

**Assurity®**

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# **Graded Benefit Disability Income Insurance Product Guide**

FOR AGENT USE ONLY. NOT FOR USE WITH CONSUMERS.  
Product availability, features and rates may vary by state.

## Important Notice

### Product Guide for AssurityBalance® Graded Benefit Disability Income Insurance

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, NY.

This is a product guide is for policy Form No. I H1617 and I H1617 NY. Any prior guide does not apply to this product.

Policy Form No. I H1617 and Rider Form Nos. R I1618 and R I1619 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Policy Form No. I H1617 NY and Rider Form Nos. R I1618 NY and R I1619 NY are underwritten by Assurity Life Insurance Company of New York, Albany, New York. Policy and riders may contain reductions of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact Assurity or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic product guide. **Product availability, features and rates may vary by state.** Key differences by state are summarized in the State Specific Information section. Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK, as detailed in the Forms section.

This product guide is for agent use only. It is not for use with consumers.

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## Policy Description

The following policy description is according to the policy as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity or review the policy. Some key differences are summarized in the State Specific Information section.

### AssurityBalance® Graded Benefit Disability Income Insurance Policy

(Form No. IH1617 and IH1617 NY)

AssurityBalance Graded Benefit Disability Income is a guaranteed-renewable, impaired risk disability income insurance policy for individuals. It pays a monthly benefit while the insured is totally or partially disabled, following an elimination period and up to the maximum benefit period, subject to policy provisions. Benefits for disability from sickness during the first two policy years are graded. Benefits for disability from injury are not graded. (See *Policy Benefits below*.)

**Issue Ages:** 18 through 60; age last birthday as of issue date

**Renewability:** Guaranteed renewable to age 65; conditionally renewable to age 70 if employed full time

#### Underwriting Classes:

- Non-Tobacco – no use of tobacco or nicotine-based products, or substitutes within the last 12 months
- Tobacco – currently using tobacco or nicotine-based products, or substitutes

**Benefit Amounts:** \$500 through \$20,000 for total policy and Graded Benefit Supplemental Disability Income Rider (GBSDIR) benefits with at least \$200 base policy benefit and at least \$100 GBSDIR benefit, if selected; up to \$20,000 participation. (See *Financial Underwriting Guidelines section of the Underwriting Guide*.) Issue amounts for both the policy and the Graded Benefit Supplemental Disability Income Rider will be rounded to the lowest \$5 increment.

#### Benefit Periods:

##### For issue ages 18 through 55:

- Classes 4A, 3A and 2A – 2-year, 5-year and 10-year
- Class 1A – 2-year and 5-year

##### For issue ages 56 through 60:

- Classes 4A and 3A – 2-year and 5-year
- Classes 2A and 1A – 2-year

#### Elimination Periods:

- 2-year Benefit Period – 30-day, 60-day, 90-day and 180-day
- 5-year Benefit Period – 30-day, 60-day, 90-day, 180-day and 365-day
- 10-year Benefit Period – 30-day, 60-day, 90-day, 180-day and 365-day

**Issue Limitations:** Available through Table 4 (200 percent). (Also see *Financial Underwriting Guidelines section of the Underwriting Guide*.)

**Underwriting:** A traditional fully underwritten approach is used including an Attending Physician Statement (APS) and Inspection Report. Coverage may be offered with a policy amendment rider, special class premium, longer elimination period, shorter benefit period or a combination of any of these.

**Rate Structure:** Premiums are level for the guaranteed renewal period; based on gender, tobacco use, age, occupation class, benefit amount, benefit period and elimination period.

**Policy Fee:** \$40 annually (commissionable)

**Premium Modes:** Annual, 1.000; Semi-Annual, 0.510; Quarterly, 0.264; Monthly (automatic bank withdrawal or credit card), 0.087

**Optional Riders:**

- Graded Benefit Supplemental Disability Income Rider
- Own Occupation Rider

## Policy Benefits

The following policy benefits are according to the policy as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity or review the policy. Some key differences are summarized in the State Specific Information section.

**Total Disability Monthly Benefit** *(also referred to as Base Policy Monthly Benefit)*

If the insured is totally disabled and the elimination period has been satisfied, this benefit will be paid. Benefits will continue while total disability lasts or until the end of the maximum benefit period, whichever is first.

