



ASSURANT
Health®

Assurant. On your terms.®

CRITICAL ILLNESS COVERAGE

Product and Underwriting Guide

Critical Illness

Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

Table of Contents

Introduction	3	<i>Major Organ Transplant</i>	6
Contact Information	3	<i>Paralysis</i>	6
Correspondence Addresses.....	3	<i>Stroke</i>	6
Office Phone.....	3	<i>Alzheimer’s Disease</i>	6
Accessing Marketing Materials and Forms.....	3	<i>Cancer Type B</i>	6
Ordering Printed Materials and Forms.....	3	<i>Coronary Artery Bypass Graft</i>	6
General Guidelines	3	<i>Heart Valve Surgery</i>	6
Replacement Guidelines	3	Optional Coverage	7
Buyer’s Guide Guidelines	4	Exclusions and Limitations	7
Effective Date Guidelines	4	General Underwriting Guidelines	8
Billing.....	4	Ineligible Medical Conditions	8
Payment Methods	4	Ineligible Occupations	8
Premium Modes.....	4	Ineligible Avocations	8
Electronic Funds Transfer (EFT).....	4	Other Ineligible Conditions	8
Credit Card	4	MIB & Rx	8
Direct Billing	5	Build Guidelines	9
Worksite Billing.....	5	Application Guidelines	9
Payment Method and Premium Mode Changes	5	Electronic Agent Sales Experience (<i>EASE</i>)	9
Product Guidelines	5	Paper Submissions.....	9
Product Type.....	5	Quoting.....	9
Persons Eligible For Coverage	5	Interpreters	9
Issue Ages	5	Claims	9
Issue Amounts.....	5	Policyholder Services and Administrative Guidelines	10
Premium Structure	5	Policy Changes/Inforce Underwriting.....	10
Rates.....	5	Address Changes	10
<i>Preferred</i>	5	Bank Changes For EFT	10
<i>Policy Fee</i>	5	<i>Draft Dates</i>	10
<i>Premium Modal Factors</i>	5	<i>Balance Due</i>	10
Policy Term	5	<i>Premium Change</i>	10
Renewability	5	Terminations.....	10
Waiting Periods.....	5	Reinstatement.....	10
Policy Provisions & Definitions.....	5	Policy Changes/Limits/Requirements.....	11
<i>Blindness</i>	5	Signature/Form Requirements.....	11
<i>Cancer Type A</i>	5		
<i>Coma</i>	6		
<i>Deafness</i>	6		
<i>End Stage Renal Disease (Kidney Failure)</i>	6		
<i>Heart Attack</i>	6		
<i>Loss of Limbs</i>	6		
<i>Major Burns</i>	6		

Introduction

Critical illness coverage provides the policyholder a lump-sum cash benefit upon diagnosis of 15 life threatening conditions, such as cancer, heart attack and stroke. The benefits allow the consumer to face uncertain medical costs associated with fighting a life threatening disease with a little more security, independence and peace of mind.

Supplemental Coverage's Critical Illness plan is on a life chassis so the client has term life coverage as part of the policy. This plan design provides living benefits which are meaningful because the critical illness portion is paid while living and if it is not used, it becomes a death benefit for the family.

The value of critical illness is that Americans are migrating to more basic health coverage, so when a large medical crisis occurs, there may be significant costs which are not covered. Even if all the medical expenses are covered, critical illness helps fill the "gap" many High Deductible Health plans mandate to keep the premium affordable.

With a lump-sum benefit, control is placed back in the hands of the customer, where it belongs. The money can be used to help offset medical costs, provide income during a work absence or even cover day-to-day living expenses.

Please consider presenting Supplemental Critical Illness to proactively help your customer be prepared and financially protected for a major unforeseen medical condition.

The information in this guide is for agent use only. It should not be distributed to consumers.

