

SERFF Tracking Number: SEFL-128194602 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: GRP CI PRO
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Grp CI Pro
 Project Name/Number: Grp CI Pro /Grp CI Pro

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: Grp CI Pro

SERFF Tr Num: SEFL-128194602 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

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

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: GRP CI PRO

State Status: Approved-Closed

Filing Type: Form

Author: Kristi Hendrickson

Reviewer(s): Rosalind Minor

Date Submitted: 04/02/2012

Disposition Date: 04/10/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Grp CI Pro

Status of Filing in Domicile: Authorized

Project Number: Grp CI Pro

Date Approved in Domicile: 02/13/2012

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 04/10/2012

State Status Changed: 04/10/2012

Deemer Date:

Created By: Kristi Hendrickson

Submitted By: Kristi Hendrickson

Corresponding Filing Tracking Number: SEFL-128194521

Filing Description:

Form Numbers Form Title

G H1107 (AR) Critical Illness Master Policy

G H1107C (AR) Critical Illness Certificate of Insurance

R G1105 (AR) Cancer Benefit Master Rider

R G1105C (AR) Cancer Benefit Certificate Rider

R G1106 (AR) Cancer Benefit Master Rider with Recurrence Benefit

R G1106C (AR) Cancer Benefit Certificate Rider with Recurrence Benefit

R G1108 Health Screening Benefit Master Rider

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R G1108C Health Screening Benefit Certificate Rider
R G1107 Recurrence Benefit Master Rider
R G1107C Recurrence Benefit Certificate Rider
75-209-02253 (R02-12) Worksite Group Employer Application
47-204-05053 Critical Illness product page of application

The above forms and associated rates are submitted for review and approval. All forms are new and will not replace any previously approved forms.

Form G H1107 (AR)/G H1107C (AR) is an critical illness policy which pays a lump sum upon diagnosis.

Application forms 47-200-02253, 47-204-02253, and 47-201-02253 will be used by the employee in applying for the insurance coverage. Application forms 47-200-02253 and 47-201-02253 are pending approval with your division under filing SEFL-127892462, which is being submitted simultaneously to this filing. Application form 75-209-02253 (R02-12) will be used by the employer.

Marketing: These forms will be marketed only to employer groups at the worksite, using payroll deduction for premiums.

Form R G1105 (AR)/R G1105C (AR) is a cancer benefit rider that may be issued with policy form G H1107 (AR)/G H1107C (AR).

Form R G1106 (AR)/R G1106C (AR) is a cancer benefit rider with recurrence benefit that may be issued with policy form G H1107 (AR)/G H1107C (AR).

Form R G1108/R G1108C is a health screening benefit rider that may be issued with policy form G H1107 (AR)/G H1107C (AR).

Form R G1107/R G1107C is a recurrence benefit rider that may be issued with policy form G H1107 (AR)/G H1107C (AR).

These forms are being filed simultaneously with an individual version of these forms under SERFF number SEFL-128194521, so that we can keep the language as similar as possible.

State Narrative:

Company and Contact

Filing Contact Information

SERFF Tracking Number: SEFL-128194602 State: Arkansas
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Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
 P.O. Box 82533 402-437-3452 [Phone]
 Lincoln, NE 68501-2533 402-437-3802 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation: 50 per form and 50 for rate
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$650.00	04/02/2012	57638024

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/10/2012	04/10/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/03/2012	04/03/2012	Kristi Hendrickson	04/09/2012	04/09/2012

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Disposition

Disposition Date: 04/10/2012

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 required):	Minimum % Change (where required):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form (revised)	Critical Illness Master Policy	Approved-Closed	Yes
Form	Critical Illness Master Policy	Replaced	Yes
Form (revised)	Critical Illness Certificate of Insurance	Approved-Closed	Yes
Form	Critical Illness Certificate of Insurance	Replaced	Yes
Form	Cancer Benefit Master Rider	Approved-Closed	Yes
Form	Cancer Benefit Certificate Rider	Approved-Closed	Yes
Form	Cancer Benefit Master Rider with Recurrence Benefit	Approved-Closed	Yes
Form	Cancer Benefit Certificate Rider with Recurrence Benefit	Approved-Closed	Yes
Form	Health Screening Benefit Master Rider	Approved-Closed	Yes
Form	Health Screening Benefit Certificate Rider	Approved-Closed	Yes
Form	Recurrence Benefit Master Rider	Approved-Closed	Yes
Form	Recurrence Benefit Certificate Rider	Approved-Closed	Yes
Form	Worksite Group Employer Application	Approved-Closed	Yes
Form	Critical Illness product page of application	Approved-Closed	Yes
Rate	Appendix 1	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2012
Submitted Date 04/03/2012
Respond By Date 05/03/2012

