Policy Filing
Project Name/Number: ASSURITY/62/62

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: Conversion Accident Expense Policy Filing
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 11/28/2012
SERFF Tr Num: FRCS-128769711
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5825

Implementation: On Approval
Date Requested:
Author(s): Michael Cochran, Kevin Wiggs
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 12/03/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Conversion Accident Expense Policy Filing
Project Name/Number: ASSURITY/62/62

General Information

Project Name: ASSURITY/62 Status of Filing in Domicile: Pending
Project Number: 62 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Submitted to the domicile state on or about this same date.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Trust Overall Rate Impact:
Filing Status Changed: 12/03/2012
State Status Changed: 12/03/2012 Deemer Date:
Created By: Michael Cochran Submitted By: Kevin Wiggs
Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Assurity Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$350 has been sent by EFT on this same date.

The captioned forms provide conversion coverage for employees that lose coverage under their Employer sponsored Group Accident Expense policy. The Master Policy will be issued to the Assurity Portable Coverage Group Insurance Trust, which is situated in Missouri.

Accident expense coverage is provided for on and off the job as well as for off-the-job according to the coverage the employee had under the Employer policy. Benefit descriptions are found in the exemplified schedule pages of the policy and riders. The enclosed Coverage Schedules pages are representative of those intended for use. Information on these pages is variable, but will never be less than the applicable minimum requirements of your state's laws.

An actuarial memorandum, including sample premium rates is attached.

A Statement of Variability is included in Supporting Information.

All forms are written in readable language and will be in a format that is acceptable to the Department. Printing is subject to changes in ink, paper stock, page numbering, margins, positioning, and format. Printing standards will never be less than that required by law.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Michael Cochran, Compliance Specialist michael.cochran@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2756 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Conversion Accident Expense Policy Filing
Project Name/Number: ASSURITY/62/62

Filing Company Information

(This filing was made by a third party - FC01)

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
2000 Q Street	Group Code:	Company Type:
Lincoln, NE 68503	Group Name:	State ID Number:
(402) 437-4375 ext. [Phone]	FEIN Number: 38-1843471	

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 6 = \$300, \$50 per rate = \$50, Total = \$350
 Per Company: No

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$350.00	11/28/2012	65261749

SERFF Tracking #:

FRCS-128769711

State Tracking #:

Company Tracking #:

5825

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Conversion Accident Expense Policy Filing

Project Name/Number:

ASSURITY/62/62

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/03/2012	12/03/2012

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Conversion Accident Expense Policy Filing
Project Name/Number: ASSURITY/62/62

Disposition

Disposition Date: 12/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Accident Expense Certificate Form (24-hour)	Approved-Closed	Yes
Form	Accident Expense Certificate Form (Off-the-Job)	Approved-Closed	Yes
Form	Accident-Only Disability Income Rider (24-Hour)	Approved-Closed	Yes
Form	Accident-Only Disability Income Rider (Off-the-Job)	Approved-Closed	Yes
Form	Wellness Benefit Rider	Approved-Closed	Yes
Form	Enrollment form	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Conversion Accident Expense Policy Filing

Project Name/Number: ASSURITY/62/62

Form Schedule

Lead Form Number: G H1105CT (AR)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/03/2012	Accident Expense Certificate Form (24-hour)	G H1105CT (AR)	CER	Initial		50.500	AR Group AE Pro 24 Hour Trust Cert.pdf
2	Approved-Closed 12/03/2012	Accident Expense Certificate Form (Off-the-Job)	G H1106CT (AR)	CER	Initial		56.400	AR Group AE Pro Off-the-Job Cert.pdf
3	Approved-Closed 12/03/2012	Accident-Only Disability Income Rider (24-Hour)	R G1103CT (AR)	CERA	Initial		51.500	AR Group DI 24 Hour Trust Cert Rider.pdf
4	Approved-Closed 12/03/2012	Accident-Only Disability Income Rider (Off-the-Job)	R G1104CT (AR)	CERA	Initial		53.800	AR Group DI Off-the-Job Trust Cert Rider.pdf
5	Approved-Closed 12/03/2012	Wellness Benefit Rider	R G1115CT (AR)	CERA	Initial		54.700	AR Group Wellness Trust Cert Rider.pdf
6	Approved-Closed 12/03/2012	Enrollment form	75-240-02253	AEF	Initial		50.000	75-240-02253.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage

SERFF Tracking #:

FRCS-128769711

State Tracking #:

Company Tracking #:

5825

State: Arkansas

Filing Company: Assurity Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Conversion Accident Expense Policy Filing

Project Name/Number: ASSURITY/62/62

OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



ASSURITY[®] LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Accident Indemnity
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your conversion application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

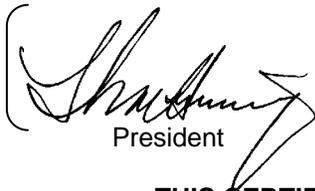
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

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


President


Secretary

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE
If You are eligible for Medicare, review the Guide to Health Insurance
for People with Medicare, which is available from Us.

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates.

**This is an accident only Certificate. It does not pay benefits for
loss from any other cause.**

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

Right to Examine.....	1	Benefits (continued)	
Right to Cancel.....	1	Tendon/Ligament/Rotator Cuff	11
Schedule	3	Transportation	11
Definitions.....	4	Exclusions	11
Premiums	6	Persons Insured	11
Premium Payments	6	Persons Eligible on Certificate Issue Date	11
Grace Period.....	6	Persons Who Become Eligible After the	
Reinstatement.....	6	Certificate Issue Date	12
Refund of Unearned Premium.....	6	Automatic Coverage.....	12
Unpaid Premiums	6	Continuity of Coverage for Spouse	12
Benefits	6	Termination	12
Abdominal or Thoracic Surgery.....	6	Termination of Child Coverage.....	12
Accident Emergency Treatment	6	Termination of Spouse Coverage.....	12
Accidental Death.....	7	Claim Procedures.....	13
Accidental Death – Common Carrier	7	Notice of Claim	13
Air Ambulance	7	Claim Forms	13
Ambulance.....	7	Proof of Loss.....	13
Appliance	7	Time of Payment of Claim	13
Blood/Plasma/Platelets.....	7	Time of Loss	13
Burn	7	Payment of Claim	13
Diagnostic Exams	7	Overpayment Reimbursement.....	13
Dislocation (separated joint)	7	Claim Review.....	13
Dismemberment	8	Appeal.....	13
Emergency Dental Work.....	8	General Provisions.....	13
Eye Injury.....	9	Application Statement.....	13
Follow-Up Treatment	9	Agency.....	13
Fracture (broken bone)	9	Assignment.....	13
Gunshot Wound.....	9	Change of Beneficiary	14
Hospital Admission	9	Conformity with State and Federal Law	14
Hospital Confinement	9	Duty of Cooperation.....	14
Hospital Intensive Care Unit Confinement.....	10	Entire Contract; Changes	14
Knee Cartilage – Torn	10	Legal Action.....	14
Laceration	10	Misstatement of Age.....	14
Lodging	10	Physical Examination and Autopsy	14
Physical Therapy Treatment.....	10	Time Limit on Certain Defenses	14
Prosthetic Device/Artificial Limb	10	Time of Coverage	14
Ruptured Disc.....	11	Worker's Compensation	14

SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1105CT (AR)	Accident Indemnity Certificate of Insurance	\$[]
Accidental Death Benefit		
	Primary Insured: \$[25,000/50,000]	
	Spouse: \$[10,000/20,000]	
	Child: \$[5,000/10,000]	
Accidental Death Benefit – Common Carrier Accidents		
	Primary Insured: \$[50,000/100,000]	
	Spouse: \$[20,000/40,000]	
	Child: \$[10,000/20,000]	
[R G1103CT (AR)]	Accident-Only Disability Income Certificate Rider	\$[]
R G1115CT (AR)	Wellness Benefit Certificate Rider	\$[]]

Policyholder:	[Group Master Trust Name]	Policy Number: [Group Master Trust Number]
Insured Person(s):	[John Doe] (primary)	Certificate Number: [0123456789]
	[Jane Doe]	Issue Date: [September 1, 2011]
	[Jamie Doe]	Initial Premium: [\$]
	[Jason Doe]	Premium Mode: [1 month]

DEFINITIONS

Beneficiary means the person named in the Employer Group Application, or later changed as described in the Change of Beneficiary section.

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

Certificate means the Certificate issued to the primary Insured Person describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined and Confinement mean the assignment to a bed as a resident inpatient as prescribed by a Physician in a Hospital or an Observation Unit within a Hospital for a period of at least 20 continuous hours.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Dependent Child(ren) means any child who is (a) unmarried, (b) younger than age 26 and (c) financially dependent on You.

Due Date means the date renewal premiums are due.

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

Emergency Room means a specified area within a Hospital that is designated for the Emergency Care of accidental injuries. This area must: (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by Physicians and (c) provide care seven days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Employer Group Application means the application used to purchase the employer group certificate which contained the contractual rights to apply for this Certificate.

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

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

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

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

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

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

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

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

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

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

Injury(ies) means bodily harm that is caused solely by or is the direct result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule, certificate rider Schedule or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means all conditions classified as mental disorders by the International Classification of Diseases including, but not limited to, psychoses, neurotic disorders, personality disorders, non-psychotic mental disorders or mental retardation whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin and irrespective of cause, basis or inducement.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician following outpatient surgery or treatment in the Emergency Room and which (a) is under the direct supervision of a Physician or registered nurse (RN), (b) is staffed by nurses assigned specifically to that unit and (c) provides care seven days per week, 24 hours per day.

Physical Therapist means a person who is duly licensed by the state to practice physical therapy. Such Physical Therapist cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license, performing services for which benefits are provided by this Certificate, and practicing in accordance to the Code of Ethics of the American Physical Therapy Association.

