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# **Graded Benefit Disability Income Insurance**

## **PRODUCT GUIDE**

**AssurityBalance®**

**For Agent use only.**  
Product availability and features vary by state.



# Product Guide for AssurityBalance®

## Graded Benefit Disability Income Protection

### Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract is **A-D120**. This product or the optional benefits listed may not be available in all states.

**The individual contract is your ultimate authority for any questions you may have about the requirements of this product. If your state requires a state-specific contract or applications, these will be given to you by your General Agent or General Manager.**

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# General Guidelines (may vary by state)

## PRODUCT TYPE

Individual guaranteed renewable disability policy with a traditional definition of disability and graded benefit. Monthly Benefits for the duration of a disability beginning in the first policy year will be 35 percent of the non-graded Monthly Benefit. For the duration of a disability beginning in the second policy year, the Monthly Benefit will be 70 percent of the non-graded Monthly Benefit. The non-graded Monthly Benefit will be paid for total disabilities beginning in the 3<sup>rd</sup> policy year and thereafter.

## INTENDED MARKET

Individuals who are able to perform their daily work duties, yet are unable to qualify for disability coverage under the Personal Disability Income Protection plan due to their health history.

## ISSUE AGES

18 through 60

## PREMIUMS

Level; based on *nearest* age (age as of nearest birthday), Gender, Tobacco Use, Elimination Period, Monthly Disability Benefit Amount, Benefit Period, and any Optional Benefits selected. **Rates are not dependent upon Occupational Classification. The proposed insured's occupation class will determine the benefit period allowed and the maximum issue limit.**

**Non-Tobacco** If no tobacco in last 12 months.

**Policy Fee** \$40

**Rate Increases** Premiums may only be raised on a class basis with each state's approval.

### Mode Premium Factors as Percentage of Annual Premium

Semi-Annual	51.0 percent
Quarterly	26.4 percent *
Monthly	8.8 percent

\*For California and Florida only, the Quarterly Mode Factor is 25.8 percent

## RENEWABILITY

Guaranteed renewable to age 65. Until the Policy Anniversary after the Insured's 65th birthday, as long as the premiums are paid, the policy cannot be canceled. However, the premium rates can be changed with state approval.

If the Insured is employed on a full-time basis on each renewal date after age 65, the policy can be renewed up to age 70. The benefit period is limited to one year. Premiums will be adjusted for attained age each year the renewal option is offered.

# General Guidelines (continued)

## ELIMINATION PERIODS

The number of consecutive days that an Insured must be totally disabled before the Monthly Disability Benefit amount becomes payable. The Elimination Periods available are 30\*, 60, 90, 180, and 365\*\* days.

\* Available with 2-year Benefit Period only

\*\* Available with 5 and 10-year Benefit Periods only

For California only, because of the California State Disability Insurance Program, the SDIGBR Elimination Period for W-2 employees is automatically set to 365 days regardless of the base policy Elimination Period selected.

## BENEFIT PERIODS

- **Class 4A** — 2-, 5-, and 10-year
- **Class 3A** — 2-, 5-, and 10-year
- **Class 2A** — 2- and 5-year
- **Class 1A** — 2-year

Monthly Benefits will not be paid past your age 65. However, for Monthly Benefit payments beginning after age 64, the Benefit Period is limited to 12 months.

## UNDERWRITING

Applications will be underwritten using Attending Physician's Statements and Inspection Reports. See Medical Exam Requirements.

Coverage other than applied for may be offered with a policy amendment rider, Special Class premium, longer Elimination Period, shorter Benefit Period, condition exclusion, or a combination of any of these.

## TABLE RATINGS

Special Class premiums are determined based on the following table ratings:

- A** = 25 percent increase
- B** = 50 percent increase
- C** = 75 percent increase
- D** = 100 percent increase

# Policy Provisions (may vary by state)

## TOTAL DISABILITY

During the first 24 months after the Elimination Period, benefits are paid to the Insured if he/she is unable, because of sickness or injury, to perform the important substantial and material duties of his/her **own** occupation and requires a physician's care.

After benefits have been paid for 24 months, benefits are paid to the Insured if he/she is unable to perform the substantial and material duties of **any** occupation for which he/she is fitted by education, training, and experience, requires a physician's care and the Insured is not engaged in any job for wage or profit.

## PRESUMPTIVE DISABILITY

A presumptive disability provision is included that presumes Total Disability if the Insured suffers total loss of speech, hearing, or sight, severance and loss of both feet, severance and loss of both hands, or severance and loss of one hand and one foot.

