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# VOLUNTARY BENEFIT OPTIONS FOR DYNAFLEX



**Assurity**<sup>®</sup>

# | Your Benefits Package

Dynaflex and Assurity have teamed up to bring you a competitive benefits package, providing valuable supplemental benefits through voluntary group insurance. Help protect yourself and your loved ones by incorporating the following valuable insurance.

- Accident Expense PRO
- Critical Illness PRO
- Disability Income PRO

This package encompasses many important benefits and may include a Wellness or Health Screening benefit. These benefits pay when a charge is incurred by an insured for any of a number of common medical tests or procedures.

## The Value of Benefits at Work:

- Group rates help make coverage more affordable
- It's easy to enroll and pay through paycheck deduction
- You can trust your employer has done the hard work in researching the best insurance options to fit your needs

## Why Assurity?

At Assurity, we're working hard to make the business of insurance simple – more human – by listening, showing that we care and offering customers invaluable insurance products and financial protection. More than a business with a bottom line, we're a mutual organization whose mission is helping people through difficult times. By dedicating ourselves to the community, the environment and using our business as a force for good, we're able to take the long view when it comes to upholding our promises. Assurity is also the first major life and specialty health insurer to become a Certified B Corporation®, demonstrating we meet the rigorous standards of social and environmental responsibility.



# | Accident Expense PRO®

## Why Accident Expense?

It's easy to imagine — an accident occurs, you end up in the emergency room and get slapped with a huge bill. Assurity offers you peace of mind through affordable accident protection for you and your family, paying you cash for those unexpected, out-of-pocket costs. What's more, it's portable, and can be kept in force even if you leave your employer, as long as premiums continue to be paid.

## Advantages of Accident Expense PRO:

- Covers most types of accidents from a burn to an accidental death
- Coverage is guaranteed issue; there are no medical exams or tests to take
- Provides financial security for those unexpected moments

## Benefits:

- Pays a fixed cash benefit for your covered medical treatments from an accident
- Benefits are paid regardless of any other insurance coverage
- The affordable protection may be extended to your spouse and children

## How it works\*:



\*The above example is based on a scenario for Accident Expense PRO, one unit coverage. Policy form No. W H1101 and W H1102 (Individual) and G H1105/G H1105C and G H1106/G H1106C (Group). This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.

## Accident Expense PRO Benefits:

Accident Event	Conditions		One Unit Benefit	Two Unit Benefit
<b>Accident emergency treatment</b>	Within 72 hours after the accident		\$125	\$150
<b>Follow-up treatment</b>	First treatment within 30 days after receiving Emergency Treatment;		\$25 up to 3 treatments	\$35 up to 3 treatments
<b>Diagnostic exams</b>	Requiring angiogram, CT Scan, CTA Scan, MRI, MRA or EEG within 180 days after the accident		\$100 per year	\$200 per year
<b>Hospital admission</b>	Within 180 days after the accident if confined for at least 20 hours		\$500	\$1,000
<b>Hospital confinement</b> (including Sub-Acute ICU)	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with ICU benefit		\$100 per day up to 90 days	\$200 per day up to 180 days
<b>Hospital ICU confinement</b>	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with hospital confinement benefit		\$200 per day up to 15 days	\$400 per day up to 15 days
<b>Ambulance</b>	To or from hospital within 48 hours of accident for air or 90 days for ground		\$500 air \$100 ground	\$500 air \$100 ground
<b>Physical therapy</b>	First treatment within 30 days after the accident		\$25 up to six treatments	\$35 up to six treatments
<b>Appliances</b>	Prescribed within 90 days after the accident as an aid in mobility		\$100 any insured	\$100 any insured
<b>Emergency dental</b>	Within 90 days after the accident		\$50-\$150 (according to schedule)	\$100-\$300 (according to schedule)
<b>Specific injury and treatment benefits</b>	<ul style="list-style-type: none"> <li>• Fractures</li> <li>• Lacerations</li> <li>• Dislocations</li> <li>• Burns</li> <li>• Transportation and Lodging</li> </ul>	<ul style="list-style-type: none"> <li>• Ruptured disc surgery</li> <li>• Tendon, ligament or rotator cuff surgery</li> <li>• Knee cartilage surgery</li> <li>• Abdominal or thoracic surgery</li> <li>• Prosthetic device/artificial limb</li> </ul>	\$25-\$5,000 (according to schedule)	\$50-\$10,000 (according to schedule)
<b>Dismemberment</b>	Loss of toes, fingers, hands, feet, eyesight within 90 days of accident		\$500-\$15,000 (according to schedule)	\$1,000-\$30,000 (according to schedule)
<b>Gunshot Wound</b> (unintentional)	Requiring hospital confinement within 24 hours and surgery within 72 hours after the accident		\$500	\$1,000
<b>Eye Injury</b>	Requiring surgery or removal of a foreign object within 90 days after the accident		\$200	\$200
<b>Blood, plasma or platelets</b>	Transfusion, administration, cross-matching, typing and processing within 90 days of accident		\$300 employee \$200 spouse/child	\$300 employee \$200 spouse/child
<b>Accidental Death</b>	Within 90 days after the accident; not paid if common carrier benefit paid		\$25,000 employee \$10,000 spouse \$5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child
<b>Accidental Death – Common Carrier</b> (commercial airplane, train, bus etc.)	Within 90 days after the accident		\$50,000 employee \$20,000 spouse \$10,000 child	\$100,000 employee \$40,000 spouse \$20,000 child

