

**Assurity® Life Insurance Company**

P.O. Box 82533, Lincoln, NE 68501-2533
800-869-0355 | assurity.com

**Accident-Only
Disability Income**

This is a legal contract between You and Us. It is issued in return for the approved Application and Initial Premium. We agree to pay the benefits described in this policy, subject to its provisions, exclusions and limitations.

RENEWAL

Guaranteed Renewability. This policy is guaranteed renewable to this policy's anniversary following Your 67th birthday. That means as long as You pay premiums when due, We cannot cancel or change this policy. If We change premium rates, We can only do so after approval or acknowledgement by the Interstate Insurance Product Regulation Commission for all insured persons in Your class. You will be given 31 days' notice by mail prior to any premium change.

Conditional Renewability. After this policy's anniversary following Your 67th birthday, this policy is renewable on each policy anniversary for life if You are then Employed on a Full-Time Basis and You are not receiving benefits for Your Disability under this policy or attached riders. Your premium will change on each policy anniversary.

RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office or to any of Our authorized agents. As soon as this policy is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

You may cancel this policy at any time after the Right to Examine period by delivering or mailing a written request to Our administrative office. You may specify the date on which You want cancellation to be effective. However, cancellation will only be effective on the date You specify if We receive Your written request before that date. If We do not receive Your written request prior to the date You specify for cancellation, cancellation will be effective on the date We receive Your written request. Upon cancellation, We will promptly return the unearned portion of any premium paid.

Assurity Life Insurance Company has signed this policy on the Issue Date.

President

Secretary

Nebraska insurance department telephone no. (800) 234-7119

ACCIDENT-ONLY DISABILITY INCOME POLICY

**Guaranteed Renewable to age 67 Policy Anniversary — Conditionally Renewable for life
Nonparticipating Policy
Company may change premium rates.**

**Limitations or Exclusions may apply.
Please read Your policy carefully.**

Representative:

Address:

Telephone:

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sample

SCHEDULE

FORM NO.	FORM NAME	BENEFIT	INITIAL ANNUAL PREMIUM
ICC24 I H2401	Accident-Only Disability Income Total Disability Monthly Benefit: Partial Disability Monthly Benefit:		

Elimination Period:

Disability caused by Injury:

Accumulation Period:

Maximum Benefit Period:

10 years – According to the schedule below

When Disability Begins	Maximum Benefit Period
Prior to age 56 policy anniversary	120 months
On or after age 56 policy anniversary but prior to age 57 policy anniversary	108 months
On or after age 57 policy anniversary but prior to age 58 policy anniversary	96 months
On or after age 58 policy anniversary but prior to age 59 policy anniversary	84 months
On or after age 59 policy anniversary but prior to age 60 policy anniversary	72 months
On or after age 60 policy anniversary but prior to age 61 policy anniversary	60 months
On or after age 61 policy anniversary but prior to age 62 policy anniversary	48 months
On or after age 62 policy anniversary but prior to age 63 policy anniversary	42 months
On or after age 63 policy anniversary but prior to age 64 policy anniversary	36 months
On or after age 64 policy anniversary but prior to age 65 policy anniversary	30 months
On or after age 65 policy anniversary but prior to age 67 policy anniversary	24 months
On or after age 67 policy anniversary but prior to age 75 policy anniversary	24 months; benefits are only payable if renewed as described in the Conditional Renewability provision
On or after age 75 policy anniversary	12 months; benefits are only payable if renewed as described in the Conditional Renewability provision

ICC24 R I2403 Benefit Increase Rider
 ICC24 R I2405 Cost of Living Adjustment Rider
 ICC24 R I2406 Critical Accident Rider
 ICC24 R I2412 Retroactive Injury Rider
 ICC24 R I2413 Return of Premium Rider
 ICC24 R I2414 Accident-Only Stay-at-Home Spouse Disability Income Rider
 ICC24 R I2415 Supplemental Disability Income Rider

Premium Discount

Insured Person:
 Issue Age:
 Gender:
 Class:

Policy Number:
 Issue Date:
 Initial Premium:
 Premium Mode:

DEFINITIONS

Accumulation Period means the uninterrupted period of consecutive days during which the Elimination Period must be satisfied as shown on the policy Schedule.

Any Gainful Occupation means an occupation, which fits You by education, training or experience and replaces or is expected to replace 60% or more of Your Prior Monthly Income.

Application means the documents signed by You in order to obtain this policy or attached riders, to obtain reinstatement of this policy or attached riders, or to change this policy or attached riders.

Beneficiary means the person(s) named as such in the Application or later designated or changed as described in the Naming or Changing a Beneficiary provision.

Concurrent Disabilities means Disabilities occurring at the same time caused by more than one Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury, (b) occurs while this policy is in force and (c) is not caused by or a result of an activity or condition listed in the Exclusions section of this policy.

CPI-U means the Consumer Price Index for all Urban Consumers (CPI-U) published by the United States Department of Labor. If the CPI-U is discontinued or is replaced, We will substitute a comparable index subject to approval by the Interstate Insurance Product Regulation Commission. We will notify You before using a substitute index.

Current Monthly Income means Your Monthly Income earned during a period of Partial Disability.