The Good News

- The good news is that people are living longer and more successfully combating critical illnesses
- The challenge is that the costs of fighting these diseases can be costly and the costs may leave the consumer in debt and cause considerable stress
 - 60% of costs for fighting cancer may be non-medical
 - About 1.4 million new cancer cases are expected to be diagnosed in 2009

Source: *American Cancer Society, 2008-2009. Statistics does not imply endorsement.

Contact Information

Correspondence Addresses

For regular delivery

Assurant Supplemental Coverage
P.O. Box 2948
Milwaukee, WI 53201-2948

For overnight or express delivery

Assurant Supplemental Coverage
501 West Michigan
Milwaukee, WI 53203

Claims Correspondence Addresses

For regular delivery

Assurant Supplemental Coverage
P.O. Box 2829
Clinton, IA 52733-2829

For overnight or express delivery

Data Dimensions
Attn: SC-071302
2001 Manufacturing Ct
Clinton, IA 52732

Claims Fax 608.373.9503

Office Phone Numbers

Policyholder Customer Service..... 866.387.0484
Fax 414.299.8906

Claims.....866.387.0484
Fax608.373.9503

New Business/Underwriting..... 888.575.3421
Fax 414.299.6020

Commissions..... 800.800.1212 ext. 8326
Fax 414.299.1126

Agent Licensing..... 800.800.1212 ext. 8327
Fax 414.299.7516

Accessing Marketing Materials and Forms

Marketing materials, sales literature, forms, applications, state approval listings and much more can be found on Find a Form at assuranthealthsales.com.

To log into the Web site, you will need an agent number and password. If you do not have an agent number, please contact Agent Licensing at 800.800.1212 ext. 8327.

Ordering Printed Materials and Forms

Printed sales literature, forms, applications and other items for use in the sale of Supplemental Coverage products are available from your usual supply channel.

General Guidelines

Replacement Guidelines

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

Alabama	Colorado	Missouri	Texas
Arkansas	Iowa	South Carolina	Wisconsin
Arizona	Michigan	Tennessee	

A copy of the completed replacement form should be left with the applicant.

Buyer's Guide Guidelines

Some states have a legal requirement to provide the state-approved Life Insurance Buyer's Guide at the time a policy is issued. The following states require that a Life Insurance Buyer's Guide is delivered to the policyholder. The Buyer's Guide will also be available on assuranthealthsales.com should any applicant request it prior to policy issuance.

Alabama	Iowa	South Carolina
Arkansas	Missouri	Tennessee

Effective Date Guidelines

A space is provided on the application for the requested effective date. The effective date will be the later of:

1. The date after the application is signed or the day after an electronic application is submitted.
2. The future date that the applicant requests; however, no policy will be dated on the 29th, 30th or 31st of any month. Applications completed on these days should have a requested effective date no earlier than the first of the following month.
3. The termination date of any insurance to be replaced.

The earliest effective date a policy may have is the day after the application is signed; backdating is not permitted. We will not date a policy more than 10 days prior to the date that the application is received at the Home Office, nor accept an application with a requested effective date more than 45 days in advance. Applications dated more than 45 days prior to the requested policy date will be closed out. In addition to the above dating rules, C.O.D rules will apply.

Billing

First Premium

The agent is responsible for collecting the full first premium. If the payment method of Electronic Funds Transfer (EFT) or Credit Card is requested, a check for first premium does not need to be submitted. If no premium is submitted, the policy will be considered Cash On Delivery (C.O.D) and the insured will be billed.

Checks and/or money orders should be made payable to Assurant Health. Checks and/or money orders made payable to an agency will be returned.

Checks submitted with an application should have the same date the application was signed. If we receive a post-dated check, the application will be treated as C.O.D. Applications can be sent C.O.D. A bill will be sent with the policy. C.O.D. applications will not receive an effective date that is earlier than the date of issue.

In cases where the full premium is not paid at the time of application, a tolerance of 80% of the premium due (not to exceed \$100) will be applied. This means that if the payment falls within this tolerance, the premium will be applied to the policy, the agent's commission will be paid on the total amount due, and the balance will be billed to the insured at the next billing cycle.