The Elimination Period is waived and the full Monthly Benefits will be paid for the Maximum Benefit Period, whether or not the Insured is able to work.

## RECURRENT DISABILITY

A second disability is considered a continuation of a previous disability unless it is due to an unrelated sickness or injury, or the Insured has returned to work full-time for at least 12 months.

## PARTIAL DISABILITY

This provision pays 50 percent of the Monthly Base Policy Benefit amount last paid and 50 percent of the SDIGBR Benefit last paid, if applicable, for each month of a Partial Disability from an insured injury or sickness for up to 6 months when the Partial Disability immediately follows a period of Total Disability during which Monthly Benefits were paid. The combined Total and Partial Disability benefits cannot extend beyond the Maximum Benefit Period.

Partial Disability is a condition due to an Insured Injury or Insured Sickness that keeps you from doing one or more, but not all, of the important, substantial and material duties of your own occupation, or results in loss of 50 percent or more of the time spent by you in the usual daily performance of the duties of your own occupation.

## VOCATIONAL REHABILITATION BENEFIT

If the Insured is totally disabled and receiving Monthly Benefits, Assurity will consider paying the costs of a vocational rehabilitation program. Assurity will determine the amount paid, but it will not exceed the total of six Monthly Benefits. If the Insured's physician advises that the Insured would likely return to work with a vocational rehabilitation program, it will be required. Monthly Benefits will not be paid if the Insured does not take part. If Assurity requires such a program, the Insured may be paid more than the "six times the Monthly Benefit" limit. **(Required participation in a vocational rehabilitation program may vary by state.)**

# Policy Provisions (continued)

## **SURVIVOR BENEFIT**

A survivor benefit is available at no additional cost, paying a lump sum benefit to a named beneficiary in the event the Insured has been receiving disability benefits for 12 months and then dies. The lump sum death benefit is six times the Monthly Base Policy Benefit. If no Beneficiary is named, the survivor benefit will be paid to the Insured's estate.

## **HOME MODIFICATION BENEFIT**

This provision will provide a one-time, lifetime benefit of \$1,000 for the modification of the Insured's current residence to accommodate the Insured's present Total Disability. This provision is intended to assist with the improvement of access to or use of the facilities of the Insured's current residence.

## **WAIVER OF PREMIUM**

Premiums are waived following 90 days of Total Disability, or following the Elimination Period, if longer. Any premium paid that was paid during that period will be refunded. Waiver stops when Total Disability stops **or** at the end of the Maximum Benefit Period, whichever is first.

## **Optional Benefits — Available only at time of application** (may vary by state)

### **SUPPLEMENTAL DISABILITY INCOME, GRADED BENEFIT RIDER (S.D.I.G.B.R.)**

**In states other than California and New Jersey, this rider coordinates with Social Insurance Program Benefits and offsets this rider's benefits dollar for dollar.** Social Insurance Benefits include the following:

- A. Social Security Disability Benefits** — Includes primary or family disability benefits for which the Insured may become eligible under the U.S. Social Security Act, as amended from time to time, or a similar law of any other country. Any payment under Social Security Retirement provisions will be considered as a Social Security Disability Benefit.
- B. Worker's Compensation** — Includes compensation benefits under any Worker's Compensation Act or Law or Occupational Disease Law, for which the Insured may become eligible. It also includes insurance that provides benefits under any such Law — in any of the States or Territories of the United States, or similar act or law of any other country.
- C. Government Retirement and Disability Fund Benefit** — Includes disability compensation, including amounts for dependents, under any Federal, State, County, Municipal or other government subdivision retirement and disability fund for which the Insured may be eligible. Any payment resulting from retirement will be considered a Government Retirement and Disability Fund Benefit.
- D. Railroad Retirement Disability Fund Benefit** — Includes primary or family disability benefits under the Railroad Retirement Act as amended from time to time. Any payment resulting from the Retirement option will be considered as Railroad Retirement Disability Income.

## Optional Benefits (continued)

Benefits provided by under SDIGBR start after the Rider Elimination Period has been satisfied. Rider Monthly Benefits will be paid only while the Monthly Benefit is being paid under the Base Policy. Rider Monthly Benefits for the duration of a disability beginning in the first policy year will be 35 percent of the non-graded Rider Monthly Benefit. For the duration of a disability beginning in the second policy year, the Rider Monthly Benefit will be 70 percent of the non-graded Rider Monthly Benefit. The non-graded Rider Monthly Benefit will be paid for any total disability beginning in the 3<sup>rd</sup> policy year and thereafter.