Dear Kristi Hendrickson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Master Policy, G H1107 (AR) (Form)
- Critical Illness Certificate of Insurance, G H1107C (AR) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/09/2012
 Submitted Date 04/09/2012

Dear Rosalind Minor,

Comments:

Thank you for your correspondence.

Response 1

Comments: The Termination of Child Coverage provision has been revised in compliance with ACA 23-86-108(4).

Related Objection 1

Applies To:

- Critical Illness Master Policy, G H1107 (AR) (Form)
- Critical Illness Certificate of Insurance, G H1107C (AR) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Critical Illness Master Policy	G H1107 (AR)		Policy/Contract/Fraternal Certificate	Initial		50.000	GH1107A R.pdf
Previous Version							
Critical Illness Master Policy	G H1107 (AR)		Policy/Contract/Fraternal Certificate	Initial		50.000	GH1107A R.pdf

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Form Schedule

Lead Form Number: G H1107 (AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/10/2012	G H1107 (AR)	Policy/Contract/Certificate	Critical Illness Master Policy	Initial		50.000	GH1107AR.pdf
Approved-Closed 04/10/2012	G H1107C (AR)	Certificate	Critical Illness Certificate of Insurance	Initial		50.000	GH1107CAR.pdf
Approved-Closed 04/10/2012	R G1105 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	Cancer Benefit Master Rider	Initial		50.000	RG1105AR.pdf
Approved-Closed 04/10/2012	R G1105C (AR)	Certificate: Amendment, Insert Page, Endorsement or Rider	Cancer Benefit Certificate Rider	Initial		50.000	RG1105CAR.pdf
Approved-Closed 04/10/2012	R G1106 (AR)	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement	Cancer Benefit Master Rider with Recurrence Benefit	Initial		50.000	RG1106AR.pdf

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Approved- R G1106C Closed (AR) 04/10/2012	Certificate Cancer Benefit Amendmen Certificate Rider with t, Insert Recurrence Benefit Page, Endorseme nt or Rider	Initial	50.000	RG1106CAR. pdf
Approved- R G1108 Closed 04/10/2012	Policy/Cont Health Screening ract/Fratern Benefit Master Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	RG1108.pdf
Approved- R G1108C Closed 04/10/2012	Certificate Health Screening Amendmen Benefit Certificate t, Insert Rider Page, Endorseme nt or Rider	Initial	50.000	RG1108C.pdf
Approved- R G1107 Closed 04/10/2012	Policy/Cont Recurrence Benefit ract/Fratern Master Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	RG1107.pdf
Approved- R G1107C Closed 04/10/2012	Certificate Recurrence Benefit Amendmen Certificate Rider t, Insert Page, Endorseme nt or Rider	Initial	50.000	RG1107C.pdf

<i>SERFF Tracking Number:</i>	<i>SEFL-128194602</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GRP CI PRO</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Grp CI Pro</i>		
<i>Project Name/Number:</i>	<i>Grp CI Pro /Grp CI Pro</i>		
Approved- 75-209- Closed 02253 04/10/2012 (R02-12)	Application/Worksite Group Enrollment Employer Application Form	Initial	50.000 75-209-02253 (R02-12) CI.pdf
Approved- 47-204- Closed 02253 04/10/2012	Application/Critical Illness Enrollment product page of Form application	Initial	51.000 47-204- 02253.pdf



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

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

**Critical Illness
Master Policy**

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

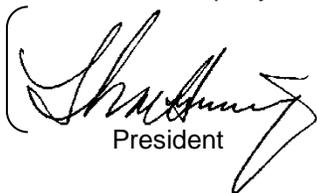
RIGHT TO EXAMINE

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

RIGHT TO CANCEL

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

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

THIS COVERAGE IS NOT A MEDICARE SUPPLEMENT POLICY
If any Employee is eligible for Medicare, have them 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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SCHEDULE

