

ACCIDENT EXPENSE PRO GROUP - PREMIUMS

Plan: Group - 24 Hour Coverage
 Benefit Amount: One Unit
 Rider(s): Wellness Benefit Rider



Monthly Rates for Group One Unit Plan in Iowa

Coverage	Employee	Employee and Spouse	Employee and Children	Family
Accident Expense PRO	13.00	23.15	20.45	31.85
Wellness Benefit Rider	3.22	6.02	5.16	8.38
TOTAL PREMIUM	16.22	29.17	25.61	40.23
	x12	x12	x12	x12
Annual Cost	194.64	350.04	307.32	482.76
Pre-Tax Savings	-49.66	-87.51	-76.83	-120.69
Yearly Cost	145.98	262.53	230.49	362.07

Add Wellness Benefit	150.00	300.00	300.00	450.00
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The wellness benefit is payable after the 30 day waiting period.

These rates are before pre tax

Assurity at Work®
Critical Illness PRO Group
Monthly Rates for Benefits Specified



Employee				
Non-Tobacco	Critical Illness Policy	Cancer Rider	Health Screening Rider	Total
Issue Age	\$10,000	\$10,000		
18-39	2.37	1.28	0.86	4.51
40-49	6.03	5.78	1.48	13.29
50-59	12.02	12.23	1.97	26.22
60-64	24.90	22.37	2.47	49.74
65-69	37.55	31.49	2.88	71.92
70+	66.48	51.31	3.49	121.28
Tobacco	Critical Illness Policy	Cancer Rider	Health Screening Rider	Total
Issue Age	\$10,000	\$10,000		
18-39	3.52	1.67	0.86	6.05
40-49	11.51	7.51	1.48	20.50
50-59	24.42	15.87	1.97	42.26
60-64	50.35	28.93	2.47	81.75
65-69	73.61	40.63	2.88	117.12
70+	128.00	66.87	3.49	198.36

Spouse				
Non-Tobacco	Critical Illness Policy	Cancer Rider	Health Screening Rider	Total
Issue Age	\$10,000	\$10,000		
18-39	1.17	1.39	1.07	3.63
40-49	4.45	5.97	1.63	12.05
50-59	9.95	11.82	2.06	23.83
60-64	22.07	20.77	2.51	45.35
65-69	34.30	28.82	2.90	66.02
70+	62.56	46.61	3.46	112.63
Tobacco	Critical Illness Policy	Cancer Rider	Health Screening Rider	Total
Issue Age	\$10,000	\$10,000		
18-39	2.22	1.79	1.07	5.08
40-49	9.32	7.62	1.63	18.57
50-59	21.12	15.12	2.06	38.30
60-64	45.45	26.50	2.51	74.46
65-69	68.02	36.71	2.90	107.63
70+	121.13	59.90	3.46	184.49

Children				
Issue Age	Critical Illness Policy	Cancer Rider	Health Screening Rider	Total
	\$10,000	\$10,000		
0-25	0.29	0.20	0.27	0.76

The wellness benefit is payable after the 30 day waiting period.

CRITICAL ILLNESS PRO GROUP - PREMIUMS - Pre Tax Illustration

Rider(s): Cancer Benefit Rider
Health Screening Benefit Rider

Non-Tobacco

Employee Only - \$10,000 Benefit	Ages 18-39	Ages 40-49	Ages 50-59	Ages 60-64	Ages 65-69	Ages 70+
Monthly Rates	\$ 4.51	\$ 13.29	\$ 26.22	\$ 49.74	\$ 71.92	\$ 121.28
	x12	x12	x12	x12	x12	x12
Annual Premium	\$ 54.12	\$ 159.48	\$ 314.64	\$ 596.88	\$ 863.04	\$ 1,455.36
Less 25% pre-tax Savings with Section 125 Plan ¹	\$ (13.53)	\$ (39.87)	\$ (78.66)	\$ (149.22)	\$ (215.76)	\$ (363.84)
Annual Cost after pre-tax savings	\$ 40.59	\$ 119.61	\$ 235.98	\$ 447.66	\$ 647.28	\$ 1,091.52
Less Annual Wellness Benefit (potential amount paid following routine annual procedures, if claim submitted)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
Net Annual Cost	\$ (9.41)	\$ 69.61	\$ 185.98	\$ 397.66	\$ 597.28	\$ 1,041.52
	/12	/12	/12	/12	/12	/12
Net Monthly Cost²	\$ (0.78)	\$ 5.80	\$ 15.50	\$ 33.14	\$ 49.77	\$ 86.79