Disability or **Disabled** means Total Disability, Totally Disabled, Partial Disability or Partially Disabled.

Disability Monthly Benefits means Total Disability Monthly Benefits and Partial Disability Monthly Benefits.

Due Date means the date renewal premiums are due.

Elimination Period means the number of days You must be Disabled before being eligible for benefits as shown on the policy Schedule or rider Schedule. These days need not be consecutive, but they must be satisfied within the Accumulation Period. We do not pay benefits during the Elimination Period.

Employed/Employment on a Full-Time Basis means working for pay at least 30 hours per week.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Hospital means a primary care medical facility operated pursuant to law. The Hospital must have organized facilities to provide first-level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24-hour nursing services by, or under the supervision of, a registered nurse (RN) and be supervised by a staff of one or more Physicians. The Hospital must also maintain on its premises the patient's written history and medical records.

Not included is a Hospital or institution or part of such Hospital or institution which is licensed or used principally as (a) a hospice unit (including any beds designated as a hospice bed), (b) a swing bed, (c) a convalescent home, (d) a rest or nursing facility, (e) a skilled nursing facility, (f) a psychiatric unit, (g) a rehabilitation unit or facility or (h) a facility primarily affording custodial care, educational care or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts or alcoholics.

Immediate Family means Your Spouse, father, mother, children or siblings.

Index Factor means the factor compensating for the change in CPI-U on any anniversary of Disability. The factor is calculated by dividing the most recent CPI-U published prior to an anniversary by the CPI-U published prior to when the Disability began. The factor will never be less than 1, regardless of changes in the CPI-U.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications are considered to be a single Injury. Disability must begin within 30 days of the Injury.

Insured Person means the person insured for the benefits of this policy or any attached riders, as listed on the policy Schedule, rider Schedule or as later amended.

Issue Date means the date the Insured Person first becomes insured for the benefits of this policy or any attached riders as listed on the policy Schedule or rider Schedule, or as later amended.

Loss of Monthly Income means Prior Monthly Income less Current Monthly Income.

Maximum Benefit Period means the maximum period of time any Disability Monthly Benefits are paid as shown on the policy Schedule.

Mental Disorder means any disorder listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, most current as of the date of disability, published by the American Psychiatric Association (APA). Mental Disorder includes, but is not limited to, mental, emotional, or behavioral disorder, or a disorder related to stress or substance abuse or dependency. Mental Disorder does not include Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental Disorders will include those disorders listed in the diagnostic manual then in use by the APA as of the date of the disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma. If the APA no longer publishes a diagnostic manual or ceases to exist, We may substitute a comparable diagnostic manual subject to approval by the Interstate Insurance Product Regulation Commission before use.

Monthiversary means the day of the Issue Date in succeeding calendar months. If there is no day in a calendar month that coincides with the Issue Date, the Monthiversary will be the first day of the following month.

Monthly Income means Your monthly gross income earned from Your occupation, including salary, wages, bonuses, commissions, fees and other pay for personal services. If You are self-employed or own a business, Monthly Income means Your share of gross income earned by the business, plus any salary or draw from the business, minus Your share of normal and customary business expenses specified as deductible for tax purposes. If self-employed, Monthly Income does not include benefits from formal sick pay plans, individual and group disability income insurance plans or retirement plans.

Own Occupation means the occupation(s) in which You are engaged at the time Your Disability begins. If You are unemployed one year or less from the time Your Disability begins, Own Occupation will be the occupation in which You were engaged prior to becoming unemployed. If You have been unemployed for more than one year, Own Occupation will be an occupation which fits You by education, training or experience. If You have retired prior to becoming Disabled, are receiving retirement benefits and are not engaged in any other occupation, Own Occupation will be the normal daily activities performed by You at the time You become Disabled.

[The following definition is for 'True Own Occupation for the entire benefit period' and 'Own Occupation and Not Working for the entire benefit period']

Partial Disability or Partially Disabled means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery;
- Your Loss of Monthly Income is at least 20% of Your Prior Monthly Income; and
- You are able to perform one or more but not all of the Substantial and Material Duties of Your Own Occupation, or You can perform all of the Substantial and Material Duties of Your Own Occupation for only 50% or less of the time as was usual for You prior to the start of Your Disability.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Partial Disability.

If You are Totally Disabled, You are not Partially Disabled.

[The following definition is for 'True Own Occupation for two years then Any Gainful Occupation' and 'Own Occupation and Not Working for two years then Any Gainful Occupation']

Partial Disability or **Partially Disabled** means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery;
- Your Loss of Monthly Income is at least 20% of Your Prior Monthly Income;
- for the first two years after the Elimination Period, You are able to perform one or more but not all of the Substantial and Material Duties of Your Own Occupation, or You can perform all of the Substantial and Material Duties of Your Own Occupation for only 50% or less of the time as was usual for You prior to the start of Your Disability; and
- after benefits have been paid for two years, You are able to perform one or more but not all of the Substantial and Material Duties of Any Gainful Occupation, or You can perform all of the Substantial and Material Duties of Any Gainful Occupation for only 50% or less of the time as was usual for You prior to the start of Your Disability.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Partial Disability.

