

Assurity®

Accident Insurance Product Guide

FOR AGENT USE ONLY. NOT FOR USE WITH CONSUMERS. NOT AVAILABLE IN NEW YORK.
Product availability, features and rates may vary by state.

Important Notice

Product Guide for Accident Insurance

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY.

This is a product guide for policy Form No. I H2203. Any prior guide does not apply to this product.

Policy Form No. I H2203 and Rider Form Nos. R I2204, R I2205, and R I2208 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Policy and riders may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic product guide. **Product availability, features, and rates may vary by state.** Key differences by state are summarized in the State Specific Information section. Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK, as detailed in the Forms section.

This product guide is for agent use only. It is not for use with consumers and is not for use in New York.

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Policy Description

The following policy description is according to the policy as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity or review the policy.

Accident Insurance Policy (Form No. IH2203)

Accident Insurance pays benefits for an insured person's medical care in treating an injury resulting from a covered accident.

Coverage Options: 24-hour or off-the-job; off-the-job not available when the primary insured person is a child.

Eligible Persons: Available coverage options as follows:

- Primary Insured Person Only
- Primary Insured/Spouse
- Primary Insured/Children
- Family

Eligible children include any natural child, stepchild or legally adopted child of the primary insured person who is at least 15 days of age and younger than age 18 on the date of the application for the policy or the date the child first becomes eligible.

Issue Ages: 15 days through 70 years; age last birthday as of issue date

Renewability: Guaranteed renewable, with coverage terminating as follows:

- Primary Insured Person – Terminates on the policy anniversary following the primary insured's 80th birthday.
- Spouse – Terminates on the earlier of divorce, the policy anniversary following the primary insured's 80th birthday, or policy anniversary following the spouse's 80th birthday; continuation of coverage is available upon divorce or death of the primary insured.
- Child – Terminates on the earlier of the policy anniversary following the primary insured's 80th birthday or the policy anniversary following each child's 26th birthday; continuation of coverage available if the child is physically or mentally incapable of self-sustaining employment and financially dependent on the primary insured.

Underwriting Classes: Unisex and unismoke

Benefit Amounts: Based on plan selected – Base, Advantage, or Complete – as described in the Policy Benefits section.

Rate Structure: Premiums are level, unisex and unismoke; based on age band (child, 18-50, 51-60, 61-70) along with coverage option, persons insured, and plan selected.

Policy Fee: None

Premium Modes: Annual, 1.000; Semi-Annual, 0.510; Quarterly, 0.264; Monthly (automatic bank withdrawal or credit card), 0.087

Included Rider

This rider is automatically included in plans offered with the electronic application; it is optionally available as selected with a paper/PDF application. See the Benefits section for a full description of benefits.

The following rider description is according to the rider as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity or review the rider.

Accidental Death Rider

(Form No. R 12204)

The Accidental Death Rider pays a benefit for death resulting directly from an injury sustained in a covered accident within 180 days of the accident while coverage is in force and independent of all other causes.

Benefits include the following:

- **Common Carrier Benefit** – Pays two times the benefit amount if death results from an accident while riding as a fare-paying passenger on a common carrier. Common carrier means an entity that is licensed primarily to transport passengers for hire in any public land, air, or water conveyance. Ridesharing services are considered a common carrier.
- **Automobile Seatbelt Benefit** – Pays an additional 25 percent of the benefit amount for accidental death from an injury sustained while driving or riding in an automobile while wearing and properly utilizing a seatbelt as certified by the police accident report. The automobile must be a four-wheeled passenger motor vehicle for use on public highways and not being used to transport passengers for hire.

Coverage Options: 24-hour or off-the-job (automatically same as the policy)

Eligible Persons: Primary insured person, spouse, and children (automatically same as the policy)

Benefit Amounts: Based on plan selected – Base, Advantage, or Complete – as described in the Benefits section.

Optional Riders

(at additional cost)

These riders can be optionally added to plans described below and in the Optional Rider Benefits section.

The following rider descriptions are according to riders as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity or review the riders.

Accident-Only Disability Income Rider

(Form No. R 12208)

The Accident-Only Disability Income Rider pays a monthly benefit if the insured becomes totally disabled as the result of a covered accident occurring within 180 days of the accident and prior to the insured's 65th birthday.

"Total disability" is a condition resulting from an insured person's injury, independent of all other causes, which (a) occurs while this rider is in force, (b) requires a physician's care unless they have reached the maximum point of recovery and (c) keeps them from doing the important, substantial, and material duties of their own occupation.

Availability: Available to the primary insured person only at time of application or after time of application with additional underwriting

Coverage Options: 24-hour or off-the-job (automatically same as the policy)

Eligible Persons: Primary insured person only

Issue Ages: 18 through 60; age last birthday as of issue date

Termination Age: Anniversary following the primary insured's 65th birthday

Benefit Amounts: \$300 through \$1,800; issue amounts rounded to the lowest \$100 increment. Also limited to a maximum of 60 percent of the applicant's gross earned monthly income and based on the total of all in-force and applied-for individual and group disability income benefits.

Benefit Period: Two years

Elimination Period: 90 days

Rate Structure: Premiums are level, unisex and unismoke.

Underwriting: Applicants must be employed on a full-time basis.

Preventive Care Rider

(Form No. R 12205)

The Preventive Care Rider pays a benefit if any insured person receives any of the services described below outside of a hospital:

- blood screening for triglycerides, cholesterol, HDL, or LDL;
- fasting blood glucose test (blood test for diabetes);
- annual physical exams;
- routine eye exams; or
- immunizations.

Payable once per calendar year per insured person, but no more than four times for all insured persons combined in a calendar year.

Availability: Available to all insured persons at or after time of application.

Eligible Persons: Primary insured person, spouse, and children (automatically same as the policy)

Issue Ages: 15 days through 70 years; age last birthday as of issue date

Benefit Amount: \$25

Issue Limitations: None

Policy Benefits

Plans offered – Base, Advantage, and Complete – automatically include the policy benefits and Accidental Death Rider at the listed benefit amounts. Policy benefits described below are categorized by the type of services provided. Other optional riders may also be added to these plans, as listed in the Optional Riders section.

The following benefits are as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity Life Insurance Company or review the policy and rider.