Tobacco

Employee Only - \$10,000 Benefit	Ages 18-39	Ages 40-49	Ages 50-59	Ages 60-64	Ages 65-69	Ages 70+
Monthly Rates	\$ 6.05	\$ 20.50	\$ 42.26	\$ 81.75	\$ 117.12	\$ 198.36
	x12	x12	x12	x12	x12	x12
Annual Premium	\$ 72.60	\$ 246.00	\$ 507.12	\$ 981.00	\$ 1,405.44	\$ 2,380.32
Less 25% pre-tax Savings with Section 125 Plan ¹	\$ (18.15)	\$ (61.50)	\$ (126.78)	\$ (245.25)	\$ (351.36)	\$ (595.08)
Annual Cost after pre-tax savings	\$ 54.45	\$ 184.50	\$ 380.34	\$ 735.75	\$ 1,054.08	\$ 1,785.24
Less Annual Wellness Benefit (potential amount paid following routine annual procedures, if claim submitted)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00
Net Annual Cost	\$ 4.45	\$ 134.50	\$ 330.34	\$ 685.75	\$ 1,004.08	\$ 1,735.24
	/12	/12	/12	/12	/12	/12
Net Monthly Cost²	\$ 0.37	\$ 11.21	\$ 27.53	\$ 57.15	\$ 83.67	\$ 144.60

¹Percentage can be more or less than 25 percent, depending on your tax rate.

²When a Section 125 plan is utilized benefits may be taxable; please consult your tax adviser.

IRS Circular 230 Notice: Any federal income tax information contained in this document was not intended or written to be used, and cannot be used by any taxpayer, for the purpose of avoiding IRS Code penalties that may be imposed on the taxpayer. Such information was provided to support the promotion or marketing of the transaction(s) or matter(s) addressed by such information. Taxpayers should seek advice based on their particular circumstance from an independent tax advisor.

Outside of the plan's open enrollment period, Section 125 Plan elections can generally only be changed according to IRS regulations. Consult your Human Resources department or your tax advisor if you are considering mid-year election changes.

Policy and rider availability, rates and features may vary by state. Policies are underwritten by Assurity Life Insurance Company, Lincoln, Neb. Assurity at Work is the worksite sales division of Assurity Life Insurance Company. All guarantees are based on the claims-paying ability of Assurity Life Insurance Company.

Please see accompanying brochure (form A349-0112) for a summary of limitations, conditions, exclusions and reductions of coverage. For complete details of coverage, please contact your agent, Assurity Life Insurance Company or ask to review the policy for more information.





This is an instructional sheet on how to file a claim. This is not a claim form. Do not submit this form to Assurity Life Insurance Company. Contact Assurity to request appropriate claim forms.

The Assurity claims contact center is available during normal business hours to assist you with any policy questions including:

- Coverage verification
- Policy benefits
- Requesting claim forms (*forms vary by the state in which you live*)
- Claims inquires

Accident Expense Claim

Copy of the accident report and an itemized billing showing insured's name, date of service, diagnosis code, procedure code and billed amount. Our Accident claim is form no. 75-010-02283.

Critical Illness Claim

Please call Assurity at the extension listed above to request the forms.

To begin the claim process or request the proper forms, contact the claims contact center using the following:

- Emailed to claimsinfo@assurity.com
- Faxed to 402-437-4592 or Toll free fax 800-869-0368
- Mailed to: Assurity Life Insurance Company
PO Box 82533
Lincoln, NE 68501-2533

If the claim form is emailed or faxed as described above, please do not mail the original claim form.

Wellness / Health Screening Claim

The claim can be reported via phone, call (800) 869-0355 ext. 4484. The information below will be needed to process the claim.

First, Middle, Last		Policy no.																								
Policyowner's Name																										
CLAIM INFO.	1. Claimant's name First, Middle, Last		2. Date of birth MM/DD/YYYY																							
	3. Relationship to Policyowner																									
	4. Name of medical provider		Phone no. ()																							
	Address of medical provider MM/DD/YYYY																									
	5. Date of test		6. Amount charged for screening test \$																							
TESTS PERFORMED	1. Wellness Benefit Rider R W1110, R G1115C																									
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