If You are Totally Disabled, You are not Partially Disabled.

Physician means a doctor of medicine, psychology or osteopathy who is legally licensed within the United States by the state medical board, or a health care practitioner who is legally licensed within the United States and is acting within the scope of his or her license, to treat an Injury causing Disability. Such Physician cannot be the Insured Person, a member of the Insured Person's Immediate Family or a business associate.

Physician's Care means the regular and personal care of a Physician, which under prevailing medical standards, is appropriate for the condition causing the Disability.

Presumptive Disability or **Presumptively Disabled** means Your permanent and irrevocable loss due to Injury 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 eyes measure at or below 20/200 after reasonable effort has been made to correct Your 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. You will be considered Totally Disabled if Presumptively Disabled.

Prior Monthly Income means the greater of:

- Your average Monthly Income for the one year period immediately prior to Your Disability; or
- Your average Monthly Income for the calendar year with the highest earnings of the last two calendar years prior to Your Disability.

During periods of Disability lasting longer than one year, Prior Monthly Income will be adjusted for inflation. On the first anniversary of the date Your Disability began and every anniversary thereafter, Prior Monthly Income will be multiplied by the Index Factor. If a new Elimination Period is required because of a new Disability, Your Prior Monthly Income will be determined for the new Disability without regard to any previous indexing.

Recurrent Disability means a situation in which You become Disabled, cease to be Disabled, then become Disabled again from the same or related Injury. The latter Disability will be considered a Recurrent Disability.

Reinstatement Date means the nearest Monthiversary We have both approved the Application for reinstatement and received any premiums due.

Spouse means Your lawful Spouse or any other person recognized as Your Spouse under the civil union, domestic partnership, marriage or other family or domestic relations laws, including case law of the state where this policy was delivered or issued for delivery.

Substantial and Material Duties means the important tasks, functions and operations generally required for an occupation that cannot be reasonably omitted or modified.

[[The following definition is for 'Own Occupation and Not Working for the entire benefit period']

Total Disability or **Totally Disabled** means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery; and
- You are unable to perform the Substantial and Material Duties of Your Own Occupation and You are not working in any occupation for wage or profit.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Total Disability.

[The following definition is for 'True Own Occupation for the entire benefit period']

Total Disability or **Totally Disabled** means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery; and
- You are unable to perform the Substantial and Material Duties of Your Own Occupation.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Total Disability.

[The following definition is for 'Own Occupation and Not Working for two years then Any Gainful Occupation']

Total Disability or **Totally Disabled** means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery;
- for the first two years after the Elimination Period has been satisfied, You are unable to perform the Substantial and Material Duties of Your Own Occupation and You are not working in any occupation for wage or profit; and
- after benefits have been paid for two years, You are unable to perform the Substantial and Material Duties of Any Gainful Occupation.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Total Disability.

[The following definition is for 'True Own Occupation for two years then Any Gainful Occupation']

Total Disability or **Totally Disabled** means that solely due to Your Injury:

- You are under a Physician's Care unless Your Physician certifies You have reached the maximum point of recovery;
- for the first two years after the Elimination Period has been satisfied, You are unable to perform the Substantial and Material Duties of Your Own Occupation; and
- after benefits have been paid for two years, You are unable to perform the Substantial and Material Duties of Any Gainful Occupation.

If Your Substantial and Material Duties normally require that You be licensed with a federal, state or industry regulatory body, the suspension, revocation or surrender of an occupational or professional license or certification does not alone constitute a Total Disability.

We, Us or **Our** means Assurity Life Insurance Company, a stock company.

You or **Your** means the person insured for the benefits of this policy as listed on the policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided in the Renewal section.

Renewal premiums are due on the Due Date. This policy will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium not paid on or before its Due Date may be paid during the Grace Period. This policy will remain in effect if the premium is paid during the Grace Period. If the premium due is not paid by the end of the Grace Period, this policy will lapse (will not be in force) for non-payment of premium.

We will provide written notice that this policy will lapse (will not be in force) for non-payment of premium at least 31 days before such termination would occur. Notice will be to Your last known address and the last known address of any assignee of record. Notice will include the amount of premium necessary to keep this policy in force and the date by which such premium must be received.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If any renewal premium is not paid by the end of the Grace Period, any subsequent premium payment accepted by Our administrative office or any of Our authorized agents without requiring a reinstatement Application will reinstate this policy as though a lapse had not occurred.

If We or Our authorized agent requires an Application for this policy to be reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. The Application for reinstatement requires Our approval. If We have not acted to approve the Application or notified You of the disapproval of the Application within 45 days of receiving it, this policy will be reinstated on the 45th day. If the Application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date.

The reinstated policy will cover disabilities resulting from an Injury sustained on or after the Reinstatement Date.

This policy cannot be reinstated if a surrender is requested under the Right to Examine or Right to Cancel section.