If no premium or less than the tolerance amount is received, we will mail a bill along with the policy to the insured. No commissions will be paid until the premium is received.

Payment Methods

- Electronic Funds Transfer (EFT)
- Credit Card
- Direct Billing/Paper Bill
- Worksite Billing

Premium Modes

- *Monthly* – available with EFT, Credit Card and Worksite Billing payment methods
- *Quarterly* - available with Direct Bill, EFT and Credit Card payment methods
- *Semi-Annual* - available with Direct Bill, EFT and Credit Card payment methods
- *Annual* - available with Direct Bill, EFT and Credit Card payment methods

Electronic Funds Transfer (EFT)

EFT is a convenient payment method by which premiums are automatically drawn from the payor's checking account. Premiums can be drawn on any day except the 29th, 30th and 31st.

Policies on EFT will draft as soon as the policy(ies) are released by the Underwriting Department. If EFT is requested, be sure to complete a Bank Draft Authorization, including routing, transit and account numbers. The authorization gives Assurant Health the authority to draft the premium payor's account for premium due. A copy of a voided check is helpful in verifying the appropriate information.

If the above requirements are not received when EFT is requested, we will issue on Direct Bill Quarterly frequency.

EFT Draft Date

The EFT draft date and the policy effective date should coincide, if possible. This ensures that the premium is drafted on the same day of the month that the policy was effective. Premium to pay the policy to a current date will be drawn from the payor's checking account.

Credit Card

Payment by credit card will be available to applicants for *recurrent premium payments*.

MasterCard® and VISA® will be the only cards accepted.

To set up Credit Card billing, we require the Credit Card information and authorization by the cardholder to draft their account.

Required credit card information includes:

- Card type: Visa or MasterCard
- Expiration Date
- Name of cardholder as it appears on the Credit Card
- Signature of the cardholder
- Credit cardholder address, if different than the policyholder address

Premium to pay the policy to a current date will be charged to the credit card as soon as the policy is activated.

Direct Billing

Quarterly, semi-annual and annual premium modes are available with the Direct Billing method. On Direct Bill policies, premium notices are mailed as early as 35 days prior to the due date and include adjustments for past due premiums, underpayments and overpayments, as well as additional charges or credits due to a policy change.

Worksite Billing – Refer to the Worksite Billing Agent Administrative Guide for additional details (Form 30251)

Worksite billing enables an employer to payroll deduct premium for coverage purchased by their employees. Employers do not contribute any monies towards the payment of these supplemental insurance plans. Employees pay 100% of the premiums.

The following are features of the Worksite Billing option:

- Worksite Billing Accounts are billed monthly to the Worksite Billing Account Holder (employer) on a combined bill.
- Employers will select their billing due date. The due date must be between the 1st and the 28th of the month.
- Employers will be able to submit one check that incorporates all of the employees' premiums that are due.

The employer must complete a Worksite Billing Account Agreement Form to establish a worksite billing account.

Payment Method and Premium Mode Changes

Requests to change payment methods and premium modes following the issue of the policy should be directed to Policyholder Customer Service, not the Underwriting Department.

Product Guidelines

The product information provided in this guide may vary by state. Please refer to the state variations document or state-specific specimen policy posted in "Find a Form" at assuranthealthsales.com

Product Type

Supplemental Coverage's Critical Illness plan is an individual guaranteed renewable critical illness policy on a term life chassis providing a lump-sum benefit for 15 first-ever diagnosed critical illnesses and procedures. A death benefit is also included.

Persons Eligible for Coverage

Primary only
Primary and Spouse

Issue Ages

18 through 59

Issue Amounts

Critical Illness

\$5,000 through \$100,000 in \$1,000 increments

Term Life

.5x, 1x or 2x the critical illness maximum

Premium Structure

Level with 5-year guarantee; based on age as of the effective date, gender, tobacco use, face amount and any optional coverage selected.

Rates

Female/Male, Standard/Preferred

Preferred

Applicants will be rated preferred if they have not used tobacco or nicotine replacement products in the last 12 months.