The monthly benefit amount payable for the duration of total disability is according to when injury or sickness occurs as follows:

- Pays 35 percent of the non-graded benefit amount for sickness in the first policy year
- Pays 70 percent of the non-graded benefit amount for sickness in the second policy year
- Pays the non-graded benefit amount for sickness after the first two policy years
- Pays the non-graded benefit amount for injury in all policy years

If total disability results from more than one cause at the same time (concurrent), it will be considered the same total disability – benefits will only be paid for one of the two or more concurrent disabilities. A reoccurrence of a total disability is considered a continuation of a prior disability if it is due to the same cause (recurrent) and return to full-time employment was 12 months or less. A total disability is due to the same cause if the injury or sickness causing the current total Disability is the same as or directly related to the cause of a last total disability. A recurrent total disability will have only one elimination period and one maximum benefit period.

**Partial Disability Monthly Benefit**

If the insured is partially disabled immediately following a period where they received total disability monthly benefits, this benefit will be paid. Benefits will continue until the insured is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but no longer than six months. The partial disability monthly benefit is 50 percent of the base policy monthly benefit.

### **Presumptive Disability Benefit**

If the insured is presumptively disabled, the total disability monthly benefit will be paid for the maximum benefit period regardless of the insured's ability to work. The elimination period does not need to be satisfied for the insured to receive the benefit. Monthly benefit grading will still apply.

Presumptive disability means the insured suffers total and irreversible loss of speech, hearing in both ears, sight in both eyes, both feet (amputated at or above the ankle), both hands (amputated at or above the wrist) or one hand and one foot.

### **Home Modification Benefit**

With physician recommendation, this provision will pay actual costs, up to a maximum of six times the monthly benefit last paid, during your lifetime towards the modification of an existing residence to improve access to or use of facilities while totally disabled.

### **Survivor Benefit**

If the insured dies while totally disabled and after receiving monthly benefits for at least 12 months immediately preceding death, a lump sum of three times the base policy monthly benefit last paid will be paid to the beneficiary, or if not named, the insured's estate.

### **Vocational Rehabilitation Benefit**

If the insured is totally disabled and receiving monthly benefits, the costs of a vocational rehabilitation program may be paid, up to six times the monthly benefit last paid. If the physician suggests participation would help the insured return to work, it will be required and payment may exceed six times the monthly benefit. The program must be pre-approved by Assurity and provide instruction or training at an accredited college, university or vocational school that contributes to the insured's return to work.

### **Waiver of Premium**

Renewal premiums will be waived on the first premium due date after the insured has been totally disabled for the elimination period or 90 days, whichever is shorter. Any premiums paid during this period which became due after total disability started will be refunded.

Waiver of premium stops when the insured is no longer totally disabled or at the end of the maximum benefit period, whichever is first.

## **Optional Riders**

(at additional cost)

The following rider/benefit descriptions are according to riders as approved in most states. [Benefits and provisions may vary by state.](#) For complete details of coverage, please contact Assurity or review the riders. Some key differences are summarized in the State Specific Information section.

### **Graded Benefit Supplemental Disability Income Rider (also known as Graded Benefit Social Insurance Substitute Rider in NY – differences summarized in the State Specific Information section)**

Form No. R 11619 and R 11619 NY

The Graded Benefit Supplemental Disability Income Rider (GBSDIR) will pay a monthly benefit less any social insurance benefits received, offset dollar for dollar, if the insured is totally disabled and the elimination period has been satisfied. Benefits will be paid until the insured is no longer totally disabled or to the end of the

maximum benefit period, whichever is first. No benefits will be paid if social insurance benefits exceed the SDIR monthly benefit amount.

Before monthly benefits are payable, the insured must provide written proof they have applied for social insurance benefits and give Assurity written permission to obtain information about the insured's application, reapplication or appeal for social insurance benefits.

If the insured receives a lump-sum payment of social insurance benefits, Assurity will treat the lump sum as if it were paid over several months. The lump sum will be divided by the GBSDIR monthly benefit less monthly social insurance benefits received. The result will be the number of months future rider benefits will not be paid. If the monthly social insurance benefit received exceeds the SDIR monthly benefit, Assurity will not seek refund of past SDIR benefits received before the lump-sum payment.

