

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Conversion Critical Illness Policy
Project Name/Number: ASSURITY/61/61

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: Conversion Critical Illness Policy
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Form
Date Submitted: 11/29/2012
SERFF Tr Num: FRCS-128769720
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5824

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:

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General Information

Project Name: ASSURITY/61 Status of Filing in Domicile: Pending
Project Number: 61 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Submitted in domicile state (NE)
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 \$300 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 Critical Illness policy. The Master Policy will be issued to the Assurity Portable Coverage Group Insurance Trust, which is situated in Missouri.

Critical Illness coverage provides a fixed benefit for the first occurrence of certain conditions or events, including heart attack, stroke, specified transplants, coronary artery surgery, angioplasty, Alzheimer's, Kidney Renal Failure, paralysis and inability to perform two of six activities of daily living. Benefit descriptions are found in the exemplified schedule pages of the policy and rider(s). 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.

Enrollment Form 75-240-02253 will be used with these forms. The enrollment form was submitted for approval under separate cover in the company's Accident Expense group policy filing, SERFF # FRCS-128769711.

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

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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

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: \$300.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 5 = \$300, \$50 per rate = \$50, Total = \$300
 Per Company: No

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$300.00	11/29/2012	65288832

SERFF Tracking #:

FRCS-128769720

State Tracking #:

Company Tracking #:

5824

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Conversion Critical Illness Policy

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ASSURITY/61/61

Correspondence Summary

Dispositions

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

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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	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Critical Illness Certificate Form	Approved-Closed	Yes
Form	Cancer Benefit Rider	Approved-Closed	Yes
Form	Cancer Benefit Rider with Recurrence Benefit	Approved-Closed	Yes
Form	Recurrence Benefit Rider	Approved-Closed	Yes
Form	Health Screening Benefit Rider	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

State: Arkansas

Filing Company:

Assurity Life Insurance Company

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Form Schedule

Lead Form Number: G H1107CT (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	Critical Illness Certificate Form	G H1107CT (AR)	CER	Initial		50.900	AR Critical Illness Trust Certificate of Insurance.pdf
2	Approved-Closed 12/03/2012	Cancer Benefit Rider	R G1105CT (AR)	CERA	Initial		53.000	AR Cancer Benefit Trust Certificate Rider.pdf
3	Approved-Closed 12/03/2012	Cancer Benefit Rider with Recurrence Benefit	R G1106CT (AR)	CERA	Initial		50.100	AR Cancer Benefit Trust Certificate Rider with Recurr...pdf
4	Approved-Closed 12/03/2012	Recurrence Benefit Rider	R G1107CT	CERA	Initial		52.000	Recurrence Benefit Trust Certificate Rider.pdf
5	Approved-Closed 12/03/2012	Health Screening Benefit Rider	R G1108CT	CERA	Initial		59.800	Health Screening Benefit Trust Certificate Rider.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)

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MTX	Matrix	NOC	Notice of Coverage
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

**Critical Illness
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.

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

Telephone: [(123) 456-7890]

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DEFINITIONS

Activities of Daily Living means certain basic daily tasks necessary to maintain an Insured Person's health and safety. Activities of Daily Living refer to the activities described below:

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

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

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

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

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.

Coma means the Diagnosis, by a Physician board certified in Neurology, that an Insured Person is in a state of unconsciousness from which the Insured Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

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

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

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

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

Due Date means the date renewal premiums are due.

Elimination Period means the 180 consecutive days an Insured Person must be unable to perform two or more Activities of Daily Living. The Elimination Period begins after the Waiting Period.

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.

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

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

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

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

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.

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

Loss of Independent Living means an Insured Person both incurring and receiving a Diagnosis, by a Physician, of the permanent inability to perform two or more Activities of Daily Living.

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

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

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

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

The following are excluded:

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

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

Physician means a person, other than the Insured Person, a member of the Insured Person's Immediate Family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Certificate.

Policy means the group master Policy.

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

Pre-existing Condition means a sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person:

- had symptoms which would cause an ordinary prudent person to seek Diagnosis, care or treatment; or
- received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

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

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

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

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 as 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.