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
Initial Care				
Initial Accident Treatment	Pays for treatment of an injury in a physician's office, an urgent care facility or an emergency room, received within 60 days of the accident (30 days for an ER visit). Payable once per accident.			
	Physician's Office	\$75	\$75	\$100
	Urgent Care Facility	\$75	\$75	\$100
	Emergency Room	\$150	\$150	\$200
Telemedicine	Pays for treatment of an injury via telemedicine services, received within 60 days of the accident. Payable once per accident.			
	Telemedicine	\$45	\$45	\$60
Emergency Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Ground or Water Ambulance	Pays for ground or water transportation by a licensed professional ambulance company to or from a hospital for an injury, received within 30 days of the accident. Payable once per accident.			
	Ground or Water Ambulance	\$300	\$300	\$400
Air Ambulance	Pays for air transportation by a licensed professional ambulance company to or from a hospital for an injury, received within 30 days of the accident. Payable once per accident.			
	Air Ambulance	\$1,500	\$1,500	\$2,000
Short-Stay Observation Unit	Pays for an observation stay in a hospital for an injury, lasting from four to 19 hours without being confined, occurring within 30 days of the accident. Payable once per accident.			
	Short-Stay Observation Unit	\$50	\$75	\$100
Blood Products	Pays for the transfusion, administration, cross-matching, typing, and processing of blood, blood plasma, or platelets for treatment of an injury, received within 60 days of the accident. Payable once per accident.			
	Blood Products	\$300	\$450	\$600
X-Ray	Pays for an x-ray prescribed by a physician for diagnosis of an injury, received within 60 days of the accident. Payable once per accident.			
	X-Ray	\$45	\$45	\$60
Diagnostic Exam	Pays for a CT, CAT, DTI, EEG, MRA, MRI, PET or SPECT prescribed by a physician for diagnosis of an			

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	injury, received within 180 days of the accident. Payable once per accident but only once per calendar year.			
	Diagnostic Exam	\$150	\$150	\$200
Pain Management	Pays for an epidural injection, nerve ablation, nerve block or steroid injection prescribed and administered by a physician for pain management of an injury, received within 180 days of the accident. Payable once per accident. Maximum amount payable for all pain management administered from the same accident is equal to the pain management with the highest benefit amount.			
	Epidural injection or Nerve Ablation/Block	\$100	\$150	\$200
	Steroid Injection	\$50	\$75	\$100
Appliance	Pays for appliances purchased or rented as a mobility aid for recovery prescribed by a physician for an injury, received within 180 days of the accident. Examples include canes, crutches, braces, walkers, wheelchairs, or scooters. Paid once per accident.			
	Appliance	\$75	\$75	\$100
Continued Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Follow-Up Treatment	Pays for follow-up treatment prescribed and provided by a physician in their office or as an outpatient in a hospital for an injury, with the first treatment received within 180 days of the accident and subsequent treatments within 365 days. Payable up to two times per accident but only once per day.			
	Follow-Up Treatment	\$50	\$75	\$100
Rehabilitative Therapy	Pays for treatment from a physical, occupational, or speech therapist prescribed by a physician for an injury, with the first treatment received within 180 days of the accident and subsequent treatments within 365 days. Payable up to six times per accident but only once per day. Not payable for therapy in a hospital or nursing home.			
	Rehabilitative Therapy	\$30	\$45	\$60
Chiropractic or Acupuncture	Pays for chiropractic or acupuncture treatment for an injury, with the first treatment received within 180 days of the accident and subsequent treatments within 365 days. Payable up to three times per accident but only once per day and up to six times per calendar year.			
	Chiropractic or Acupuncture	\$30	\$45	\$60
Home Health Care	Pays for care in the home from an RN, CNA, or LPN as prescribed by a physician for an injury requiring a surgical procedure or hospital confinement, with the initial care visit received within three days of discharge and subsequent visits within 30 days. Payable up to six times per accident but no more than once per day. Not payable for hospice care.			
	Home Health Care	\$30	\$45	\$60
Transportation	Pays for ground or air transportation if an insured person is required to travel more than 50 miles from their residence for treatment for an injury prescribed by a physician and locally unavailable, occurring within 180 days of the accident. Payable for up to three round trips per accident. Maximum amount payable per round trip is equal to the transportation with the highest benefit amount. Not payable for transportation by ambulance.			

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	Ground	\$100	\$150	\$200
	Air	\$300	\$450	\$600
Companion Lodging	Pays for a companion's lodging if accompanying an insured person confined to a hospital more than 100 miles away from the insured person's residence for treatment of an injury occurring within 180 days of the accident. Payable for up to 30 nights per accident.			
	Companion Lodging	\$100	\$150	\$200
Residence or Vehicle Modification	Pays if an insured person incurs charges making permanent structural modifications to their primary residence or vehicle certified by a physician as necessary to enable use due to an injury occurring within 365 days of the accident. Payable once per accident.			
	Residence or Vehicle Modification	\$1,000	\$1,500	\$2,000
Everyday Injury Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Eye Injury	Pays for treatment provided by a physician or optometrist for an eye injury involving blunt trauma, corneal abrasion, the removal of a foreign object, or requiring surgical repair, received within 60 days of the accident. Payable once per accident. Maximum amount payable for all treatments for the same accident is equal to the treatment with the highest benefit amount. Does not require the Initial Accident Treatment or Telemedicine benefit to be paid			
	Blunt Trauma, Corneal Abrasion or Removal of a Foreign Object	\$50	\$75	\$100
	Surgery	\$200	\$300	\$400
Eye Injury Office Visit	Pays for treatment provided by an optometrist for an eye injury involving blunt trauma, corneal abrasion, the removal of a foreign object, or requiring surgical repair, received within 60 days of the accident for which the Initial Accident or Telemedicine benefit was not paid. Payable once per accident.			
	Eye Office Injury Visit	\$50	\$75	\$100
Emergency Dental	Pays for treatment provided by a dentist for a dental injury of a natural tooth requiring an extraction, a crown, dentures, or implants, received within 60 days of the accident. Payable once per accident. The maximum amount payable for all treatments for the same accident is equal to the treatment with the highest benefit amount. This benefit does not require the Initial Accident Treatment or Telemedicine benefit to be paid.			
	Extraction	\$100	\$150	\$200
	Crowns, Dentures or Implants	\$250	\$375	\$500
Emergency Dental Office Visit	Pays for treatment provided by a dentist for a dental injury of a natural tooth requiring a chipped or cracked tooth repair, extraction, a crown, dentures, or implants, received within 60 days of the accident for which the Initial Accident or Telemedicine benefit was not paid. Payable once per accident.			
	Emergency Dental Office Visit	\$50	\$75	\$100
Laceration	Pays for treatment provided by a physician for a laceration injury, received within 30 days of the accident. Payable once per accident based on the length of the laceration. Maximum amount payable for all lacerations from the same accident is the amount payable for the laceration with the highest benefit amount.			

