AssurityBalance[®] Simplified Disability Income Insurance

UNDERWRITING GUIDE



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Underwriting Guide for AssurityBalance® Simplified Disability Income Insurance

Important Notice

This policy is underwritten by Assurity Life Insurance Company, Lincoln, Nebraska, and may contain reductions of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact Assurity Life Insurance Company or review the policy. The specific policy is your ultimate authority for any questions about this product.

This is a generic underwriting guide. <u>Product availability, features and rates may vary by state</u>. Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK at https://assurelink.assurity.com by accessing the Applications/Service Forms option found in the QuickLinks section of the product page or the Forms/Supplies page.

This is an underwriting guide for policy Form No. I D0710. Any prior guide does not apply to this product.

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General Underwriting Guidelines

AVOCATIONS

Individuals 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. The agent must report the activity on the application and complete the appropriate questionnaire. Usually, a policy amendment rider (exclusion rider) will be attached to the policy if the application is approved.

FOREIGN NATIONALS

Applications may be taken for U.S. citizens who permanently reside in the U.S. or for permanent resident aliens who have lived in the U.S. for at least two years and do not plan to return to their native country on a permanent basis. The applicant's resident alien card number must be submitted with the application for a permanent resident alien. A photocopy of the resident alien card can be included in case it is required.

TELEPHONE INSPECTION REPORT

Telephone inspection reports are ordered by the underwriting department for all applicants age 30 and above applying for total monthly benefits exceeding \$2,000. However, at the underwriter's discretion, an inspection may be ordered on any amount, if necessary. Please inform every applicant that he/she may receive a phone call regarding an interview.

COLLECTION LIMITS

Premium may be collected with the application when:

- the amount of insurance applied for, combined with in-force coverage, does not exceed \$2,500 monthly benefit; and
- the applicant has answered all application health questions with no indication of adverse conditions or is scheduled to be medically examined.

Premium should not be collected with the application when:

- the amount of insurance applied for, combined with in-force coverage, exceeds \$2,500 monthly benefit; or
- completion of application questions identifies substantial adverse health conditions.

REPLACEMENT GUIDELINES

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

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

BACKDATING POLICY ISSUE DATE

Assurity will backdate the policy issue date 30 days prior to application's signature date to "save age" (i.e. allow for a lesser age to qualify for a lesser rate). However, Assurity will not backdate the policy issue date to "save eligibility" (i.e. allow for a lesser age to meet eligibility requirements).

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Occupational Underwriting Guidelines

GENERAL OCCUPATIONAL GUIDELINES

Full-Time, Part-Time and Seasonal Occupations

- Applicants must be employed on a full-time basis (at least 30 hours per week) at the time of application.
- Applicants exclusively employed in seasonal occupations are not eligible for coverage.
- Applicants engaged in more than one occupation, even on a part-time or seasonal basis, will be classified according to their most hazardous occupation.

SELF-EMPLOYED OCCUPATIONS

Business in the Home

Self-employed applicants conducting business in their home for <u>at least two years</u> will be underwritten with normal guidelines and eligible for full benefits; self-employed applicants with <u>less than two years</u> are not eligible for coverage.

NOTE: W-2 employees working in the home more than 50 percent of the time will be underwritten with normal guidelines and eligible for full coverage.

Newly Self-Employed Applicants

Newly self-employed applicants without a full calendar year's tax return from self-employment will not be eligible for coverage but may apply for AssurityBalance Century+ Individual Disability Income Insurance.

OCCUPATION CLASS DESCRIPTIONS

All occupations are classified in the Occupation Class Guide found on AssureLINK by accessing the Occupation Guide option found under the QuickLinks section of the product page. Descriptions and examples of each occupation class are as follows.

Occupation Class 1

Includes professional and clerical occupations, as well as occupations including laboratory, technical, supervisory and service work. Examples include:

AccountantLab TechnicianSales ClerkArchitectLibrarianSecretaryBiologistLocksmithSpeech TherapistClergyPharmacistSurveyor

Cicigy

Computer Consultant Real Estate Agent Horticulturist RN/LPN

Occupation Class 2

Includes skilled and unskilled in what have traditionally been considered blue collar occupations. Examples include:

Auto Body RepairCustodianPottery MakerAuto MechanicElectricianRooferBeauticianFarmerTailor

Bricklayer Furniture Mover Used Car Dealer

Carpenter Painter
Crane Operator Plumber

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Occupational Underwriting Guidelines (continued)

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 Member Pilot

Author Self-employed Artist

Bartender Student

SPECIAL OCCUPATIONS

Government Employees

Federal, state, county and city employees are listed in the Occupation Class Guide in the "Government and Legal Services" section listed by their job duties. This section also includes law enforcement, firefighters and postal workers.

Government employees are eligible for full coverage. However, if the applicant has any pension payment from a previous occupation, some type of permanent government disability benefit, other group disability income insurance, or other individual disability income insurance in addition to their current group long-term disability, they will not be eligible for coverage.