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

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

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

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 Specified Critical Illnesses which 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 a benefit if any Insured Person receives a Diagnosis of one of the Specified Critical Illnesses shown in the chart below if the Date of Diagnosis is after the Waiting Period (for Loss of Independent Living only), the Date of Diagnosis is while coverage under this Certificate is in force and the Specified Critical Illness is not excluded by name or specific description in this Certificate.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by the Benefit Amount listed on the Certificate Schedule. The total percentage of the Benefit Amount payable per category of Specified Critical Illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Advanced Alzheimer’s Disease	100%	100%
	Coma	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – not covered in Category 1	100%	
	Occupational HIV	100%	
	Paralysis – not as a result of Stroke	100%	
	Severe Burns	100%	
	Loss of Independent Living – not as a result of any Specified Critical Illness included in Category 1	25%	

If any Insured Person receives a percentage of the Benefit Amount for one Specified Critical Illness within a category in the chart above and then becomes eligible for benefits of another Specified Critical Illness within the same category, the Benefit Amount payable for the subsequent illness is the lesser of the percentage amount payable or 100% minus the percentage of the Benefit Amount received for all previous Specified Critical Illnesses in that category. We will pay the benefit under this Certificate for Coronary Bypass Surgery and Angioplasty only once per lifetime per Insured Person.

After 100% of the Benefit Amount shown on the Certificate Schedule has been paid for any Insured Person within a category in the chart above, We will not pay any additional benefits for any Specified Critical Illness in that category for that Insured Person.

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

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, We will only pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses.

Loss of Independent Living. We will pay this benefit for any Insured Person once We receive proof from a Physician that such condition is permanent and has continued after the end of the Elimination Period. The benefit under this Certificate for Loss of Independent Living is payable only once per lifetime per Insured Person.

There is no coverage for Loss of Independent Living if the Insured Person initially incurred or received a Diagnosis of the permanent inability to perform two or more Activities of Daily Living before the end of the Waiting Period.

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

PRE-EXISTING CONDITION

We will not pay benefits for a Specified Critical Illness that is caused by a Pre-existing Condition unless the Specified Critical Illness starts after this Certificate has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date of this Certificate.

EXCLUSIONS

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

- 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;
- 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);
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

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, date of birth and adoption or placement with You, if applicable.

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, the 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 any time periods stated within the Certificate. 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 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. 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 this 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 or Policy 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.

CRITICAL ILLNESS CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY



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 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]
Benefit Amount:	
Primary Insured:	[\$5,000 - \$100,000]
[Spouse:	\$5,000 - \$100,000]
[Child:	\$5,000, \$10,000]

DEFINITIONS

Carcinoma in Situ means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes, but is not limited to (a) the Diagnosis of early prostate cancer as T1N0M0 or equivalent staging and (b) melanoma not invading the dermis.

Skin malignancies other than melanoma, pre-malignant lesions (such as intraepithelial neoplasia) or benign tumors or polyps are not considered to be Carcinoma in Situ.

The Diagnosis of Carcinoma in Situ must be pursuant to a Pathological or Clinical Diagnosis.

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

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

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

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer: (a) pre-malignant lesions (such as intraepithelial neoplasia), (b) benign tumors or polyps, (c) early prostate cancer as T1N0M0 or equivalent staging, (d) Carcinoma in Situ or (e) any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

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

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

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

BENEFITS

We will pay a benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this certificate rider is in force and the Specified Critical Illness is not excluded by name or specific description in this certificate rider or the Certificate.

The amount payable for each Specified Critical Illness is the percentage of the benefit amount payable listed in the chart below multiplied by this certificate rider Benefit Amount listed on this certificate rider Schedule.

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

If an Insured Person receives benefits for Carcinoma in Situ and later receives a Diagnosis of Invasive Cancer, the remaining certificate rider Benefit Amount for that Insured Person will be paid. We will pay the benefit for Carcinoma in Situ only once per lifetime per Insured Person.

No benefits are payable for conditions other than Invasive Cancer and Carcinoma in Situ as defined in this certificate rider.