Physician means a doctor of medicine, chiropractic or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of 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.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

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

Spouse means the person who was named on the Employer Group Application as the Spouse at the time coverage was first applied for on the employer group certificate, or who was added to a lawfully married spouse to the employer group certificate or this Certificate at a later date. No more than one Spouse may be insured at any given time.

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

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

You and **Your** mean the primary Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to You prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover Injuries that occur while this Certificate is in force.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

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

BENEFITS

We will pay the following benefits for loss resulting from a Covered Accident:

Abdominal or Thoracic Surgery. We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgical repair within 72 hours after the Covered Accident resulting from an Injury. If this surgery is exploratory or without repair, We will only pay \$100. Each benefit amount will be paid once per Covered Accident. We will not pay this benefit for hernia repair.

Accident Emergency Treatment. We will pay \$[125/150] if any Insured Person receives treatment by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after the Covered Accident as a result of an Injury. This benefit will be paid once per Covered Accident per Insured Person.

Accidental Death. We will pay the benefit amount shown on the Certificate Schedule if any Insured Person dies from an Injury within 90 days after the Covered Accident. This benefit will be paid per each Insured Person.

Accidental Death – Common Carrier. We will pay the benefit amount shown on the Certificate Schedule if any Insured Person dies from an Injury within 90 days after the Covered Accident sustained while a fare-paying passenger on a Common Carrier. If this benefit is paid, We will not pay the Accidental Death benefit. This benefit will be paid per each Insured Person.

Air Ambulance. We will pay \$500 if any Insured Person receives air transportation for an Injury provided by a licensed professional ambulance company to or from a Hospital within 48 hours after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Ambulance. We will pay \$100 if any Insured Person receives ground transportation for an Injury provided by a licensed professional ambulance company to or from a Hospital within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Appliance. We will pay \$100 if any Insured Person purchases or rents a medical appliance for treatment of an Injury as an aid in personal locomotion or mobility prescribed by a Physician within 90 days after the Covered Accident. Crutches, braces, walkers and wheelchairs are examples of medical appliances. This benefit will be paid once per Covered Accident per Insured Person.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse or a Dependent Child) receives the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets for treatment of an Injury prescribed by a Physician within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Burn. We will pay the applicable amount listed below if any Insured Person receives treatment provided by a Physician within 72 hours after the Covered Accident for burns resulting from an Injury. We will pay only one benefit amount per Covered Accident per Insured Person.

We will pay 25% of the applicable Burn benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under this Burn benefit. This benefit will be paid once per Covered Accident per Insured Person.

	Primary Insured Person	Spouse/Child
Second degree burns which cover at least 36% of the body surface	\$[375/750]	\$[150/300]
Third degree burns which cover at least 1 % of the body surface but less than 20% of the body surface	[750/1,500]	[300/600]
Third degree burns which cover 20% or more of the body surface	[5,000/10,000]	[2,000/4,000]

Diagnostic Exams. We will pay \$[100/200] per Calendar Year if any Insured Person receives any of the exams listed below prescribed by a Physician within 180 days of a Covered Accident for diagnosis of an Injury. This benefit will be paid once per Insured Person. Exams include the following:

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

Dislocation (separated joint). We will pay the applicable amount listed below if any Insured Person receives closed reduction (non-surgical) or open reduction (surgical) treatment requiring anesthesia for an Injury of a dislocation. Treatment must be provided by a Physician within 90 days after the Covered Accident. A dislocation is a completely separated joint. As this list is not complete, if a dislocation is not listed We will pay a benefit amount that would be paid for a similar dislocation.

If this dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the applicable amount listed for a closed reduction. If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the applicable amount listed for a closed reduction. An incomplete dislocation is a dislocation in which the joint is not completely separated.

The maximum amount payable for all dislocations in the same Covered Accident is equal to two times the amount paid for the dislocation with the highest benefit amount. We will pay this benefit for the first dislocation of a joint after the Certificate Issue Date. Subsequent dislocations of the same joint after the Certificate Issue Date will not be covered.

Joint	Closed Reduction	Open Reduction
Hip	[\$1,000/2,000]	[\$2,000/4,000]
Knee (except Patella)	[500/1,000]	[1,000/2,000]
Ankle	[400/800]	[800/1,600]
Bone or bones of the foot (other than toes)	[400/800]	[800/1,600]
Collarbone (Sternoclavicular)	[250/500]	[500/1,000]
Lower jaw	[150/300]	[300/600]
Shoulder (Glenohumeral)	[150/300]	[300/600]
Elbow	[150/300]	[300/600]
Wrist	[150/300]	[300/600]
Bone or bones of the hand (other than fingers)	[150/300]	[300/600]
Collarbone (Acromioclavicular and separation)	[50/100]	[100/200]
One toe or finger	[50/100]	[100/200]

Dismemberment. We will pay the applicable amount listed below if any Insured Person incurs a listed loss from an Injury within 90 days after the Covered Accident.

	Primary Insured Person	Spouse/Child
Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more of these	[\$15,000/30,000]	[\$10,000/20,000]
Loss of one hand, or one foot, or sight of one eye	[7,500/15,000]	[5,000/10,000]
Loss of two or more fingers, or two or more toes, or any combination of two or more fingers or toes	[1,500/3,000]	[1,000/2,000]
Loss of one finger or one toe	[750/1,500]	[500/1,000]

"Loss of a hand" means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. "Loss of a foot" means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. "Loss of a finger" means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. "Loss of a toe" means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. "Loss of sight of an eye" means that at least 80% of vision is permanently lost after reasonable effort has been made to correct the Insured Person's vision using the most advanced medically acceptable procedures and devices available.

If any Insured Person loses a finger or toe and later loses a hand or foot on the same side of the body within 90 days of the same Covered Accident as the direct result of the same Injury, We will subtract the amount paid for the loss of a finger or toe from the benefit paid for the loss of a hand or foot.

This benefit will be paid once per Covered Accident per Insured Person. If any Insured Person incurs multiple losses in the same Covered Accident, We will only pay the largest benefit. If death and dismemberment occur within 90 days of the same Covered Accident, We will subtract the amount of any dismemberment from either Accidental Death benefit.

Emergency Dental Work. We will pay the applicable amount listed below if any Insured Person receives dental work for an Injury within 90 days after the Covered Accident. Each benefit will be paid once per Covered Accident per Insured Person regardless of the number of teeth involved:

Any and all broken teeth repaired with crown(s)	[\$150/300]
Any and all broken teeth resulting in extraction(s)	[50/100]

Eye Injury. We will pay \$200 if any Insured Person receives treatment for an eye Injury including surgery or removal of a foreign object within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person. We will not pay this benefit for an examination with anesthesia.

Follow-Up Treatment. We will pay \$[25/35] per treatment if any Insured Person receives treatment for an Injury provided by a Physician in the Physician's office or in a Hospital on an outpatient basis, the first treatment within 30 days and last treatment within one year after the Covered Accident. Treatment must follow payment of the Accident Emergency Treatment benefit. This benefit will be paid for one treatment per day up to three days per Covered Accident per Insured Person.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives closed reduction (non-surgical) or open reduction (surgical) treatment of a fracture, other than a chip fracture, resulting from an Injury. Treatment must be provided by a Physician within 90 days after the Covered Accident. A fracture is a break in a bone which can be seen by X-ray. As this list is not complete, We will pay a benefit amount that would be paid for a similar fracture.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

The maximum amount payable for all fractures in the same Covered Accident is equal to two times the amount paid for the fracture with the highest benefit amount.

Bone	Closed Reduction	Open Reduction
Skull (except bones of face or nose)		
Depressed skull fracture	[\$1,250/2,500]	[\$2,500/5,000]
Simple non-depressed skull fracture	[500/1,000]	[1,000/2,000]
Hip, thigh (Femur)	[750/1,500]	[1,500/3,000]
Vertebrae, body of (excluding Vertebral Processes)	[400/800]	[800/1,600]
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	[400/800]	[800/1,600]
Leg (Tibia and/or Fibula)	[400/800]	[800/1,600]
Bones of face or nose (except Mandible or Maxilla)	[175/350]	[350/700]
Upper jaw, Maxilla (except Alveolar Process)	[175/350]	[350/700]
Upper arm between elbow and shoulder (Humerus)	[175/350]	[350/700]
Lower jaw, Mandible (except Alveolar Process)	[150/300]	[300/600]
Shoulder blade (Scapula), collar bone (Clavicle, Sternum)	[150/300]	[300/600]
Vertebral Processes	[150/300]	[300/600]
Forearm (Radius and/or Ulna)	[150/300]	[300/600]
Knee cap (Patella)	[150/300]	[300/600]
Hand, foot (except fingers, toes)	[150/300]	[300/600]
Ankle, wrist	[150/300]	[300/600]
Rib	[125/250]	[250/500]
Coccyx	[100/200]	[200/400]
Finger, toe	[25/50]	[50/100]

Gunshot Wound. We will pay \$[500/1,000] if the primary Insured Person receives treatment for one or more gunshot wounds by a conventional firearm resulting from an Injury and not intentionally self-inflicted. Treatment must be provided by a Physician and include Hospital Confinement within 24 hours and surgery within 72 hours after the Covered Accident. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. This benefit will be paid once per Covered Accident.

Hospital Admission. We will pay \$[500/1,000] if any Insured Person is Confined to a Hospital for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Hospital Confinement. We will pay \$[100/200] per day of Confinement if any Insured Person is Confined to a Hospital or Hospital Sub-Acute Intensive Care Unit for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid up to [90/180] days per Covered Accident per Insured Person and for only one Hospital Confinement at a time even if caused by more than one Covered Accident.

We will not pay this benefit for Confinement in a Hospital Intensive Care Unit during the initial 15 days of Confinement.