Policy Fee

\$48 per year; included in rate calculation.

Premium Modal Factors

<u>Premium Mode</u>	<u>Factor/Multiplier of Annual Premium</u>
Monthly	0.0875
Quarterly	0.2625
Semi-Annual	0.5250
Annual	1.0000

Policy Term

10- or 20-year term. Benefits terminate the earlier of the term period or:

Age 65 for the following benefits:

- Critical Illness
- Accidental Death (if purchased)
- Waiver of Premium (if purchased)

Age 85 for the term life death benefit

Renewability

This policy is guaranteed renewable for the policy term. During this time the policy cannot be cancelled as long as required premiums are paid when due.

Waiting Periods

90 day waiting period for Cancer Type A or Type B
30 day waiting period for all other sickness-related conditions

Policy Provisions

Supplemental Coverage's Critical Illness policy pays a lump-sum benefit directly to the insured upon the first-ever diagnosis of a covered illness or procedure. Benefits paid reduce both the critical illness maximum and the term life face amount. Premium is reduced accordingly as well.

The definitions of the following conditions pay 100% of the Critical Illness Maximum:

Blindness – Diagnosis of an irreversible reduction in sight as a result of Sickness or Injury, lasting at least 180 days, that results in a corrected visual acuity of 20/400 or less or a visual field less than 20 degrees when testing both eyes together.

Cancer Type A – A malignant neoplasm (including hematologic malignancy), which is characterized by the uncontrolled growth & spread of malignant cells such as: (a) Leukemia & Lymphomas; (b) All N0M0 cancers of stage T1 or higher not listed under Cancer Type B; (c) Skin cancers with nodal or metastatic involvement (N1, M1).

It does not include: (a) Anything not listed above; (b) Any carcinoma in situ growth regardless of origin, classified as TisN0M0; (c) Anything in Cancer Type B.

Coma – A state of unconsciousness, characterized by the absence of any voluntary, purposeful movement, from which the Covered Person cannot be aroused for a period of at least 96 hours.

Coma does not include any medically induced coma.

Deafness – An irreversible loss of hearing, as a result of Sickness or Injury, for all sounds in both ears. Diagnosis must be on the basis of audiometric and auditory threshold tests indicating an auditory threshold of 90 decibels or less while using a hearing aid.

End Stage Renal Disease (Kidney Failure) - A Diagnosis of chronic and irreversible failure of both kidneys which requires treatment by regular dialysis for at least 90 days or kidney transplant.

Heart Attack – A new myocardial infarction resulting in the death of an area of the heart muscle due to insufficient blood supply to that area. The basis of the Diagnosis must include: typical clinical presentation; serial measurements of cardiac biomarkers showing a pattern and level consistent with a Heart Attack; and new electrocardiographic changes consistent with acute myocardial infarction.

Loss of Limbs – Severance of two or more limbs at or proximal to the wrist or ankle joints.

Major Burns – Acute full thickness or third degree burns covering at least 20% of a Covered Person's body surface area.

Major Organ Transplant – Having undergone surgery as a recipient of a transplant as follows:

- Human bone marrow using hematopoietic stem cells preceded by ablative therapy (Platelet/blood infusions excluded) for any of the following specified diseases: (a) Aplastic Anemia including acquired secondary to Ablative chemotherapy; (b) Leukemia/Lymphoma Myeloproliferative Disorders; (c) Inherited disorders of metabolism; (d) Severe Combined Immunodeficiency Disease; (e) Multiple Myeloma
- Human organ because of the irreversible end stage failure of such organ, limited to the following organs and specified diseases: (a) Heart due to any of the following specified diseases: tumors, cardiomyopathy, congenital heart disease, heart failure, inoperable coronary artery disease; (b) Lung due to any of the following specified diseases: fibrotic lung disease, obstructive lung disease, primary pulmonary hypertension; (c) Liver due to any of the following specified diseases: cirrhosis, end stage liver disease, hepatic failure, metabolic and inherited diseases, unresectable hepatic tumor; (d) Kidney due to End-Stage Renal disease; (e) Kidney/Pancreas due to Diabetes Mellitus; (f) Small intestine due to any of the

following specified diseases: Short Gut Syndrome, diseases causing life threatening malabsorption such as Hirschsprung's disease and other life threatening motility disorders.