## Accident Expense PRO Riders:

Wellness Rider*	Pays per category per calendar year for one of the following:	
	\$50 per calendar year	\$100 per calendar year
	<ul style="list-style-type: none"> <li>• Annual physical</li> <li>• Blood test for triglycerides</li> <li>• CA 19-9 (blood test for pancreatic cancer)</li> <li>• Fast blood glucose test</li> <li>• Hemocult stool analysis</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Pap smear</li> <li>• Vision/hearing exams</li> <li>• Vaccinations (flu shot, pneumonia shot, tetanus shot, MMR, polio vaccine, chicken pox, diphtheria)</li> </ul>	<ul style="list-style-type: none"> <li>• Biopsy for skin cancer</li> <li>• Bone marrow biopsy and aspiration</li> <li>• Breast ultrasound</li> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA 125 (blood test for ovarian cancer)</li> <li>• CEA (blood test for colon and cervical cancer)</li> <li>• Chest X-ray</li> <li>• Colonoscopy</li> <li>• Flexible sigmoidoscopy</li> <li>• Mammography</li> <li>• Serum cholesterol test to determine level of HDL and LDL</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Stress test (bicycle or treadmill)</li> <li>• Thermography</li> </ul>

## Accident Expense PRO Semi-Monthly Rates (Off-the-job Coverage):

Coverage	PLAN A	PLAN B
	One Unit	Two Unit
Employee	\$7.59	\$9.02
Employee and Spouse	\$14.23	\$17.13
Employee and Children**	\$12.84	\$15.64
Family	\$20.37	\$24.87

\*Rider has a 30-day waiting period. Wellness Benefit Rider pays \$150 per calendar year for all children collectively when charges are incurred (not \$150 per year for each child).  
 \*\*Children from birth through 25 years.

Policy Form Nos. W H1101 (Individual 24 hour), W H1102 (Individual Off the job), G H1105/G H1105C (Group 24 hour) and G H1106/G H1106C (Group off the job); and Rider Form Nos. R W1110 (Individual) and R G1115/R G1115C (Group) Wellness Benefit Rider underwritten by Assurity Life Insurance Company, Lincoln, Neb. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.

# | Disability Income PRO

## Why Disability Income?

No one expects it to happen to them, but if an accident or sickness should prevent you from working, chances are your paycheck stops too. Disability income insurance pays a monthly benefit when disability strikes, which can be used to help pay your bills. Paycheck protection you can use.

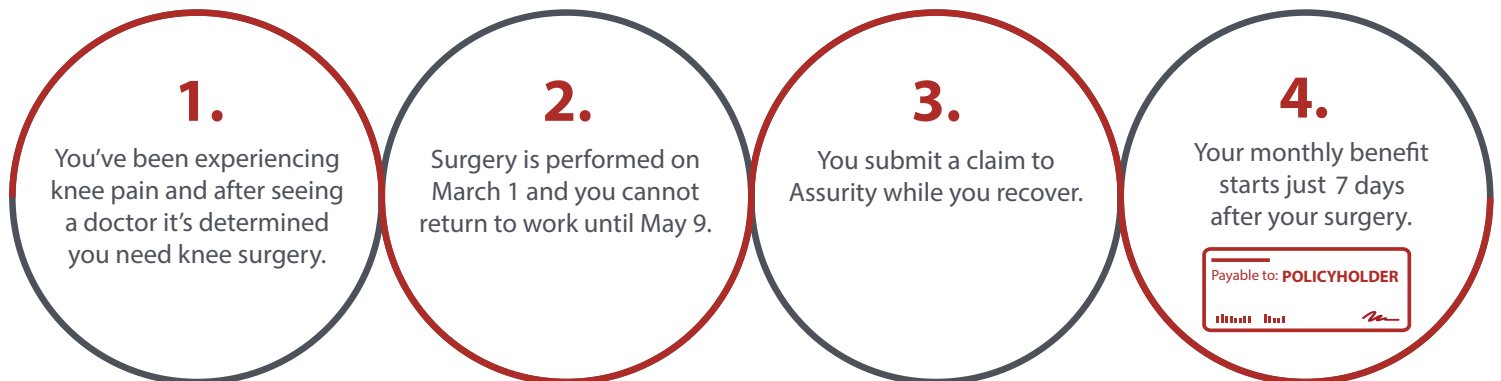
## Advantages of Disability Income PRO:

- A smart way for you to maintain financial stability if you become disabled or sick
- "Own occupation" definition of total disability means if you are disabled and cannot perform the important duties of your own occupation
- May use the money as you choose (pay your medical bills, clear up some debt or help keep your household running smoothly)

## Benefits:

- Benefit: Minimum: \$300 per month; maximum: \$3,000 per month\*
- Benefit Period: 3 or 6 months
- Elimination Periods: 7 days accident and sickness

## How it works\*\*:



\*Maximum benefit is 60 percent of income, benefit amount may be subject to underwriting approval)

\*\*The above example is based on a scenario for Disability Income PRO. Policy form No. W H1206 and W H1207 (Individual); G H1213/G H1213C and G H1214/G H1214C (Group). This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.

## Disability Income PRO Semi-Monthly Rates:

### PLAN A

Elimination period: 7 days for injury; 7 days for sickness

Benefit period: 3 months

Annual Income		\$10,000	\$14,000	\$18,000	\$20,000	\$24,000	\$28,000	\$30,000	\$34,000
Max. Monthly Benefit*		\$500	\$700	\$900	\$1,000	\$1,200	\$1,400	\$1,500	\$1,600
Issue Ages:	18-49	\$6.13	\$8.58	\$11.03	\$12.26	\$14.71	\$17.16	\$18.38	\$20.84
	50-59	\$6.80	\$9.52	\$12.24	\$13.60	\$16.32	\$19.04	\$20.40	\$23.12
	60-69	\$8.10	\$11.34	\$14.58	\$16.20	\$19.44	\$22.68	\$24.30	\$27.54
	70+	\$8.61	\$12.05	\$15.49	\$17.21	\$20.66	\$24.10	\$25.82	\$29.26

Annual Income		\$38,000	\$40,000	\$44,000	\$48,000	\$50,000	\$54,000	\$58,000	\$60,000
Max. Monthly Benefit*		\$1,900	\$2,000	\$2,200	\$2,400	\$2,500	\$2,700	\$2,900	\$3,000
Issue Ages:	18-49	\$23.29	\$24.51	\$26.96	\$29.42	\$30.64	\$33.09	\$35.55	\$36.77
	50-59	\$25.84	\$27.20	\$29.93	\$32.65	\$34.01	\$36.73	\$39.45	\$40.81
	60-69	\$30.78	\$32.40	\$35.65	\$38.89	\$40.51	\$43.75	\$46.99	\$48.61
	70+	\$32.71	\$34.43	\$37.87	\$41.32	\$43.04	\$46.48	\$49.92	\$51.65

### PLAN B

Elimination period: 7 days for injury; 7 days for sickness

Benefit period: 6 months

Annual Income		\$10,000	\$14,000	\$18,000	\$20,000	\$24,000	\$28,000	\$30,000	\$34,000
Max. Monthly Benefit*		\$500	\$700	\$900	\$1,000	\$1,200	\$1,400	\$1,500	\$1,600
Issue Ages:	18-49	\$7.52	\$10.52	\$13.53	\$15.03	\$18.04	\$21.05	\$22.55	\$25.56
	50-59	\$9.11	\$12.75	\$16.39	\$18.21	\$21.86	\$25.50	\$27.32	\$30.96
	60-69	\$11.42	\$15.99	\$20.55	\$22.84	\$27.41	\$31.97	\$34.26	\$38.83
	70+	\$12.36	\$17.30	\$22.25	\$24.72	\$29.66	\$34.61	\$37.08	\$42.02