LIMITATION

We will not pay benefits for a Specified Critical Illness if during the Waiting Period an Insured Person:

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

GENERAL PROVISION

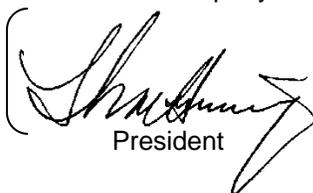
In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

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



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 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]
Benefit Amount:	
Primary Insured:	[\$5,000 - \$100,000]
[Spouse]:	\$5,000 - \$100,000]
[Child]:	\$5,000, \$10,000]

DEFINITIONS

Carcinoma in Situ means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes, but is not limited to (a) the Diagnosis of early prostate cancer as T1N0M0 or equivalent staging and (b) melanoma not invading the dermis.

Skin malignancies other than melanoma, pre-malignant lesions (such as intraepithelial neoplasia) or benign tumors or polyps are not considered to be Carcinoma in Situ.

The Diagnosis of Carcinoma in Situ must be pursuant to a Pathological or Clinical Diagnosis.

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

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

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

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer: (a) pre-malignant lesions (such as intraepithelial neoplasia), (b) benign tumors or polyps, (c) early prostate cancer as T1N0M0 or equivalent staging, (d) Carcinoma in Situ or (e) any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

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

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

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

Symptom and Treatment-Free means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of any Specified Critical Illness listed in this certificate rider including services of a radiologist, pathologist or other Physician). Maintenance drugs and routine follow-up office visits are not considered treatment.

BENEFITS

Cancer Benefit. We will pay a benefit if any Insured Person receives a Diagnosis of Invasive Cancer or Carcinoma in Situ if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this certificate rider is in force and the Specified Critical Illness is not excluded by name or specific description in this certificate rider or the Certificate.

The amount payable for each Specified Critical Illness is the percentage of this certificate rider benefit amount payable listed in the chart below multiplied by this certificate rider Benefit Amount listed on this certificate rider Schedule.

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

If an Insured Person receives benefits for Carcinoma in Situ and later receives a Diagnosis of Invasive Cancer, the remaining certificate rider Benefit Amount for that Insured Person will be paid. We will pay the cancer benefit for Carcinoma in Situ only once per lifetime per Insured Person.

No benefits are payable for conditions other than Invasive Cancer and Carcinoma in Situ as defined in this certificate rider.

Recurrence Benefit. We will pay a benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which the cancer benefit has been previously paid under this certificate rider if:

- the Insured Person was Symptom and Treatment-Free for a period of at least 18 consecutive months between the first Date of Diagnosis and the second Date of Diagnosis of the same Specified Critical Illness; and
- the second Date of Diagnosis of the same Specified Critical Illness is while coverage under this certificate rider is in force.

The amount payable is 50% of the Specified Critical Illness benefit previously paid for that same Specified Critical Illness under this rider. The recurrence benefit is payable only once per lifetime for each Insured Person.

LIMITATION

We will not pay benefits for a Specified Critical Illness if during the Waiting Period an Insured Person:

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

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" means 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



ASSURITY® LIFE INSURANCE COMPANY

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

**Recurrence 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 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)
[]
[]
[]
[]
[]
[]
Issue Date: []

DEFINITIONS

Symptom and Treatment-Free means free of any symptoms (the subjective evidence of disease or physical disturbance observed by a medical professional or the Insured Person) and free of any treatment (medical care, prevention or management of any Specified Critical Illness listed in Your Certificate including services of a radiologist, pathologist or other Physician). Maintenance drugs and routine follow-up office visits are not considered treatment.

BENEFITS

We will pay a benefit if any Insured Person receives a Diagnosis for a second time of the same Specified Critical Illness for which a benefit was previously paid under Your Certificate if:

- the Insured Person was Symptom and Treatment-Free for a period of at least 18 consecutive months between the first Date of Diagnosis and the second Date of Diagnosis of the same Specified Critical Illness; and
- the second Date of Diagnosis of the same Specified Critical Illness is while coverage under this certificate rider is in force.