**Availability:** Available at time of application only

**Issue Ages:** 18 through 60; age last birthday as of issue date (*same as policy*)

**Renewability:** Guaranteed renewable to age 65

**Benefit Amounts:** \$100 through \$1,800 (*see Financial Underwriting Guidelines section of the Underwriting Guide*); issue amounts rounded to the lowest \$5 increment

**Benefit Periods:** Same as benefit period selected for policy

**Elimination Periods:** Same as elimination period selected for policy; when issued in states providing state disability coverage for W-2 employee the elimination must be as follows:

- Hawaii – 90 or more days
- New Jersey – 90 or more days
- New York – 90 or more days
- Rhode Island – 180 or more days

**Issue Limitations:** Elimination period restricted for states with state disability programs

**Social Insurance Benefits:**

- Social Security Disability Benefit – Includes any primary or family disability benefits the insured is eligible for under the U.S. Social Security Act. Payments under the retirement provisions of the Social Security Act are treated as a Social Security disability benefit.
- Workers' Compensation – Includes benefits the insured is eligible for under any Worker's Compensation Act or Occupational Disease Law. Included are all state and U.S. territory laws.
- Government Retirement and Disability Fund Benefit – Includes any disability benefits the insured is eligible for (including dependent benefits) under any federal, state, county, city or other governmental subdivision retirement and/or disability fund. Retirement benefits from such funds are treated as disability benefits.
- Railroad Retirement Disability Income – Includes any primary or family disability benefits the insured is eligible for under the Railroad Retirement Act. Retirement option benefits under the act are treated as disability benefits.

**Own Occupation Rider**

(Form No. R11618 and R11618 NY)

The Own Occupation Rider extends the own occupation period for the total disability definition from two years to the period selected.

**Availability:** Available at time of application only

**Issue Ages:** 18 through 60; age last birthday as of issue date (*same as policy*)

**Renewability:** Guaranteed renewable to age 65

**Benefit Periods:** For each policy benefit period, the following rider benefit periods are available:

- 5-year policy benefit period – 5-year
- 10-year policy benefit period – 5-year or 10-year

**Issue Limitations:** Not available with occupation classes 2A and 1A or 2-year policy benefit period. Also not available for occupation class 2A upgraded to 3A with the Business Owner Upgrade.

## Definitions

The following definitions apply to the policy and riders as approved in most states. Definitions may vary by state. For a list of all definitions, refer to the actual policy and riders. Some key differences are summarized in the State Specific Information section.

### Any Gainful Occupation

An occupation, which fits the insured by education, training or experience and replaces or is expected to replace 60 percent or more of their prior monthly income.

### Concurrent Disabilities

Disabilities caused by more than one injury or sickness, whether they are related or not.

### Elimination Period

The number of consecutive days an insured must be totally disabled before they are eligible to receive the benefits.

### Employed on a Full-Time Basis

Working for pay at least 30 hours per week.

### Maximum Benefit Period

The maximum period of time any combination of total disability monthly benefits (base policy monthly benefits) and partial disability monthly benefits, if any, are paid.

### Monthly Income

The insured's monthly gross income earned from their occupation including salary, wages, bonuses, commissions, fees and other pay for personal services.

If the insured is self-employed or owns a business, monthly income is their share of gross income earned by the business, plus any salary or draw from the business, minus their share of normal and customary business expenses specified as deductible for tax purposes.

### Own Occupation

The occupation in which the insured is engaged at the time their disability begins.

If the insured is unemployed one year or less from the time their disability begins, own occupation will be the occupation in which they were engaged prior to becoming unemployed. If they have been unemployed for more than one year, own occupation will be an occupation which fits them by education, training or experience.



### **Partial Disability; Partially Disabled**

A degree of disability due to a sickness or injury which:

- starts while the policy is in force;
- requires a physician's care unless the insured's physician certifies they have reached the maximum point of recovery;
- for the first two years after the elimination period, keeps the insured from doing one or more, but not all, of the substantial and material duties of their own occupation or results in the loss of 25 percent or more of the time spent by them in the usual daily performance of the duties of their own occupation; and
- after total disability and any partial disability benefits have been paid for two years, keeps the insured from doing one or more, but not all, of the substantial and material duties of any gainful occupation or results in the loss of 25 percent or more of the time spent by them in the usual daily performance of the duties of any gainful occupation.

### **Pre-existing Condition**

A sickness or physical condition for which, during one year before the issue date, the insured:

- 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.

### **Presumptively Disabled**

The insured's permanent and irrevocable loss, because of their injury or sickness, of one of the following: speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot.