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	7.6 centimeters or more	\$200	\$300	\$400
	2.6 to 7.6 centimeters	\$100	\$150	\$200
	Not requiring stitches or glue	\$30	\$45	\$60
	Puncture wound	\$30	\$45	\$60
Burns	Pays for treatment provided by a physician for a burn injury, received within 30 days of the accident. Payable once per accident based on the severity of the burn. Maximum amount payable for all burns from the same accident is the amount payable for the burn with the highest benefit amount.			
	3rd degree burns covering 35% or more of body	\$5,000	\$7,500	\$10,000
	3rd degree burns covering 15% to 34% of body	\$2,500	\$3,750	\$5,000
	3rd degree burns covering less than 15% of body	\$500	\$750	\$1,000
	2nd degree burns covering 35% or more of body	\$500	\$750	\$1,000
	2nd degree burns covering 15% to 34% of body	\$250	\$375	\$500
	2nd degree burns covering less than 15% of body	\$50	\$75	\$100
Burns – Skin Graft	Pays a percentage of any Burns benefit paid for a skin graft provided by a physician for a burn injury, received within 365 days of the accident. Payable once per accident.			
	Burns – Skin Graft	50%	50%	50%
Poisoning	Pays for treatment provided by a physician for an adverse reaction from ingesting or being exposed to a substance, received within 30 days of the accident. Payable once per accident. Substances covered by this benefit include, but are not limited to, household items, food, prescription medication, allergens, toxic plants, and envenomations. Substances not covered by this benefit include alcohol and illegal narcotics.			
	Poisoning	\$50	\$75	\$100
Active Life Injury Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Fracture	Pays for surgical or non-surgical treatment provided by a physician for a fracture injury visible in an X-ray, received within 60 days of the accident. Benefits listed below are for non-surgical treatment; two times the benefit is payable for surgical treatment. Payable once per accident based on the bone fractured. Maximum amount payable for all fractures from the same accident is two times the amount payable for the fracture with the highest benefit amount. For a chip fracture, 25% of the benefit is payable.			
	Skull (depressed)	\$1,500	\$2,250	\$3,000
	Hip, thigh (femur), acetabulum	\$1,350	\$2,025	\$2,700
	Pelvis (except coccyx)	\$1,350	\$2,025	\$2,700
	Lower leg (tibia, fibula)	\$825	\$1,238	\$1,650
	Shoulder blade (scapula)	\$825	\$1,238	\$1,650

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	Upper arm (humerus)	\$825	\$1,238	\$1,650
	Ankle	\$600	\$900	\$1,200
	Collar bone (humerus)	\$600	\$900	\$1,200
	Elbow	\$600	\$900	\$1,200
	Forearm (radius, ulna)	\$600	\$900	\$1,200
	Kneecap (patella)	\$600	\$900	\$1,200
	Skull (non-depressed)	\$600	\$900	\$1,200
	Sternum	\$600	\$900	\$1,200
	Foot (except toes)	\$525	\$788	\$1,050
	Hand (except fingers) or wrist	\$525	\$788	\$1,050
	Vertebrae (except vertebral process)	\$450	\$675	\$900
	Lower jaw (mandible except for alveolar process)	\$300	\$450	\$600
	Two or more ribs	\$300	\$450	\$600
	Bones of face or nose	\$225	\$338	\$450
	Two or more fingers or toes	\$225	\$338	\$450
	Upper jaw	\$225	\$338	\$450
	Vertebral process	\$225	\$338	\$450
	Rib	\$150	\$225	\$300
	Coccyx	\$105	\$158	\$210
	One finger or toe	\$105	\$158	\$210
	Sacrum	\$105	\$158	\$210
Dislocation	Pays for surgical or non-surgical treatment provided by a physician for a dislocation injury, received within 60 days of the accident. Benefits listed below are for non-surgical treatment; two times the benefit is payable for surgical treatment. Payable once per accident based on the joint dislocated. Maximum amount payable for all dislocations from the same accident is two times the amount payable for the dislocation with the highest benefit amount. For surgery without anesthesia or an incomplete dislocation, 25% of the benefit is payable.			
	Hip joint	\$1,500	\$2,250	\$3,000
	Ankle joint	\$600	\$900	\$1,200
	Bone(s) of foot (except toes)	\$600	\$900	\$1,200
	Knee joint (except patella)	\$600	\$900	\$1,200
	Wrist joint	\$525	\$788	\$1,050
	Elbow joint	\$450	\$675	\$900
	Collar bone (sternoclavicular)	\$375	\$563	\$750
	Lower jaw	\$375	\$563	\$750
	Shoulder joint	\$300	\$450	\$600
	Bone(s) of hand (except fingers)	\$225	\$338	\$450
	Two or more fingers or toes	\$105	\$158	\$210

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	Collar bone (acromioclavicular)	\$75	\$113	\$150
	One finger or toe	\$45	\$68	\$90
Head Injury	Pay for diagnosis by a physician of a concussion or traumatic brain injury, received within 60 days of the accident. Payable once per accident.			
	Traumatic Brain Injury	\$500	\$750	\$1,000
	Concussion	\$50	\$75	\$100
Specific Injury Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Organized Sports Injury	Pays the additional percentage multiplied by all benefit amounts paid for services received under this policy for treatment of an injury sustained while participating in an organized sport. Maximum payable is \$1,000 per accident.			
	Organized Sports Injury	25%	25%	25%
Motor Vehicle Injury	Pays the additional percentage multiplied by all benefit amounts paid for services received under this policy for treatment of an injury sustained while driving or riding in an automobile that is not being used for wage, compensation, or profit. Maximum payable is \$1,000 per accident.			
	Motor Vehicle Injury	10%	10%	10%
Catastrophic Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				
Paralysis	Pays for diagnosis by a physician of complete paraplegia, hemiplegia or quadriplegia lasting at least 90 consecutive days and expected to be permanent as the result of an injury, received within 60 days of the accident. Payable once per lifetime.			
	Quadriplegia	\$20,000	\$30,000	\$40,000
	Paraplegia or Hemiplegia	\$10,000	\$15,000	\$20,000
Coma	Pays for diagnosis by a physician for a coma requiring respiratory assistance lasting more than 14 days as the result of an injury, received within 60 days of the accident. Payable once per accident. Not payable for a coma that is medically induced or the result of drug or alcohol use.			
	Coma	\$15,000	\$22,500	\$30,000
Loss of Use	Pays for diagnosis by a physician with loss of sight, hearing or speech as the result of an injury, received within 180 days of the accident. Paid once per accident based on the loss suffered. Maximum amount payable for all losses from the same accident is equal to the amount paid for the loss with the highest benefit amount.			
	Loss of sight in both eyes	\$20,000	\$30,000	\$40,000
	Loss of hearing in both ears	\$20,000	\$30,000	\$40,000
	Loss of speech	\$20,000	\$30,000	\$40,000
	Loss of sight in one eye	\$10,000	\$15,000	\$20,000
Dismemberment	Pays for loss of an arm, leg, hand, foot, finger, or toe as the result of an injury occurring within 180 days of the accident. Payable once per accident based on the loss suffered. Maximum amount payable for all losses from the same accident is equal to the amount paid for the loss with the			