Annual Income		\$38,000	\$40,000	\$44,000	\$48,000	\$50,000	\$54,000	\$58,000	\$60,000
Max. Monthly Benefit*		\$1,900	\$2,000	\$2,200	\$2,400	\$2,500	\$2,700	\$2,900	\$3,000
Issue Ages:	18-49	\$28.57	\$30.07	\$33.08	\$36.09	\$37.59	\$40.60	\$43.60	\$45.11
	50-59	\$34.61	\$36.43	\$40.07	\$43.72	\$45.54	\$49.18	\$52.82	\$54.65
	60-69	\$43.39	\$45.68	\$50.25	\$54.82	\$57.10	\$61.67	\$66.24	\$68.52
	70+	\$46.97	\$49.44	\$54.38	\$59.33	\$61.80	\$66.74	\$71.69	\$74.16

\*The monthly benefit maximum is 60% of income up to \$3,000/month.

Policy Form Nos. W H1207 (Individual) and G H1214 (Group) Off-the-job Accident-only; and W H1206 (Individual) and G H1213 (Group) Off-the-job Accident and Sickness underwritten by Assurity Life Insurance Company of Lincoln, Neb. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your insurance professional, Assurity or ask to review the policy for more information.

# | Critical Illness PRO<sup>®</sup>

## Why Critical Illness PRO?

It's something you never want to imagine — you or a loved one being diagnosed with cancer or suddenly experiencing a heart attack or stroke. Critical Illness insurance reduces the financial burden of a life-threatening illness by paying money directly to you, so you can focus on more important things — like getting well.

## Advantages of Critical Illness PRO:

- Affordable insurance coverage that reduces the financial impact of a major illness
- Should two critical illnesses occur at least 180 days apart, you are paid twice
- May use the money as you choose (pay your medical bills, clear up debt or take time off from work)

## Benefits:

- Lump-sum payment to primary insured (employee) at diagnosis of covered illness or procedure
- Up to triple the maximum benefits may be paid for illnesses from the “heart/stroke” category, the “other illnesses” category and the Cancer Rider
- Returns 100% of employee premiums when insured dies of a cause other than a specified critical illness (minus any benefits received)

## How it works\*:



\*The above example is based on a scenario for Critical Illness PRO. Policy form No. W H1108 (Individual) and G H1107/G H1107C (Group). This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.



## Critical Illnesses, Conditions and Procedures Covered:

### Multiple Benefits

All of the illnesses in both categories are covered by this critical illness policy and pay the benefit indicated. One hundred percent of the benefit from within either category is payable. If benefits are paid for an illness or procedure in the "heart/stroke" category and the insured is diagnosed with a condition in the "other illnesses" category (or vice versa), this policy will pay the full benefit indicated again, provided 180 days separate the dates of diagnosis of the two critical illnesses.

### Heart/Stroke Category

Critical Illness	Percentage of benefit payable for each illness	Maximum benefit for "heart/stroke" category
Heart Attack	100%	100%
Stroke	100%	
Heart Transplant (Or combination transplant including heart)	100%	
Coronary Bypass Surgery	25% payable once per lifetime	
Angioplasty	10% payable once per lifetime	

### Other Illnesses Category

Critical Illness	Percentage of benefit payable for each illness	Maximum benefit for "other illnesses" category
Advanced Alzheimer's Disease	100%	100%
Kidney (Renal) Failure	100%	
Paralysis (Other than from a stroke)	100%	
Severe Burns	100%	
Coma	100%	
Occupational HIV (Documented accidental injury)	100%	
Major Organ Transplant (Other than heart)	100%	
Loss of Independent Living	25% payable once per lifetime	

*Loss of two of six "activities of daily living" when not a result of an incident or procedure listed in "heart/stroke" category.*

## Critical Illness PRO Riders:

Cancer Benefit Rider*	Percentage of benefit payable for each specific cancer	Maximum benefit for rider
Invasive Cancer	100%	100%
Cancer In Situ (Non-invasive Cancer)	25% payable once per lifetime	

Health Screening Benefit Rider*	Benefit
Covers health screening tests including: Pap smear, PSA, mammography, chest x-ray, cholesterol screening, colonoscopy and others. (Consult rider for complete list.)	\$50 benefit once each calendar year, per insured person

\* Rider has a 30-day waiting period.