We can add new policy amendment riders to the Reinstated policy.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death to the Beneficiary. If no Beneficiary has been named or is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Unpaid Premiums. When a claim is paid, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

BENEFITS

Total Disability Monthly Benefit. We will pay the Total Disability Monthly Benefit shown on the policy Schedule if Your Total Disability starts while this policy is in force and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Total Disability for Part of a Month. If Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

Partial Disability Monthly Benefit. We will pay the Partial Disability Monthly Benefit shown on the policy Schedule if Your Partial Disability starts while this policy is in force and the Elimination Period has been satisfied. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than six months.

Partial Disability for Part of a Month. If Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

Concurrent Disability. Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Recurrent Disability. A Recurrent Disability is considered a new Disability only if it is separated from the ending date of the prior Disability by a period of 180 days or more where You are continuously Employed on a Full-Time Basis and not receiving any Disability Monthly Benefits under this policy or any riders. A new Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Disability is considered a continuation of a prior Disability. A continuation of a prior Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Presumptive Disability. We will pay the Total Disability Monthly Benefit for the Maximum Benefit Period if You are Presumptively Disabled. Benefits will be paid regardless of Your ability to work and whether or not You are under a Physician's Care. The Elimination Period does not need to be satisfied for You to receive this benefit.

Home Modification Benefit. If You are Totally Disabled and have been receiving Total Disability Monthly Benefits for six consecutive months, We may pay actual costs, up to a maximum of six times the Total Disability Monthly Benefit during Your lifetime towards modification of Your existing residence to accommodate Your disability. Modifications must improve Your access to or Your use of facilities in Your existing residence, begin while You are Totally Disabled and be pre-approved by Us.

Survivor Benefit. If You die while You are receiving Total Disability Monthly Benefits, We will pay the Beneficiary a lump sum of three times the Total Disability Monthly Benefit.

Rehabilitation Benefit. If You are Totally Disabled and have been receiving Total Disability Monthly Benefits for six consecutive months, We will consider paying the actual costs of the following rehabilitation benefits in contributing to Your return to work, as pre-approved by Us:

- a vocational rehabilitation program to provide instruction or training at an accredited college, university, or vocational school (participation is voluntary and may be at Your request or as suggested by Us); or
- modifications to accommodate Your disability by improving Your access to or Your use of facilities in Your workplace.

The total amount paid for this benefit will be no more than six times the Total Disability Monthly Benefit during Your lifetime.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Disabled for the Elimination Period or 90 days, whichever is shorter. Any premiums paid during this period, which became due after Your Disability started, will be refunded. Waiver of Premium ends when You are no longer receiving Disability Monthly Benefits. If You are no longer Disabled, or after the end of the Maximum Benefit Period, whichever is earlier, You must resume payment of premiums by paying the pro-rata portion of any premium until the next premium Due Date to keep this policy in force.

LIMITATIONS

Foreign Residency. We will pay up to a maximum of 12 Disability Monthly Benefits for any Disability sustained while the Insured Person is residing outside the United States, its territories or possessions, or Canada. If the Insured Person returns to the United States, its territories or possessions, or Canada, a notice of claim for the benefits under this policy or any attached riders may be resubmitted to Us.

EXCLUSIONS

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

- war or any act of war, declared or undeclared;
- actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve, except during the active duty training of less than 60 days;
- committing or attempting to commit a felony;
- 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 Person's inability to meet any work requirements in the definition of Disability;
- participating in a riot, insurrection or rebellion;
- intentionally self-inflicting an injury or attempting to commit suicide, while sane or insane;

- engaging in an illegal occupation;
- having an illness, disease or infection, other than infection from an Injury received while this policy is in force;
- having a Mental Disorder, subject to the applicable law in the state where this policy was delivered or issued for delivery;
- being addicted to drugs or suffering from alcoholism, subject to the applicable law in the state where this policy was delivered or issued for delivery;
- being under the influence of an illegal substance, excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, unless administered on the advice and as directed by a Physician, subject to the applicable law in the state where this policy was delivered or issued for delivery;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the state where this policy was delivered or issued for delivery); or
- having cosmetic surgery, except for reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma.

MILITARY SERVICE

You may suspend this policy if You enter active military service. There will be no coverage during the period of suspension, and no premium payments will be due during this time. Active military service means actively serving in any armed forces of any country, or units auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. We will suspend Your coverage under this policy from the earlier of, (a) the date of receipt of Your written request, or (b) the date military service begins (or a later date if requested by You). Upon Your written request to suspend this policy due to active military service, including information proving that You are eligible, We will refund the unearned premium.

In calculating the expiration of an Elimination Period for a condition that did not arise during a period of active duty, the entire Elimination Period shall equal the Elimination Period that would have applied before coverage suspension took effect and time elapsed before and after the period of suspension shall be used to determine satisfaction of the entire Elimination Period.