In California, this rider coordinates only with Social Security Disability Benefits as described in (A) above. In California, no rider benefit will be paid if the Insured is receiving or qualified to receive Social Security Disability Benefits. Because of the California State Disability Insurance Program, the SDIGBR Elimination Period for W-2 employees in California is automatically set to 365 days regardless of the base policy Elimination Period selected.

In states other than California, any lump sum payment of Social Insurance Benefits will be treated as if it was received over several months. The lump sum will be *divided* by the Rider Monthly Benefit and the result will be the number of months the benefit is not paid. Any remainder reduces the next payable month's benefit. Assurity will not seek a refund of benefits paid before the lump sum was received.

### 5-YEAR OWN OCCUPATION RIDER

Available in Classes 4A and 3A and for the 5-Year and 10-Year Benefit Periods.

Extends own occupation portion of the definition of Total Disability from two years to five years.

### NON-GRADED INJURY BENEFIT

Available in all Classes for all Benefit Periods.

If this option is selected on the application for Graded Benefit Disability Income Protection, the Monthly Benefit for Total Disabilities caused by an Insured Injury during the first 24 months after the effective date of coverage will be paid in full (non-graded).

## Exclusions — (may vary by state)

**Assurity will not pay benefits on the following:**

### PREGNANCY

No benefits are paid for pregnancy, childbirth or elective abortion other than total disability resulting from complications of pregnancy. Conditions, occurrences or procedures associated with morning sickness, false labor, or physician prescribed rest during the period of pregnancy and similar conditions, occurrences and procedures associated with the management of a difficult pregnancy which **are not** a categorically distinct complication of pregnancy are excluded from coverage.

## Exclusions (continued)

Complications of pregnancy include total disability due to conditions, occurrences and procedures including ectopic pregnancy, spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible and non-elective Cesarean section.

### **WAR**

Disability due to war or act of war, whether or not declared is not covered under this policy.

### **MILITARY SERVICE**

Disability due to military service of any country or authority, except during active duty for training of less than 60 days is not covered under this policy.

### **SELF-INFLICTED**

Disability due to an intentional, self-inflicted injury or self-induced sickness is not covered under this policy.

### **FELONY**

Disability due to committing or attempting to commit a felony is not covered under this policy.

### **LOSS OF LICENSE**

Disability due to the loss of occupational or professional license or certification is not covered under this policy.

### **ILLEGAL OCCUPATION**

Disability due to engaging in an illegal occupation.

### **AVIATION**

Disability due to flight as a non-commercial passenger is not covered under this policy.

### **INCARCERATION**

Disability that starts while incarcerated in a penal institution or government detention facility is not covered under this policy.

## Limitations — Limits on benefits are as follows: (may vary by state)

### **MENTAL, NERVOUS, DRUG, ALCOHOL**

One year per lifetime limitation for disabilities related to mental, nervous, drug and alcohol disorders and conditions. The amount paid will be 50 percent of the Monthly Benefit.

Conditions included under the mental/nervous part of this limitation include any disorder classified in the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

Assurity will pay normal policy benefits for mental, nervous, drug, and alcohol disorders or conditions as long as the Insured is confined in a hospital under a physician's care.



## Limitations (continued)

### FOREIGN TRAVEL

The policy will pay Monthly Benefits for any Total Disability sustained or continued outside the United States only after the insured returns to the United States.

### PRE-EXISTING CONDITIONS

A disability due to health conditions not disclosed on the application for which medical advice, treatment or medicine was received or symptoms existed before the effective date of coverage is **not** covered for the first two years after coverage is in-force. **(Definition may vary by state.)**

Benefits will be paid if the condition was disclosed and not misrepresented on the Insured's application and is not excluded by a policy amendment rider.

## Financial Guidelines

### EARNED INCOME

Earned income is the gross income from the applicant's occupation, including salary, wages, bonuses, fees and any other compensation received from all sources for work performed by the applicant. If the applicant is self-employed or owns any part of a business, earned income is the applicant's share of income earned by the business, plus the salary or draw from the business, minus the applicant's share of business expenses that are deductible for income tax.

### INCOME VERIFICATION

Income verification will be required as part of the underwriting process:

- A. If the applicant is not self-employed and the amount applied for exceeds \$3,000 of monthly income, a copy the most recent pay stubs (last two) W-2 form or tax return is required.
- B. If the applicant is self-employed or a commissioned salesperson and the amount applied for exceeds \$2,000 of monthly income, a copy of the most recent tax return, with all schedules, is required.

### UNEARNED INCOME

Any kind of unearned income, such as rental property or interest income, that continues even if the Insured is totally disabled, does not qualify as earned income. Pension or retirement benefits would also be considered as unearned income. If unearned income is greater than 15 percent of earned income, the total Monthly Base Policy Benefit available at issue is reduced by one half of the monthly unearned income.