The amount payable is 50% of the Specified Critical Illness benefit previously paid for that same Specified Critical Illness under Your Certificate. Benefits under this certificate rider are payable only once per lifetime for each Insured Person in each category.

ENTIRE CONTRACT

In this certificate rider, "Policy" and "Certificate" means 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



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 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

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

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 the 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 rider will only cover charges incurred after the Reinstatement Date.

BENEFIT

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

- biopsy for skin cancer;
- blood test for triglycerides;
- bone marrow biopsy and aspiration;
- breast ultrasound;
- CA 125 (blood test for ovarian cancer);
- CA 15-3 (blood test for breast cancer);
- CA 19-9 (blood test for pancreatic cancer);
- CEA (blood test for colon cancer and cervical cancer);
- chest x-ray;
- colonoscopy;

- fast blood glucose test;
- flexible sigmoidoscopy;
- hemocult stool analysis;
- mammography;
- pap smear;
- PSA (blood test for prostate cancer);
- 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 \$50 under this certificate rider for any Insured Person in a Calendar Year, that Insured Person is ineligible for any additional payments under this certificate rider in that Calendar Year.

GENERAL PROVISION

In this certificate rider, "Policy" and "Certificate" means 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-128769720

State Tracking #:

Company Tracking #:

5824

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name: Conversion Critical Illness Policy

Project Name/Number: ASSURITY/61/61

Rate Information

Rate data applies to filing.

Filing Method: For approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

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-128769720

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

5824

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Conversion Critical Illness Policy

Project Name/Number:

ASSURITY/61/61

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 H1107CT (AR), R G1105CT (AR), R G1106CT (AR), R G1107CT, R G1108CT	New		Rates Only.pdf

Appendix 1
Assurity Life Insurance Company
Critical Illness Group Plan SAMPLE Annual Premiums

	Base Plan G H1107CT Per \$1,000 Benefit	Cancer Benefit Rider R G1105CT Per \$1,000 Benefit	Health Screening Benefit Rider R G1108CT \$50 Benefit	Cancer Rider with Recurrence Benefit R G1106CT Per \$1,000 Benefit	Base Recurrence Rider R G1107CT Per \$1,000 Benefit
Employee					
Issue Ages 18-39					
Non-Smoker	2.85	1.54	10.31	1.58	0.08
Smoker	4.23	2.01	10.31	2.10	0.27
Issue Ages 40-49					
Non-Smoker	7.24	6.94	17.73	7.30	0.60
Smoker	13.81	9.01	17.73	9.85	2.35
Issue Ages 50-59					
Non-Smoker	14.43	14.68	23.68	15.44	1.69
Smoker	29.30	19.05	23.68	21.06	6.75
Issue Ages 60-64					
Non-Smoker	29.88	26.84	29.60	28.04	3.25
Smoker	60.42	34.72	29.60	38.23	14.60
Issue Ages 65-69					
Non-Smoker	45.06	37.79	34.53	39.88	5.44
Smoker	88.33	48.76	34.53	54.84	22.70
Issue Ages 70+					
Non-Smoker	79.78	61.57	41.84	63.19	14.65
Smoker	153.61	80.25	41.84	87.00	35.12
Spouse					
Issue Ages 18-39					
Non-Smoker	1.41	1.67	12.79	1.72	0.07
Smoker	2.67	2.15	12.79	2.24	0.23
Issue Ages 40-49					
Non-Smoker	5.34	7.16	19.51	7.50	0.54
Smoker	11.18	9.14	19.51	9.99	2.04
Issue Ages 50-59					
Non-Smoker	11.94	14.19	24.75	14.88	1.55
Smoker	25.35	18.14	24.75	20.00	5.94
Issue Ages 60-64					
Non-Smoker	26.48	24.92	30.15	25.96	3.00
Smoker	54.54	31.80	30.15	34.84	12.93
Issue Ages 65-69					
Non-Smoker	41.16	34.58	34.84	36.34	5.12
Smoker	81.63	44.05	34.84	49.19	20.44
Issue Ages 70+					
Non-Smoker	75.07	55.94	41.49	57.34	14.46
Smoker	145.36	71.88	41.49	77.72	32.87
Child					
Uni-Smoker	0.35	0.24	3.30	0.27	0.04

SERFF Tracking #:

FRCS-128769720

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

5824

State:

Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Conversion Critical Illness Policy

Project Name/Number:

ASSURITY/61/61

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	12/03/2012
Comments:	See Filing Description under General Information tab.		
Attachment(s):			
75-240-02253.pdf			

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

**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 H1107CT (AR)	50.9
R G1105CT (AR)	53.0
R G1106CT (AR)	50.1
R G1107CT	52.0
R G1108CT	59.8

Carol S Watson

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.