Paralysis – A total and irreversible loss of use of two or more limbs. "Limbs" means the entire arm or entire leg. The Paralysis must be due to neurological Injury or Sickness of associated nerves that is expected to last continuously for 12 months or longer and continuously present for a period of at least 180 days. Paralysis, does not include any Paralysis caused by a Stroke.

Stroke - Brain tissue infarction due to acute cerebrovascular incident, embolism, thrombosis or hemorrhage. The basis of the Diagnosis must include evidence of: (1) Neurological damage persisting for at least 30 days and the damage is expected to be permanent; and (2) Magnetic Resonance Imaging, computerized tomography or other neuroimaging studies consistent with Diagnosis of a new Stroke. Stroke does not include: (1) Transient Ischemic Attacks (TIAs); (2) Transient Global Amnesia (TGA); (3) External trauma causing Injury to the brain; (4) Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease; (5) Ischemic disorders of the vestibular system.

The following conditions pay 25% of the Critical Illness Maximum:

Advanced Alzheimer's Disease - Diagnosis of Advanced Alzheimer's disease by a board certified neurologist or board qualified geriatrician. Diagnosis must include documented medical evidence that the Covered Person has experienced permanent loss of the ability to remember, reason; understand and express ideas. The Covered Person must permanently require daily supervision and assistance for at least three Activities of Daily Living. No other types of dementia are covered.

Cancer Type B – In Situ cancer that affects only the area of the body in which it began, has not spread and, is classified by pathology as TisN0M0. Cancer Type B includes: (a) In situ cancers classified as TisN0M0. (b) Bowen's disease; (c) Ductal carcinoma in situ (DCIS); (d) Lobular carcinoma in situ (LCIS); (e) Other specific localized cancers including: (i) Prostate cancer in early stage (T1N0M0); (ii) Gastrointestinal (GI) cancers staged T1N0M0 treated solely with endoscopy; (iii) Melanoma (T1N0M0). All other stages of melanoma are Cancer Type A.

Coronary Artery Bypass Graft – A procedure which uses a saphenous vein or internal mammary artery graft to surgically bypass obstructions in a native coronary artery or arteries to treat coronary artery atherosclerosis. Coronary Artery Bypass does not include: balloon angioplasty, laser relief of obstruction or any other intra-arterial procedures.

Heart Valve Surgery - Having undergone a median sternotomy (surgery to divide the breastbone) in order to replace or repair one or more heart valves.

Optional Coverage

Accidental Death

Pays the accidental death benefit in addition to the term life death benefit, if death is the result of and within 90 days of an accident.

Issue Ages: 18 through 59; only available at time the base policy is issued.

Issue Amounts: the accidental death benefit is the same as the amount of term life death benefit purchased.

Waiver of Premium

Waives premium for the period the primary insured continues to be totally disabled after an initial 6 months of total disability.

The disability must wholly prevent the policyholder from engaging in any gainful occupation or employment for which the person is or becomes reasonably fitted by education, training or experience.

Issue Ages: 18 through 59; only available at time the base policy is issued.

Exclusions and Limitations

(may vary by state)

Critical Illness Exclusions

- Any critical condition previously diagnosed or procedure performed prior the effective date of the policy
- Cancer Type A or Cancer Type B first diagnosed within the 90-day waiting period
- Any other critical condition due to sickness occurring within the 30-day waiting period
- Conditions or procedures caused by or related to:
 - Pre-existing conditions until the covered person has been continuously covered for 12 months
 - Mental illness or substance abuse, including alcohol abuse
 - Commission of a felony, misdemeanor, or illegal act
 - Suicide, attempted suicide or self-inflicted sickness or injury
 - Injury received while engaging in any hazardous occupation or other activity including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is any condition or procedure due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity

- Injury received while engaging in any hazardous occupation or other activity for which compensation is received including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized or non-motorized vehicle, skiing, horse riding, hunting or rodeo activities, or similar hazardous activities. Also excluded is condition or procedure due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity
- Complications of cosmetic services or a complication of a sickness, injury, or medical treatment or services that are not covered
- Procedures performed outside of the United States or its territories
- A loss for which our liability cannot be determined because an individual failed to authorize the release of all medical records, provide us with information requested that is accurate and complete, or have an examination completed as requested

General Benefit Exclusions (applies to all benefits)

- War or any act of war
- Participation in the armed forces
- Suicide, attempted suicide or self-inflicted sickness or injury during the first two years coverage is in effect
- Taking part in a riot or insurrection
- Resisting or fleeing from arrest
- Participating in commission of a felony
- Voluntary use of any controlled substance, except when administered in accordance with the advice of a health care practitioner
- Voluntarily taking, absorbing, or inhaling any gas, poison or drugs
- Intoxication
- Air travel except as a fare-paying passenger traveling on a regularly scheduled flight by an airline.

Accidental Death Benefit Exclusions

- Loss due to disease

Waiver of Premium Benefit Exclusions

- Foreign or domestic acts of terrorism that result in a nationwide epidemic
- Mental illness; anxiety or nervous disorders
- Injury received while engaging in any hazardous occupation or other activity, including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized

or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is disability due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity

- Disability caused by or related to injury received while engaging in any hazardous occupation or other activity for which compensation is received including the following: Participating, instructing, demonstrating, guiding or accompanying others in professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, parkour, free running, racing including stunt show or speed test of any motorized or non-motorized vehicle, skiing, horse riding, hunting, or rodeo activities, or similar hazardous activities. Also excluded is disability due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity
- Total Disability that is related to or caused by a pre-existing condition until the policyholder has been continuously covered under the policy for 12 months

General Underwriting Guidelines

The Underwriting Department retains the right to deviate from these guidelines based on individual case composition.

Ineligible Medical Conditions

These illnesses or conditions prevent the issuance of Critical Illness coverage. Other illnesses not listed may also result in the applicant being ineligible for coverage.

- AIDS or HIV
- ALS (Amyotrophic Lateral Sclerosis)
- Alzheimer's Disease
- Crohn's Disease or Ulcerative Colitis
- Dementia
- Diabetes
- Emphysema or Chronic obstructive Pulmonary Disease (COPD)
- Leukemia
- Melanoma
- Multiple Sclerosis (MS)
- Non-Hodgkins Lymphoma
- Organ or stem cell transplant
- Paralysis
- Peripheral vascular Disease (PVD), Peripheral Arterial Disease (PAD)
- Pulmonary Fibrosis, Cystic Fibrosis
- Stroke (cerebral vascular accident)
- Systemic Lupus Erythematosus
- TIA (Transient Ischemic Attack)

Ineligible Occupations

These occupations prevent the issuance of Critical Illness coverage. Other occupations not listed may also result in the applicant being ineligible for coverage.

- Armed Forces personnel
- Asbestos workers
- Boxers, prize fighters and mixed martial artists
- Crop dusters
- Off-shore oil and natural gas workers
- Professional motor vehicle racers
- Stunt person/stunt flyers
- Underground miners

Ineligible Avocations

More than one time participation in the past 5 years or planned future participation in:

- Boxing
- Parkour or Free-running
- Extreme sports

Additional Underwriting may apply to:

- Aviation activities
- Parachute jumping, skydiving
- Parakiting, sail gliding
- Rock or mountain climbing
- Scuba diving
- Vehicle racing

Other Ineligible Conditions

- DUI/DWI in the past 5 years
- Three or more moving violations in the past 5 years
- Pending felony charges or conviction in the past 10 years

MIB/Rx

MIB and Rx queries will be ordered for each critical illness applicant.