### OTHER INCOME PROTECTION

Other sources of income protection need to be taken into consideration in order to avoid over-insurance. Other sources of income protection include group disability income, salary continuation, social insurance disability, retirement disability, and other individual disability income. Unless being replaced, these in-force coverages must be subtracted from the maximum total amount of Monthly Benefit, subject to Issue and Participation Limits. See Maximum Issue and Participation Limits.

# Financial Guidelines (continued)

## SELF-EMPLOYED APPLICANTS WITH MINIMAL NET INCOME

Many self-employed individuals capitalize on depreciation and expenses to report little or no income for income tax purposes. However, these individuals may be eligible for a small disability income policy if:

- A. Self-employed in the same business for two years.
- B. Self-employed on a full-time basis.
- C. Under age 50 at the time of the application.
- D. Not showing a business loss on the most recent tax return.

Assurity will consider up to \$600 (\$300 base policy, \$300 SDIGBR) of Monthly Income with a 2- or 5-year Benefit Period for these applicants. The Elimination Period must be at least 60 days and no other benefits or riders are available.

## MAXIMUM ISSUE AND PARTICIPATION LIMITS

The maximum issue limits are those indicated below.

- **Class 4A** — \$11,000
- **Class 3A** — \$11,000
- **Class 2A** — \$7,500
- **Class 1A** — \$6,000

The maximum participation limit for all occupation classes is \$20,000 of monthly disability income.

**The participation limit includes all monthly disability income already in-force with Assurity or any of its affiliates or with any other company under individual or group policies.**

**For illustrations of Monthly Benefits in excess of the Maximum Issue Limits, please contact Assurity.**

### **Medical Professions**

***FOR MEDICAL PROFESSIONS ONLY (including Dentists) THE FOLLOWING GUIDELINES APPLY:***

- **Class 4A** — \$10,000
- **Class 3A** — \$10,000

The maximum participation limit for medical professionals is \$15,000.

## Financial Guidelines (continued)

### TABLE OF ISSUE LIMITS BY INCOME LEVEL

The minimum total issue amount is \$500 of Monthly Benefit. The \$500 minimum issue limit may be met through a combination of base policy and SDIGBR, but the base policy must be at least \$200 and the SDIGBR must be at least \$100. Prospects earning less than \$1,200 of monthly earned income are not eligible.

The maximum issue limit will depend on the applicant's occupation class, earned income and existing disability coverage. The application must clearly list all other disability coverages in-force and applied for.

Monthly Earned Income	Base Policy Maximum	SDIGBR Maximum	Monthly Earned Income	Base Policy Maximum	SDIGBR Maximum
	Monthly Benefit			Monthly Benefit	
1,200	350	550	3,800	1,650	1,100
1,300	380	600	3,900	1,700	1,100
1,400	450	600	4,000	1,740	1,150
1,500	480	650	4,100	1,780	1,150
1,600	550	650	4,200	1,830	1,150
1,700	580	700	4,300	1,900	1,150
1,800	650	700	4,400	1,980	1,150
1,900	730	700	4,500	2,000	1,150
2,000	750	750	4,600	2,020	1,200
2,100	800	750	4,700	2,090	1,200
2,200	830	800	4,800	2,100	1,200
2,300	900	800	4,900	2,180	1,200
2,400	930	850	5,000	2,200	1,200
2,500	1,000	850	5,100	2,220	1,200
2,600	1,030	900	5,200	2,230	1,200
2,700	1,100	900	5,300	2,250	1,200
2,800	1,130	950	5,400	2,260	1,200
2,900	1,200	950	5,500	2,270	1,200
3,000	1,270	950	5,600	2,320	1,200
3,100	1,300	1,000	5,700	2,360	1,200
3,200	1,370	1,000	5,800	2,390	1,200
3,300	1,440	1,000	5,900	2,430	1,200
3,400	1,480	1,000	6,000	2,460	1,200
3,500	1,520	1,050	6,200	2,520	1,200
3,600	1,580	1,050	6,400	2,640	1,200
3,700	1,620	1,050	6,600	2,760	1,200