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	highest benefit amount.			
	Both hands or both arms	\$10,000	\$15,000	\$20,000
	Both feet or both legs	\$10,000	\$15,000	\$20,000
	One hand or arm and one foot or leg	\$10,000	\$15,000	\$20,000
	One hand or one arm	\$5,000	\$7,500	\$10,000
	One foot or one leg	\$5,000	\$7,500	\$10,000
	One or more entire toes	\$1,000	\$1,500	\$2,000
	One or more entire fingers	\$1,000	\$1,500	\$2,000
Prosthetic Devices	Pays for prosthetic devices prescribed by a physician to replace a hand, foot, or eye lost as the direct result of an injury, received within 365 days of the accident. Payable once per accident based on the number of devices. Maximum amount payable for all losses from the same accident is equal to the amount paid for the loss with the highest benefit amount. Not payable for hearing aids; dental aids, including false teeth; eyeglasses; cosmetic prostheses such as wigs or joint replacements such as an artificial hip or knee.			
	One Device	\$1,000	\$1,500	\$2,000
	Multiple Devices	\$2,000	\$3,000	\$4,000
Hospital Care				
<p><i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i></p> <p><i>Benefits will not be paid for Hospital Confinement, Rehabilitation Unit Confinement, Intensive Care Unit, or Recovery for the same day. Benefits will be paid for one period of confinement at a time, even if caused by more than one accident. If an insured person is confined in a hospital, and later becomes confined again within 90 days for the same condition, this will be treated as a continuation of the prior confinement. If more than 90 days pass between periods of confinement, this will be treated as a new confinement.</i></p>				
Hospital Admission	Pays one benefit for confinement in a hospital – assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours – for treatment of an injury occurring within 180 days of the accident. Hospital Admission and Intensive Care Unit Admission benefits will not be paid for the same confinement. Payable once per accident but only once per calendar year.			
	Hospital Admission	\$1,000	\$1,500	\$2,000
Hospital Confinement	Pays a daily benefit for confinement in a hospital – assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours – for treatment of an injury occurring within 180 days of the accident. Payable up to 365 days per accident.			
	Hospital Confinement	\$200	\$300	\$400
Hospital Observation	Pays for an observation stay of at least 20 hours for an injury occurring within 180 days of the accident. Payable once per accident based on the number of hours for the observation stay, ending upon discharge from the hospital. Not payable for a hospital stay that is eligible for the Hospital Admission or Intensive Care Unit Admission benefits. Not payable for any services received in an emergency room, recovery room, urgent care facility or any facility other than a hospital.			

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	Hospital Observation	\$500	\$750	\$1,000
Hospital Observation Stay	Pays for an observation stay of at least 20 hours for an injury occurring within 180 days of the accident. Payable once for an accident based on the number of hours for the observation stay, ending upon discharge from the hospital. Not payable for any services received in an emergency room, recovery room, urgent care facility or any facility other than a hospital.			
	20 to 48 hours	\$100	\$150	\$200
	49 or more hours	\$200	\$300	\$400
Intensive Care Unit Admission	Pays one benefit for confinement in an intensive care unit – assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours – for treatment of an injury occurring within 180 days of the accident. Hospital Admission and Intensive Care Unit Admission benefits will not be paid for the same confinement. Payable once per accident but only once per calendar year.			
	Intensive Care Unit Admission	\$1,500	\$2,250	\$3,000
Intensive Care Unit Confinement	Pays a daily benefit for confinement in an intensive care unit – assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours – for treatment of an injury occurring within 180 days of the accident. Payable up to 30 days per accident.			
	Intensive Care Unit Confinement	\$300	\$450	\$600
Rehabilitation Unit Confinement	Pays a daily benefit for being held in a rehabilitation unit for an injury occurring within 180 days of the accident. Payable up to 30 days per accident but only 60 days per calendar year. The Rehabilitation Unit Confinement and Recovery benefits will not be paid for the same day.			
	Rehabilitation Unit Confinement	\$200	\$300	\$400
Family Care	Pays for childcare for a natural child, stepchild, or legally adopted child while the insured person is confined to a hospital for an injury occurring within 180 days of the accident. The care provider must be licensed in the jurisdiction in which services are provided. Payable up to 30 days per accident, with one benefit paid daily regardless of the number of children requiring care.			
	Family Care	\$30	\$45	\$60
Pet Care	Pays for pet care from a pet boarding facility while the insured person is confined to a hospital for an injury occurring within 180 days of the accident. The facility must be an independent animal care provider or facility specializing in the care and overnight or long-term boarding of animals that is not owned by the insured person or immediate family member. Payable up to 30 days per accident, with one benefit paid daily regardless of the number of pets requiring care.			
	Pet Care	\$30	\$45	\$60
Recovery	Pays if an insured person is unable to work immediately following a surgical procedure or confinement in a hospital due to an injury. Benefits will begin the first calendar day after a surgical procedure or after being released from a hospital confinement. The Recovery and Rehabilitation Unit Confinement benefits will not be paid for the same day. Payable up to six days per accident.			
	Recovery	\$50	\$75	\$100
Surgical Care				
<i>Benefits are paid when an insured person receives services described below for an injury sustained in a covered accident, for which the Initial Accident Treatment or Telemedicine benefit was paid. The injury must be diagnosed by a physician with services received within the timeframe stated.</i>				