Hospital Intensive Care Unit Confinement. We will pay \$[200/400] per day of Confinement if any Insured Person is Confined to a Hospital Intensive Care Unit for treatment of an Injury within 30 days after the Covered Accident. This benefit will be paid up to 15 days per Covered Accident per Insured Person. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this Certificate of a Hospital Intensive Care Unit, We will pay the Hospital Confinement benefit. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage - Torn. We will pay \$[500/1,000], reduced by any benefit paid for knee cartilage surgery previously performed, if any Insured Person receives treatment and surgery on a torn knee cartilage resulting from an Injury. Treatment must be provided by a Physician within 60 days after the Covered Accident including surgical repair within 180 days after the Covered Accident. If this surgery is exploratory with no repair or if the cartilage is shaved (debridement), We will pay \$[100/200]. Each benefit amount will be paid once per Covered Accident per Insured Person.

Laceration. We will pay the applicable amount listed below if any Insured Person receives treatment of a laceration by a Physician within 72 hours after the Covered Accident resulting from an Injury. The amount We will pay is based on the total length of all lacerations incurred in any one Covered Accident requiring repair. This benefit will be paid once per Covered Accident per Insured Person.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue	\$[50/100]
Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue	[200/400]
Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue	[400/800]

If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches. If any Insured Person incurs a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the direct result of the same Covered Accident, We will subtract the amount We paid under the Laceration benefit from the Dismemberment benefit. We will not pay the Laceration benefit if We have paid the Dismemberment benefit.

Lodging. We will pay \$100 per night of hotel room stay if a companion accompanies an Insured Person Confined to a Hospital more than 100 miles away from the Insured Person's residence for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid up to 30 nights of hotel room stay per Covered Accident per Insured Person while the Insured Person is Confined.

Physical Therapy Treatment. We will pay [\$25/\$35] per treatment if any Insured Person receives treatment provided by a Physical Therapist for an Injury, the first treatment within 30 days and the last treatment with one year after the Covered Accident. This benefit will be paid for one treatment per day up to six days per Covered Accident per Insured Person.

Prosthetic Device/Artificial Limb. We will pay the applicable amount listed below if any Insured Person receives a functional prosthetic device or artificial limb for loss of a hand, foot, or sight of an eye prescribed by a Physician within one year after the Covered Accident resulting from an Injury. This benefit will be paid once per Covered Accident per Insured Person.

One prosthetic device or artificial limb	\$ 500
More than one prosthetic device or artificial limb	1,000

We will not pay this benefit for the following:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prostheses such as wigs; or
- joint replacements such as an artificial hip or knee.

Ruptured Disc. We will pay \$400 if any Insured Person receives treatment and surgery of a ruptured disc of the spine resulting from an Injury. Treatment must be provided by a Physician within 60 days after the Covered Accident, including surgical repair within one year after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Tendon/Ligament/Rotator Cuff. We will pay \$500 if any Insured Person receives surgical repair of a torn, ruptured or severed tendon, ligament or rotator cuff repaired by a Physician within 90 days after the Covered Accident resulting from an Injury. If this surgery is exploratory or without repair, We will only pay \$100. Each benefit amount will be paid once per Covered Accident per Insured Person.

If any Insured Person incurs a fracture or a dislocation and tears, ruptures or severs a tendon, ligament or rotator cuff in the same Covered Accident, We will only pay the larger of the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Transportation. We will pay \$300 per round trip for travel by any Insured Person Confined to a Hospital more than 50 miles away from the Insured Person's residence for treatment of an Injury within 180 days after the Covered Accident. Treatment must be unavailable locally and prescribed by a Physician. This benefit will be paid up to three round trips per Covered Accident per Insured Person. We will not pay this benefit for transportation by ambulance or air ambulance.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where 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);
- who is a Dependent Child incurring Injuries during birth;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury;
- committing or attempting to commit suicide, while sane or insane; or
- traveling outside the United States, except for those Injuries that require Emergency Care in a Hospital.

PERSONS INSURED

Persons Eligible on Certificate Issue Date. The only people eligible for coverage ("eligible person(s)") on the Certificate Issue Date are the primary Insured Person, Spouse, and Dependent Children. Only the Insured Persons on the Certificate Schedule or added by amendment are covered by this Certificate.

Persons Who Become Eligible After the Certificate Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 26, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child. We must receive written notice and a premium for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, for the Dependent Child's coverage to continue beyond the initial 90 days of coverage. We must receive written notice and premium for such Dependent Child within 60 days of adoption, placement for adoption or placement as a Foster Child for the child's coverage to continue beyond the initial 60 days of coverage.

The required written notice must include the child's name, gender and date of birth, adoption or placement with You.

Except as provided above, any others who become eligible after the Certificate Issue Date can only become Insured Persons after We approve such eligible person's written application for coverage and all required premiums are paid.

Continuity of Coverage for Spouse. If this Certificate includes coverage for Your Spouse and You die, Your Spouse can keep this coverage in force by notifying Us in writing and providing payment within 60 days after Your death. The continued coverage will provide the Spouse the same coverage provided under this Certificate at the time of conversion. The continued coverage will be subject to the remainder of periods stated in the Time Limit on Certain Defenses section. If this same coverage is no longer offered at the time of continuation, We will issue coverage that is most comparable.

TERMINATION

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

- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Termination of Child Coverage. Coverage for a Dependent Child under this Certificate and any attached certificate riders will terminate when such child establishes residence in a foreign country or no longer meets the definition of Dependent Child.

The attainment of the limiting age for an eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purposes of this provision, "chiefly dependent" means the eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the Dependent Child is a disabled and dependent person upon the child's attainment of the limiting age. After two years following attainment of the limiting age. We may again require such proof not more frequently than annually. In the absence of such proof, We may terminate the coverage for the Dependent Child after the attainment of the limiting age.

Termination of Spouse Coverage. Coverage for a Spouse under this Certificate and any attached certificate riders will terminate when such Spouse establishes residence in a foreign country, no longer meets the definition of a Spouse or upon valid decree of divorce unless otherwise specified in the decree.

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

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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

Proof of Loss. Written proof of loss satisfactory to Us 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 such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of this Certificate.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid 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.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, including overpayment made due to fraud or any error We make in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless the statement was made in the Employer Group Application or the primary Insured Person's conversion application. We can only use the Employer Group Application and conversion application statements if We attach a copy of the applications to this Certificate.

In the absence of fraud, statements made in the Employer Group Application and Your conversion 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 Your Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

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

Change of Beneficiary. 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 acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this Certificate conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's application, Employer Group Application and Your conversion application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

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

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided 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.

Physical Examination and Autopsy. We have the right to have any 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 Limit on Certain Defenses. After three years from the Certificate Issue Date, We cannot use misstatements, except fraudulent misstatements, in the Employer Group Application or Your conversion application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) 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 Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

ACCIDENT INDEMNITY CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Off-the-Job
Accident Indemnity
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your conversion application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

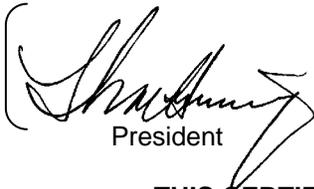
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

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


President


Secretary

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE
If You are eligible for Medicare, review the Guide to Health Insurance
for People with Medicare, which is available from Us.

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates.

**This is an Off-the-Job accident only Certificate. It does not pay benefits for
loss from any other cause or for Injuries incurred while working for wage or profit.**

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown XX 12345-6789]

Telephone: [(123) 456-7890]

TABLE OF CONTENTS

Right to Examine.....	1	Benefits (continued)	
Right to Cancel.....	1	Tendon/Ligament/Rotator Cuff	11
Schedule	3	Transportation	11
Definitions.....	4	Exclusions	11
Premiums	6	Persons Insured	11
Premium Payments	6	Persons Eligible on Certificate Issue Date	11
Grace Period.....	6	Persons Who Become Eligible After the	
Reinstatement.....	6	Certificate Issue Date	12
Refund of Unearned Premium.....	6	Automatic Coverage.....	12
Unpaid Premiums	6	Continuity of Coverage for Spouse	12
Benefits	6	Termination	12
Abdominal or Thoracic Surgery.....	6	Termination of Child Coverage.....	12
Accident Emergency Treatment	6	Termination of Spouse Coverage.....	12
Accidental Death.....	7	Claim Procedures.....	13
Accidental Death – Common Carrier	7	Notice of Claim	13
Air Ambulance	7	Claim Forms	13
Ambulance.....	7	Proof of Loss.....	13
Appliance	7	Time of Payment of Claim	13
Blood/Plasma/Platelets.....	7	Time of Loss	13
Burn	7	Payment of Claim	13
Diagnostic Exams	7	Overpayment Reimbursement.....	13
Dislocation (separated joint)	7	Claim Review.....	13
Dismemberment	8	Appeal.....	13
Emergency Dental Work.....	8	General Provisions.....	13
Eye Injury.....	9	Application Statement.....	13
Follow-Up Treatment	9	Agency.....	13
Fracture (broken bone)	9	Assignment.....	13
Gunshot Wound.....	9	Change of Beneficiary	14
Hospital Admission	9	Conformity with State and Federal Law	14
Hospital Confinement	9	Duty of Cooperation.....	14
Hospital Intensive Care Unit Confinement.....	10	Entire Contract; Changes	14
Knee Cartilage – Torn	10	Legal Action.....	14
Laceration	10	Misstatement of Age.....	14
Lodging	10	Physical Examination and Autopsy	14
Physical Therapy Treatment.....	10	Time Limit on Certain Defenses	14
Prosthetic Device/Artificial Limb	10	Time of Coverage	14
Ruptured Disc.....	11	Worker's Compensation	14

SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1106CT (AR)	Off-the-Job Accident Indemnity Certificate of Insurance	\${ [] }
	Accidental Death Benefit	
	Primary Insured: \$[25,000/50,000]	
	Spouse: \$[10,000/20,000]	
	Child: \$[5,000/10,000]	
	Accidental Death Benefit – Common Carrier Accidents	
	Primary Insured: \$[50,000/100,000]	
	Spouse: \$[20,000/40,000]	
	Child: \$[10,000/20,000]	
[R G1104CT (AR)	Off-the-Job Accident-Only Disability Income Certificate Rider	\${ [] }
R G1115CT (AR)	Wellness Benefit Certificate Rider	\${ [] }

Policyholder: [Group Master Trust Name] Policy Number: [Group Master Trust Number]

Insured Person(s): [John Doe] (primary) Certificate Number: [0123456789]
 [Jane Doe] Issue Date: [September 1, 2011]
 [Jamie Doe] Initial Premium: [\$]
 [Jason Doe] Premium Mode: [1 month]

DEFINITIONS

Beneficiary means the person named in the Employer Group Application, or later changed as described in the Change of Beneficiary section.