FORM NO.	FORM NAME
G H1107 (AR)	Critical Illness Master Policy
[R G1105 (AR)	Cancer Benefit Master Rider
R G1106 (AR)	Cancer Benefit Master Rider with Recurrence Benefit
R G1108	Health Screening Benefit Master Rider
R G1107	Recurrence Benefit Master Rider]

Policyholder: [Group Master Name]

Policy Number: [Group Master Number]

Policy Effective Date: [Group Effective Date]

DEFINITIONS

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application 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 Actively Employed.

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 Policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Specified Critical Illness.

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 by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to each Employee describing the terms of this 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 Policy, 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 the Employee.

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 Policy.

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.

Employee means the person who is named on the Certificate Schedule as the primary Insured Person and Actively Employed with the Policyholder named in the Employee's application.

Foster Child means a minor over whom the Employee has 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 the Employee or any other person(s) insured for the benefits of this Certificate or any attached certificate rider 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 the 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 this 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 Policy.

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 the Employee's 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 Policy for which benefits may be payable.

Spouse means the person to whom the Employee is lawfully married and, if also an Insured Person under the Certificate, was named on the Employee's application for the Certificate as their Spouse at the time they first applied for the Certificate, or who was added to the 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 Policy.

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

We, Us and Our mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate's 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 this 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 this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The 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. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

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

The reinstated Certificate will only cover Specified Critical Illnesses which occur while the Certificate is in force.

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

Unpaid Premiums. When a claim is paid under the 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 the Certificate is in force and the Specified Critical Illness is not excluded by name or specific description in 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 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	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
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 the 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 the Certificate 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 the 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 the Certificate and applicable certificate riders, less any benefits paid for the primary Insured Person under the 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 the 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 the Certificate has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date of the 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 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's Issue Date are the Employee, Spouse, and Dependent Children. Only the Insured Persons on the Certificate Schedule or added by amendment are covered by this Policy.

Persons Who Become Eligible after the Certificate Issue Date.

Automatic Coverage. A Dependent Child born to the Employee or, if under age 26, adopted by the Employee, placed for adoption with the Employee or placed as a Foster Child with the Employee 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 date of adoption or placement with the Employee, if applicable.

Except as provided above, any others who become eligible after the Certificate's 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 the Certificate includes coverage for the Employee's Spouse and the Employee dies, the Spouse can keep this coverage in force by notifying Us in writing and providing payment within 60 days after the Employee's death. The continued coverage will provide the Spouse the same coverage provided under the 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

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

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

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

The Policyholder has the sole responsibility to notify Employees of such termination.

Portability. Coverage may continue when the Employee ends employment with the Policyholder or this Policy terminates. The Certificate must be in force for at least six consecutive months before coverage terminates and a written request and first premium payment for the portable coverage must be received in Our administrative office within 90 days of the Certificate termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time the Employee's coverage terminates. 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. Portability is not available when insurance terminates solely because the Employee's Spouse or Dependent Children ceases to be eligible.

Termination of Child Coverage. Coverage for a Dependent Child under the 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 the Employee 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 the Employee.

We will require that the Employee 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 the 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 the Employee's 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 the 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 the Employee 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 the Employee 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 the Employee was legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by the 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 the Certificate is in force. Termination of coverage will not affect any claim, provided the covered loss occurred prior to termination of the Certificate.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee 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. The Employee has 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, the Employee or the Employee's 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 the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application. We can only use application statements if We attach a copy of their application to the Certificate.

In the absence of fraud, statements made in the Employee's application are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their 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. The Employee can transfer, or assign, some or all of the Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificate will state the insurance to which the Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee 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 written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee 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 state in which the Employee resides on the Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate's Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, 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., We have the discretion and authority to construe the provisions of this Policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Policy, such determinations shall be final and conclusive.

Duty of Cooperation. The Employee 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 this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any certificate riders, endorsements, amendments or any other papers We have attached. No change in this Policy or Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of its provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can 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 Employee's application (which includes any papers signed or information provided to get the 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 the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the 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 the Certificate.

