

*LifeScape*<sup>®</sup>  
Simplified Whole Life Insurance

PRODUCT GUIDE



**FOR AGENT USE ONLY. Not for use with consumers.**  
Product rates, availability and features may vary by state.

# Product Guide for Simplified Whole Life Insurance

## Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract, **I L601, I L602, I L603** 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.**

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# Simplified Life Insurance Portfolio

Assurity's Simplified Life Insurance portfolio offers an affordable solution to a variety of needs. This portfolio includes:

- **Simplified Level Benefit Whole Life** (Form No. I L601) – The full death benefit is provided from the first day.
- **Simplified Graded Benefit Whole Life** (Form No. I L602) – A graded death benefit is provided the first two policy years for non-accidental death (40 percent of the face amount policy year one and 75 percent of the face amount year two).
- **Simplified Modified Benefit Whole Life** (Form No. I L603) – A modified death benefit is provided the first two policy years for non-accidental death (return of premium plus 10 percent in the first two policy years).

## Level Benefit Whole Life

**Simplified Level Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. This policy provides the full death benefit from the first day the policy is issued. To be considered for the Level Death Benefit plan, all questions on the application must be answered “no.”

### ISSUE AGES

0 through 80 Age Last Birthday (applicant must be at least 6 months old)

### ISSUE LIMITS

#### Face Amounts \$10,000 - \$50,000

Ages 0 through 14: Male/Female – Select Non-Tobacco

Ages 15 through 19: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000 - \$50,000

Ages 20 through 65: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000-\$25,000\*

Ages 66 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

*\* In the state of Washington, the only face amount available is \$25,000.*

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

## Level Benefit Whole Life (continued)

### PREMIUMS

Level, guaranteed, and based on issue class, gender, and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000

Semiannual – 0.510

Quarterly – 0.264

Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using the Assurity Online Illustration System found on AssureLINK at <https://assurelink.assurity.com> by accessing the Illustrations tab.

## Graded Benefit Whole Life

**Simplified Graded Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. To be considered for the Graded Death Benefit plan, the proposed insured must be able to truthfully answer “no” to the medical history questions in Sections A and B, and unable to answer “no” to the medical history questions in Section C of the application. The Graded Death Benefit plan has a reduced death benefit for the first two years the policy is in force. If death due to natural causes occurs during the first year of coverage, the benefit is limited to 40 percent of the face amount. If death due to natural causes occurs during the second year of coverage, the benefit is limited to 75 percent of the face amount. After the second year, the full face amount of the policy is payable. The death benefit in Arkansas is 40 percent of the face amount in year one and 75 percent of the face amount in year two, regardless of the cause of death. The death benefit in Missouri in year one is equal to 50 percent of the face amount.

### ISSUE AGES

40 through 80 Age Last Birthday

### ISSUE CLASSES

#### Face Amounts \$5,000-\$35,000

Ages 40 through 65: Male/Female – Select Non-Tobacco, Tobacco

#### Face Amounts \$5,000-\$25,000

Ages 66 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

## Graded Benefit Whole Life (continued)

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

### PREMIUMS

Level, guaranteed, based on issue class, gender and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000  
Semiannual – 0.510  
Quarterly – 0.264  
Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using the Assurity Online Illustration System found on AssureLINK at <https://assurelink.assurity.com> by accessing the Illustrations tab.

## Modified Benefit Whole Life

**Simplified Modified Benefit Whole Life** is a non-participating whole life insurance policy with level, guaranteed premiums through maturity at age 121. To be considered for the Modified Death Benefit plan, the proposed insured must be able to truthfully answer “no” to the medical history questions in Section A, and unable to answer “no” to the medical history questions in Section B and Section C of the application. The Modified Death Benefit plan has a reduced death benefit for the first two years of coverage. For death due to natural causes, the benefit is limited to 110 percent of the annual premium amount in year one of coverage and 220 percent return of the annual premium amount in year two of coverage. After the second year, the full face amount of the policy is payable.

### ISSUE AGES

40 through 80 Age Last Birthday

## Modified Benefit Whole Life (continued)

### ISSUE CLASSES

#### Face Amounts \$5,000-\$25,000

Ages 40 through 80: Male/Female – Select Non-Tobacco, Tobacco

To qualify for the Select Non-Tobacco class, the proposed insured must not have used any form of tobacco or nicotine-based products within the last 12 months.