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

Certificate means the Certificate issued to the primary Insured Person describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined and Confinement mean the assignment to a bed as a resident inpatient as prescribed by a Physician in a Hospital or an Observation Unit within a Hospital for a period of at least 20 continuous hours.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force, (d) is not excluded by name or specific description in this Certificate and (e) occurs while an Insured Person is Off-the-Job.

Dependent Child(ren) means any child who is (a) unmarried, (b) younger than age 26 and (c) financially dependent on You.

Due Date means the date renewal premiums are due.

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

Emergency Room means a specified area within a Hospital that is designated for the Emergency Care of accidental injuries. This area must: (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by Physicians and (c) provide care seven days per week, 24 hours per day. An Urgent Care Facility is not considered an Emergency Room.

Employer Group Application means the application used to purchase the employer group certificate which contained the contractual rights to apply for this Certificate.

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

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

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

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

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

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

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

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

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

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

Injury(ies) means bodily harm that is caused solely by or is the direct result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule, certificate rider Schedule or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means all conditions classified as mental disorders by the International Classification of Diseases including, but not limited to, psychoses, neurotic disorders, personality disorders, non-psychotic mental disorders or mental retardation whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin and irrespective of cause, basis or inducement.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician following outpatient surgery or treatment in the Emergency Room and which (a) is under the direct supervision of a Physician or registered nurse (RN), (b) is staffed by nurses assigned specifically to that unit and (c) provides care seven days per week, 24 hours per day.

Off-the-Job means while an Insured Person is not working at any job for wage or profit, even if not with the Policyholder.

Physical Therapist means a person who is duly licensed by the state to practice physical therapy. Such Physical Therapist cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license, performing services for which benefits are provided by this Certificate, and practicing in accordance to the Code of Ethics of the American Physical Therapy Association.

Physician means a doctor of medicine, chiropractic or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of 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.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

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

Spouse means the person who was named on the Employer Group Application as the Spouse at the time coverage was first applied for on the employer group certificate, or who was added to a lawfully married spouse to the employer group certificate or this Certificate at a later date. No more than one Spouse may be insured at any given time.

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

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

You and **Your** mean the the primary Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail You prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover Injuries that occur while this Certificate is in force.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

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

BENEFITS

We will pay the following benefits for loss resulting from a Covered Accident:

Abdominal or Thoracic Surgery. We will pay \$1,000 if any Insured Person undergoes open abdominal or thoracic surgical repair within 72 hours after the Covered Accident resulting from an Injury. If this surgery is exploratory or without repair, We will only pay \$100. Each benefit amount will be paid once per Covered Accident. We will not pay this benefit for hernia repair.

Accident Emergency Treatment. We will pay \$[125/150] if any Insured Person receives treatment by a Physician in the Physician's office, an Urgent Care Facility or an Emergency Room within 72 hours after the Covered Accident as a result of an Injury. This benefit will be paid once per Covered Accident per Insured Person.

Accidental Death. We will pay the benefit amount shown on the Certificate Schedule if any Insured Person dies from an Injury within 90 days after the Covered Accident. This benefit will be paid per each Insured Person.

Accidental Death – Common Carrier. We will pay the benefit amount shown on the Certificate Schedule if any Insured Person dies from an Injury within 90 days after the Covered Accident sustained while a fare-paying passenger on a Common Carrier. If this benefit is paid, We will not pay the Accidental Death benefit. This benefit will be paid per each Insured Person.

Air Ambulance. We will pay \$500 if any Insured Person receives air transportation for an Injury provided by a licensed professional ambulance company to or from a Hospital within 48 hours after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Ambulance. We will pay \$100 if any Insured Person receives ground transportation for an Injury provided by a licensed professional ambulance company to or from a Hospital within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Appliance. We will pay \$100 if any Insured Person purchases or rents a medical appliance for treatment of an Injury as an aid in personal locomotion or mobility prescribed by a Physician within 90 days after the Covered Accident. Crutches, braces, walkers and wheelchairs are examples of medical appliances. This benefit will be paid once per Covered Accident per Insured Person.

Blood/Plasma/Platelets. We will pay \$300 if the primary Insured Person (\$200 if the Spouse or a Dependent Child) receives the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets for treatment of an Injury prescribed by a Physician within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Burn. We will pay the applicable amount listed below if any Insured Person receives treatment provided by a Physician within 72 hours after the Covered Accident for burns resulting from an Injury. We will pay only one benefit amount per Covered Accident per Insured Person.

We will pay 25% of the applicable Burn benefit if any Insured Person receives a skin graft for a burn for which a benefit was paid under this Burn benefit. This benefit will be paid once per Covered Accident per Insured Person.

	Primary Insured Person	Spouse/Child
Second degree burns which cover at least 36% of the body surface	\$[375/750]	\$[150/300]
Third degree burns which cover at least 1 % of the body surface but less than 20% of the body surface	[750/1,500]	[300/600]
Third degree burns which cover 20% or more of the body surface	[5,000/10,000]	[2,000/4,000]

Diagnostic Exams. We will pay \$[100/200] per Calendar Year if any Insured Person receives any of the exams listed below prescribed by a Physician within 180 days of a Covered Accident for diagnosis of an Injury. This benefit will be paid once per Insured Person. Exams include the following:

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

Dislocation (separated joint). We will pay the applicable amount listed below if any Insured Person receives closed reduction (non-surgical) or open reduction (surgical) treatment requiring anesthesia for an Injury of a dislocation. Treatment must be provided by a Physician within 90 days after the Covered Accident. A dislocation is a completely separated joint. As this list is not complete, if a dislocation is not listed We will pay a benefit amount that would be paid for a similar dislocation.

If this dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the applicable amount listed for a closed reduction. If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the applicable amount listed for a closed reduction. An incomplete dislocation is a dislocation in which the joint is not completely separated.

The maximum amount payable for all dislocations in the same Covered Accident is equal to two times the amount paid for the dislocation with the highest benefit amount. We will pay this benefit for the first dislocation of a joint after the Certificate Issue Date. Subsequent dislocations of the same joint after the Certificate Issue Date will not be covered.

Joint	Closed Reduction	Open Reduction
Hip	[\$1,000/2,000]	[\$2,000/4,000]
Knee (except Patella)	[500/1,000]	[1,000/2,000]
Ankle	[400/800]	[800/1,600]
Bone or bones of the foot (other than toes)	[400/800]	[800/1,600]
Collarbone (Sternoclavicular)	[250/500]	[500/1,000]
Lower jaw	[150/300]	[300/600]
Shoulder (Glenohumeral)	[150/300]	[300/600]
Elbow	[150/300]	[300/600]
Wrist	[150/300]	[300/600]
Bone or bones of the hand (other than fingers)	[150/300]	[300/600]
Collarbone (Acromioclavicular and separation)	[50/100]	[100/200]
One toe or finger	[50/100]	[100/200]

Dismemberment. We will pay the applicable amount listed below if any Insured Person incurs a listed loss from an Injury within 90 days after the Covered Accident.

	Primary Insured Person	Spouse/Child
Loss of both hands, or both feet, or the sight of both eyes, or any combination of two or more of these	[\$15,000/30,000]	[\$10,000/20,000]
Loss of one hand, or one foot, or sight of one eye	[7,500/15,000]	[5,000/10,000]
Loss of two or more fingers, or two or more toes, or any combination of two or more fingers or toes	[1,500/3,000]	[1,000/2,000]
Loss of one finger or one toe	[750/1,500]	[500/1,000]

"Loss of a hand" means that the hand is cut off through or above the wrist joint or the use of the hand is medically determined to be permanently lost. "Loss of a foot" means that the foot is cut off through or above the ankle joint or the use of the foot is medically determined to be permanently lost. "Loss of a finger" means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. "Loss of a toe" means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. "Loss of sight of an eye" means that at least 80% of vision is permanently lost after reasonable effort has been made to correct the Insured Person's vision using the most advanced medically acceptable procedures and devices available.

If any Insured Person loses a finger or toe and later loses a hand or foot on the same side of the body within 90 days of the same Covered Accident as the direct result of the same Injury, We will subtract the amount paid for the loss of a finger or toe from the benefit paid for the loss of a hand or foot.

This benefit will be paid once per Covered Accident per Insured Person. If any Insured Person incurs multiple losses in the same Covered Accident, We will only pay the largest benefit. If death and dismemberment occur within 90 days of the same Covered Accident, We will subtract the amount of any dismemberment from either Accidental Death benefit.

Emergency Dental Work. We will pay the applicable amount listed below if any Insured Person receives dental work for an Injury within 90 days after the Covered Accident. Each benefit will be paid once per Covered Accident per Insured Person regardless of the number of teeth involved:

Any and all broken teeth repaired with crown(s)	[\$150/300]
Any and all broken teeth resulting in extraction(s)	[50/100]

Eye Injury. We will pay \$200 if any Insured Person receives treatment for an eye Injury including surgery or removal of a foreign object within 90 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person. We will not pay this benefit for an examination with anesthesia.