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
General Surgery	Pays for open abdominal, thoracic, cranial or hernia surgery with repair or laparoscopic surgery for diagnostic purposes only, provided by a physician for an injury, received within 180 days of the accident. Payable one time per accident based on the surgery received. Maximum amount payable for all surgeries from the same accident is equal to the highest benefit amount.			
	Abdominal, Thoracic, or Cranial with Repair	\$1,000	\$1,500	-
	Hernia with Repair	\$250	\$375	-
	Laparoscopic without Repair	\$250	\$375	-
Orthopedic Surgery	Pays for surgery provided by a physician for an injury, received within 180 days of the accident, to repair a tendon, ligament, rotator cuff or knee cartilage that is torn, severed, or ruptured; surgery to repair a ruptured disc in the spine; or arthroscopic surgery for diagnostic purposes only. Payable once per accident based on the surgery received. The maximum amount payable for all surgeries from the same accident is equal to the highest benefit amount.			
	Tendon, Ligament, Rotator Cuff, or Knee Cartilage with Repair	\$500	\$750	-
	Ruptured Disc with Repair	\$500	\$750	-
	Arthroscopic without Repair	\$250	\$375	-
Inpatient Surgery	Pays for surgery for an injury requiring anesthesia and provided by a physician while confined to a hospital on an inpatient basis, received within 180 days of the accident. Paid once per accident.			
	Inpatient Surgery	-	-	\$2,000
Outpatient Surgery	Pays for surgery for an injury requiring anesthesia and provided by a physician at a hospital or an ambulatory surgical center on an outpatient basis, received within 180 days of the accident. Paid once per accident.			
	Outpatient Surgery	-	-	\$500
Accidental Death Rider				
<i>Benefits are paid when an insured person incurs any of the losses described below for an injury sustained in a covered accident. Death must be certified by a physician for an injury received within the timeframe stated.</i>				
Accidental Death	Pays for accidental death from an injury, certified by a physician within 180 days of the accident.			
	Primary Insured (100%)	\$10,000	\$25,000	\$50,000
	Spouse (100%)	\$10,000	\$25,000	\$50,000
	Child (25%)	\$2,500	\$6,250	\$12,500
Accidental Death – Common Carrier	Pays for accidental death from an injury, certified by a physician within 180 days of the accident, sustained while riding as a fare-paying passenger on a common carrier. Payable in addition to the Accidental Death benefit.			
	Primary Insured (100%)	\$10,000	\$25,000	\$50,000
	Spouse (100%)	\$10,000	\$25,000	\$50,000
	Child (25%)	\$2,500	\$6,250	\$12,500
Accidental Death – Automobile Seatbelt	Pays for an accidental death from an injury, certified within 180 days of the accident, sustained while driving or riding in an automobile that is not being used to transport passengers for hire and while wearing and properly utilizing a seatbelt as certified by the police accident report. Payable in addition to the Accidental Death benefit.			
	Primary Insured (100%)	\$2,500	\$6,250	\$12,500

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
	Spouse (100%)	\$2,500	\$6,250	\$12,500
	Child (25%)	\$625	\$1,563	\$3,125

Optional Rider Benefits

The following benefits are as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity Life Insurance Company or review the rider.

Benefit	Description of Benefits	Benefit Amounts for Plans Offered		
		Base	Advantage	Complete
<i>Benefits are paid when an insured person incurs any of the losses described below for an injury sustained in a covered accident.</i>				
Accident-Only Disability Income Rider				
Accident-Only Disability Income	Pays a monthly benefit if the primary insured person becomes totally disabled as the result of a covered accident occurring within 180 days of the accident and prior to the insured's 65th birthday.			
	Monthly Benefit		\$300 through \$1,800 but no more than 60% of gross monthly income based on the total of all in-force and applied-for individual and group disability income benefits	
<i>Benefits are paid when an insured person receives services described below, subject to rider provisions.</i>				
Preventive Care Rider				
Preventive Care	The Preventive Care Rider pays a benefit if any insured person receives any of the services described below outside of a hospital. Payable once per calendar year per insured person, but no more than four times for all insured persons combined in a calendar year.			
	Blood screening for triglycerides, cholesterol, HDL, or LDL; fasting blood glucose test (blood test for diabetes); annual physical exams; routine eye exams; or immunizations.		\$25	

Definitions

The following definitions apply to the policy and riders as approved in most states. Definitions may vary by state. For a list of all definitions, refer to the actual policy and riders.

Ambulatory Surgical Center

A licensed facility whose primary purpose is to provide surgical procedures where the patient is admitted to and discharged from within the same day. It has one or more physicians on duty whenever a patient is in the facility. It is not a facility existing for the primary purpose of terminating pregnancies or an office maintained by a physician for the practice of medicine, nor does it provide services or accommodations for patients to stay overnight.

Automobile

A four-wheeled private passenger motor vehicle licensed for use on public highways.

Coma

The diagnosis, by a physician board certified in neurology, that an insured person is in a state of unconsciousness from which they 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.

Concussion

A type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

Common Carrier *(as applies to the Accidental Death Rider)*

An entity that is licensed primarily to transport passengers for hire in any public land, air, or water conveyance.

Concurrent Total Disabilities *(as applies to the Accident-Only Disability Income Rider)*

A total disability caused by more than one injury, whether they are related or not.

Confined or Confinement

The assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours.

Covered Accident *(as applies to the 24-Hour coverage)*

An unforeseen event which (a) directly, independently, and exclusively results in an Injury, (b) occurs on or after the issue date, (c) occurs while this policy is in force, and (d) is not excluded by name or specific description in this policy.

Covered Accident *(as applies to the Off-the-Job coverage)*

An unforeseen event which (a) directly, independently, and exclusively results in an Injury, (b) occurs on or after the issue date, (c) occurs while this policy is in force, (d) is not excluded by name or specific description in this policy and (e) occurs while an Insured Person is Off-the-Job.

Dentist

A licensed practitioner who is trained to diagnose, treat, prescribe, or operate for any disease, pain, deformity, injury or physical condition of the teeth, jaws, or mouth. Such dentist cannot be a member of the

policyowner's or an insured person's immediate family or business associate and must be providing services within the scope of such license/specialty.

Elimination Period *(as applies to the Accident-Only Disability Income Rider)*

The number of consecutive days the insured person must be totally disabled before being eligible to receive the monthly benefit amount. Assurity does not pay monthly benefit amounts during the elimination period.

Emergency Room

A specified area within a hospital that is designated for the emergency care of accidental injuries. This area must (a) be staffed and equipped to handle trauma, (b) be supervised and provide treatment by physicians and (c) provide care seven days per week, 24 hours per day. An urgent care facility is not considered an emergency room.

Hemiplegia

A spinal cord injury resulting in paralysis of one side of the body.

Hospital

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

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

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

Immediate Family

Spouse, father, mother, children, or siblings of the policyowner or any Insured Person.

Injury(ies)

Bodily harm that is caused solely by or is the result of a covered accident. All Injuries sustained in any one covered accident and all complications are considered to be a single Injury.

Insured Child(ren)

Any natural child, stepchild or legally adopted child of the primary insured person who is at least 15 days of age and younger than age 18 on the date of the application for this policy or the date the child first becomes eligible.