Railroad Employees

Railroad employees are eligible for full coverage. However, if the applicant has any pension payment from a previous occupation, some type of permanent government disability benefit, other group disability income insurance, or other individual disability income insurance in addition to their current group long-term disability, they will not be eligible for coverage.

Teachers

Teachers are eligible for full coverage. However, if the applicant has any pension payment from a previous occupation, some type of permanent government disability benefit, other group disability income insurance, or other individual disability income insurance in addition to their current group long-term disability, they will not be eligible for coverage.

Casino Employees

Casino employees <u>directly involved in gaming activities</u> are considered occupation class 2 and eligible for full coverage if gambling is legalized in that state and the casino is operated in accordance with the law.

Casino employees <u>not directly involved with gaming activities</u> are not considered "casino employees," and are classified by other responsibilities of their employment and not subject to casino employee guidelines. For example, a casino restaurant manager would be considered as a restaurant manager, occupation class 1.

Financial Underwriting Guidelines

INCOME DESCRIPTIONS

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.

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 are also considered unearned income.

If unearned income is greater than 15 percent of earned income, the total monthly base policy monthly benefit available at issue is reduced by one-half of the monthly unearned income.

INCOME VERIFICATION

Income verification is not required as part of the underwriting process.

BANKRUPTCY

Consideration of financial stability is an important part of the underwriting process. Where bankruptcy is concerned, here are some of the guidelines that apply:

BANKRUPTCY GUIDELINE CHART					
Applicant Status	Underwriting Decision				
Ongoing or pending bankruptcy	Decline				
Single bankruptcy, less than two years since discharge	Decline				
Single bankruptcy, more than two years since discharge	Available on a case-by-case basis with copies of discharge documentation and two most recent years' tax returns				
	No less than 90-day elimination period				
Multiple bankruptcies, less than seven years since discharge	Decline				
Multiple bankruptcies, more than seven years since discharge	Available on a case-by-case basis with copies of discharge documentation and two most recent years' tax returns				
	Coverage offered on a case-by-case basis				
Any history of bankruptcy and fraud or psychiatric disorders	Decline				

MAXIMUM ISSUE LIMITS BY INCOME

Other sources of income protection will be considered to avoid over-insurance including 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 applied-for monthly benefit.

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 in-force and applied-for disability coverage. The maximum issue amount will never exceed 60 percent of monthly income up to \$2,500.

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Financial Underwriting Guidelines (continued)

MAXIMUM ISSUE LIMITS BY INCOME CHART						
Annual Income	Monthly Income	Maximum Monthly Benefit		Annual Income	Monthly Income	Maximum Monthly Benefit
\$14,400	\$1,200	720		\$33,600	\$2,800	1,680
15,600	1,300	780		34,800	2,900	1,740
16,800	1,400	840		36,000	3,000	1,800
18,000	1,500	900		37,200	3,100	1,860
19,200	1,600	960		38,400	3,200	1,920
20,400	1,700	1,020		39,600	3,300	1,980
21,600	1,800	1,080		40,800	3,400	2,040
22,800	1,900	1,140		42,000	3,500	2,100
24,000	2,000	1,200		43,200	3,600	2,160
25,200	2,100	1,260		44,400	3,700	2,220
26,400	2,200	1,320		45,600	3,800	2,280
27,600	2,300	1,380		46,800	3,900	2,340
28,800	2,400	1,440		48,000	4,000	2,400
30,000	2,500	1,500		49,200	4,100	2,460
31,200	2,600	1,560		50,400	4,200	2,500
32,400	2,700	1,620				

Medical Underwriting Guidelines

HEIGHT AND WEIGHT LIMITS

This chart provides a guideline for policy issue.

HEIGHT / WEIGHT BUILD CHART						
Height	Minimum Weight	Maximum Weight		Height	Minimum Weight	Maximum Weight
4' 8"	74	168		5' 8"	110	245
4' 9"	77	174		5' 9"	113	252
4' 10"	80	180		5' 10"	117	260
4' 11"	83	186		5' 11"	121	268
5' 0"	86	192		6' 0"	125	276
5' 1"	89	198		6' 1"	129	284
5' 2"	92	204		6' 2"	133	292
5' 3"	95	210		6' 3"	137	300
5' 4"	98	217		6' 4"	142	308
5' 5"	101	224		6' 5"	147	316
5' 6"	104	231		6' 6"	152	324
5' 7"	107	238				

Medical Underwriting Guidelines (continued)

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, provide the information as specified for conditions or situations listed under conditions 1 through 13 in the following section. For any condition or situations not listed, please provide information according to No. 14.

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

Medical Underwriting Guidelines (continued)

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

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

Medical Underwriting Guidelines (continued)

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)

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

About Assurity

Assurity Life Insurance Company's origins are rooted in a 120-year 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 and life insurance, annuities and specialty insurance plans through our representatives and worksite distribution.

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 or www.assurity.com.

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

Revisions to this Underwriting Guide

Date	Page	Update
7/16/13	All	Moved underwriting information to this separate underwriting guide

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