*Continued*

## Financial Guidelines (continued)

Monthly Earned Income	Base Policy Maximum	SDIGBR Maximum	Monthly Earned Income	Base Policy Maximum	SDIGBR Maximum
	Monthly Benefit			Monthly Benefit	
6,800	2,880	1,200	13,400	6,840	1,200
7,000	3,000	1,200	13,600	6,960	1,200
7,200	3,120	1,200	13,800	7,080	1,200
7,400	3,240	1,200	14,000	7,200	1,200
7,600	3,360	1,200	14,200	7,320	1,200
7,800	3,480	1,200	14,400	7,440	1,200
8,000	3,600	1,200	14,600	7,560	1,200
8,200	3,720	1,200	14,800	7,680	1,200
8,400	3,840	1,200	15,000	7,800	1,200
8,600	3,960	1,200	15,200	7,920	1,200
8,800	4,080	1,200	15,400	8,040	1,200
9,000	4,200	1,200	15,600	8,160	1,200
9,200	4,320	1,200	15,800	8,280	1,200
9,400	4,440	1,200	16,000	8,400	1,200
9,600	4,560	1,200	16,200	8,520	1,200
9,800	4,680	1,200	16,400	8,640	1,200
10,000	4,800	1,200	16,600	8,760	1,200
10,200	4,920	1,200	16,800	8,760	1,200
10,400	5,040	1,200	17,000	8,760	1,200
10,600	5,160	1,200	17,200	8,760	1,200
10,800	5,280	1,200	17,400	8,760	1,200
11,000	5,400	1,200	17,600	8,760	1,200
11,200	5,520	1,200	17,800	8,760	1,200
11,400	5,640	1,200	18,000	8,760	1,200
11,600	5,760	1,200	18,200	8,810	1,200
11,800	5,880	1,200	18,400	8,920	1,200
12,000	6,000	1,200	18,600	9,030	1,200
12,200	6,120	1,200	18,800	9,140	1,200
12,400	6,240	1,200	19,000	9,250	1,200
12,600	6,360	1,200	19,200	9,360	1,200
12,800	6,480	1,200	19,400	9,470	1,200
13,000	6,600	1,200	19,600	9,580	1,200
13,200	6,720	1,200	19,800	9,690	1,200
			20,000 +	9,800	1,200

# Occupational Classification (may vary by state)

## GUIDELINES

Applicants must be employed on a full-time basis (at least 30 hours per week) at time of application.

Applicants employed only in seasonal occupations are not eligible for coverage.

Applicants engaged in more than one occupation, even on a part-time or seasonal basis, are to be classified according to the most hazardous occupation.

## BUSINESS IN THE HOME

Generally, persons who work at a business in their home are not eligible for disability income coverage unless **at least 50 percent** of the job duties are performed away from home. Any offers of coverage will be limited to Benefit Periods of two or five years.

## NEW OCCUPATION OR BUSINESS

Newly self-employed persons just entering a profession, business, occupation, or becoming associated with a new business must have worked a minimum of one calendar year in their new field and filed a federal tax return for that year to obtain coverage.

If the newly self-employed person has **less than** a full year tax return, the applicant must provide income verification for the two years prior to self-employment. Average the two years **then cut that figure in half**. Enter that figure into the Table of Issue Limits to find the maximum benefit that can be applied for that income amount. The applicant may apply for the **lesser of** that amount or \$2,000 of Base Policy Monthly Benefit. The applicant may apply for the maximum SDIGBR benefit corresponding to the income used to determine the maximum Base Policy Monthly Benefit. **In addition**, the applicant must be age 55 or younger, apply for a benefit period of 5 years or less, and a minimum elimination period of 90 days. No optional benefit riders other than the SDIGBR will be issued.

However, this requirement may be altered and a limited amount of coverage may be considered if the applicant has been in a similar occupation for at least two years. Individuals who do not fall into one of the above categories may be given individual consideration, but Underwriting should be consulted prior to submitting an application.

## AVIATION/AVOCATIONS

Persons involved in aviation, auto racing, hang gliding, sky diving, skin/scuba diving, or similar activities on an amateur basis can be considered for coverage in most cases. Report the activity on the application and complete the appropriate questionnaire. Usually, a policy amendment rider (waiver) will be attached to the policy if the application is approved.

## FOREIGN NATIONALS

Applications may be taken on U.S. citizens who permanently reside in the U.S. or on permanent resident aliens who have lived in the U.S. for at least three years and do not plan to return to their native country on a permanent basis. A photocopy of both sides of the applicant's resident alien card must be submitted with an application on a permanent resident alien.