Intensive Care Unit

A place which (a) is a specifically designated area of the Hospital that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement, (c) is permanently equipped with special lifesaving

equipment for the care of the critically ill or injured, (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and (e) has a physician assigned to the intensive care unit.

An intensive care unit is not any of the following step-down units: (a) a progressive care unit, (b) an intermediate care unit, (c) a private monitored room, (d) a sub-acute intensive care unit, (e) a modified/moderate care unit, (f) an observation unit or (g) any facility not meeting the definition of an intensive care unit.

Loss of a Finger

A finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.

Loss of a Foot

A foot is cut off through or above the ankle joint.

Loss of a Hand

A hand is cut off through or above the wrist joint.

Loss of a Leg

A leg is cut off through or above the knee joint.

Loss of a Toe

A toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

Loss of an Arm

An arm is cut off through or above the elbow joint.

Loss of Hearing

The total and irreversible loss of hearing in both ears. Loss of hearing does not include loss of hearing that can be corrected by the use of any hearing aid or device.

Loss of Sight

At least 80% of vision is permanently lost after reasonable effort has been made to correct the insured person's vision using the most advanced medically acceptable procedures and devices available.

Loss of Speech

The total and permanent loss of audible communication if such loss cannot be corrected to any functional degree by any procedure, aid, or device.

Maximum Benefit Period *(as applies to the Accident-Only Disability Income Rider)*

The maximum period of time monthly benefit amounts are paid.

Mental and Nervous Disorder

Any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of the Injury published by the American Psychiatric Association (APA), excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental and Nervous Disorders will include those disorders listed in the diagnostic manual then in use by the APA as of the date of Injury, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Nursing Home

An institution that is not primarily a residential facility and is either:

- a state-licensed nursing home;
- a Medicare-approved skilled nursing facility; or
- a state-licensed skilled nursing or intermediate care facility,

or meets all of the following:

- a state-licensed nursing home;
- primarily provides nursing care;
- supervised by a registered nurse (RN) or licensed practical nurse (LPN);
- keeps daily patient medical records; and
- records and controls all medications it gives.

Observation Status

Services received in a hospital, based on the level of care needed, when inpatient care is not deemed necessary by the supervising physician.

Observation Stay

A hospital stay when held under observation status. An observation stay ends when the insured person is discharged from the hospital.

Observation Unit

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

Off-the-Job

Not working at any job for wage or profit.

Optometrist

A health care professional who provides vision care ranging from sight testing and correction to the diagnosis, treatment, and management of vision changes. Such optometrist cannot be a member of the policyowner's or any insured person's immediate family or business associate and must be providing services within the scope of such license/specialty.

Organized Sport

An athletic competition or supervised organized practice for an athletic competition. Participation must be for amateurs only. The competition must be governed by a set of written rules and supervised by an adult that has completed all training required to act in such capacity. The competition must be overseen by a legal entity such as a public school or sports association and the competition must be on a regulation playing surface.

Paraplegia

A spinal cord injury resulting in paralysis of two or three limbs.

Pet

A domestic animal that lives with an insured person and is dependent on them for primary care and maintenance.

Pet Boarding Facility

An independent animal care provider or facility specializing in the care and overnight or long-term boarding of animals that is not owned or operated by the policyowner or any insured person or an immediate family member. The pet boarding facility cannot be operating from a residence.

Physical, Occupational or Speech Therapist

A person who is duly licensed by the state to practice physical, occupational or speech therapy in the United States. Such therapists cannot be a member of the policyowner's or any insured person's immediate family or business associate and must be providing services within the scope of such license and performing services for which benefits are provided by the policy.

Physician

A doctor of medicine or osteopathy who is duly licensed by the state medical board and practicing in the United States. Such physician cannot be a member of the policyowner's or any insured person's immediate family or business associate and must be providing services within the scope of such license/specialty. Physician will also include nurse practitioners and physician assistants. Practitioners other than those named above are not physicians. For the purposes of this policy and any attached riders, chiropractors, dentists, and optometrists are not considered physicians.

Physician's Care *(as applies to the Accident-Only Disability Income Rider)*

The regular and personal care of a physician which, under prevailing medical standards, is appropriate for the condition causing the disability.

Quadriplegia

A spinal cord injury resulting in paralysis of all four limbs.

Rehabilitation Unit

A licensed facility or a unit of a hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a physician knowledgeable and experienced in rehabilitative medicine. If a unit of a hospital, beds must be set up and staffed in an area specifically designated for this service.

Seatbelt *(as applies to the Accidental Death Rider)*

A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the automobile was not equipped with a combination lap and shoulder restraint system when manufactured.

Spouse

The person to whom the primary insured person is lawfully married, including same sex marriages, civil unions and domestic partnerships if recognized in the state in which this policy was issued. If also an insured person, the spouse is the person named as such on the application, or who is added at a later date. No more than one spouse may be insured at any given time.

Sub-Acute Intensive Care Unit

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

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

Surgical Procedure

Cutting into the skin or other organs. While not an exhaustive list, surgical procedure does not include the following:

- venipuncture (drawing blood);
- lumbar puncture;
- epidural steroid injections;
- removal of skin tags;
- foreign body removal from the eye;
- stitches or wound gluing;
- aspirating;
- splinting; or
- cast application.

Telemedicine Services

The assessment, diagnosis, and treatment of a patient provided in real-time by a physician via video telecommunications technology.

Totally Disabled and Total Disability *(as applies to the Accident-Only Disability Income Rider)*

A condition resulting from an injury, independent of all other causes, which (a) occurs while this rider is in force, (b) requires a physician's care unless the insured person has reached the maximum point of recovery and (c) keeps the insured person from doing the important, substantial, and material duties of their own occupation.

Traumatic Brain Injury

A nondegenerative, noncongenital insult to the brain from an external mechanical force, leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness. Diagnosis must be based on one of the following:

- CT (computerized tomography) scan;
- CAT (computerized angiogram tomography) scan;
- MRI (magnetic resonance imaging);
- EEG (electroencephalogram);
- PET (positron emission tomography) scan; or
- X-Ray.

Urgent Care Facility

A freestanding facility which is not part of a hospital or emergency room and provides care on an urgent basis.

Exclusions

The following exclusions apply to the policy as approved in most states. Exclusions may vary by state. For a list of all exclusions, refer to the actual policy.

Exclusions

Assurity will not pay benefits for losses that are caused by or the result of an Insured Person:

- operating, learning to operate or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness, disease, or infection, other than infection from an Injury occurring while this policy is in force;
- 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 Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic or any other drug or intoxicant (except those used as prescribed to the Insured Person by a Physician);
- 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;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection, or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment or Telemedicine benefit, will be payable for services provided outside of the United States.