Follow-Up Treatment. We will pay \$[25/35] per treatment if any Insured Person receives treatment for an Injury provided by a Physician in the Physician's office or in a Hospital on an outpatient basis, the first treatment within 30 days and last treatment within one year after the Covered Accident. Treatment must follow payment of the Accident Emergency Treatment benefit. This benefit will be paid for one treatment per day up to three days per Covered Accident per Insured Person.

Fracture (broken bone). We will pay the applicable amount listed below if any Insured Person receives closed reduction (non-surgical) or open reduction (surgical) treatment of a fracture, other than a chip fracture, resulting from an Injury. Treatment must be provided by a Physician within 90 days after the Covered Accident. A fracture is a break in a bone which can be seen by X-ray. As this list is not complete, We will pay a benefit amount that would be paid for a similar fracture.

If a Physician diagnoses the fracture as a chip fracture, We will pay 25% of the amount listed for the closed reduction for the bone involved. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

The maximum amount payable for all fractures in the same Covered Accident is equal to two times the amount paid for the fracture with the highest benefit amount.

Bone	Closed Reduction	Open Reduction
Skull (except bones of face or nose)		
Depressed skull fracture	\$[1,250/2,500]	\$[2,500/5,000]
Simple non-depressed skull fracture	[500/1,000]	[1,000/2,000]
Hip, thigh (Femur)	[750/1,500]	[1,500/3,000]
Vertebrae, body of (excluding Vertebral Processes)	[400/800]	[800/1,600]
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	[400/800]	[800/1,600]
Leg (Tibia and/or Fibula)	[400/800]	[800/1,600]
Bones of face or nose (except Mandible or Maxilla)	[175/350]	[350/700]
Upper jaw, Maxilla (except Alveolar Process)	[175/350]	[350/700]
Upper arm between elbow and shoulder (Humerus)	[175/350]	[350/700]
Lower jaw, Mandible (except Alveolar Process)	[150/300]	[300/600]
Shoulder blade (Scapula), collar bone (Clavicle, Sternum)	[150/300]	[300/600]
Vertebral Processes	[150/300]	[300/600]
Forearm (Radius and/or Ulna)	[150/300]	[300/600]
Knee cap (Patella)	[150/300]	[300/600]
Hand, foot (except fingers, toes)	[150/300]	[300/600]
Ankle, wrist	[150/300]	[300/600]
Rib	[125/250]	[250/500]
Coccyx	[100/200]	[200/400]
Finger, toe	[25/50]	[50/100]

Gunshot Wound. We will pay \$[500/1,000] if the primary Insured Person receives treatment for one or more gunshot wounds by a conventional firearm resulting from an Injury and not intentionally self-inflicted. Treatment must be provided by a Physician and include Hospital Confinement within 24 hours and surgery within 72 hours after the Covered Accident. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. This benefit will be paid once per Covered Accident.

Hospital Admission. We will pay \$[500/1,000] if any Insured Person is Confined to a Hospital for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Hospital Confinement. We will pay \$[100/200] per day of Confinement if any Insured Person is Confined to a Hospital or Hospital Sub-Acute Intensive Care Unit for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid up to [90/180] days per Covered Accident per Insured Person and for only one Hospital Confinement at a time even if caused by more than one Covered Accident.

We will not pay this benefit for Confinement in a Hospital Intensive Care Unit during the initial 15 days of Confinement.

Hospital Intensive Care Unit Confinement. We will pay \$[200/400] per day of Confinement if any Insured Person is Confined to a Hospital Intensive Care Unit for treatment of an Injury within 30 days after the Covered Accident. This benefit will be paid up to 15 days per Covered Accident per Insured Person. If any Insured Person is Confined in a Hospital Intensive Care Unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

If any Insured Person is Confined to a Hospital Intensive Care Unit that does not meet the definition in this Certificate of a Hospital Intensive Care Unit, We will pay the Hospital Confinement benefit. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage - Torn. We will pay \$[500/1,000], reduced by any benefit paid for knee cartilage surgery previously performed, if any Insured Person receives treatment and surgery on a torn knee cartilage resulting from an Injury. Treatment must be provided by a Physician within 60 days after the Covered Accident including surgical repair within 180 days after the Covered Accident. If this surgery is exploratory with no repair or if the cartilage is shaved (debridement), We will pay \$[100/200]. Each benefit amount will be paid once per Covered Accident per Insured Person.

Laceration. We will pay the applicable amount listed below if any Insured Person receives treatment of a laceration by a Physician within 72 hours after the Covered Accident resulting from an Injury. The amount We will pay is based on the total length of all lacerations incurred in any one Covered Accident requiring repair. This benefit will be paid once per Covered Accident per Insured Person.

Total of all lacerations is not more than three inches (7.6 cm) long and repaired by stitches, staples or glue	\$[50/100]
Total of all lacerations is greater than three and not more than five inches (7.6 cm to 12.5 cm) long and repaired by stitches, staples or glue	[200/400]
Total of all lacerations is more than five inches (12.5 cm) long and repaired by stitches, staples or glue	[400/800]

If the laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a laceration repaired with stitches. If any Insured Person incurs a laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as the direct result of the same Covered Accident, We will subtract the amount We paid under the Laceration benefit from the Dismemberment benefit. We will not pay the Laceration benefit if We have paid the Dismemberment benefit.

Lodging. We will pay \$100 per night of hotel room stay if a companion accompanies an Insured Person Confined to a Hospital more than 100 miles away from the Insured Person's residence for treatment of an Injury within 180 days after the Covered Accident. This benefit will be paid up to 30 nights of hotel room stay per Covered Accident per Insured Person while the Insured Person is Confined.

Physical Therapy Treatment. We will pay [\$25/\$35] per treatment if any Insured Person receives treatment provided by a Physical Therapist for an Injury, the first treatment within 30 days and the last treatment with one year after the Covered Accident. This benefit will be paid for one treatment per day up to six days per Covered Accident per Insured Person.

Prosthetic Device/Artificial Limb. We will pay the applicable amount listed below if any Insured Person receives a functional prosthetic device or artificial limb for loss of a hand, foot, or sight of an eye prescribed by a Physician within one year after the Covered Accident resulting from an Injury. This benefit will be paid once per Covered Accident per Insured Person.

One prosthetic device or artificial limb	\$ 500
More than one prosthetic device or artificial limb	1,000

We will not pay this benefit for the following:

- hearing aids;
- dental aids, including false teeth;
- eye glasses;
- cosmetic prostheses such as wigs; or
- joint replacements such as an artificial hip or knee.

Ruptured Disc. We will pay \$400 if any Insured Person receives treatment and surgery of a ruptured disc of the spine resulting from an Injury. Treatment must be provided by a Physician within 60 days after the Covered Accident, including surgical repair within one year after the Covered Accident. This benefit will be paid once per Covered Accident per Insured Person.

Tendon/Ligament/Rotator Cuff. We will pay \$500 if any Insured Person receives surgical repair of a torn, ruptured or severed tendon, ligament or rotator cuff repaired by a Physician within 90 days after the Covered Accident resulting from an Injury. If this surgery is exploratory or without repair, We will only pay \$100. Each benefit amount will be paid once per Covered Accident per Insured Person.

If any Insured Person incurs a fracture or a dislocation and tears, ruptures or severs a tendon, ligament or rotator cuff in the same Covered Accident, We will only pay the larger of the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Transportation. We will pay \$300 per round trip for travel by any Insured Person Confined to a Hospital more than 50 miles away from the Insured Person's residence for treatment of an Injury within 180 days after the Covered Accident. Treatment must be unavailable locally and prescribed by a Physician. This benefit will be paid up to three round trips per Covered Accident per Insured Person. We will not pay this benefit for transportation by ambulance or air ambulance.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where 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);
- who is a Dependent Child incurring Injuries during birth;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury;
- committing or attempting to commit suicide, while sane or insane; or
- traveling outside the United States, except for those Injuries that require Emergency Care in a Hospital.

PERSONS INSURED

Persons Eligible on Certificate Issue Date. The only people eligible for coverage ("eligible person(s)") on the Certificate Issue Date are the primary Insured Person, Spouse, and Dependent Children. Only the Insured Persons on the Certificate Schedule or added by amendment are covered by this Certificate.

Persons Who Become Eligible After the Certificate Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 26, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child. We must receive written notice and a premium for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, for the child's coverage to continue beyond the initial 90 days of coverage. We must receive written notice and premium for such Dependent Child within 60 days of adoption, placement for adoption or placement as a Foster Child for the child's coverage to continue beyond the initial 60 days of coverage.

The required written notice must include the child's name, gender and date of birth, adoption or placement with You.

Except as provided above, any others who become eligible after the Certificate Issue Date can only become Insured Persons after We approve such eligible person's written application for coverage and all required premiums are paid.

Continuity of Coverage for Spouse. If this Certificate includes coverage for Your Spouse and You die, Your Spouse can keep this coverage in force by notifying Us in writing and providing payment within 60 days after Your death. The continued coverage will provide the Spouse the same coverage provided under this Certificate at the time of conversion. The continued coverage will be subject to the remainder of periods stated in the Time Limit on Certain Defenses section. If this same coverage is no longer offered at the time of continuation, We will issue coverage that is most comparable.

TERMINATION

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

- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Termination of Child Coverage. Coverage for a Dependent Child under this Certificate and any attached certificate riders will terminate when such child establishes residence in a foreign country or no longer meets the definition of Dependent Child.

The attainment of the limiting age for an eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purposes of this provision, "chiefly dependent" means the eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the Dependent Child is a disabled and dependent person upon the child's attainment of the limiting age. After two years following attainment of the limiting age. We may again require such proof not more frequently than annually. In the absence of such proof, We may terminate the coverage for the Dependent Child after the attainment of the limiting age.

Termination of Spouse Coverage. Coverage for a Spouse under this Certificate and any attached certificate riders will terminate when such Spouse establishes residence in a foreign country, no longer meets the definition of a Spouse or upon valid decree of divorce unless otherwise specified in the decree.