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

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

CRITICAL ILLNESS MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY



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 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.

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DEFINITIONS

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application 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 Actively Employed.

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 by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to each Employee 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.

Employee means the person who is named on the Certificate Schedule as the primary Insured Person and is Actively Employed with the Policyholder named in Your application.

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 to whom You are lawfully married and, if also an Insured Person under this Certificate, was named on Your application for this Certificate as Your Spouse at the time You first applied for this Certificate, or who was added to 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 Employee who is 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 the Policyholder 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	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
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 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 Employee, 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 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;
- the date You no longer meet the definition of Employee;

- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder 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.

The Policyholder has the sole responsibility to notify Employees of such termination.

Portability. Coverage may continue when Your employment ends with the Policyholder or the Policy terminates. This Certificate must be in force for at least six consecutive months before coverage terminates and a written request and first premium payment for the portable coverage must be received in Our administrative office within 90 days of the Certificate termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your coverage terminates. 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. Portability is not available when insurance terminates solely because Your Spouse or Dependent Children ceases to be eligible.

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 You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this Certificate.

In the absence of fraud, statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this 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.

Discretionary Authority, if Governed by ERISA. If this Certificate provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Certificate and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Certificate, such determinations shall be final and conclusive.

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 and Your 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 Your 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 master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue the master rider based on the Policyholder's and the Employee's applications and payment of premium when due. Premium for the 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 the Policyholder prior to any premium change.

SCHEDULE

Effective Date: [Effective Date]

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 master 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 the certificate rider is in force and the Specified Critical Illness is not excluded by name or specific description in the 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 the certificate rider Benefit Amount listed on the 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 master 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

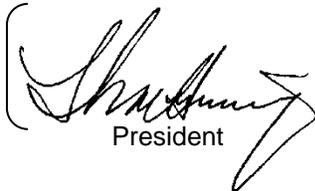
In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

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

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this master rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective 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 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 the Policyholder 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:	
Employee:	[\$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

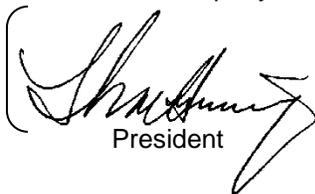
In this certificate rider, "Policy" and "Certificate" mean the Policy and Certificate to which this certificate rider is attached.

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 master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue the master rider based on the Policyholder's and the Employee's applications and payment of premium when due. Premium for the 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 the Policyholder prior to any premium change.

SCHEDULE

Effective Date:

[Effective Date]

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 master 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 master 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 rider is in force and the Specified Critical Illness is not excluded by name or specific description in the certificate rider or the Certificate.

The amount payable for each Specified Critical Illness is the percentage of the rider benefit amount payable listed in the chart below multiplied by the certificate rider Benefit Amount listed on the 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 master 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 the 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 the 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 the certificate 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 master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

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

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective 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 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 the Policyholder 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:	
Employee:	[\$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



This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue the master rider based on the Policyholder's and the Employee's applications and payment of premium when due. Premium for the 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 the Policyholder prior to any premium change.

SCHEDULE

Effective Date: [Effective 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, the certificate rider will lapse (will not be in force). If the Employee wants the certificate rider reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the certificate rider lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the certificate rider may be reinstated with payment of any premium due. The certificate rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the certificate rider will be reinstated without approval 45 days after We receive their 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:

- 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;
- 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 \$50 under the certificate rider for any Insured Person in a Calendar Year, that Insured Person is ineligible for any additional payments under the certificate rider in that Calendar Year.

GENERAL PROVISION

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

TERMINATION

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

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective 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 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 the Policyholder 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:

- 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;
- 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 \$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



ASSURITY® LIFE INSURANCE COMPANY

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

**Recurrence Benefit
Master Rider**

This master rider is attached to and part of the Policy. The terms of the Policy apply to this master rider unless otherwise stated in this master rider. We issue the master rider based on the Policyholder's and the Employee's applications and payment of premium when due. Premium for the 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 the Policyholder prior to any premium change.

SCHEDULE

Effective 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 the Policy 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 the Policy 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 the 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 the Policy. Benefits under the certificate rider are payable only once per lifetime for each Insured Person in each category.