Build Guidelines

Applicants whose weight is below or above the indicated values for their height will be declined coverage.

BUILD TABLE – CRITICAL ILLNESS	
Height	Decline Male or Female
4'10"	<90 and 191+
4'11"	<92 and 198+
5'0"	<94 and 204+
5'1"	<96 and 211+
5'2"	<98 and 218+
5'3"	<101 and 225+
5'4"	<104 and 232+
5'5"	<107 and 240+
5'6"	<109 and 247+
5'7"	<112 and 255+
5'8"	<115 and 262+
5'9"	<117 and 270+
5'10"	<119 and 278+
5'11"	<122 and 286+
6'0"	<123 and 294+
6'1"	<126 and 302+
6'2"	<130 and 311+
6'3"	<134 and 319+
6'4"	<143 and 328+
6'5"	<146 and 337+
6'6"	<147 and 346+
6'7"	<151 and 355+
6'8"	<155 and 364+

Application Guidelines

Supplemental Coverage provides two enrollment choices; electronic enrollment via *EASE* or paper submissions.

EASE - Electronic Agent Sales Experience

EASE is a set of online resources which are available on the Agent Sales Web site at assuranthealthsales.com.

EASE makes selling and managing your supplemental insurance products easier than ever before.

EASE expedites your overall sales cycle. With *EASE*, you'll be able to obtain a quote online and submit your business electronically. You will have access to the most current rates with no software to download.

You'll have the capability to check underwriting status online for all policies you sell. All instructions are available online.

Paper submissions

Paper submissions are available for those that do not choose to submit their business electronically via *EASE*. A quote must accompany the paper application. Paper applications can be downloaded from the Find a Form section of assuranthealthsales.com.

Quoting

You can generate a quote using *EASE* (see above). Paper rate sheets may be available; however, final rates may vary slightly due to rounding.

Interpreters

We will allow interpreters based on the following guidelines:

- An agent cannot act as an interpreter.
- A spouse, a child age 12 or older or family friend may interpret for the family.
- The interpreter should not answer the questions for the applicant. The applicant should answer with the interpretation following.

Claims

To receive benefits, insureds must complete and submit the appropriate claim form, 30249. Customers can find claim forms in the Supplemental Coverage section of assuranthealth.com.

Please Mail or Fax completed claim form to:

Assurant Supplemental Coverage
P.O. Box 2829
Clinton, IA 52733-2829

Fax: 608.373.9503

As an agent you have access to information such as claim status and, if applicable, the paid date. Please understand that certain information about your client's claim is protected by law.

Policyholder Service and Administrative Guidelines

Policy Changes/Inforce Underwriting

Inforce Underwriting handles requests for changes on existing policies that require underwriting. Changes Inforce Underwriting handle are:

- Changing of benefits that result in an increase in premium
- Adding preferred rates
- Addition of spouse
- Reinstatements

Submissions for Inforce Underwriting Requests

A fully completed application submitted via mail to: Inforce Underwriting, P.O. Box 551, Milwaukee, WI 53201-0551 or Fax to: 414.299.8811.

Premiums should not be sent as they do not bind coverage.

What you can expect:

- All requests are fully underwritten. Any change in health history since the initial application will be taken into consideration when assessing the change request
- Coverage will take effect upon approval from the Inforce Underwriting area and will not be backdated
- We will bill for additional premium if the requested change is approved
- Adding a spouse does not earn additional commissions

Address Changes

If calling in an insured's address change, please have the following information

- Insured's name
- Policy number
- Old address
- New address, including ZIP code
- Telephone number
- Temporary or permanent address change

It is important that you remember to list ALL policies involved in an address change, especially if there is EFT or Worksite Billing.

NOTE: Be especially careful of EFT billing where the payor's address is different than the insured's.

Bank Changes for EFT

In Writing:

Obtain a new, signed EFT Authorization and voided check for the new bank account. Allow 30 days advance notice on all changes to an existing EFT account. On a bank change, it is important that the client leaves his/her account open for 30 days and leaves one month's premium on deposit for each policy in the old account.