# Critical Illness PRO Semi-Monthly Rates:

## PLAN A

With Cancer Benefit Rider			
	Employee	Spouse	Children*
<b>Non-Tobacco</b>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$5,000</b>
<b>Issue Ages</b>			\$0.13
18-39	\$2.09	\$0.73	
40-49	\$6.81	\$3.00	
50-59	\$14.17	\$6.36	
60-64	\$28.37	\$12.85	
65-69	\$42.43	\$19.39	
70+	\$78.86	\$36.55	
<b>Tobacco</b>			
	<b>\$10,000</b>	<b>\$5,000</b>	
<b>Issue Ages</b>			
18-39	\$2.97	\$1.14	
40-49	\$10.96	\$4.88	
50-59	\$23.53	\$10.58	
60-64	\$47.58	\$21.59	
65-69	\$70.22	\$32.18	
70+	\$130.48	\$60.60	

With Cancer Benefit Rider AND Health Screening Rider			
	Employee	Spouse	Children*
<b>Non-Tobacco</b>	<b>\$10,000</b>	<b>\$5,000</b>	<b>\$5,000</b>
<b>Issue Ages</b>			\$0.27
18-39	\$2.54	\$1.29	
40-49	\$7.59	\$3.86	
50-59	\$15.21	\$7.45	
60-64	\$29.68	\$14.20	
65-69	\$43.99	\$20.96	
70+	\$80.77	\$38.44	
<b>Tobacco</b>			
	<b>\$10,000</b>	<b>\$5,000</b>	
<b>Issue Ages</b>			
18-39	\$3.42	\$1.70	
40-49	\$11.73	\$5.73	
50-59	\$24.58	\$11.68	
60-64	\$48.90	\$22.94	
65-69	\$71.78	\$33.75	
70+	\$132.38	\$62.50	

## PLAN B

With Cancer Benefit Rider			
	Employee	Spouse	Children*
<b>Non-Tobacco</b>	<b>\$20,000</b>	<b>\$10,000</b>	<b>\$5,000</b>
<b>Issue Ages</b>			\$0.13
18-39	\$4.18	\$1.47	
40-49	\$13.62	\$6.00	
50-59	\$28.34	\$12.72	
60-64	\$56.74	\$25.70	
65-69	\$84.87	\$38.79	
70+	\$157.72	\$73.09	
<b>Tobacco</b>			
	<b>\$20,000</b>	<b>\$10,000</b>	
<b>Issue Ages</b>			
18-39	\$5.95	\$2.29	
40-49	\$21.91	\$9.76	
50-59	\$47.06	\$21.17	
60-64	\$95.17	\$43.18	
65-69	\$140.44	\$64.37	
70+	\$260.95	\$121.20	

With Cancer Benefit Rider AND Health Screening Rider			
	Employee	Spouse	Children*
<b>Non-Tobacco</b>	<b>\$20,000</b>	<b>\$10,000</b>	<b>\$5,000</b>
<b>Issue Ages</b>			\$0.27
18-39	\$4.62	\$2.02	
40-49	\$14.40	\$6.85	
50-59	\$29.39	\$13.82	
60-64	\$58.06	\$27.05	
65-69	\$86.42	\$40.36	
70+	\$159.63	\$74.99	
<b>Tobacco</b>			
	<b>\$20,000</b>	<b>\$10,000</b>	
<b>Issue Ages</b>			
18-39	\$6.39	\$2.85	
40-49	\$22.69	\$10.62	
50-59	\$48.11	\$22.27	
60-64	\$96.49	\$44.53	
65-69	\$142.00	\$65.94	
70+	\$262.86	\$123.10	

\* Spouse and/or child benefit cannot be greater than that of the employee.

Policy Form Nos. W H1108 (Individual) and G H1107/G H1107C (Group); and Rider Form Nos. R W1116 (Individual) and R G1105/R G1105C (Group) Cancer Benefit Rider and R W 1117 (Individual) and R G1108/R G1108C (Group) Health Screening Benefit Rider underwritten by Assurity Life Insurance Company of Lincoln, Neb. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your insurance professional, Assurity or ask to review the policy for more information.