ENTIRE CONTRACT

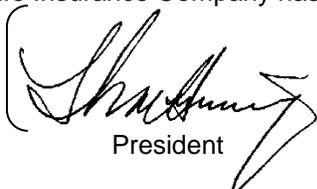
In this master rider, "Policy" and "Certificate" mean the Policy and Certificate to which this master rider and the certificate rider are attached.

TERMINATION

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

- the date the Policy terminates for any reason; or
- the date We receive written notice to terminate this rider unless the notice specifies a later date.

Assurity Life Insurance Company has signed this master rider on the Effective 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 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 the Policyholder 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



EMPLOYER INFORMATION

Employer Name	Employer's Tax I.D. No.
---------------	-------------------------

Address *Street Address* *City* *State* *ZIP+4*

Contact Name	Contact Title
--------------	---------------

Contact Phone No. ()	Contact Fax No. ()	Contact Email
-----------------------	---------------------	---------------

1. Details of any subsidiaries or affiliates to be insured _____

2. Name and nature of business _____

3. Type of business: C Corporation S Corporation Partnership Sole Proprietor Other _____

4. Percent of premium paid by employer for employees _____%

5. Waiting period: For current employees _____ For new employees _____

6. How many eligible full-time employees? _____ Hours required for benefit eligibility _____

7. Does this insurance replace existing insurance with any company? If YES, provide details below.

Company Name	Group/Policy Number	Termination Date (MM/DD/YYYY)
		/ /
		/ /
		/ /

8. Requested effective date of insurance ___ / ___ / ___ (MM/DD/YYYY)

9. Is this an ERISA Plan? Yes No

10. Third-party administrator (TPA) must be approved by and under contract with Assurity. If a TPA will be involved, please provide the information below.

Name _____

Address _____
Street Address *City* *State* *ZIP+4*

Additional information or details _____

NOTE: There is an "actively employed" requirement for coverage to be in force. Any employee unable to perform the material and substantial duties of their regular occupation will not be insured until this requirement is satisfied.



CRITICAL ILLNESS

During the past **12 months**, has any Proposed Insured used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Employee: Yes No
 Spouse: Yes No

Insured Options	Benefit Options	Riders	Premium Amt.
<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Employee Benefit Amt. \$ _____ Spouse Benefit Amt. \$ _____ Child Benefit Amt. <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> Cancer Benefit Rider <input type="checkbox"/> Cancer Benefit Rider with Recurrence Benefit <input type="checkbox"/> Health Screening Benefit Rider <input type="checkbox"/> Recurrence Benefit Rider <input type="checkbox"/> Other (specify) _____	

HEALTH SECTION

1. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #7 below.** Yes No

2. During the past **10 years**, has any Proposed Insured had or been advised to have an organ or tissue transplant, or consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (including heart attack, heart condition, congestive heart failure, heart valve disorder), circulatory system (including peripheral vascular disease, carotid artery disease), liver, lungs (excluding asthma but including chronic obstructive pulmonary disease (COPD) and emphysema), kidneys or pancreas, hepatitis (other than type A), stroke, transient ischemic attack (TIA), insulin-dependent diabetes, dementia, Alzheimer's disease, paralysis, multiple sclerosis (MS), muscular dystrophy (MD) or alcohol or drug abuse? **If YES, please provide complete details in #7 below.** Yes No

3. During the past **6 months**, has any Proposed Insured had any blood pressure readings of 160/100 or higher? **If YES, please provide complete details in #7 below.** Yes No

4. During the past **10 years**, has any Proposed Insured needed assistance or personal supervision to perform any activities of daily living (toileting, transferring, continence, eating, bathing or dressing)? **If YES, please provide complete details in #7 below.** Yes No

5. **If applying for either Cancer Rider:** During the past **5 years**, has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for internal cancer, leukemia, lymphoma, Hodgkin's disease, melanoma, malignant tumors or carcinoma in situ? **If YES, please provide complete details in #7 below.** Yes No

6. **If applying for either Cancer Rider:** During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? **If YES, please provide complete details in #7 below.** Yes No

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

Question No.	Name (First, Middle, Last)	Relationship to Insured	Date(s) of Condition (MM/DD/YYYY)	Health Condition and Details	Medical Care Provider's Name/Address/Phone



SERFF Tracking Number: SEFL-128194602 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: GRP CI PRO
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.001 Critical Illness
 Product Name: Grp CI Pro
 Project Name/Number: Grp CI Pro /Grp CI Pro

Rate Information

Rate data applies to filing.