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

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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

Proof of Loss. Written proof of loss satisfactory to Us 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 such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of this Certificate.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid 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.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, including overpayment made due to fraud or any error We make in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless the statement was made in the Employer Group Application or the primary Insured Person's conversion application. We can only use the Employer Group Application and conversion application statements if We attach a copy of the applications to this Certificate.

In the absence of fraud, statements made in the Employer Group Application and Your conversion 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 Your Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

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

Change of Beneficiary. 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 acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this Certificate conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's application, Employer Group Application and Your conversion application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

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

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided 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.

Physical Examination and Autopsy. We have the right to have any 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 Limit on Certain Defenses. After three years from the Certificate Issue Date, We cannot use misstatements, except fraudulent misstatements, in the Employer Group Application or Your conversion application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) 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 Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB INDEMNITY EXPENSE CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY



ASSURITY[®] LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Accident-Only
Disability Income
Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved conversion application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to You prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Monthly Benefit:	[\$600/\$1,200]	
Maximum Benefit Period:	[6/12 months]	
Elimination Period:	7 consecutive days	

DEFINITIONS

Actively Employed means the Insured Person must be working at least 30 hours per week and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered as Actively Employed.

Concurrent Total Disabilities means Total Disabilities caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury, (b) occurs after the Issue Date, (c) occurs while this certificate rider is in force and (d) is not excluded by name or specific description in this certificate rider or the Certificate.

Elimination Period means the number of consecutive days the Insured Person must be Totally Disabled before being eligible to receive the Monthly Benefit. We do not pay Monthly Benefits during the Elimination Period.

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

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

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

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Injury(ies) means bodily harm that is caused solely by or is the direct result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Maximum Benefit Period means the maximum period of time the Monthly Benefits are paid.

Mental or Nervous Disorder means all conditions classified as mental disorders by the International Classification of Diseases including, but not limited to, psychoses, neurotic disorders, personality disorders, non-psychotic mental disorders or mental retardation whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin and irrespective of cause, basis or inducement.

Recurrent Total Disability means a situation in which the Insured Person becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again for the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Totally Disabled and **Total Disability** mean that due to an Injury occurring while this certificate rider is in force, the Insured Person (a) is unable to perform the substantial and material duties of their own occupation, (b) is not working for wage or profit and (c) requires a Physician's care, unless the Insured Person's Physician certifies the Insured Person has reached the maximum point of recovery.

BENEFIT

We will pay the Monthly Benefit if the Insured Person is Totally Disabled beginning within 180 days after the Injury and is Actively Employed at the time Total Disability begins. The Elimination Period must be satisfied.

We will pay the Monthly Benefit while the Insured Person is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. If the Insured Person's Total Disability lasts less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit payable for each day of the Total Disability. Monthly Benefits will be paid for only one of any Concurrent Total Disabilities. Monthly Benefits for partial disability are not payable.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six months or more where the Insured Person is Actively Employed on a continuous basis and not receiving any disability Monthly Benefits under this certificate rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of the Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during the active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where 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);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;

- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury;
- committing or attempting to commit suicide, while sane or insane; or
- traveling outside the United States except for those Injuries that require Emergency Care in a Hospital.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this certificate rider occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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

Proof of Loss. Written proof of loss satisfactory to Us 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 such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at our expense, to require the Insured Person to provide an interview to our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this certificate rider will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this certificate rider is in force. Termination of this certificate rider will not affect any claim for disability, provided that the Total Disability begins prior to termination of this certificate rider and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid 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.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, including overpayment made due to fraud or any error We make in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision if the denial does not involve a claim for disability benefits, or 180 days after receipt of Our denial decision if the denial involves a claim for disability benefits. We will provide written notice of Our decision on appeal.

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

Time Limit on Certain Defenses. After three years from the certificate rider Issue Date, excluding any time the Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this certificate rider) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time the Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this certificate rider) 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 this certificate rider Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this certificate rider.

TERMINATION

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

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

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


President


Secretary



This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved conversion application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to You prior to any premium change.

SCHEDULE

Insured Person:	[]
Issue Date:	[]
Monthly Benefit:	[\$600/\$1,200]	
Maximum Benefit Period:	[6/12 months]	
Elimination Period:	7 consecutive days	

DEFINITIONS

Actively Employed means the Insured Person must be working at least 30 hours per week and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered as Actively Employed.

Concurrent Total Disabilities means Total Disabilities caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury, (b) occurs after the Issue Date, (c) occurs while this certificate rider is in force, (d) is not excluded by name or specific description in this certificate rider or the Certificate and (e) occurs while an Insured Person is Off-the-Job.

Elimination Period means the number of consecutive days the Insured Person must be Totally Disabled before being eligible to receive the Monthly Benefit. We do not pay Monthly Benefits during the Elimination Period.

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

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

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

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Injury(ies) means bodily harm that is caused solely by or is the direct result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Maximum Benefit Period means the maximum period of time the Monthly Benefits are paid.

Mental or Nervous Disorder means all conditions classified as mental disorders by the International Classification of Diseases including, but not limited to, psychoses, neurotic disorders, personality disorders, non-psychotic mental disorders or mental retardation whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin and irrespective of cause, basis or inducement.

Off-the-Job means while an Insured Person is not working at any job for wage or profit.

Recurrent Total Disability means a situation in which the Insured Person becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again for the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Totally Disabled and **Total Disability** mean that due to an Injury occurring Off-the-Job while this certificate rider is in force, the Insured Person (a) is unable to perform the substantial and material duties of their own occupation, (b) is not working for wage or profit and (c) requires a Physician's care, unless the Insured Person's Physician certifies the Insured Person has reached the maximum point of recovery.

BENEFIT

We will pay the Monthly Benefit if the Insured Person is Totally Disabled beginning within 180 days after the Injury and is Actively Employed at the time Total Disability begins. The Elimination Period must be satisfied.

We will pay the Monthly Benefit while the Insured Person is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. If the Insured Person's Total Disability lasts less than a full month, We will pay one-thirtieth (1/30) of the Monthly Benefit payable for each day of the Total Disability. Monthly Benefits will be paid for only one of any Concurrent Total Disabilities. Monthly Benefits for partial disability are not payable.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six months or more where the Insured Person is Actively Employed on a continuous basis and not receiving any disability Monthly Benefits under this certificate rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of the Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during the active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where 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);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility

- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury;
- committing or attempting to commit suicide, while sane or insane; or
- traveling outside the United States except for those Injuries that require Emergency Care in a Hospital.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this certificate rider occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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

Proof of Loss. Written proof of loss satisfactory to Us 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 such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at our expense, to require the Insured Person to provide an interview to our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this certificate rider will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this certificate rider is in force. Termination of this certificate rider will not affect any claim for disability, provided that the Total Disability begins prior to termination of this certificate rider and within 30 days after the date of the Injury causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid 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.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, including overpayment made due to fraud or any error We make in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision if the denial does not involve a claim for disability benefits, or 180 days after receipt of Our denial decision if the denial involves a claim for disability benefits. We will provide written notice of Our decision on appeal.

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

Time Limit on Certain Defenses. After three years from this certificate rider Issue Date, excluding any time the Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this certificate rider) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time the Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this certificate rider) 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 certificate rider Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this certificate rider.

TERMINATION

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

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

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


President


Secretary



ASSURITY[®] LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Wellness Benefit
Certificate Rider**

This certificate rider is attached to and part of the Certificate which is a part of the Policy. The terms of the Policy and Certificate apply to this certificate rider unless otherwise stated in this certificate rider. This certificate rider is issued in return for Your approved conversion application. Premium for this certificate rider is included on the Certificate Schedule. The certificate rider premiums are paid to Our administrative office at the same time as the Certificate premiums. After the Policy has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all certificate riders under the Policy. A 31-day notice will be given by mail to You prior to any premium change.

SCHEDULE

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

DEFINITIONS

Insured Category means a grouping of Insured Persons each of which is eligible for a separate benefit. The primary Insured Person is an Insured Category, the Spouse is an Insured Category and all Dependent Children of the primary Insured Person, as a single grouping, is an Insured Category.

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

REINSTATEMENT

Reinstatement. If premium is not paid by the end of the Grace Period, this certificate rider will lapse (will not be in force). If You want this certificate rider reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this certificate rider lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this certificate rider may be reinstated with payment of any premium due. This certificate rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this certificate rider will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated certificate rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

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

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

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

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

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

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

TERMINATION

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

- the date the Certificate terminates for any reason;
- when any premium due for this certificate rider is not paid before the end of the Grace Period; or
- the date We receive written notice to terminate this certificate rider unless the notice specifies a later date.

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


President


Secretary

SERFF Tracking #:

FRCS-128769711

State Tracking #:

Company Tracking #:

5825

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Conversion Accident Expense Policy Filing

Project Name/Number: ASSURITY/62/62

Rate Information

Rate data applies to filing.