Permanent and irrevocable loss of sight means both of the insured's eyes measure at or below 20/200 after reasonable effort has been made to correct their vision using the most advanced medically acceptable procedures and devices available. Permanent and irrevocable loss of hearing means hearing in both ears cannot be restored by hearing aids. The insured will be considered totally disabled if they are presumptively disabled.

### **Prior Monthly Income**

The greater of:

- the insured's average monthly income for the one-year period immediately prior to their disability; or
- the insured's average monthly income for the calendar year with the highest earnings of the last two calendar years prior to their disability

### **Recurrent Total Disability**

A situation in which the insured becomes totally disabled, ceases to be totally disabled and then becomes totally disabled again from the same or related sickness or injury. The latter total disability will be considered a recurrent total disability.

### **Total Disability**

A disability due to sickness or injury which:

- starts while the policy is in force;
- requires a physician's care unless the insured's physician certifies they have reached the maximum point of recovery;
- for the first two years after the elimination period, keeps the insured from doing the substantial and material duties of their own occupation; and

- after benefits have been paid for two years, keeps the insured from doing the substantial and material duties of any gainful occupation.

## Limitations and Exclusions

The following limitations and exclusions apply to the policy as approved in most states. Limitations and exclusions may vary by state. For a list of all limitations and exclusions, refer to the actual policy. Some key differences are summarized in the State Specific Information section.

### Limitations

#### **Mental and Nervous Disorders; Substance Abuse**

The benefit for total disability caused by mental and nervous disorders or by a chronic drug and alcohol abuse or dependency will be 50 percent of the monthly benefit amount otherwise payable and limited to 12 months in the insured's lifetime. Mental and nervous disorders due to stroke, trauma, viral infection, Alzheimer's Disease, organic brain syndrome, delirium, amnesia/delusional/hallucinogenic syndromes, or permanent or progressive cognitive or memory disorder will not be subject to this limitation.

#### **Pre-existing Condition**

If the insured's total disability is within two years from the issue date or the most recent reinstatement date and is due to a pre-existing condition, no monthly benefits will be paid unless the condition was fully and accurately disclosed on the application and is not excluded by a policy amendment rider.

### Exclusions

Assurity will not pay benefits for conditions that are caused by or the result of:

- being pregnant, experiencing childbirth or having an elective abortion (Complication of Pregnancy is deemed to be a sickness);
- losing an occupational or professional license or certification;
- participating in a riot or insurrection;
- war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being legally incarcerated in a penal or correctional institution for more than seven days or during a period of legal detainment of more than seven days where the period of legal incarceration or legal detainment results in the insured's inability to meet any work requirements in the definition of total disability;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the disability occurs) or under the influence of an illegal substance or a narcotic (except narcotics used as prescribed to the insured by a physician); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training or less than 60 days.

## Administrative Guidelines

### Premium Payment

**What are acceptable methods of payment?** Assurity accepts payments for initial and renewal premiums using the following methods: automatic bank withdrawal, personal checks, money orders and cashier checks in amounts below \$200 per month per policy, cashier's checks in amounts above \$10,000 and credit/debit cards when electronic applications are used. Credit/debit cards are only accepted for renewal premiums with paper applications. Please use one of these methods so that payment is credited to your policy in a timely manner.

**How can premiums be paid by automatic bank withdrawal?** Premiums may be deducted from the policyowner's bank account by selecting this option on the application (including information provided on the Field Underwriter's Statement) and by completing and returning an Automatic Premium Payment form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. The same form may be used to change the bank account.

Automatic bank withdrawal premium payments may be drafted on any day between the 1<sup>st</sup> to the 28<sup>th</sup> of each month. If an automatic bank withdrawal payment is returned or declined, Assurity will notify the policyowner and send a copy of the notification to the agent. If a remittance is not received prior to the expiration of the grace period, lapse/non-forfeiture processing will be initiated.

**How can premiums be paid by credit card?** Assurity accepts credit and debit card payments for initial and recurring premium payments when electronic applications are used. We accept VISA, MasterCard and Discover credit/debit cards. The credit/debit card payment option for initial payment is not available with paper applications. However, after a policy has been issued, the customer can change the payment method to recurring credit/debit card by contacting Customer Connections, as detailed in the About Assurity section. Available dates for recurring payments are on any day between the 1<sup>st</sup> to the 28<sup>th</sup> of each month. Customers also have the option of paying the premium by automatic bank withdrawal.

**How are subsequent premiums billed?** For policies on direct billing, the original premium notice is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date.