### NON-ILLUSTRATED

An illustration is not required for this policy, as all of the elements are guaranteed. However, illustration software is available.

### NONFORFEITURE OPTION

Reduced Paid-up Policy Option, Extended Term Option and Automatic Premium Loan (APL) Option are available. If elected, the APL will be available to pay any unpaid premium as long as the premium does not exceed the maximum loan amount.

### PREMIUMS

Level, guaranteed, based on issue class, gender and issue age (last birthday).

### PAYMENT MODES AND FACTORS

Annual – 1.000

Semiannual – 0.510

Quarterly – 0.264

Monthly Preauthorized Bank Plan – 0.088

### POLICY FEE

\$25

### POLICY LOANS

Available when policy has cash surrender value.

### POLICY VALUES

Calculation of minimum policy values and reserves are based on the 2001 Commissioner's Standard Ordinary Ultimate Mortality Table, Male/Female, Smoker/Non-smoker. Policy cash values can be determined using the Assurity Online Illustration System found on AssureLINK at <https://assurelink.assurity.com> by accessing the Illustrations tab.

## Completing the application form

Completing an application for Simplified Life consists of eight easy steps:

1. Begin by completing the Proposed Insured, Policy Owner and Beneficiaries Sections.
2. Complete Health Information Section A. If a question in Section A is answered “yes,” STOP! Do not ask any further medical questions and do not submit the application.
3. If all questions in Section A are answered “no,” complete Section B. If a question in Section B is answered “yes,” STOP! Do not ask any further health questions. The application will be considered for the Modified Benefit Life plan.

## Completing the application form (continued)

4. If all questions in Section A and B are answered “no,” complete Section C. If all questions in Section A, B and C are answered “no,” the proposed insured will be considered for the Level Death Benefit plan. If a question in Section C is answered “yes,” the proposed insured will be considered for the Graded Benefit Life plan.
5. After all the questions in the Health section have been answered, please check the appropriate plan of insurance and specify the face amount and premium mode. Answer the replacement question and provide the company name and policy number, if a policy is being replaced.
6. Obtain the Proposed Insured’s signature. No one other than the Proposed Insured may sign on the Proposed Insured signature line.
7. Complete the Agent’s Statement. If the monthly premiums are being automatically deducted from a checking account or savings account, complete the Electronic Funds Authorization form and obtain a voided check. Complete the Premium Receipt and give the proposed insured the Premium Receipt. If a check for the initial modal premium does not accompany the application, the initial premium will be drafted from the insured’s financial institution at the time of policy issue.
8. Arrange the Personal History Interview (PHI) while with the proposed insured. A PHI is required on all applicants age 40+. See the Underwriting section for instructions.

### APPLICATION CHECKLIST

- Application form correct?
- Date of birth and age last birthday correct?
- Application questions answered and application signed by Proposed Insured?
- Plan applied for correct based on answers to questions in Sections B and/or C?
- Correct premium submitted (agent/agency checks and agent/agency money orders not acceptable), and if premiums paid by bank deduction, bank authorization and voided check attached?
- All information and questions completed on Customer Identification Form?
  - Premium Receipt left with Proposed Insured?
- On-site Personal History Interview conducted for applicants age 40+ or voice-mail message left with underwriter requesting next-day call-back?
  - Any special effective date requested?
- Agent’s Information section completed?
- Agent Number(s) and split percentages shown?
- Referrals for your next three sales obtained?

## Underwriting

The company's primary objective is to underwrite and issue Simplified Whole Life business using the application, MIB, prescription drug check, and a Personal History Interview at the time of sale.

There are no mandatory medical requirements such as paramedical or medical examinations, home office specimens, electrocardiograms, etc. Whenever possible, the company will underwrite and issue the insurance based on the answers on the application as confirmed during the Personal History Interview.

**Assurity reserves the right to decline an application for conditions which may not be included on the application form.**

- Applicants with chronic lung disease **and** on oxygen will not be accepted for this product.