Administrative Guidelines

Premium Payment

What are acceptable methods of payment? Assurity accepts credit/debit card payments (VISA, MasterCard and Discover) and automatic bank withdrawals for initial and renewal premiums. Available dates for recurring renewal payments are on any day between the 1st to the 28th of each month and can be changed by contacting Customer Connections, as detailed in the About Assurity section. If a payment is returned or declined, Assurity will notify the policyowner and send a copy of the notification to the agent. If a remittance is not received prior to the expiration of the grace period, lapse/non-forfeiture processing will be initiated.

After a policy has been issued, the policyowner can change the renewal premium payment method. Options available include the following: credit/debit card (VISA, MasterCard and Discover), automatic bank withdrawal, personal checks, money orders and cashier checks in amounts below \$200 per month per policy and cashier's checks in amounts above \$10,000. To change the payment method, the policyowner should contact Customer Connections, as detailed in the About Assurity section. For automatic bank withdrawal, an Automatic Bank Payment form will need to be completed and returned. This form is available on AssureLINK or by contacting Customer Connections. For policies on direct billing, the original premium notice is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date.

When will coverage lapse if premiums are not paid? Premiums must be paid on or before the due date or during the 31-day grace period that follows the due date. The policy stays in force during this time. If a remittance is still not received at the end of the 31-day grace period, lapse/non-forfeiture processing will be initiated. The grace period does not apply if the insured requests termination of the policy.

How can a "list bill" be set up? Renewal premiums may be billed to the policyowner's place of employment in a "list bill" by having the employer complete an Authorization for List Bill. Available premium modes for list bill are monthly, quarterly, semi-annual, and annual. If you have any questions about setting up a list bill, contact Customer Connections, as detailed in the About Assurity section.

Coverage Information

Duplicate Policies

A duplicate policy is available upon receipt of the owner's signed request. A \$20 fee may apply for subsequent requests.

Coverage Changes

Change of Beneficiary

The beneficiary of an in-force policy may be changed while the insured is alive by completing and returning a Change of Beneficiary Designation form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. Return of the policy is not required.

Policy Changes

The policyowner may request coverage changes by completing and returning an Application for Changes to Health Policy form. This application is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. Return of the policy is not required.

Reinstatement of a Lapsed Policy

If the policy lapses due to nonpayment of renewal premium, the insured/owner may apply for reinstatement up to one year from the date of lapse. A completed Application for Reinstatement form, available on

AssureLINK or by contacting Customer Connections as detailed in the About Assurity section, must be provided to Assurity's administrative office.

If the application for reinstatement is approved pending payment of required premium, Assurity will notify the owner of the premium needed to reinstate the policy. Once payment is received, the policy will be reinstated on the reinstatement date – the date Assurity has both approved the application and received the premium due. Additional reinstatement procedures will be determined by the policy language approved in each specific state.

Claims Guidelines

Claims Questions

Customer Connections is available to handle telephone calls from policyholders including verifying coverage and answering policy or rider benefit questions. They can be reached as detailed in the About Assurity section.

Notice of Claim

Notice of claim must be provided to Assurity within 20 calendar days after a loss covered by the policy or rider occurs by either contacting Assurity, as described below, or submitting necessary claims forms. If notice is not given within that time, it must be given as soon as reasonably possible.

Death Claim Processing

The policyowner or beneficiary may begin death claim processing by contacting Customer Connections, as detailed in the About Assurity section and providing the following:

- the insured person's date of death and cause of death;
- a certified copy of the insured person's death certificate;
- a completed Notification of Death – Form No. 01-030-05055; and
- a copy of the accident report, if available.

Notice of Claims for Other Policy Benefits and Riders

For non-death claims, notice – including the policy number shown on the schedule and the name of the insured person – may be sent to Assurity by one of the following:

E-mail to claimsinfo@assurity.com

Fax to (800) 869-0368

Mail to: Assurity Life Insurance Company
P.O. Box 82533
Lincoln, NE 68501-2533

When Assurity receives notice of claim, the necessary proof of loss forms will be sent. Notice may also be provided by submitting necessary claims forms, as described below.

Filing a Claim

Filing non-death claims may be initiated by either of the following:

- setting up a MyAssurity account and submitting documents through the secure portal; or
- completing the required forms downloaded on Assurity's public site at <http://www.assurity.com> by accessing the Customer Center section and sending to Assurity at one of the following:

E-mail to claimsinfo@assurity.com

Fax to (800) 869-0368

Mail to: Assurity Life Insurance Company
P.O. Box 82533
Lincoln, NE 68501-2533

If forms are emailed or faxed, please do not mail the original.

Forms necessary to file the claim will include the following:

- Claimant Statement form #75-010-02283F;
- Confidential Information Authorization form, which varies by state;
- copy of the accident report, if available; and
- itemized bill detailing covered treatment or procedure. An acceptable itemized bill must include the following: dates of service, diagnostic codes (ICD-9 or ICD-10), procedure codes (CPT) and amount charged. HCFA 1500 form and/or UB-04 form obtained from medical provider should include all required information.

Depending on the documentation provided above, Assurity may need to acquire additional medical records. If necessary, having a signed authorization on file will expedite the processing.

Proof of loss must be provided to Assurity within 120 calendar days after a loss covered by the policy or rider occurs. If it is not possible in the time required, Assurity 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 Assurity no later than one year after such loss unless the insured person is legally incapacitated.

Filing a Disability Claim *(for Accident-Only Disability Income Rider)*

Forms necessary to file the claim will include the following:

- Claimant Statement – Form No. 01-012-02255F – as completed by the claimant;
- Attending Physician's Statement – Form No. 01-014-02255F – as completed by the claimant's attending physician;
- Employer Statement – Form No. 01-013-02255F – as completed by the claimant's employer; and
- Confidential Information Authorization form, which varies by state.

Additional information may be necessary to evaluate the claim.

Premium Rates

Quotes

Quotes are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for this product by selecting the Quick Quotes/Illustrations option on the left.

Forms

The following forms can be found on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

- **Application**
- **Application for Changes to Health Policy**
 - Form No. 75-611-02255
- **Application for Reinstatement**
 - Form No. 75-652-05055
- **Authorization for List Bill**
 - Form No. 75-060-05055 (R10-15)
- **Automatic Bank Payment**
 - Form No. 18-051-05055 (R04-14)
- **Change of Beneficiary**
 - Form No. 18-612-05055 (R06-17)
- **Duplicate Policy Request**
 - Form No. 18-655-05055

State Specific Information

As approved, some state insurance departments may require modifications to policy application, contract language, benefits, rates, and other features. Please refer to the individual contracts specific to each state as the ultimate authority.