# Occupational Classification (continued)

## DESCRIPTION OF CLASSES

### Class 4A

Includes professional or office-type occupations that are rarely exposed to physical or occupational hazards. Examples include:

Accountant	Librarian
Architect	Pharmacist
Biologist	Real Estate Agent
Computer Consultant	Secretary

### Class 3A

Includes occupations similar to Class 4A but with certain activities or hazards involving laboratory, technical, supervisory, and service work. Examples include:

Clergy	RN/LPN
Horticulturist	Sales Clerk
Lab Technician	Speech Therapist
Locksmith	Surveyor

### Class 2A

Includes skilled and manual occupations in lighter industries, along with most machine operators. Examples include:

Auto Mechanic	Electrician
Beautician	Farmer
Bricklayer	Plumber
Carpenter	Tailor

### Class 1A

Includes occupations involving heavy manual labor or unskilled workers where there is increased risk of accident. Examples include:

Auto Body Repair	Painter
Crane Operator	Pottery Maker
Custodian	Roofer
Furniture Mover	Used Car Dealership

### NE (Not Eligible)

Includes occupations not eligible for coverage due to exposure to serious accident or occupational hazards. Examples include:

Air Traffic Controller	Entertainer
Armed Forces	Pilot
Author	Self-employed Artist
Bartender	Student

# Occupational Classification (continued)

## SPECIAL OCCUPATIONS

### Government Employees

Federal, State, County, and City employees are considered in the Occupational Schedule under appropriate classification for their job duties. This section also includes Law Enforcement, Fire Fighters, and Postal Workers.

Benefits allowed under this policy take into account that the SDIGBR offsets dollar for dollar any Social Insurance benefits received, while the Base Policy benefit does not. Therefore, Assurity will allow up to a maximum of \$1,000 Base Policy Benefit and up to the maximum SDIGBR benefit as determined by the Table of Issue Limits by Income Level. If there is any other individual or group disability income insurance in-force in addition to any government coverage, a policy will not be offered.

### Railroad Employees

The benefit maximums for Railroad employees will be the same as those used for Government employees.

### Teachers

If teachers are covered under any type of Teachers' Disability Retirement Plan, the maximum in total monthly income benefit cannot exceed 25 percent of current income. A maximum of \$500 in Base Policy Monthly Benefit coverage applies.

### Casino Employees

The normal benefit maximums for casino employees directly involved in gaming activities will be allowed based on salary, with the following guidelines:

- Gambling must be legalized in that state.
- The casino must be operated in accordance with the law.

All casino employees directly involved with gaming activities are classified as 1A. (Employees of casinos who are not involved with gaming activities are not considered "casino employees" and will not be subject to the above limitations. Example: Casino Restaurant Manager would be classified as 3A.)

→ **NOTE:** For a complete listing of occupations and their classes, see the appropriate Occupational Classification Guide – **Occupational Classification Guide (states other than CA, FL)**, **Occupational Classification Guide (CA)**, **Occupational Classification Guide (FL)**.

# Underwriting Guidelines

## MEDICAL EXAM REQUIREMENTS

Non-medical limits and examination requirements are based all coverage in-force and applied for with Assurity and any of its affiliates.

Assurity reserves the right to require a medical examination and/or other medical requirements on any Proposed Insured. Authorized Paramedical Services firms shown below.

<u>All Ages and Benefit Periods</u>			
<u>Monthly Benefit</u>	<u>Exam</u>	<u>HOS</u>	<u>SMA</u>
\$500 to 5,000	No	No	No
5,001 and over	No	Yes	Yes

### Attending Physician's Statement

Because the intended market for this product are risks that are considered uninsurable for traditionally underwritten products, and will usually have some degree of additional medical risk, we will order Attending Physician's Statements on every case, and from all physicians or treatment facilities where the applicant has received treatment.

## PARAMEDICAL SERVICES

Assurity reserves the right to require a medical exam in rare cases if necessary. The agent may schedule an exam at one of the following authorized firms:

American Paraprofessional System, Inc. (APPS) – 800-635-1677  
 Examination Management Services (EMSI) – 800-872-3674  
 ExamOne Worldwide (LabOne) – 800-873-8845  
 HealthCheck – 785-273-4445  
 Portamedic/HooperHolmes – 800-765-1010

## LAB SERVICES

Blood and urine kits are available through Assurity or our authorized paramedical firms. All blood and urine samples must be sent to our approved laboratory at the following address:

**LabOne**  
**10310 West 84<sup>th</sup> Terrace**  
**Lenexa, KS 66214**

Assurity will not accept blood chemistry and urinalysis test results from other laboratories.

## INSPECTION REPORTS

Telephone inspection reports are ordered by Underwriting on all applications exceeding \$5,000 of total coverage. The phone inspection will be completed by a commercial inspection company.

An inspection report may be ordered by Underwriting on any amount, if necessary. Please inform every applicant that a phone call may be received.