Over The Phone:

The caller must be the checking account owner or an authorized signatory on the account. If the account routing number begins with a 5 or 9, the account holder must contact the bank to verify the correct routing number for Automated Clearing House (ACH) transactions.

Both:

If we drafted the old account, prior to receiving the new account information, and the draft is returned unpaid, we will automatically redraw for the premium due at the new bank.

If a draft on a new account is returned unpaid, a letter is generated stating that the premium should be submitted within 20 days or a call should be made to the Assurant Health Policyholder Service Desk to request that the account be redrawn.

Draft Dates

Draft dates can be any date between the 1st and the 28th of the month. Premiums are drafted in the month they are due.

Balance Due

Additional premium due for a change to an EFT policy will be drafted on the next available draft date (1st to the 28th).

Premium Change

Whenever there is a change in the payor's bank information, or in the premium amount from the prior draft, the Federal Reserve Board requires that the draft be warehoused for 10 days. Assurant Health will send the agent and the premium payor a letter when the draft amount is changed. In these situations, the draft from the premium payor's account will not be processed until approximately 10 days from the date of the letter.

Terminations

Requests to terminate coverage should be provided in writing or phone call by the primary insured or agent. Do not stop payment on an EFT draft or close an account in an attempt to cancel a policy. Payors, (other than primary insured) paying the premiums via EFT are not authorized to terminate a policy; however, they are authorized to discontinue premium payments from their account. The policy will automatically be placed on Direct Bill quarterly.

Reinstatement

If the policy is more than 31 days past due, but less than 3 years (May vary by state) since it has lapsed, then it is necessary to submit a fully completed application form to our Inforce Underwriting Department. The form should include complete medical history along with type of activity. Inforce Underwriting will fully underwrite to determine eligibility for reinstatements. Normal underwriting guidelines apply. Any change in health history between the date the policy lapsed and the effective date of the reinstatement will be considered during Underwriting review.

Policy Changes/Limits/Requirements

POLICY CHANGES	LIMITS/REQUIREMENTS
Guaranteed conversion due to divorce	60 days from date of divorce
Reinstating after military call-up without evidence of insurability	30 days from discharge, or date that extended military coverage ends (63 days for Illinois)
Return a policy to mark "NOT TAKEN"	30 days from receipt of policy
Terminating with proof of other coverage (backdating a termination date due to other coverage)	30 days limited for backdating. Proof of other coverage must be submitted within 20 days from the date we request proof of other coverage
To stop a termination	Written notice or phone call must be received at Assurant Health before the termination date that was specified. If notice is received after the specified termination date, an Application/Enrollment Form is required.

Signature/Form Requirements

POLICY CHANGE REQUIREMENTS	FORMS REQUIRED	SIGNATURE
Any plan change that results in a decreased premium	Written notification or phone call	Primary Insured (adult) or agent
Remove spouse	Written notification or phone request	Primary Insured, spouse or agent
Remove primary insured	Written notification or phone request	Primary Insured
Bank or Account Change, or Place on EFT	EFT Authorization Form (contact Policyholder Service Department)	Primary Insured and, if Payor is other than the Insured, the Payor's signature
Termination (See Terminations in previous section)	Written notification or phone request	Written notification or phone request Agent/Primary Insured
Payment method or premium mode changes	Written notification or phone request	Agent/Primary Insured
Address change	Written notification or phone request	Agent/Primary Insured
Reinstatements (See Reinstatements in previous section)	Application/Enrollment Form	Primary Insured
Addition of spouse	Application/Enrollment Form	Primary Insured and/or Spouse
Any plan change that results in an increase in premium due	Application/Enrollment Form	Primary Insured



ASSURANT
Health®

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage to people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group and short-term health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and select worldwide markets. Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$26 billion in assets and \$8 billion in annual revenue. www.assurant.com.

For agent use only.

Not for distribution to consumers.

Form J-77216 (Rev. 5/2010)

© 2010 Assurant, Inc. All rights reserved.