## HEIGHT/WEIGHT CHARTS

### Adult Build Table

Insured's Height		Minimum Weight	Maximum Weight
Feet	Inches		
4	10	78	214
4	11	81	221
5	0	84	230
5	1	86	237
5	2	90	246
5	3	93	254
5	4	96	262
5	5	98	269
5	6	101	278
5	7	104	285
5	8	107	294
5	9	110	303
5	10	113	310
5	11	116	319
6	0	120	328
6	1	124	336
6	2	127	345
6	3	131	354
6	4	134	363
6	5	137	369
6	6	141	380
6	7	145	388
6	8	148	394
6	9	152	402



**Infant Build Table** – U.S. Standard (effective Sept. 8, 2009)

Age – Months	Height		Weight	
	Minimum	Maximum	Minimum	Maximum
0	18"	21"	6	15
1	19"	22"	7	18
2	21"	24"	8	22
3	22"	25"	10	26
4	23"	26"	11	28
5	24"	27"	13	30
6	24"	28"	14	32
7	25"	29"	14	35
8	26"	29"	14	35
9	26"	30"	14	37
10	27"	30"	16	37
11	27"	31"	16	40
12	28"	31"	17	40
13	28"	32"	17	42
14	29"	32"	18	42
15	29"	33"	18	45
16	29"	33"	18	45
17	30"	34"	19	48
18	30"	34"	19	48
19	30"	35"	19	51
20	31"	35"	20	51
21	31"	35"	20	51
22	31"	36"	20	54
23	32"	36"	21	54
24	32"	36"	21	54

**If over maximum:** First look up all three identifiers of age, height and weight and if the chart indicates that this infant or child is over the maximum, go to the next step, which is to ignore the age and go by the height and weight only. If the height and weight alone is over the maximum, this infant/child is a declination. **If below the minimum:** Use the three identifiers, and if below the minimum, this infant or child is a

**Child Build Table** – U.S. Standard (effective Sept. 8, 2009)

Age – Years	Height		Weight	
	Minimum	Maximum	Minimum	Maximum
2	2' 8"	3' 0"	23	54
3	2' 11"	3' 4"	26	59
4	3' 1"	3' 7"	30	65
5	3' 4"	3' 10"	33	76
6	3' 6"	4' 1"	37	83
7	3' 8"	4' 3"	41	91
8	3' 11"	4' 6"	45	109
9	4' 1"	4' 9"	50	115
10	4' 2"	4' 11"	54	125
11	4' 4"	5' 1"	60	135
12	4' 6"	5' 4"	67	145
13	4' 8"	5' 6"	75	155
14	4' 11"	5' 9"	84	165
15	5' 2"	6' 0"	94	185
16	5' 3"	6' 1"	103	197

**If over maximum:** First look up all three identifiers of age, height and weight and if the chart indicates that this infant or child is over the maximum, go to the next step, which is to ignore the age and go by the height and weight only. If the height and weight alone is over the maximum, this infant/child is a declination. **If below the minimum:** Use the three identifiers, and if below the minimum, this infant or child is a

## Underwriting Guidelines (continued)

### Concerning Conditions

-A-		
ADL's (Activities of Daily Living)	If unable to do toileting, transferring in and out of a chair or bed, continence, eating, bathing, dressing, grooming, walking, and managing medications without assistance.	No coverage offered
Alcoholism	If treated for alcoholism anytime in the past and still drinks.	No coverage offered
Anemia	For anemia (other than iron deficiency)-if diagnosed or treated ever.	No coverage offered
	For iron deficiency-if hospitalized or had a blood transfusion within last 12 months.	No coverage offered
Aneurysm	If diagnosed or treated within the last 12 months. If no treatment over 12 months.	Graded Level
Angina	If had any angina within the last 12 months.	No coverage offered
-B-		
Brain Surgery	If had or been advised to have brain surgery in the past 12 months.	No coverage offered
	If had brain surgery greater than 12 months ago, was non-cancerous, and able to do all ADL's without assistance.	No coverage offered
-C-		
Cancer	If within 2 years or 5 years from date of last treatment, depending on the state.	No coverage offered
	If over 5 years from date of last treatment and taking preventative cancer medications: Proscar, Arimidex, Tamoxifen.	Level
	If taking any preventative cancer medications not listed above.	Additional review
	If taking any medications defined as cancer treating medications.	No coverage offered
	All carcinomas other than basal cell or squamous cell.	No coverage offered
Cardiomyopathy	If diagnosed or treated within the past 12 months.	Graded
	If diagnosed over 12 months ago and no treatment within past 12 months.	Level