# Underwriting Guidelines (continued)

## COLLECTION LIMITS

A full initial premium may be collected at time of application when the amount of all in-force and applied-for disability coverage with Assurity or its affiliates does not exceed \$5,000 of Monthly Benefit. The \$5,000 limit applies to all applications. Assurity's total health insurance liability for all coverage applied for will not exceed \$2,500 per month as set forth in the Conditional Receipt.

On applications with in-force and applied-for amounts that exceed the \$5,000 limit, the case must be handled on a C.O.D. basis.

## REPLACEMENT GUIDELINES

If existing disability income coverage is to be replaced, the following states require that a replacement form be completed and submitted with the application:

Arkansas  
Colorado  
Connecticut  
Delaware  
Florida  
Idaho  
Illinois  
Iowa  
Kentucky  
Massachusetts  
New Jersey  
Oklahoma  
Pennsylvania  
Rhode Island  
South Carolina  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin

**A copy of the complete replacement form must be left with the Proposed Insured.**

## ADDITIONAL UNDERWRITING INFORMATION TO EXPEDITE PROCESSING

Underwriting action often depends on answers to a number of basic questions specific to the condition or situation. In addition to information provided in the application, the underwriting process can be expedited by providing such additional underwriting information as outlined below. On a separate sheet of paper attached to the application, give the information as specified for conditions or situations listed 1 through 13. For any condition or situations not listed, please give information according to section 14.

# Underwriting Guidelines (continued)

## 1. Arthritis

- Applicant's name
- Type of arthritis
- Joints and areas involved
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

## 2. Asthma, emphysema, or bronchitis

- Applicant's name
- Number of attacks in the past 12 months
- Date of last attack
- Hospitalizations due to respiratory condition
- Date of last hospitalization (if any)
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

## 3. Back or neck pain or problems

- Applicant's name
- Diagnosis (sprain, strain, herniated disc, etc.)
- Area of the back or neck affected
- Date of last symptom
- Currently prescribed medications and treatment
- Date of last treatment
- Name, address and phone number of physician and medical facilities

## 4. Diabetes or glucose metabolism abnormalities

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Currently prescribed medications and treatment
- Date(s) of any hospitalizations
- Related conditions – eye disorders, kidney disorders, heart disorders, recurrent infections, circulatory problems, amputations, skin ulcers
- Other conditions/symptoms due to diabetes
- Name, address and phone number of physician and medical facilities

## 5. Epilepsy or seizure

- Applicant's name
- Type of epilepsy or seizure
- Date of onset or diagnosis
- Date of last seizure
- Currently prescribed medications or treatment
- Name, address and phone number of all physicians and medical facilities

## 6. Heart attack, angina or coronary artery disease

- Date of onset or diagnosis
- Diagnosis
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications and treatment
- Name, address and phone numbers of all physicians and medical facilities

## Underwriting Guidelines (continued)

### 7. Heart murmur

- Applicant's name
- Date of onset or diagnosis
- Type of murmur
- Restrictions to activities
- Currently prescribed medications and treatments
- Name, address and phone number of physician and medical facilities

### 8. High blood pressure

- Applicant's name
- Date of onset or diagnosis
- Currently prescribed medications or treatment
- Name, address and phone number of physicians and medical facilities

### 9. Kidney or urinary tract disease or disorder

- Applicant's name
- Disease or disorder
- Currently prescribed medications and treatments
- Tests completed
- Name, address and phone number of physician and medical facilities

### 10. Stomach and/or digestive tract disorders

- Applicant's name
- Diagnosis
- Date of onset
- Date of last symptoms
- Currently prescribed medications and treatment
- Name, address and phone number of physicians and medical facilities

### 11. Tumor, polyp or cyst

- Applicant's name
- Diagnosis
- Location of growth
- Date of removal
- Currently prescribed medications and treatment
- Follow-ups planned
- Name, address and phone number of physician and medical facilities

### 12. Driving under the Influence (DUI)

- Applicant's name
- Date of offense
- Number of DUI offenses
- License currently suspended
- Current employment

### 13. Drug or alcohol abuse

- Applicant's name
- Types of drugs or alcohol used
- Dates of last drug or alcohol use
- Treatment dates
- Current affiliation in support group - Alcoholics Anonymous (AA), Narcotics Anonymous (NA)

## Underwriting Guidelines *(continued)*

### 14. All other medical conditions

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Residual or ongoing symptoms
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications or treatment
- Names, addresses and phone numbers of all physicians and medical facilities

## Customer Service

### REINSTATEMENT OF A LAPSED POLICY

If a policy lapses for nonpayment of a renewal premium, reinstatement can be applied for within 12 months after the date of lapse. In order to reinstate, the following items are required:

- a completed reinstatement application,
- a signed medical authorization, and
- one renewal premium.