You can put this policy back in force without providing evidence of insurability upon termination of such service. To do this, We will need Your written request and payment of renewal premium within 90 days of Your termination of active military service. The renewal premium will be the same as if this policy had stayed in force. The coverage under this policy will resume as of the date of termination of active duty and once We are in receipt of both Your written request to unsuspend this policy and payment of renewal premium. Once unsuspended, this policy shall cover disabilities resulting from Injury after this policy is put back in force.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- when any premium due for this policy is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this policy at Our administrative office, unless the request specifies a later date;
- upon Your death; or
- the policy anniversary following Your 67th birthday unless You are receiving benefits or continue to be Employed on a Full-time Basis at the policy anniversary following Your 67th birthday, in which case the coverage will terminate on the date We stop providing benefits or the policy anniversary following the date You cease being Employed on a Full-time Basis.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss provision. Notice must be given to Us at Our administrative address. The notice should include Your name and Policy Number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to You, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive the notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss provision.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. Notice must be given to Us at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Insured Person is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include the date Disability began and the cause and prognosis of the Disability. Proof may include the Insured Person's pre-Disability income, including tax returns and supporting income information, and any proof that they are receiving Physician's Care. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included. While the Insured Person is receiving Disability benefits, We may periodically require the Insured Person to submit additional documentation of the Disability at their expense. Failure to provide such proof of continued Disability will result in denial of the claim.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains Disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us. Failure to attend such examination or interview will result in denial of the claim.

Timely Payment of Claim. Benefits for any loss covered by this policy will be paid immediately after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Disability Monthly Benefit at the end of the month for which it is due. If a claim is paid more than 30 days after We receive satisfactory proof of loss, as described in this policy, the delayed payment will be subject to simple interest at the rate of 10% per year beginning with the 31st day after receipt of satisfactory proof of loss and ending on the day the claim is paid.

Time of Loss. Benefits will be paid only for a loss which occurs while this policy is in force. Termination of this policy will not affect any claim for Disability, provided that the Disability begins prior to termination of this policy.

Payment of Claim. All benefits will be paid to You, if living, or to the Beneficiary. If no Beneficiary has been named or is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We can only do so no later than one year after the date of the error and will notify You within 15 days after We discover the error. Such notice will clearly state the nature of the error and the amount of the overpayment. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon within 15 days of Our decision. You have the right to ask Us to review the claim on appeal and the right to submit written comments, documents, records and other information to Us relating to the claim for benefits. Upon request and free of charge, You have the right to review copies of all documents, records and other information relevant to Your claim for benefits.

Appeal. Prior to filing any lawsuit against Us, You, Your estate or the Beneficiary if You are deceased, must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal, the reasons for Our decision and refer You to the relevant provisions of this policy. We will advise You of Your further appeal rights, if any.

GENERAL PROVISIONS

Application Statements. No statement will void this policy or any attached riders, or be used to deny a claim, unless the Insured Person made the statement in the Application.

In the absence of fraud, statements made in the Application are deemed representations and not warranties. Representations are statements that, to the best of the Insured Person's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Assignment. You can transfer, or assign, some or all of this policy's rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by an assignment until We receive a copy of the assignment at Our administrative office.

When We furnish written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless a later date is specified. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

Naming or Changing a Beneficiary. You may name or change the Beneficiary by completing and signing a form provided by Us and returning the form to Our administrative office for Our written acknowledgement. The Beneficiary may only be changed while You are alive. Unless You designate an irrevocable Beneficiary, the right to change the Beneficiary is reserved to You and the consent of the Beneficiary shall not be required to terminate or assign this policy, change the Beneficiary or make any other changes in this policy.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the change of Beneficiary.

Conformity with Standards. This policy is approved under the authority of the Interstate Insurance Product Regulation Commission (Commission) and issued under Commission standards. Any provision of this policy that, on the provision's effective date, is in conflict with Commission standards for this product type is hereby amended to conform to the Commission standards for this product type as of the provision's effective date.

Duty of Cooperation. You, Your estate, and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Eligibility. After this policy's Issue Date, the condition of eligibility is the timely payment of premiums. An additional eligibility condition applies after the policy anniversary following Your 67th birthday requiring Employment on a Full-Time Basis.

Entire Contract; Changes. The entire contract consists of this policy, which includes the Application and any riders, endorsements, amendments or any other papers We have attached. No change in this policy will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy or any attached riders for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required. A legal cause of action related to this policy shall comply with the laws of the state where this policy was delivered or issued for delivery.

Misstatement of Age and/or Gender. If the Insured Person's age and/or gender has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age and/or gender. If, according to their correct age, the coverage provided by this policy would not have become effective or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage shall be limited to the refund of premiums.

Misstatement of Income. Within two years of the Issue Date, excluding any time You are Disabled, if Your annual income has been misstated, an adjustment in premiums, coverage, or both, will be made based on Your correct income at the time of Application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund of premiums paid.

Physical Examination and Autopsy. We have the right to have the Insured Person examined, when and as often as is reasonable, while a claim is pending, active or during any appeal and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense. Failure to attend such examination will result in denial of the claim.

Time of Coverage. Coverage starts on the Issue Date at 12:01 a.m. in the time zone of Your permanent residence. It ends at 12:01 a.m. of the same time zone on the renewal date, subject to the Grace Period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Time Limit for Certain Defenses. After two years from the Issue Date, excluding any time the Insured Person was Disabled, We cannot use misstatements, except fraudulent misstatements, in the Application to void coverage or deny a claim for loss incurred or Disability commencing after the two-year period.

After two years from the last Reinstatement Date, excluding any time the Insured Person was Disabled, We cannot use misstatements, except fraudulent misstatements, in the reinstatement Application to void coverage or deny a claim for loss incurred or Disability commencing after the two-year period.