**When will coverage lapse if premiums are not paid?** Premiums must be paid on or before the due date or during the 31-day grace period that follows the due date. The policy stays in force during this time. If a remittance is still not received at the end of the 31-day grace period, lapse/non-forfeiture processing will be initiated. The grace period does not apply if the insured requests termination of the policy.

**How can a "list bill" be set up?** 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. Available premium modes for list bill are monthly, quarterly, semi-annual and annual. The initial premium must be remitted with the application. If you have any questions about setting up a list bill, contact Customer Connections, as detailed in the About Assurity section.

### Coverage Information

#### Duplicate Policies

A duplicate policy is available upon receipt of the owner's signed request. A \$20 fee may apply for subsequent requests.

## Coverage Changes

### Increasing or Changing Coverage

The following coverage changes require a new application:

- increasing the base policy monthly benefit,
- increasing the GBSDIR monthly benefit,
- increasing the benefit period,
- decreasing the elimination period, or
- upgrading occupation class.

There are two methods for increasing the monthly benefit for an in-force disability income policy:

1. Complete an application for the amount of the increase in monthly benefits desired, and make arrangements for any necessary medical requirements. When the application is approved, the new policy will be issued for the amount of increase approved. The insured will then have two disability income policies in force with Assurity.

### OR

2. Complete an application for the total amount of monthly benefit desired, including the increase. Indicate on the application that the new policy will replace an in-force policy. Return the in-force policy to Assurity with the application, and make arrangements for any necessary medical requirements.

When the application is approved, the new policy will be issued for the total amount of monthly benefit approved as of the current date. The in-force policy will be terminated. The incontestable period for the new policy will be two years from this issue date. Commissions will be adjusted according to our normal replacement rules.

**NOTE:** Replacement forms are required in some states. (See *General Underwriting Guidelines section of the Underwriting Guide*.)

### Decreasing Coverage

The following coverage changes are allowed by contacting Assurity:

- decreasing the base policy monthly benefit,
- decreasing the GBSDIR monthly benefit,
- decreasing the benefit period, or
- increasing the elimination period.

These changes require either a written request to Assurity or completion of page 1 of the Application for Changes to Health Policy form, available on AssureLINK as detailed in the Forms section. The written request must be signed, dated, and indicate the change desired. When the request is approved, an endorsement detailing the changes will be sent to the policyowner to be filed with the policy.

### Change of Beneficiary

The beneficiary of an in-force policy may be changed while the insured is alive by completing and returning a Change of Beneficiary Designation form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. Return of the policy is not required.

### **Assignments**

The policyowner may transfer, or assign, some or all of the policy rights to another person or organization by completing and returning a Collateral Assignment of Disability Income Policy form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. The form is returned to the assignee and a copy retained by Assurity.

### **Reinstatement of a Lapsed Policy**

If the policy lapses due to nonpayment of renewal premium, the insured may apply for reinstatement up to one year from the date of lapse. The following must be provided to Assurity's administrative office:

- a completed Application for Reinstatement form, which is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section, and
- a signed medical authorization.

If the application for reinstatement is approved pending payment of required premium, Assurity will notify the insured of the premium needed to reinstate the policy. Once payment is received, the policy will be reinstated on the reinstatement date – the date Assurity has both approved the application and received the premium due. Additional reinstatement procedures will be determined by the policy language approved in each specific state.

## **Claims Guidelines**

### **Claims Questions**

Customer Connections is available to handle telephone calls from policyholders including verifying coverage and answering policy or rider benefit questions. They can be reached as detailed in the About Assurity section.

### **Claims Procedures**

#### **Notice of Claim**

Notice of claim must be provided to Assurity within 20 calendar days after the loss starts by either contacting Assurity, as described below, or submitting necessary claims forms. If notice is not given within that time, it must be given as soon as reasonably possible.

Notice, including the insured's name and policy number, may be sent to Assurity by one of the following:

E-mail to [claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)

Fax to (800) 869-0368

Mail to: Assurity Life Insurance Company  
P.O. Box 82533  
Lincoln, NE 68501-2533

#### **OR**

Assurity Life Insurance Company of New York Administrative Office  
P.O. Box 82533  
Lincoln, NE 68501-2533

When Assurity receives notice of claim, the necessary proof of loss forms will be sent.

Notice may also be provided by submitting necessary claims forms. Forms are available on Assurity's public site at <http://www.assurity.com> in the Customer Center by accessing the Customer Service Forms/Claim Forms section on the left.