New Enrollee  Coverage Change Name of Employer Dynaflex Location \_\_\_\_\_

**A. Employee Information**

Employee's First, Middle, Last Legal Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) / /

Employee's Street Address Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_ Personal Phone No. ( )

Male  Female Social Security No. \_\_\_\_\_ Birth State/Country \_\_\_\_\_

Date of Employment (MM/DD/YYYY) / / Hours per week \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_

In the past **90 days**, have you been working less than 30 hours per week or unable to perform any of the duties of your primary occupation? ....  Yes  No  
 If YES, please explain \_\_\_\_\_

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

Spouse's First, Middle, Last Legal Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) / /

Male  Female Social Security No. \_\_\_\_\_ Birth State/Country \_\_\_\_\_

**CHILD INFORMATION: If additional space is needed, please attach a separate sheet of paper.**

Child's First, Middle, Last Legal Name \_\_\_\_\_  Male  Female Date of Birth (MM/DD/YYYY) / /

Child's First, Middle, Last Legal Name \_\_\_\_\_  Male  Female Date of Birth (MM/DD/YYYY) / /

Child's First, Middle, Last Legal Name \_\_\_\_\_  Male  Female Date of Birth (MM/DD/YYYY) / /

Child's First, Middle, Last Legal Name \_\_\_\_\_  Male  Female Date of Birth (MM/DD/YYYY) / /

**B. Voluntary Benefit Election—Completion of a Statement of Health and/or Statement of Insurability form may be required for coverage to be approved.**

**Note: \*Wellness benefits may be elected on only one product. Coverage not elected will be considered refused even if not specifically declined.**

Accident Expense  Yes  No  Plan A  Plan B Wellness Benefit\*  Yes  No  Employee Only  Employee/Spouse  
 Employee/Child  Family

Disability Income  Yes  No  Plan A  Plan B Benefit \$ \_\_\_\_\_

Critical Illness  Yes  No  Plan A  Plan B Wellness Benefit\*  Yes  No  Employee Only  Employee/Spouse  
 Employee/Child  Family

**C. Beneficiaries—Unless shown differently below, survivors share equally. If additional space is needed, attach a separate sheet of paper.**

Legal Name <small>(First, Middle, Last)</small>	Relationship	P=Primary C=Contingent	Date of Birth	Social Security No.	Share %
			/ /		
			/ /		

**D. Certification and Authorization**

I certify that the statements and answers provided in this application were made by me, are complete and true, and have been correctly and fully recorded. I agree that this enrollment form constitutes my application and shall form a part of the certificate if attached thereto. My statements and answers are offered as an inducement to grant insurance, and I understand that Assurity may use misstatements or misrepresentations in the application to contest the validity of any coverage provided. I further understand that the insurance applied for shall be in force as of the certificate issue date shown on the certificate schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the certificate are pre-paid premiums and will be applied to coverage beginning on the issue date. If the certificate is not issued, Assurity will refund any premium deductions it receives. I further authorize my employer to deduct from my salary or wages the necessary premium for the coverage(s) requested (including dependents' coverage).

**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

Signed at (city, state) \_\_\_\_\_ Dated / / (MM/DD/YYYY)

Signature of Primary Proposed Insured \_\_\_\_\_

<i>First, Middle, Last</i>	<i>First, Middle, Last</i>
Employee's Legal Name	Spouse's Legal Name

Employer Name	Employee: Height ft. in. Weight lbs.	Spouse: Height ft. in. Weight lbs.
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**GENERAL**

1. In the past **10 years**, has any Proposed Insured been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (*AIDS*), AIDS-related complex (*ARC*) or antibodies to human T-lymphotropic virus type III (*HTLV*); or had a positive test for human immunodeficiency virus (*HIV*) antibodies? .....  Yes  No

If **YES** to any of the above, please indicate which Proposed Insured(s) \_\_\_\_\_

**DISABILITY INCOME**

1. During the past **6 months**, has any Proposed Insured missed work for more than 5 consecutive days due to personal injury or illness (*except pregnancy*)? .....  Yes  No

2. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised by a medical professional to have diagnostic tests or any medical or surgical procedures that have not been completed or for which results have not been received? .....  Yes  No

3. During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder*), circulatory system, liver, lungs (*including chronic obstructive pulmonary disease (COPD) and emphysema*) or kidneys; high blood pressure with reading of 160/100 or higher; hepatitis (*other than type A*); stroke; transient ischemic attack (*TIA*); insulin-dependent diabetes; cancer (*excluding skin*); Hodgkin's lymphoma (*formerly known as Hodgkin's disease*); leukemia; dementia; multiple sclerosis; muscular dystrophy; or alcohol or drug abuse? .....  Yes  No

4. During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the back, neck, knees, shoulder or joints; carpal tunnel syndrome; chronic fatigue, fibromyalgia; lupus; or asthma (*requiring steroids*)? .....  Yes  No

If **YES** to any of the questions above, please provide complete details below. If additional space is needed, attach a separate piece of paper.