Filing Method: For approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

FRCS-128769711

State Tracking #:**Company Tracking #:**

5825

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Conversion Accident Expense Policy Filing

Project Name/Number:

ASSURITY/62/62

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 12/03/2012	Rates	G H1105CT (AR), G H1106CT (AR), R G1103CT (AR), R G1104CT (AR), R G1115CT (AR)	New		Rates only.pdf

Appendix 1

Sample Premiums Assurity Life Insurance Company Base Forms G H1105T / G H1105CT 24 Hour Policy Base Forms G H1106T / G H1106CT Off-the-Job Policy

On and Off-the-Job Accidents	
Two Units	Annual Premium
Family	493.86
Single Parent	315.47
Employee and Spouse	354.98
Single	197.44
One Unit	Annual Premium
Family	382.26
Single Parent	245.40
Employee and Spouse	277.87
Single	156.02

Off-the-Job Accidents Only	
Two Units	Annual Premium
Family	433.08
Single Parent	273.50
Employee and Spouse	295.29
Single	154.76
One Unit	Annual Premium
Family	337.60
Single Parent	214.19
Employee and Spouse	233.83
Single	124.48

Accident-Only Disability Income Rider On and Off-the-Job Accidents Per \$100 of Monthly Benefit	
	Annual Premium
6-Month BP	16.82
12-Month BP	22.17

Accident-Only Disability Income Rider Off-the-Job Accidents Only Per \$100 of Monthly Benefit	
	Annual Premium
6-Month BP	10.93
12-Month BP	14.41

Appendix 1

Sample Premiums
Assurity Life Insurance Company
Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy

Wellness Benefit Rider	
	Annual Premium
Family	100.55
Single Parent	61.95
Employee and Spouse	72.23
Single	38.63

Appendix 2
Benefit Description
Assurity Life Insurance Company

Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy

Initial Care	“One Unit”		“Two Units”	
Ambulance within 90 days	\$100		\$100	
Air Ambulance within 48 hours	\$500		\$500	
Accident emergency treatment in doctor's office, urgent care facility or ER within 72 hours	\$125		\$150	
Follow-up doctor's office visit including chiropractic care (max of 3 visits)	\$25		\$35	
Physical therapy treatment (max of 6 treatments)	\$25		\$35	
Transportation for insured if over 100 miles round trip	\$300		\$300	
Lodging for companion for up to 30 days	\$100		\$100	
Accidental Death				
Death within 90 days	Common Carrier		Other	
Employee	\$50,000		\$25,000	
Spouse	\$20,000		\$10,000	
Children	\$10,000		\$5,000	
	Common Carrier		Other	
	\$100,000		\$50,000	
	\$40,000		\$20,000	
	\$20,000		\$10,000	
Hospital Benefit				
Paid once per accident				
On Admission (within 180 days)	\$500		\$1,000	
Per day	\$100		\$200	
Blood / Plasma / Platelets (within 90 days)	\$300		\$300	
for named insured	\$300		\$300	
for spouse/child	\$200		\$200	

Appendix 2
Benefit Description
Assurity Life Insurance Company

Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy

ICU Benefit	“One Unit”		“Two Units”	
Within 30 days; 15 day maximum	\$200		\$400	
Burn Benefits				
- Must get treatment by physician within 72 hours				
- Only one benefit amount per accident				
	Employee	Spouse/ Child	Employee	Spouse/ Child
2nd degree burns over 36+% of body	\$375	\$150	\$750	\$300
3rd degree burns on 1-19% of body	\$750	\$300	\$1,500	\$600
3rd degree burns on 20+% of body	\$5,000	\$2,000	\$10,000	\$4,000
Dismemberments				
Within 90 days	Employee	Spouse/ Child	Employee	Spouse/ Child
Loss of both hand, both feet, sight in both eyes, or any combination of two or more hands, feet, eyes	\$15,000	\$10,000	\$30,000	\$20,000
Loss of one hand, one foot, or sight of one eye	\$7,500	\$5,000	\$15,000	\$10,000
Loss of two or more fingers or toes	\$1,500	\$1,000	\$3,000	\$2,000
Loss of one finger or toe	\$750	\$500	\$1,500	\$1,000

Appendix 2
Benefit Description
Assurity Life Insurance Company

Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy

Dislocations	"One Unit"		"Two Units"	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Within 90 days				
Hip	\$1,000	\$2,000	\$2,000	\$4,000
Knee (except patella)	\$500	\$1,000	\$1,000	\$2,000
Ankle or bones of the foot (other than toes)	\$400	\$800	\$800	\$1,600
Collarbone (Sternoclavicular)	\$250	\$500	\$500	\$1,000
Collarbone (Acromioclavicular)	\$50	\$100	\$100	\$200
Lower jaw	\$150	\$300	\$300	\$600
Shoulder	\$150	\$300	\$300	\$600
Elbow	\$150	\$300	\$300	\$600
Wrist	\$150	\$300	\$300	\$600
Bones of hand (other than fingers)	\$150	\$300	\$300	\$600
One toe or finger	\$50	\$100	\$100	\$200
<i>- Reduction without anesthesia is paid at 25%</i> <i>- Incomplete dislocations paid at 25%</i>				
Diagnostic				
Max per year for angiogram, CT, MRI, EEG		\$100		\$200

**Appendix 2
Benefit Description
Assurity Life Insurance Company**

**Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy**

Emergency Dental Work	“One Unit”	“Two Units”
Broken teeth repaired with crown within 90 days	\$150	\$300
Broken teeth resulting in extractions within 90 days	\$50	\$100
Eye Injury		
Surgery or removal of a foreign object within 90 days	\$200	\$200
Knee - Torn Cartilage		
Must be treated within 60 days		
Arthroscopic surgery w/o repair or with debridement	\$100	\$200
Surgical repair within 180 days	\$500	\$1,000
Lacerations		
Repaired within 72 hours with stitches, staples or glue		
Total of all lacerations < 3 inches (<7.6 centimeters)	\$50	\$100
Total of all lacerations 3-5 inches (7.6 to 12.5 cm)	\$200	\$400
Total of all lacerations 5+ inches	\$400	\$800
Prosthetics		
One prosthetic device or artificial limb (does not include joint replacement)	\$500	\$500
More than one prosthetic device or artificial limb	\$1,000	\$1,000
Medical appliances (within 90 days)	\$100	\$100

Appendix 2
Benefit Description
Assurity Life Insurance Company

Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy

Fractures	"One Unit"		"Two Units"	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Chip fractures are paid at 25%				
Depressed skull fracture	\$1,250	\$2,500	\$2,500	\$5,000
Non-depressed skull fracture	\$500	\$1,000	\$1,000	\$2,000
Hip, Thigh	\$750	\$1,500	\$1,500	\$3,000
Vertebrae (excluding vertebral process)	\$400	\$800	\$800	\$1,600
Vertebral process	\$150	\$300	\$300	\$600
Pelvis	\$400	\$800	\$800	\$1,600
Leg (Tibia and / or Fibula)	\$400	\$800	\$800	\$1,600
Bones of face or nose	\$175	\$350	\$350	\$700
Upper jaw (maxilla)	\$175	\$350	\$350	\$700
Upper arm (humerus)	\$175	\$350	\$350	\$700
Lower jaw (mandible)	\$150	\$300	\$300	\$600
Shoulder blade (scapula)	\$150	\$300	\$300	\$600
Collarbone (clavicle, Sternum)	\$150	\$300	\$300	\$600
Forearm (radius and / or ulna)	\$150	\$300	\$300	\$600
Hand, wrist (except fingers)	\$150	\$300	\$300	\$600
Kneecap (patella)	\$150	\$300	\$300	\$600
Foot (except toes)	\$150	\$300	\$300	\$600
Ankle	\$150	\$300	\$300	\$600
Rib	\$125	\$250	\$250	\$500
Coccyx	\$100	\$200	\$200	\$400
Finger, toe	\$25	\$50	\$50	\$100

**Appendix 2
Benefit Description
Assurity Life Insurance Company**

**Base Forms G H1105T / G H1105CT 24 Hour Policy
Base Forms G H1106T / G H1106CT Off-the-Job Policy**

Ruptured disc	“One Unit”	“Two Units”
Treatment within 60 days and surgery within 1 year	\$400	\$400
Surgery		
Open abdominal / thoracic surgery to repair injuries	\$1,000	\$1,000
Open abdominal / thoracic exploratory surgery w/o repair	\$100	\$100
Tendon / Ligament / Rotator Cuff		
Repair of tendon, ligament or rotator cuff (within 90 days)	\$500	\$500
Exploratory surgery w/o repair	\$100	\$100
Accident-Only Disability Income Riders		
Elimination Period: 7 days		
Benefit Period: 6 months or 12 months		
Monthly Benefit: Increments of \$100 up to \$1,200		
Wellness Benefit Rider		
\$150 maximum benefit per calendar year		

SERFF Tracking #:

FRCS-128769711

State Tracking #:**Company Tracking #:**

5825

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Conversion Accident Expense Policy Filing

Project Name/Number:

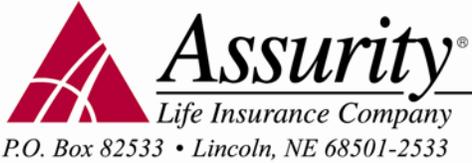
ASSURITY/62/62

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/03/2012
Comments:			
Attachment(s):	Authorization - Assurity.pdf AR COC.pdf AR RDB.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/03/2012
Bypass Reason:	Not applicable for this filing.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	12/03/2012
Comments:			
Attachment(s):	Generic Statement of Variability 10-29-12.pdf		



An Assurity Security Group Inc. Company
(402) 476-6500 • (800) 869-0355 • www.assurity.com

September 25, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Assurity Life Insurance Company

By: *Carol S Watson*

Title: Secretary

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Assurity Life Insurance Company

Form Titles: Accident Expense Certificate Form (24-Hour), Accident Expense Certificate Form (Off-The-Job), Accident-Only Disability Income Rider (24-Hour), Accident-Only Disability Income Rider (Off-The-Job), Wellness Benefit Rider, Enrollment Form

Form Numbers: G H1105CT (AR), G H1106CT (AR), R G1103CT (AR), R G1104CT (AR), R G1115CT (AR), 75-240-02253

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Carol Watson
Vice President, General Counsel and
Secretary

November 20, 2012

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Assurity Life Insurance Company

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
G H1105CT (AR)	50.5
G H1106CT (AR)	56.4
R G1103CT (AR)	51.5
R G1104CT (AR)	53.8
R G1115CT (AR)	54.7
75-240-02253	50*

*achieves a score of 50+ when scored with the Policy.