## Underwriting Guidelines *(continued)*

Chronic bronchitis, emphysema or COPD	If using oxygen and/or a smoker.	No coverage offered
	If using a nebulizer.	Level
Circulatory Surgery	If in the past 12 months, had any circulatory surgery (includes placement of stents).	No coverage offered
Congestive Heart Failure	If in the past 12 months, diagnosed or treated for congestive heart failure.	Graded
Criminal Activity	If charges are pending or on parole or probation.	No coverage offered
	If convicted over 2 years ago, not on probation or incarcerated.	Level
-D-		
Diabetes	If diagnosed within 12 months.	No coverage offered
	If blood sugar readings (fasting) are greater or equal to 200 numerous times.	No coverage offered
	If A1C reading are equal to or greater than 9.0.	Additional review
	If A1C readings are greater than or equal to 10.0, then considered uncontrolled.	No coverage offered
	If changing medications from insulin to tablet in the last 12 months.	Level
	If changing medication from tablet to insulin within the last 12 months.	No coverage offered
	If any complications including numbness, amputation, circulation, eye or kidney disorder, coma or insulin shock and neuropathy.	No coverage offered
If any amputation related to diabetes.	No coverage offered	
-H-		
Heart Attack	If heart attack within the last 12 months.	No coverage offered

## Underwriting Guidelines *(continued)*

Heart Surgery	If in the past 12 months, had any heart surgery (including bypass surgery, cardiac ablation, open-heart surgery or placement of stents).	No coverage offered
	If had bypass surgery, angioplasty or placement of stents or defibrillator great than 12 months but in the past 5 years.	Graded
	Heart catheterization with intervention (stent, angioplasty).	No coverage offered
	Heart catheterization with no intervention	Level
Heart Valve Replacement	Heart valve replacement is considered tissue transplant.	No coverage offered
Height/Weight Qualification Chart	If outside height weight chart.	No coverage offered
Hepatitis	Chronic Hepatitis B or D, meaning being treated for greater than 2 continuous months or having multiple episodes.	No coverage offered
	Hepatitis C	No coverage offered
Home Health Care	If receiving home health care (assistance with medication, bathing, dressing, eating, grooming) and if allowed by applicable state.	Modified
	If receiving home health care (assistance with medication, bathing, dressing, eating, grooming) and if not allowed by applicable state.	No coverage offered
	If receiving home health care (assistance with cooking and cleaning).	Level
Hospitalization/Medical Facility	If in the past 12 months, was an inpatient at a medical facility for more than 48 continuous hours.	No coverage offered
	If hospitalized over 3 months ago for knee or hip replacement or a musculoskeletal condition.	Level
	If hospitalized within last 3 months for knee or hip replacement or a musculoskeletal condition.	No coverage offered

## Underwriting Guidelines *(continued)*

-K-		
Kidney Disease	If ever had dialysis treatment.	No coverage offered
	If no dialysis treatment.	Level
	If kidney disease is the result of a complication from diabetes.	No coverage offered
	If no dialysis and not Diabetes related.	Level
-L-		
Life Expectancy	If less than or equal to 12 months.	No coverage offered
Liver Disease	If ever been diagnosed or treated.	No coverage offered
-M-		
Memory Loss	If suffering from memory loss (not including Alzheimer's or dementia)	Level
Mental/Nervous Illness	If confined to a psychiatric facility within the past 90 days and allowable by state.	Modified
	<p>***If modified benefit plan is not available in applicant's state ***</p> <p>If hospitalized within the last 12 months, for more than 48 hours, for any mental/nervous condition.</p>	No coverage offered
Mental Retardation	If unable to do ADL's.	No coverage offered
	If over 18 and not able to do interview.	No coverage offered
-O-		
Oxygen	If using oxygen in the home for any condition.	No coverage offered
-P-		
Pacemaker/Defibrillators	If defibrillator has been placed within the last five years (but over 12 months).	Graded
	Pacemaker over 12 months ago.	Level
	Battery change (unless defibrillator placed within the past 5 years).	Level
Plavix	If taking Plavix, then need to know specifically for which condition.	Additional review