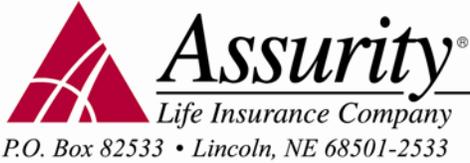
Form Number	Score
G H1107CT (AR)	50.9
R G1105CT (AR)	53.0
R G1106CT (AR)	50.1
R G1107CT	52.0
R G1108CT	59.8

Carol S Watson

Carol Watson
Vice President, General Counsel and
Secretary

November 20, 2012

Date



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

Explanation of Variables:

Critical Illness Certificate Form:	G H1107CT
Rider Forms:	
Cancer Benefit Rider -	R G1105CT
Cancer Benefit Rider	
with Recurrence Benefit	R G1106CT
Recurrence Benefit Rider	R G1108CT
Health Screening Benefit	
Rider	R G1107CT

G H1107CT (Certificate Form)

1. **President's Signature** – The signature of the company's president.
2. **Secretary's Signature** – The signature of the company's secretary.
3. **Agent Information** – Allow for change in agent/producer information.
4. **Initial Annual Premium** – The premium submitted in exchange for the specified disease policy and/or rider.
5. **Critical Illness Benefit Amounts** – The benefit amount paid for a critical illness if an insured person is diagnosed with one of the specified critical illnesses named in the policy. Benefits for any condition or event are based on a percentage of the purchased benefit amount. For the Primary Insured and Spouse the benefit range from \$5,000 - \$100,000 and the Child's amount is \$10,000.
6. **Policyholder** – Group Master Name.
7. **Policy Number** – Group Master Number.
8. **Insured Person/Persons** – The name of the person/persons insured under this policy.
9. **Issue Age(s)** – The ages of the respective insured person.
10. **Certificate Number** - A unique policy number assigned to a certificate at issue used to identify a specific policy and owner.
11. **Issue Date** – The issue date of the certificate.
12. **Initial Premium** – The amount of premium due in order to renew policy benefits.
13. **Premium Mode** – The amount of time in which the premium payments are paid or become due.

Variable data found on Page 1 of the rider is shown in brackets {xxxxx}.

R G1105CT Cancer Benefit Rider

1. **Insured Person/Persons** – The name of the person/persons insured under this rider.
2. **Issue Date** – The issue date of this rider.
3. **Benefit Amount** – The benefit amount paid for a diagnosis of Invasive Cancer or Carcinoma in Situ. Benefits for any condition or event are based on a percentage of the purchased benefit amount. For the Employee and Spouse the benefits range from \$5,000 - \$100,000 and the Child's amount is \$5,000 - \$10,000.

R G1106CT Cancer Benefit Rider with Recurrence Benefit

1. **Insured Person/Persons** – The name of the person/persons insured under this rider.
2. **Issue Date** – The issue date of this rider.
3. **Benefit Amount** – The benefit amount paid for a diagnosis of Invasive Cancer or Carcinoma in Situ. Benefits for any condition or event are based on a percentage of the purchased benefit amount. For the Employee and Spouse the benefits range from \$5,000 - \$100,000 and the Child's amount is \$5,000 - \$10,000.

R G1107CT Recurrence Benefit Rider

1. **Insured Person/Persons** – The name of the person/persons insured under this rider.
2. **Issue Date** – The issue date of this rider.

R G1108CT Health Screening Benefit Rider

1. **Insured Person/Persons** – The name of the person/persons insured under this rider.
2. **Issue Date** – The issue date of this rider.