This applies to policy Form No. I H2203. This information is for agent use only. It is not for use with consumers.

The following chart represents some of those key differences:

State Specific Information for Accident Insurance Policy and Riders	
Alabama	<ul style="list-style-type: none"> For the Accidental Death Rider, death must occur and be certified by a physician within 90 days of the covered accident.
Alaska	<ul style="list-style-type: none"> Policy's Companion Lodging benefit pays for a companion's lodging if accompanying any insured person confined to a hospital more than 50 miles away from the insured person's residence for treatment of an injury.
Arizona	<ul style="list-style-type: none"> Automatic coverage for an insured child begins at birth.
Arkansas	<ul style="list-style-type: none"> For the Accidental Death Rider, benefits will be paid if the use of extraordinary life support systems delays the accidental death for more than 180 days.
Colorado	<ul style="list-style-type: none"> Policy and riders have state-specific rates.
Connecticut	<ul style="list-style-type: none"> Policy's Coma benefit has no waiting period. Policy's Paralysis benefit has no waiting period.
Florida	<ul style="list-style-type: none"> Automatic coverage for an insured child begins at birth.
Illinois	<ul style="list-style-type: none"> Definition of insured children includes foster children. Accident-Only Disability Income Rider not available.
Indiana	<ul style="list-style-type: none"> Automatic coverage for an insured child begins at birth. Definition of insured children includes children who are younger than age 26 and any children under legal guardianship of the primary insured person. Treatment for Emergency Dental or Emergency Dental Office Visit must be received within 180 days. Treatment for a Fracture must be received within 180 days.
Kansas	<ul style="list-style-type: none"> Policy and riders have state-specific rates. Automatic coverage for an insured child begins at birth. Definition of physician includes optometrists, dentists, podiatrists, duly certified psychologists, osteopaths, chiropractors, or licensed special clinical social workers. Policy's Eye Injury Office Visit benefit is not available; however, the Initial Accident Treatment benefit, requiring treatment from a physician/optometrist will be paid. Policy's Emergency Dental Office Visit benefit is not available; however, the Initial Accident Treatment, requiring treatment from a physician/dentist will be paid. Policy's Chiropractor and Acupuncture benefit is not available; however, other benefits, requiring diagnosis by or treatment from a physician/chiropractor will be paid.
Louisiana	<ul style="list-style-type: none"> Policy and riders have state-specific rates.

State Specific Information for Accident Insurance Policy and Riders	
	<ul style="list-style-type: none"> • Definition of physician includes chiropractors. • Policy's Chiropractor and Acupuncture benefit is not available; however, other benefits, requiring diagnosis by or treatment from a physician/chiropractor will be paid.
Maryland	<ul style="list-style-type: none"> • Policy includes a Second Opinion benefit paid for evaluation of hospitalization when required by a utilization review program.
Michigan	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth. • Preventive Care Rider not available.
Minnesota	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Definition of insured children includes any financially dependent grandchild, children under age 25 and unmarried on the date of the application or when first eligible, and any children under legal guardianship of the primary insured person.
Missouri	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth.
New Jersey	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth. If the policy does not include insured child coverage, then automatic coverage is provided to a newborn child or adopted child for 60 days from birth or adoption. • Preventive Care Rider not available.
North Carolina	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth. • Definition of insured children includes foster children.
Oklahoma	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Automatic coverage for an insured child begins at birth. • Definition of physician includes chiropractors. • Policy's Chiropractor and Acupuncture benefit is not available; however, other benefits, requiring diagnosis by or treatment from a physician/chiropractor will be paid.
Oregon	<ul style="list-style-type: none"> • For the Accidental Death Rider, death must be certified by a physician within 181 days.
Pennsylvania	<ul style="list-style-type: none"> • Off-the-Job coverage option not available. • Automatic coverage for an insured child begins at birth. • Policy's Residence or Vehicle Modification not available. • Policy's Family Care benefit not available. • Policy's Pet Care benefit not available. • For the Accidental Death Rider, death must be certified by a physician at any time.
Rhode Island	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth.
South Carolina	<ul style="list-style-type: none"> • Policy and riders have state-specific rates.
South Dakota	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Automatic coverage for an insured child begins at birth. • Definition of confinement means the assignment to a bed as a resident inpatient as prescribed by a physician in a hospital but does not require a stay of at least 20 continuous hours. • Allows for treatment from a healthcare provider who is immediate family if they are the only available in the area. • Policy's Emergency Dental benefits not limited to natural teeth.

State Specific Information for Accident Insurance Policy and Riders	
Tennessee	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Definition of physician includes chiropractors. • Policy's Chiropractor and Acupuncture benefit is not available; however, other benefits, requiring diagnosis by or treatment from a physician/chiropractor will be paid.
Texas	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth. • Definition of insured children includes dependent grandchildren, as claimed for federal tax forms. • Allows for treatment from a healthcare provider who is immediate family or business associate. • Allows for treatment outside of the United States and from healthcare providers licensed outside of the United States.
Utah	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Automatic coverage for an insured child begins at birth.
Vermont	<ul style="list-style-type: none"> • Policy's Poisoning benefit is not available. • All policy services must be received within 365 days of the accident. • For the Accidental Death Rider, death must be certified by a physician within 365 days of the covered accident while the rider is in force.
Washington	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Automatic coverage for an insured child begins at birth. If the policy does not include insured child coverage, then automatic coverage is provided to a newborn child or adopted child for 60 days from birth or adoption. • Definition of insured children includes children younger than age 26 on the date of application. • All policy services must be received within 365 days of the accident. • Policy's Poisoning benefit covers treatment provided by a physician for an adverse reaction from ingesting or being exposed to alcohol or illegal narcotics. • Policy's Coma benefit will be paid for a coma that is medically induced or the result of drug or alcohol use. • For the Accidental Death Rider, death must be certified by a physician within 365 days of the covered accident while the rider is in force. • For the Accident-Only Disability Income Rider, disability must begin within 365 days of the injury causing the total disability. • Preventive Care Rider marketed as Health Screening Rider.
Wyoming	<ul style="list-style-type: none"> • Automatic coverage for an insured child begins at birth.

Revisions to this Product Guide

Date	Section	Update
07/01/2024	State Specific Information	Updated CT information
02/15/2024	State Specific Information	Added UT and updated WA
01/01/2024	State Specific Information	Added CO, IN, MD, MN, NJ, OR and SC
10/01/2023	All	First version created 10/01/2023

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