No claim for loss incurred, or Disability commencing after two years from the Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this policy.

ACCIDENT-ONLY DISABILITY INCOME POLICY
Guaranteed Renewable to age 67 Policy Anniversary — Conditionally Renewable for life
Nonparticipating Policy

Company may change premium rates.

Limitations or Exclusions may apply.
Please read Your policy carefully.

sample

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:

Issue Date:

Maximum Increase Amount:

DEFINITIONS

Acceleration Date means the date We receive Your request to purchase additional insurance associated with an Occupation Event.

Increase Amount means the amount by which Your Total Disability Monthly Benefit will be increased relative to any Option Date.

Occupation Event means Your loss of employer-paid group disability income coverage or increase in Monthly Income of at least 25% from the last time You purchased coverage through the policy or this rider.

Offer Amount means the amount of Total Disability Monthly Benefit you are eligible to receive on an Option Date, based on Your income and the issue and participation limits from Our financial underwriting guidelines at the time of the request.

Option Date means the third anniversary of this rider's Issue Date and every successive third-year anniversary while this rider is in force.

Option Period means the period beginning 60 days prior to any Option Date and ending on the Option Date.

BENEFIT

This rider gives You the option to increase Your Total Disability Monthly Benefit by purchasing additional amounts of insurance. Each Increase Amount requested must be in \$5 increments for at least \$200, up to the Maximum Increase Amount. The sum of all Increase Amounts cannot exceed the Maximum Increase Amount.

Increases must be requested while this rider is in force and in writing to Our administrative office during an Option Period. Beginning three years after this rider's Issue Date, requests can be made outside of the Option Period to accelerate the next Option Date to an earlier date with proof of an Occupation Event received by Us within 45 days of the event.

Increases do not require evidence of insurability but are based on Your income and the issue and participation limits from Our financial underwriting guidelines at the time of the request. When Your request is approved, the Increase Amount will become effective on the Option Date or Acceleration Date, if applicable. Additional amounts of insurance will have the same Maximum Benefit Period, Accumulation Period, and Elimination Period as Your policy. The premium for the Increase Amount will be based on Our then current rates and Your attained age.

You cannot exercise an option if You are Disabled, or if You are receiving disability benefits under Your policy or any attached riders.

LIMITATIONS AND EXCLUSIONS

This rider is subject to the limitations and exclusions stated in the policy.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.

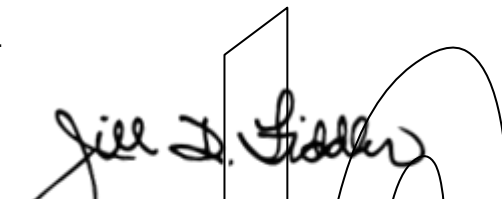
TERMINATION

Coverage will terminate and no benefits will be provided under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date;
- when You accept less than 50% of the Offer Amount for two consecutive Option Periods; or
- the rider anniversary following Your 55th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

sample

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:
Issue Date:

BENEFIT

This rider increases Your Total Disability Monthly Benefit by 5% of the original Total Disability Monthly Benefit each year after the first year of continuous Total Disability Monthly Benefits have been paid. Payment of the Total Disability Monthly Benefit is subject to all policy provisions. Payments will continue to increase each year while payable under Your policy until the Total Disability Monthly Benefit payment has increased to twice the original amount as shown on the policy Schedule.

The increases do not apply to any riders attached to the policy.

Right to Increase Monthly Benefit. If You are receiving an increased Total Disability Monthly Benefit and recover from Your Total Disability, You may increase Your Total Disability Monthly Benefit to the amount of Your last Total Disability Monthly Benefit payment. To receive the increase, You must:

- be under attained age 64;
- make a written request to Our administrative office for the increase within 90 days of the end of Your Total Disability; and
- confirm that You are Employed on a Full-Time Basis.

A new premium will be charged for the amount of increased Total Disability Monthly Benefit. This premium will be based on Our then current rates and Your attained age.

If You do not exercise Your right to increase Your Total Disability Monthly Benefit, benefits will remain as shown on the policy Schedule.

LIMITATIONS AND EXCLUSIONS

This rider is subject to the limitations and exclusions stated in the policy.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.

TERMINATION

Coverage will terminate and no benefits will be provided under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date; or
- the rider anniversary following Your 67th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.

Luisa F. Tuelo-Munro
President

Jill D. Fisher
Secretary

sample

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:

Issue Date:

Benefit Amount:

Total Days of Hospital Confinement

One Day without Surgery:

One or Two Days Requiring Surgery:

Two Days without Surgery:

Three – Six Days:

Seven – 13 Days:

14 or more Days:

DEFINITIONS

Confined or Confinement means the assignment to a bed as a resident inpatient as prescribed by a Physician in a Hospital for a period of at least 20 continuous hours.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury, (b) occurs while this rider is in force and (c) is not excluded by name or specific description in this rider.

Physician means a doctor of medicine, psychology or osteopathy who is legally licensed within the United States by the state medical board, or a health care practitioner who is legally licensed within the United States and is acting within the scope of his or her license, to treat an Injury. Such Physician cannot be the Insured Person, a member of the Insured Person's Immediate Family or a business associate.