**If the application is approved, the effective date of reinstatement is the date of approval.**

# Medical Conditions

## CONDITIONS CONSIDERED FOR COVERAGE

The following list of conditions may be considered for coverage under a Graded Benefit Disability Income Policy.

ADD/ADHD	Hepatitis
Addison's Disease	Hodgkin's Disease
Alcoholism	Idiopathic Thrombocytopenia*
Aneurysm	IGA Nephropathy*
Angina Pectoris	Ileitis
Anxiety	Intestinal Bypass
Aplastic Anemia*	Kidney Transplant
Arteriosclerosis	Lupus, Discoid
Attempted Suicide	Meniere's Disease
Bipolar Disorders	Mental/Nervous Disorders
Cancer	Multiple Sclerosis
Cardiomegaly	Narcolepsy
Cerebral palsy	Obsessive Compulsive Disorder
CVA-Stroke	Osteomyelitis
Cholesterol (high)	Overweight
Chronic Fatigue Syndrome	Pacemakers
COPD	Pancreatitis
Coronary Artery Disease – Angioplasty/By-pass	Paraplegic
Crohn's Disease	Peripheral Vascular Disease
Depression	Poliomyelitis
Diabetes	Psoriatic Arthritis
Drug Abuse	Pyelitis
Elevated Liver Enzymes	Rheumatic Heart Disease
Epilepsy	Rheumatoid Arthritis
Factor V Leiden*	Sarcoidosis
Fibromyalgia	Sleep Apnea
Heart Attack	Spondylitis, Ankylosing
Hear Murmurs -® Organic	Tourette's Syndrome*
Heart Valve Replacement	Tuberculosis
	Ulcerative Colitis

\* = individual consideration

# Medical Conditions (continued)

## CONDITIONS NOT CONSIDERED FOR COVERAGE

Individuals with any of the following conditions will not be considered for coverage. Additionally, individuals with multiple conditions, or conditions not listed herein, may be declined.

Acromegaly	Muscular Dystrophy
Adrenoleuko Dystrophy	Myasthenia Gravis
AIDS/ARC	Nephritis, chronic
Alzheimer's Disease	Nephrotic Syndrome
ALS - Lou Gehrig's Disease	Osteitis Deformans
Aneurysm	Osteomalacia
Antibody Syndrome	Paget's (bone) Disease
Antiphospholipid	Pancreatitis, chronic
Autism	Paraneoplastic pemphigus
Behcet's Syndrome	Parkinson's Disease
Bergers Disease	Pemphigus Vulgaris
Brain Syndrome	Pernicious Anemia
Cardio-Renal Disease	Polycystic Kidney
Cirrhosis	Polycythemia Vera
Complex Regional Pain Syndrome	Polymyositis
Cooley's Disease	Polyneuritis
Cor Pulmonale	Pseudoxanthoma elasticum
CREST Syndrome	Quadriplegic
Cystic Fibrosis	Reflex Sympathetic Dystrophy
Down's Syndrome	Scleroderma
Dystonia Myotonia	Sickle Cell Anemia
Erythema nodosum	Thalassemia - major
Esophageal Varices	Thrombocytopenia
Glomerulonephritis - chronic	Uremia
Hemophilia	Wilson's Disease
HIV - Positive	
Huntington's Chorea	
Hypogammaglobulinemia	
Lupus, Systemic	
Mastocytosis	

## About Assurity

Assurity Life Insurance Company's origins are rooted in a century-long legacy of providing long-term security to policyholders that has earned generations of customers' confidence and trust.

Assurity Life serves customers across the nation, offering disability income, critical illness, accident, long-term care, and life insurance, annuities and specialty insurance plans through our representatives, worksite distribution and direct mail.

With assets exceeding \$2 billion, Assurity Life has built a reputation for "best in class" service and sound, conservative business practices with a disciplined approach to financial management. Headquartered in Lincoln, Neb., Assurity Life has earned a high rating from A.M. Best Company, one of the insurance industry's leading independent analysts. For more information about this rating, please visit [www.ambest.com](http://www.ambest.com) or [www.assurity.com](http://www.assurity.com).

We're proud of our history of integrity, financial accountability...and helping people through difficult times.

## Revisions to this Product Guide

Date	Page	Update
1/15/2010	19-23	Added the "Additional Underwriting Information to Expedite Processing" section
1/15/2010	25	Added the "About Assurity" and "Revisions" section