Proposed Insured's Name	Date of Condition	Details ( <i>including medical care provider's name</i> )

**CRITICAL ILLNESS**

1. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised by a medical professional to have diagnostic tests or any medical or surgical procedures that have not been completed or for which results have not been received? .....  Yes  No

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

3. During the past **6 months**, has any Proposed Insured had any blood pressure readings of 160/100 or higher? .....  Yes  No

4. During the past **10 years**, has any Proposed Insured needed assistance or personal supervision to perform any activities of daily living (*toileting, transferring, continence, eating, bathing or dressing*)? .....  Yes  No

**IF APPLYING FOR EITHER CANCER RIDER, QUESTIONS 5 AND 6 MUST BE ANSWERED.**

5. During the past **5 years**, has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for internal cancer, leukemia, lymphoma Hodgkin's lymphoma (*formerly known as Hodgkin's disease*), melanoma, malignant tumors or carcinoma in situ? .....  Yes  No

6. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised by a medical professional to have diagnostic tests or any medical or surgical procedures that have not been completed or for which results have not been received? .....  Yes  No

If **YES** to any of the questions above, please provide complete details below. If additional space is needed, attach a separate piece of paper.

Proposed Insured's Name	Date of Condition	Details ( <i>including medical care provider's name</i> )

**PROPOSED INSURED'S AGREEMENT**

I, the Proposed Insured, agree that all answers and statements in this application are complete and true to the best of my knowledge and belief and will be relied upon to determine insurability. I further agree that this statement of health form constitutes a part of my application and shall form a part of the certificate if attached thereto.

**Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.**

Signed at \_\_\_\_\_ on \_\_\_\_\_  
*City State Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Signature of Primary Proposed Insured Signature of Spouse (if Proposed Insured)*



# Hospital Indemnity PRO<sup>®</sup>

## Limitations, Conditions and Exclusions

Policy form No. W H1229 (Individual) and G H1230/G H1230c (Group).

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Renewal** – Individual Hospital Indemnity PRO is guaranteed renewable to age 70. Group coverage is cancelable with 61 days' notice and is annually renewable for life. Individual coverage is guaranteed renewable to age 70, conditionally renewable for life.

**Preexisting Condition** – Preexisting condition means a sickness or physical condition for which, during the 12 months before the issue date, an insured person (a) had symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a physician or had been prescribed medication. Assurity will not pay benefits concerning a preexisting condition unless the benefits are for services rendered after coverage under the contract has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

**Elimination Period** – The contract has an elimination period. We do not pay benefits during the elimination period.

**Waiting Period** – The contract has a 30-day waiting period. We do not pay benefits during the waiting period. Confinement, treatment and related services for sickness during the waiting period are not eligible for payment. For sickness diagnosed before the end of the waiting period, benefits will only be payable for confinement, treatment and related services occurring 12 months after the issue date. The waiting period will be waived for newborns added after coverage is in force for ten months following the issue date. The Critical Illness Rider does not pay benefits for Critical Illnesses diagnosed during the waiting period.

**Well Baby Care** – We will not pay benefits for routine well baby care, including confinement in a nursery.

**Termination** – Coverage will terminate the earliest of the following: when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; upon the employee's death; for Individual Hospital Indemnity PRO, the policy anniversary following the employee's 70th birthday or, if the employee remains actively employed after age 70, the date the employee is no longer actively employed; for Group Hospital Indemnity PRO, the date the policy terminates or when the employee is no longer an employee; or for any rider, the date policy/certificate terminates for any reason.

**Exclusions** – Assurity will not pay benefits for losses that are caused by or are the result of an insured person's: having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization); traveling outside the United States, except for those covered injuries that require emergency care in a hospital; voluntarily inhaling gas; having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery; being confined primarily for rest care, convalescent care or for rehabilitation; having a covered injury or sickness covered under worker's compensation, an employer's liability law or similar law; birth, unless the loss is the result of a sickness or covered injury; being pregnant, experiencing pregnancy related conditions (other than complication of pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the issue date; 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 or parakiting or similar

activities; 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; being exposed to war or any act of war, declared or undeclared; actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days; suffering from a mental or 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, including those prescribed by a physician that are misused; being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician); having dental treatment except as the result of a covered injury; committing or attempting to commit a felony; being incarcerated or is caused while incarcerated in a penal institution or government detention facility; engaging in an illegal activity or occupation; intentionally self-inflicting an injury; or committing or attempting to commit suicide, while sane or insane. For the Emergency Accident Rider, we will also not pay benefits for loss that is caused by or is the result of having any sickness or condition caused by a sickness, independent of a covered Injury, including physical or mental infirmity. For the Outpatient Sickness Rider, we will also not pay benefits for losses that are caused by or the result of an insured person's normal pregnancy. Loss caused by or resulting from a complication of pregnancy is covered as a sickness.