## Filing a Claim

In filing a claim with Assurity Life Insurance Company, the necessary proof of loss forms are as follows:

- Claimant's Statement - Form No. 01-012-02255
- Employer's Statement - Form No. 01-013-02255
- Attending Physician's Statement - Form No. 01-014-02255
- Authorization Statement – Form No. varies by state

In filing a claim with Assurity Life Insurance Company of New York, the necessary proof of loss forms are as follows:

- Claimant's Statement - Form No. 01-012-02255 NY
- Employer's Statement - Form No. 01-013-02255 NY
- Attending Physician's Statement - Form No. 01-014-02255 NY
- Authorization Statement - Form No. 80-500-05055 NY

Proof of loss must be returned to Assurity within 120 calendar days after loss. If not possible, the claim will not be reduced or denied for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of loss unless the insured is legally incapacitated.

Claim forms may be returned to Assurity by the methods described above. If forms are emailed or faxed, please do not mail the original.

## Premium Rates

### Illustrations

Illustrations are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for this product by selecting the Quick Quotes/Illustrations option on the left.

## Forms

The following forms can be found on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

- **Application**
- **Application for Changes to Health Policy**
  - Form No. 75-611-02255 for Assurity Life Insurance Company
  - Form No. 80-611-02255 NY for Assurity Life Insurance Company of New York
- **Application for Reinstatement**
  - Form No. 75-652-05055 for Assurity Life Insurance Company
  - Form No. 80-853-05055 NY for Assurity Life Insurance Company of New York
- **Authorization for List Bill**
  - Form No. 75-060-05055 (R10-15)
- **Automatic Bank Payment**
  - Form No. 18-051-05055 (R04-14)

- **Change of Beneficiary**
  - Form No. 18-612-05055 (R06-16)
- **Collateral Assignment of Disability Income Policy**
  - Form 25-502-02255 (R07-12)
- **Evidence of Insurability**
  - Form No. 75-589-05051 (R11-12) for Assurity Life Insurance Company
  - Form No. 80-859-05051 NY for Assurity Life Insurance Company of New York

## State Specific Information

As approved, some state insurance departments may require modifications to policy application, contract language, benefits, rates and other features. Please refer to the individual contracts specific to each state as the ultimate authority.

**The following chart represents some of those key differences:**

| <b>State Specific Information for Graded Benefit Disability Income Insurance</b> |  |
|--|--|
| California   | <ul style="list-style-type: none"> <li>• The policy and all riders have state-specific rates (available on the illustration system).</li> <li>• The 30-day elimination period is not available.</li> <li>• “Any Gainful Occupation” has been replaced by “Usual Occupation” which is defined as follows, “any employment, business, trade or profession and the Substantial and Material Duties of the occupation the insured was regularly performing for their employer when the disability began. Usual occupation is not necessarily limited to the specific job the insured performed for their employer.”</li> <li>• The “Total Disability” definition has been modified and reads as follows, “due to a sickness or injury, the insured is unable to perform with reasonable continuity the substantial and material duties necessary to pursue their usual occupation and they are not working in their usual occupation. After benefits have been paid for two years, total disability and totally disabled mean that due to a sickness or injury, the insured is unable to perform with reasonable continuity any occupation in which they could reasonably be expected to perform satisfactorily in light of their age, education, training, experience, station in life and physical and mental capacity.”</li> <li>• The “Partial Disability” definition has been modified such that required loss of time (time spent in the daily performance of the insured’s usual occupation) has been decreased from 25% to 20%. The definition also includes a requirement that the insured be unable to earn 80% or more of their prior monthly income.</li> <li>• Survivor Benefit pays six times monthly benefit instead of three times.</li> <li>• Benefits for Mental and Nervous / Substance Abuse pay full benefit and are limited to 24 monthly benefits.</li> <li>• A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>• You are not covered for a disability caused or substantially contributed to by a pre-existing condition or medical or surgical treatment of a pre-existing condition.</li> <li>• Elimination period for the Graded Benefit Supplemental Disability Income Rider must be 365 or more days given state disability coverage provided for W-2 employees.</li> </ul> |