## Underwriting Guidelines *(continued)*

-R-		
Rheumatoid Arthritis	If taking Methotrexate, Plaquenil, Hydroxychloroquine.	Additional review
	If not taking Methotrexate, Plaquenil, Hydroxychloroquine and can do all ADLs.	Level
-S-		
Sarcoidosis	If no surgery or Oxygen.	Level
	If surgery greater than 12 months ago and no oxygen.	Level
Sleep Apnea	If no treatment or diagnosis within the past 12 months.	Graded
	If using oxygen on the CPAP machine.	No coverage offered
	If prescribed a CPAP machine but not using.	No coverage offered
Stroke	If had a stroke within the last 6 months.	No coverage offered
	If had a stroke within 6-12 months.	Graded
	If receiving treatment within the last 12 months.	Graded
	If unable to do all ADL's without assistance or receiving home health care.	No coverage offered
-T-		
Tissue Transplant	Any significant transplant such as heart valve, liver, Kidney or Bone Marrow.	No coverage offered
	A skin transplant or graft (non-cancerous) is not considered as significant if recovered.	Level
-U-		
US Citizen or Permanent Resident	If not a US citizen or permanent resident for at least one year.	No coverage offered
-W-		
Wheelchair bound	If able to do all ADL's without assistance (walking excluded).	Level

# Underwriting Guidelines *(continued)*

## **NON-U.S. CITIZENS**

We will consider non-U.S. citizens if they have official permanent resident status for at least one year. Proof of permanent resident status (permanent visa) is required.

## **TELEPHONE INTERVIEW PHONE NUMBER (877) 611-4701**

A Personal History Interview will be conducted with the Proposed Insured at the time of sale for all applicants age 40+. Interviewers are available from 7 a.m. through 9 p.m. (Central Time), Monday through Friday, and from 9 a.m. through 1 p.m. (Central Time) on Saturday. Personal History Interviews not completed during normal working hours will be conducted on the next business day.

The Personal History Interviewer will verify the application data (name, address, birth date, age, beneficiary designation). The interviewer confirms that the Proposed Insured signed the application in the presence of the agent. If information is developed during the interview that conflicts with the answers on the application, there could be a change in the plan requested.

## **MAKING THE CALL**

The agent is encouraged to call while with the Proposed Insured. Advise the interviewer that you are calling to complete an interview for Assurity's Simplified Life plan. Place the proposed insured on the telephone so the interviewer may ask questions directly to the individual who is being insured. It is important that your client is prepared to provide the necessary medical information and medications.

If calling outside the specified time periods, the agent should leave a voice mail. Your client will receive a telephone interview the next business day.

## **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

## Underwriting Guidelines *(continued)*

### 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

## Administrative Guidelines

### ACCEPTABLE PAYMENT METHODS

Assurity **will accept** the following methods of payments for initial and renewal premium and contributions for cash value life insurance, annuities or reversionary annuity products:

- Personal checks;
- Preauthorized checks or drafts;
- Money orders in amounts below \$200 per month per policy;
- Cash for renewal premiums or contributions where payment by cash has a historical basis;
- ACH and wire transfers for premiums or contributions where such a payment method has historical basis

Assurity does not accept credit or debit card payments for new application. After a policy has been issued, the customer can change the payment method to recurring credit card or debit card by contacting the client services department at (800) 869-0355, Ext. 4279. Available dates for recurring payments are the 1<sup>st</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> and 25<sup>th</sup> of each month.

### ADVANCE PREMIUMS

Premiums may be paid in advance of their due date. When annual premiums are paid *at least a year in advance*, a discount is applied. The discount rate may change periodically to reflect current interest rates.

### ASSIGNMENTS

The company accepts collateral assignments of life insurance. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. The form is to be returned to the assignee and a copy retained by the company.

### ANNUAL STATEMENT

The policy owner will receive a Policy Annual Statement on each policy anniversary. The statement will show all policy activity for the prior policy year.