Carol Watson
Vice President, General Counsel and
Secretary

November 20, 2012

Date

Explanation of Variables

G H1105CT – Accident Expense Certificate Form (24-Hour)
G H1106CT – Accident Expense Certificate Form (Off-the-Job)

R G1103CT – Accident Only Disability Income Rider (24-Hour)
R G1104CT – Accident Only Disability Income Rider (Off-the-Job)
R G1115CT –Wellness Rider

Certificate Forms G H1105CT and G H1106CT

1. **Officer Signatures** – Allow for change in company officers.
2. **Agent Information** – Allow for change in agent/producer information.
3. **Schedule Page** – Allow for attachment of optional benefit riders, and identification of Policyholder and Insured Person information.
4. **Initial Annual Policy Premium**-The premium submitted in exchange for the accident expense policy contract and/or rider.
5. **Accidental Death Benefit**-The benefit amount paid if any Insured Person is injured as the direct result of a Covered Accident. The injury must be the cause of the Insured Person's death.
6. **Accidental Death Benefit-Common Carrier Accidents**-The benefit amount paid if any Insured Person is injured as the result of a Covered Accident while a fare paying passenger on a Common Carrier. The Injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident. If this benefit is paid the Accidental Death Benefit will not be paid.
7. **Initial Annual Rider Premium**-The Premium submitted in exchange for the Disability Income Rider and/or Wellness Benefit coverage.
8. **Insured Person/Persons** – The name of the persons insured under this policy.
9. **Policy Number**-A unique policy number assigned to a policy at issue used to identify a specific policy and owner.
10. **Issue Date**-The issue date of the policy.
11. **Modal Premium**-The amount of premium due in order to renew policy benefits.
12. **Premium Mode**- The amount of time in which the premium payments are paid or become due.
13. **Variability Brackets**-The Variability Brackets, {xxx}, throughout the policy and outline of coverage (if applicable) are the benefit amount and the number of days the benefits are payable representing that 1 unit of coverage is purchased. If 2 units of coverage is purchased the benefit amount and number of days is doubled.

Benefit		Conditions	One-Unit Plan		Two-Unit Plan	
Accident Emergency Treatment		Within 72 hours after the accident by physician, urgent care facility or emergency room	\$125		\$150	
Follow-Up Treatment		First treatment within 30 days after receiving Accident Emergency Treatment; eligible for last treatment within one year	\$25 per treatment up to three treatments		\$35 per treatment up to three treatments	
Diagnostic Exams		Requiring angiogram, CT Scan, CTA Scan, MRI, MRA or EEG within 180 days after the accident	\$100 per year		\$200 per year	
Hospital Admission		Within 180 days after the accident if confined for at least 20 hours	\$500		\$1,000	
Hospital Confinement (including sub-acute ICU)		Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with ICU benefit	\$100 per day up to 90 days		\$200 per day up to 180 days	
Hospital ICU Confinement		Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with hospital confinement benefit	\$200 per day up to 15 days (hospital confinement benefit thereafter)		\$400 per day up to 15 days (hospital confinement benefit thereafter)	
Ambulance	To or from hospital within 48 hours of the accident for air transport and within 90 days for ground transport	\$500 air \$100 ground	\$500 air \$100 ground			
Physical Therapy Treatment	First treatment within 30 days after the accident; eligible for last treatment	\$25 for up to six treatments	\$35 for up to six treatments			
Appliance	Prescribed within 90 days after the accident as an aid in mobility; includes crutches, wheelchairs, etc.	\$100	\$100			
Fracture	Requiring surgical or non-surgical repair within 90 days after the accident; 25% of benefit for a chip fracture	\$25 - \$2,500 (according to schedule)	\$50 - \$5,000 (according to schedule)			
			Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Skull (depressed)			\$1,250	\$2,500	\$2,500	\$5,000
Skull (non-depressed)			\$500	\$1,000	\$1,000	\$2,000
Hip, thigh			\$750	\$1,500	\$1,500	\$3,000
Vertebrae (excluding vertebral process), pelvis, leg (tibia and/or fibula)			\$400	\$800	\$800	\$1,600
Vertebral process			\$150	\$300	\$300	\$600
Bones of face or nose, upper jaw (maxilla), upper arm (humerus)			\$175	\$350	\$350	\$700
Lower jaw (mandible), shoulder blade (scapula), collar bone (clavicle, sternum), forearm (radius and/or ulna), hand, wrist (except fingers), kneecap (patella), foot (except toes), ankle			\$150	\$300	\$300	\$600
Rib			\$125	\$250	\$250	\$500

Coccyx		\$100	\$200	\$200	\$400
Finger, toe		\$25	\$50	\$50	\$100
Laceration	Within 72 hours after the accident with stitches, staples or glue	\$50 - \$400 (according to schedule)		\$100 - \$800 (according to schedule)	
Total of all lacerations less than 3 inches (7.6 cm)		\$50		\$100	
Total of all lacerations 3-5 inches (7.6 to 12.5 cm)		\$200		\$400	
Total of all lacerations 5+ inches (12.5 cm)		\$400		\$800	
Dislocation	Requiring surgical or non-surgical repair within 90 days after the accident; 25% of benefit for incomplete dislocation or without anesthesia	\$50 - \$2,000 (according to schedule)		\$100 - \$4,000 (according to schedule)	
		Any Insured		Any Insured	
		Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip		\$1,000	\$2,000	\$2,000	\$4,000
Knee (except patella)		\$500	\$1,000	\$1,000	\$2,000
Ankle or, bones of the foot (other than toes)		\$400	\$800	\$800	\$1,600
Collarbone (Sernoclavicular)		\$250	\$500	\$500	\$1,000
Collarbone (Acromioclavicular), one toe or finger		\$50	\$100	\$100	\$200
Lower jaw, shoulder, elbow, wrist, bones of hand (other than fingers)		\$150	\$300	\$300	\$600
Burn	Within 72 hours after the accident; 25% of benefit for skin graft	\$150 - \$5,000 (according to schedule)		\$300 - \$10,000 (according to schedule)	
2nd degree burns on at least 36% of body		\$375 employee \$150 spouse/child		\$750 employee \$300 spouse/child	
3rd degree burns on 1-19% of body		\$750 employee \$300 spouse/child		\$1,500 employee \$600 spouse/child	
3rd degree burns on at least 20% of body		\$5,000 employee \$2,000 spouse/child		\$10,000 employee \$4,000 spouse/child	
Gunshot Wound (unintentional)	Requiring hospital confinement within 24 hours and surgery within 72 hours after the accident	\$500		\$1,000	
Eye Injury	Requiring surgery or removal of a foreign object within 90 days after the accident	\$200		\$200	
Ruptured Disc	Requiring treatment within 60 days and surgery within one year after the accident	\$400		\$400	

Tendon, Ligament, or Rotator Cuff	Requiring surgery for torn, ruptured or severed within 90 days after the accident	\$500 for repair; \$100 for exploratory or without repair	\$500 for repair; \$100 for exploratory or without repair
Knee Cartilage – Torn	Requiring treatment within 60 days and surgery within 180 days after the accident	\$500 for repair; \$100 for exploratory or shaved cartilage	\$1,000 for repair; \$200 for exploratory or shaved cartilage
Abdominal or Thoracic Surgery	Within 72 hours after the accident; does not cover hernia repair	\$1,000 for repair; \$100 for exploratory or without repair	\$1,000 for repair; \$100 for exploratory or without repair
Open abdominal/thoracic surgery to repair injuries		\$1,000	\$1,000
Open abdominal/thoracic exploratory surgery without repair		\$100	\$100
Exploratory or other surgery without repair		\$100	\$100
Emergency Dental Work	Within 90 days after the accident	\$50 - \$150 (according to schedule)	\$100 - \$300 (according to schedule)
Any and all broken teeth repaired with crown		\$150	\$300
Any and all broken teeth resulting in extractions		\$50	\$100
Prosthetic Device or Artificial Limb	Prescribed within one year after the accident	\$500 for one device/limb; \$1,000 for more than one device/limb	\$500 for one device/limb; \$1,000 for more than one device/limb
Transportation	For an insured person's non-local treatment including hospital confinement within 180 days after the accident	\$300 per round trip up to three round trips	\$300 per round trip up to three round trips
Lodging	For a companion accompanying an insured person for non-local treatment including hospital confinement within 180 days after the accident	\$100 per night up to 30 nights	\$100 per night up to 30 nights
Dismemberment	Within 90 days after the accident	\$500-\$15,000 (according to schedule)	\$1,000-\$30,000 (according to schedule)
Loss of use with both hands, both feet, sight in both eyes, or any combination of two or more hands, feet and/or eyes		\$15,000 employee \$10,000 spouse/child	\$30,000 employee \$20,000 spouse/child
Loss of use with one hand, one foot or sight of one eye		\$7,500 employee \$5,000 spouse/child	\$15,000 employee \$10,000 spouse/child
Loss of two or more fingers or toes		\$1,500 employee \$1,000 spouse/child	\$3,000 employee \$2,000 spouse/child
Loss of one finger or toe		\$750 employee \$500 spouse/child	\$1,500 employee \$1,000 spouse child
Blood, Plasma, or Platelets	Requiring transfusion, administration, crossmatching, typing and processing within 90 days after the accident	\$300 employee \$200 spouse/child	\$300 employee \$200 spouse/child
Accidental Death	Within 90 days after the accident; not paid if common carrier benefit paid	\$25,000 employee \$10,000 spouse \$5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child

Accidental Death – Common Carrier (commercial airplane, train, bus, etc.)	Within 90 days after the accident	\$50,000 employee	\$100,000 employee
		\$20,000 spouse	\$40,000 spouse
		\$10,000 child	\$20,000 child

Certificate Rider Forms -

R G1103CT – Accident Only Disability Income Rider (24-Hour)

R G1104CT – Accident Only Disability Income Rider (Off-the-Job)

R G1115CT – Wellness Rider

1. **Schedule Information** – Allow for identification of Insured Person information and benefit coverage information.
2. **Officer Signatures** – Allow for change in company officers.