Filing Method: 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 required):	Minimum % Change (where required):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: SEFL-128194602 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: GRP CI PRO
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Grp CI Pro
 Project Name/Number: Grp CI Pro /Grp CI Pro

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 04/10/2012	Appendix 1	G H1107 (AR), G New H1107C (AR), R G1105 (AR), R G1105C (AR), R G1106 (AR), R G1106C (AR), R G1108, R G1108C, R G1107, R G1107C			Rates only.pdf

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

	Base Plan G H1107 Per \$1,000 Benefit	Cancer Benefit Rider R G1105 Per \$1,000 Benefit	Health Screening Benefit Rider R G1108 \$50 Benefit	Cancer Rider with Recurrence Benefit R G1106 Per \$1,000 Benefit	Base Recurrence Rider R G1107 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 Number: SEFL-128194602 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: GRP CI PRO
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Grp CI Pro
 Project Name/Number: Grp CI Pro /Grp CI Pro

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	04/10/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Being filed Comments:	Approved-Closed	04/10/2012

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum Comments: Attachment: Act Memo - CI Group Plan (w App1).pdf	Approved-Closed	04/10/2012

READABILITY CERTIFICATION

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

Company Name: Assurity Life Insurance Company

Form Number(s): G H1107 et al

Type of Form: Critical Illness

Form No.	Description	Flesch Score
G H1107 (AR)	Critical Illness Master Policy	50.0
G H1107C (AR)	Critical Illness Certificate of Insurance	50.0
R G1105 (AR)	Cancer Benefit Master Rider	50.0
R G1105C (AR)	Cancer Benefit Certificate Rider	50.0
R G1106 (AR)	Cancer Benefit Master Rider with Recurrence Benefit	50.0
R G1106C (AR)	Cancer Benefit Certificate Rider with Recurrence Benefit	50.0
R G1108	Health Screening Benefit Master Rider	51.0
R G1108C	Health Screening Benefit Certificate Rider	50.0
R G1107	Recurrence Benefit Master Rider	51.0
R G1107C	Recurrence Benefit Certificate Rider	50.0
75-209-02253 (R02-12)	Worksite Group Employer Application	50.0
47-204-02253	Critical Illness Product Page of Application	51.0



Signature

March 30, 2012

Date

Carol S. Watson
Vice President, General Counsel & Secretary

SERFF Tracking Number: SEFL-128194602 State: Arkansas
 Filing Company: Assurity Life Insurance Company State Tracking Number:
 Company Tracking Number: GRP CI PRO
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Grp CI Pro
 Project Name/Number: Grp CI Pro /Grp CI Pro

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/22/2012	Form	Critical Illness Certificate of Insurance	04/09/2012	GH1107CAR.pdf (Superseded)



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 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.

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DEFINITIONS

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application 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 Actively Employed.

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 by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to each Employee 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.

Employee means the person who is named on the Certificate Schedule as the primary Insured Person and is Actively Employed with the Policyholder named in Your application.

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 to whom You are lawfully married and, if also an Insured Person under this Certificate, was named on Your application for this Certificate as Your Spouse at the time You first applied for this Certificate, or who was added to 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 Employee who is 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 the Policyholder 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	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
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 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 Employee, 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 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;
- the date You no longer meet the definition of Employee;

- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder 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.

The Policyholder has the sole responsibility to notify Employees of such termination.

Portability. Coverage may continue when Your employment ends with the Policyholder or the Policy terminates. This Certificate must be in force for at least six consecutive months before coverage terminates and a written request and first premium payment for the portable coverage must be received in Our administrative office within 90 days of the Certificate termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your coverage terminates. 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. Portability is not available when insurance terminates solely because Your Spouse or Dependent Children ceases to be eligible.

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 within 31 days of 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 You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this Certificate.

In the absence of fraud, statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this 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.

Discretionary Authority, if Governed by ERISA. If this Certificate provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this Certificate and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this Certificate, such determinations shall be final and conclusive.

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 and Your 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 Your 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