Surgery means the performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentations, endoscopic examinations and other invasive procedures, while You are under local or general anesthesia; as well as any procedures designated by Current Procedural Terminology codes representing Surgery.

BENEFIT

We will pay the Benefit Amount according to this rider's Schedule if You become disabled and are Confined to a Hospital, due to an Injury sustained in a Covered Accident, as a resident inpatient prescribed by a Physician, occurring while this rider is in force and only if coverage is in force when You are Confined. Hospitalization for an Injury must occur within 45 days of the Covered Accident. Benefits will be paid once per Covered Accident but no more than once per calendar year.

If You are Confined in a Hospital, and are Confined again within 45 days of the Covered Accident for the same Injury, We will treat the Confinement as a continuation of the prior Confinement for that Covered Accident.

You must provide proof for each day that a Hospital room and board charge is incurred to be eligible for benefits. You must also provide proof that Surgery was performed. If Confinement is less than two days and no Surgery is performed, no benefit is payable.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of:

- operating, learning to operate or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;

- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness, disease or infection, other than infection from an Injury received while this rider is in force;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve, except during the active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism, subject to the applicable law in the state where the policy is delivered or issued for delivery;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, subject to the applicable law in the state where the policy is delivered or issued for delivery (except those used as prescribed by a Physician);
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance, subject to the applicable law in the state where the policy is delivered or issued for delivery (except when used as prescribed by a Physician);
- committing or attempting to commit a felony;
- being 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 Your inability to meet work requirements under the policy or this rider;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane; or
- Injuries sustained in a Covered Accident that do not result in Confinement in a Hospital.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.

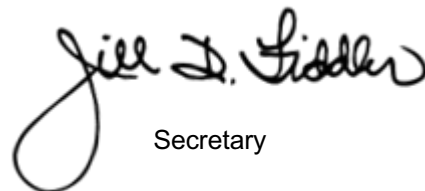
TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date; or
- the rider anniversary following Your 67th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary



This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:
Issue Date:

BENEFIT

We will pay the Retroactive Injury Benefit if an Injury causes You to become Disabled, starting while this rider is in force and within 30 days of such Injury, and the Elimination Period has been satisfied. The benefit is a lump sum amount equal to the Total Disability Monthly Benefit shown on the policy Schedule times the number of days in the Elimination Period divided by 30. We will pay the benefit at the end of the Elimination Period.

This benefit does not apply to any riders attached to Your policy.

LIMITATIONS AND EXCLUSIONS

This rider is subject to the limitations and exclusions stated in the policy.

GENERAL PROVISION

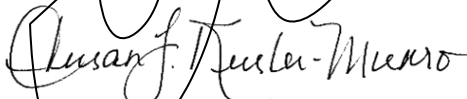
In this rider, "policy" means the policy to which this rider is attached.

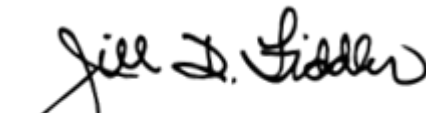
TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date; or
- the rider anniversary following Your 67th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:

Issue Date:

Return of Premium Benefit Period:

BENEFIT

This rider provides for a return of premium benefit, which is equal to the benefit as defined in the Benefit Calculation section. The return of premium benefit will be paid out as a cash benefit.

We will pay the return of premium benefit for the following:

- upon Your written request to Our administrative office to cancel Your policy;
- upon lapse of Your policy;
- upon receipt of proof of Your death; or
- on the policy anniversary following Your 67th birthday.

If You terminate this rider prior to the end of the Return of Premium Benefit Period and Your policy stays in force, no return of premium benefit will be paid. If Your policy and this rider stay in force until the end of the Return of Premium Benefit Period, Your policy will continue in force after this rider's cash benefit is paid, as long as all policy provisions continue to be met and the required premiums for Your policy are paid. Any benefits payable under Your policy and any attached riders where notification of claim was given after Your policy termination will be less any return of premium benefit paid. If reinstatement of a lapsed policy is later requested and approved, any return of premium benefits received by You must be repaid to Us as a condition of reinstatement.

BENEFIT CALCULATION

The following table shows the percentage of premium returned as of the completed policy year. The completed policy year is determined by Your policy's Issue Date as shown on the policy Schedule.

To determine the return of premium benefit:

1. Add together all premiums paid to date for Your policy, all premiums paid to date for riders attached to Your policy and all premiums waived to date.
2. Multiply the amount calculated in 1 above by the percentage matching the appropriate completed policy year in the Return of Premium Benefit Schedule shown below.
3. Subtract from the amount calculated in 2 above, all benefits paid under Your policy and any riders.

The result of this calculation is the return of premium benefit. **[return percentages for sample issue age 45 only]**

RETURN OF PREMIUM BENEFIT SCHEDULE	
Completed Policy Year	Return Percentage
1	0%
2	0%
3	0%
4	0%
5	10%
6	15%
7	20%
8	25%

Completed Policy Year	Return Percentage
9	30%
10	35%
11	40%
12	46%
13	52%
14	58%
15	64%
16	70%
17	77%
18	84%
19	92%
20	100%
21	100%
22	100%
23	100%

LIMITATIONS AND EXCLUSIONS

This rider is subject to the limitations and exclusions stated in the policy.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.