# Administrative Guidelines *(continued)*

## **CHANGE OF BENEFICIARY**

To change the beneficiary on an in-force policy, a Request for Change of Beneficiary form must be completed. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. Return of the policy is not required.

## **CHANGE OF OWNER**

The owner of an in-force policy may be changed while the Insured is alive. To change the owner, a Change of Ownership form must be completed. A form may be obtained on AssureLINK's Forms/Supplies page or by contacting the client services department at (800) 869-0355, Ext. 4279. The return of the policy is not required.

## **DUPLICATE POLICIES**

A duplicate policy is available through the client services department. The policy owner will be mailed a Lost Policy Affidavit. The company will prepare and mail a duplicate policy upon receipt of the completed affidavit.

## **GRACE PERIOD**

A 31-day grace period is included in the policy for premiums not paid on or before the due date.

## **REINSTATEMENT**

A lapsed policy may be reinstated within three years of the lapse date if: 1) the company agrees the insured is insurable, and 2) all unpaid premiums, including the compound interest of 6 percent from each due date, is received.

## **STANDARD POLICY LOANS**

The loan value of the policy equals the cash value at the time of the loan – less any unpaid premiums and any unpaid loans or loan interest – through the next policy anniversary. The policyowner must send a signed, written request to the client services department. All loan checks are mailed directly to the policyowner with a copy of the letter sent to you, the agent.

## **SURRENDER**

To surrender a policy, the policyowner must send a written request to the client services department and return the original policy.

## **DEATH CLAIM PROCESSING**

Please contact the claims department to request an Application for Individual Life Benefits and provide the policyowner's date of death. Return the completed application to the claims department along with a certified copy of the policyowner's death certificate and the policy.

## Administrative Guidelines *(continued)*

### PREMIUM BILLING

The original premium notice for the direct premium mode is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date. If a remittance is still not received at the end of the 31-day grace period, lapse/nonforfeiture processing will be initiated.

Preauthorized premium payments may be drafted on any day falling between the 1<sup>st</sup> and the 28<sup>th</sup> of each month. If a preauthorized payment is returned, the company will notify the policyowner and send a copy of the notification to you, the agent. If a remittance is not received prior to the expiration of the grace period, lapse/nonforfeiture processing will be initiated.

Please contact client accounting at the home office for authorization forms needed to indicate a change in banks or to deduct a premium from a policyowner's bank account.

### LIST BILLING

Premiums may be billed to the policyowner's place of employment in a "list bill" by selecting this option on the application (including information provided on the Field Underwriter's Statement) and by having the employer complete an Authorization for List Bill (Form 75-060-05055). The initial premium must be remitted with the application. If you have any questions about setting up a list bill, contact the client services department at (800) 869-0355, Ext. 4279.

## Customer Service

### FOUR-DAY SERVICE GUARANTEE

This product qualifies for the four-day service guarantee, the **Assurity Advantage**. The **Assurity Advantage** assures that your simplified underwritten application will be processed and the policy mailed within four business days, or the writing agent can cash in on an additional \$100.

Applications need to be filled out correctly and all required items included to qualify! For more information about the **Assurity Advantage**, contact your regional sales manager.

### MULTIPLE APPLICATIONS RECEIVED WITH A SERVICE GUARANTEE PRODUCT

When multiple products are applied for simultaneously, we will hold all applications until a final decision has been made for each product, and they will be issued together.

Therefore, if a product in the **Assurity Advantage** program is applied for at the same time as a non-Assurity Advantage product, it will not qualify for the service guarantee.

## 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](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
2/25/2013	4-6	Updated illustration software reference from Life Portraits to Assurity Individual Online Illustration System
2/25/2013	14,15	Updated US citizenship requirement to be at least one year
9/19/2012	10	Updated concerning conditions chart
4/23/2012	14	Interview hours updated
4/13/2011	10	Declinable conditions deleted and concerning conditions added
3/8/2011	15	Updated Acceptable Payment Methods
2/17/2011	15	Credit Card payment changes
3/26/2010	3	Washington state specific information added
3/26/2010	7,8	A bullet removed from Application Checklist and Underwriting sections
1/15/2010	11-13	Added the "Additional Underwriting Information to Expedite Processing" section