# Accident Expense PRO<sup>®</sup>

## Limitations, Conditions and Exclusions

Policy form No. W H1101 and W H1102 (Individual) and G H1105/G H1105C and G H1106/G H1106C (Group)

**Accident Expense PRO provides limited benefit coverage.**

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Renewal** – Accident Expense PRO is guaranteed renewable to age 70. Group coverage is cancelable with 61 days notice and is annually renewable for life. Individual coverage is guaranteed renewable to age 70, conditionally renewable for life.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

**Elimination Period** – The benefit payable under the Accident-Only Disability Income Rider has an elimination period. Assurity will not pay benefits during the elimination period.

**Waiting Period** – The benefit payable under the Wellness Benefit Rider has a waiting period. Assurity will not pay benefits during the waiting period.

**Exclusions** – Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s): 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 or parakiting; riding in or driving any motor-driven vehicle in a 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 independent of the covered accident, including physical or mental infirmity (sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury); being exposed to war or any act of war, declared or undeclared; actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days; suffering from mental or nervous disorders; being addicted to drugs or suffering

from alcoholism; being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused; being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician); who is a dependent child incurring injuries during birth; having cosmetic surgery or other elective procedures that are not medically necessary; having dental treatment; having a hernia; committing or attempting to commit a felony; being incarcerated in a penal institution or government detention facility; driving any taxi for wage, compensation or profit; engaging in an illegal activity or occupation; intentionally self-inflicting an injury; committing or attempting to commit suicide, while sane or insane; or traveling outside the U.S., except for those injuries that require emergency care in a hospital.

This description of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy, the terms of the policy prevail.

# Critical Illness PRO<sup>®</sup>

## Limitations, Conditions and Exclusions

Policy form No. W H1108 (Individual) and G H1107/G H1107C (Group).

**Critical Illness PRO provides limited benefit coverage.**

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Renewal** – Individual Critical Illness PRO is guaranteed renewable for life. Group coverage is cancelable with 61 days notice and is annually renewable for life.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

**Pre-existing Condition** – Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an

ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

**Elimination Period** – The benefit payable for Loss of Independent Living has an elimination period. Assurity will not pay benefits during the elimination period.

**Waiting Period** – The benefit payable for Loss of Independent Living has waiting period. There is no coverage for Loss of Independent Living if an insured person initially incurred or was diagnosed with the permanent loss of two or more activities of daily living before the end of the waiting period. The benefit payable under the Health Screening Benefit Rider has a waiting period. Assurity will not pay the rider benefit for charges incurred before the end of the waiting period. The benefit payable under the Cancer Benefit Rider and the Cancer Benefit Rider with Recurrence Benefit has a waiting period. Assurity will not pay benefits for invasive cancer or carcinoma in situ (non-invasive cancer) if the diagnosis occurred before the end of the waiting period. In addition, Assurity will not pay benefits for a specified critical illness if during the waiting period an insured person receives a diagnosis of invasive cancer or carcinoma in situ or exhibits any common or identifiable symptoms or medical problems which would

cause an ordinary prudent person to seek medical advice or treatment and leads to a diagnosis of invasive cancer or carcinoma in situ.

**Exclusions** – Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s): being exposed to war or any act of war, declared or undeclared; actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days; being addicted to drugs or suffering from alcoholism; being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused; being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician); committing or attempting to commit a felony; being incarcerated in a penal institution or government detention facility; engaging in an illegal activity or occupation; intentionally self-inflicting an injury; or committing or attempting to commit suicide, while sane or insane.

### *A company you can count on . . .*

At Assurity, we're working hard to make the business of insurance simple – more human – by listening, showing that we care and offering customers invaluable insurance products and financial protection. More than a business with a bottom line, we're a mutual organization whose mission is helping people through difficult times. By dedicating ourselves to the community, the environment and using our business as a force for good, we're able to take the long view when it comes to upholding our promises. Assurity is also the first major life and specialty health insurer to become a Certified B Corporation<sup>®</sup>, demonstrating we meet the rigorous standards of social and environmental responsibility.

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, New York. Product availability, features and rates may vary by state.

NOT AVAILABLE IN NEW YORK.

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