| <b>State Specific Information for Graded Benefit Disability Income Insurance</b> |  |
|--|--|
| Delaware   | <ul style="list-style-type: none"> <li>Survivor Benefit pays six times monthly benefit instead of three times.</li> <li>A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>Pre-existing condition limitation applies to conditions two years prior to the issue date.</li> </ul>  |
| District of Columbia   | <ul style="list-style-type: none"> <li>Survivor Benefit pays six times monthly benefit instead of three times.</li> <li>A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>Pre-existing condition limitation applies to conditions two years prior to the issue date.</li> </ul>  |
| Florida  | <ul style="list-style-type: none"> <li>Policy and riders have state-specific rates.</li> <li>The 30-day elimination period is not available.</li> <li>A second disability is considered a continuation of a prior disability (recurrent) unless it is due to an unrelated sickness or injury, or the insured returned to work full-time for at least six months.</li> <li>Survivor Benefit pays six times monthly benefit instead of three times for death of insured due to an accident and pays lump sum of \$1,000 for death to insured due to sickness.</li> <li>A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>Pre-existing condition limitation applies to conditions two years prior to the issue date.</li> </ul> |
| Hawaii   | <ul style="list-style-type: none"> <li>Elimination period for the Graded Benefit Supplemental Disability Income Rider must be 90 or more days given state disability coverage provided for W-2 employees.</li> </ul>   |
| Montana  | <ul style="list-style-type: none"> <li>Policy benefits for disability due to pregnancy will be paid the same as any sickness.</li> </ul>   |
| New Jersey   | <ul style="list-style-type: none"> <li>Elimination period for the Graded Benefit Supplemental Disability Income Rider must be 90 or more days given state disability coverage provided for W-2 employees.</li> </ul>   |
| New York   | <ul style="list-style-type: none"> <li>Home Modification Benefit is not included.</li> <li>Only 30-day, 60-day, 90-day and 180-day elimination periods allowed.</li> <li>For the Graded Benefit Social Insurance Substitute Rider, no rider benefits will be paid if the insured qualifies for or receives social insurance benefits.</li> <li>Elimination period for the Graded Benefit Social Insurance Substitute Rider must be 90 or more days given state disability coverage provided for W-2 employees.</li> </ul>  |
| North Dakota   | <ul style="list-style-type: none"> <li>Survivor Benefit pays six times monthly benefit instead of three times.</li> <li>A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>Pre-existing condition limitation applies to conditions two years prior to the issue date.</li> </ul>  |
| Rhode Island   | <ul style="list-style-type: none"> <li>Elimination period for the Supplemental Disability Income Rider must be 180 or more days given state disability coverage provided for W-2 employees.</li> </ul>   |
| South Dakota   | <ul style="list-style-type: none"> <li>Survivor Benefit pays six times monthly benefit instead of three times.</li> <li>A maximum of three monthly benefits will be paid for any disability sustained or continued outside of the United States or Canada.</li> <li>Pre-existing condition limitation applies to conditions one year after the issue date.</li> </ul>  |



## Revisions to this Product Guide

| Date     | Section                    | Update   |
|----------|----------------------------|--|
| 05/01/22 | State Specific Information | Added state specific information for Montana and removed for Connecticut |

## About Assurity

We are never more than one call away.  
**Literally.**

### Connect with us!

#### Mailing Address:

Assurity Life Insurance Company  
P.O. Box 82533  
Lincoln, NE 68501-2533

Assurity Life Insurance Company of New York Administrative Office  
P.O. Box 82533  
Lincoln, NE 68501-2533

#### Connect Online!

[www.assurity.com](http://www.assurity.com)

[linkedin.com/company/assurity-life](https://www.linkedin.com/company/assurity-life)

[facebook.com/assurity.life](https://www.facebook.com/assurity.life)

### Customer Connections

- Phone:** (800) 276-7619 for Assurity Life Insurance Company  
(844) 401-7585 for Assurity Life Insurance Company of New York
- Hours:** Monday-Thursday – 7:00 a.m. to 6:30 p.m. Central Time  
Friday – 7:00 a.m. to 5:00 p.m. Central Time

#### Application Questions

- By Phone:** Extension 4264
- By Email** [underwriting@assurity.com](mailto:underwriting@assurity.com)
- By Fax** (402) 437-4606

#### Policy Questions

- By Phone:** Extension 4279
- By Email** [clientservicecenterrequests@assurity.com](mailto:clientservicecenterrequests@assurity.com)
- By Fax** (888) 255-2060

#### Claims Questions

- By Phone** Extension 4484
- By Email** [claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)
- By Fax** (800) 869-0368

## 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.