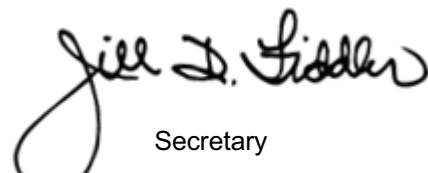
TERMINATION

Coverage will terminate under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- the date the claims paid under Your policy exceed the amount of the total premium that would be paid over the life of Your policy;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date;
- when the return of premium benefit is paid; or
- the rider anniversary following Your 67th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Spouse :

Issue Age:

Gender:

Issue Date:

Total Disability Monthly Benefit:

Maximum Benefit Period:

Elimination Period:

Disability caused by Injury:

DEFINITIONS

Concurrent Disabilities means disabilities occurring at the same time caused by more than one injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently and exclusively results in an Injury, (b) occurs while this rider is in force and (c) is not caused by or a result of an activity or condition listed in the Exclusions section of the policy.

Elimination Period means the number of consecutive days the Insured Spouse must be disabled before being eligible for benefits as shown on this rider's Schedule. We do not pay benefits during the Elimination Period.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications are considered to be a single Injury. Disability must begin within 30 days of the Injury.

Insured Spouse means the person covered under this rider and named on this rider's Schedule, to whom You are lawfully married, including same sex marriages, civil unions and domestic partnerships if recognized in the state in which this rider was issued, and was named on the Application, or added at a later date. No more than one Insured Spouse may be covered under this rider at any given time.

Maximum Benefit Period means the maximum period of time Total Disability Monthly Benefits are paid as shown on this rider's Schedule.

Own Occupation means the normal daily activities performed by the Insured Spouse at the time they become Totally Disabled.

Presumptive Disability or **Presumptively Disabled** means the Insured Spouse's permanent and irrevocable loss due to Injury 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 eyes measure at or below 20/200 after reasonable effort has been made to correct the Insured Spouse's 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 Spouse will be considered Totally Disabled if Presumptively Disabled.

Recurrent Total Disability means a situation in which the Insured Spouse becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Substantial and Material Duties means the important tasks, functions and operations generally required for an occupation that cannot be reasonably omitted or modified.

Total Disability or Totally Disabled means that solely due to Injury:

- the Insured Spouse is under a Physician's Care unless the Insured Spouse's Physician certifies the Insured Spouse has reached the maximum point of recovery; and
- keeps the Insured Spouse from doing the Substantial and Material Duties of their Own Occupation.

BENEFITS

Total Disability Monthly Benefit. We will pay the Total Disability Monthly Benefit on this rider's Schedule if the Insured Spouse's Total Disability starts while this rider is in force and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Insured Spouse is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first.

Benefits are not payable if the Insured Spouse is working for wage, salary or profit while covered under this rider prior to or during Total Disability.

Total Disability for Part of a Month. If Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

Concurrent Disability. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Recurrent Disability. A Recurrent Total Disability is considered a new Total Disability, only if it is separated from the ending date of the prior Total Disability by a period of 180 days or more where the Insured Spouse is resuming normal activities and not receiving any Total Disability Monthly Benefits under this rider. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Presumptive Disability. We will pay the Total Disability Monthly Benefit for the Maximum Benefit Period if the Insured Spouse is Presumptively Disabled. Benefits will be paid regardless of the Insured Spouse's ability to perform normal activities and whether or not they are under a Physician's Care. The Elimination Period does not need to be satisfied for this benefit to be paid.

LIMITATIONS AND EXCLUSIONS

This rider is subject to the exclusions stated in the policy. Any reference to the policy's Insured Person shall apply to the Insured Spouse for purposes of this rider.

Foreign Residency. We will pay up to a maximum of 12 Total Disability Monthly Benefits for any Total Disability sustained while the Insured Spouse is residing outside the United States, its territories or possessions, or Canada. If the Insured Spouse returns to the United States, its territories or possessions, or Canada, a notice of claim for the benefits under this rider may be resubmitted to Us.

CLAIM PROCEDURES

This rider is subject to the claim procedures stated in the policy. Any reference to the policy's Insured Person shall apply to the Insured Spouse for purposes of this rider.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached. Any reference to the policy's Insured Person shall apply to the Insured Spouse for purposes of this rider.

Refund of Unearned Premium. If this rider terminates due to the Insured Spouse's death, We will refund the portion of any premiums paid which were applied to periods following the date of the Insured Spouse's death to You.

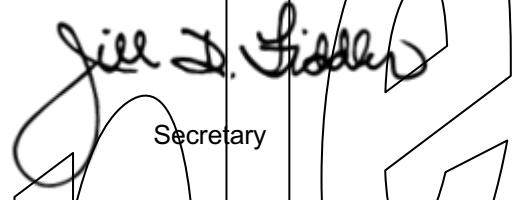
TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date;
- upon the Insured Spouse's death; or
- the rider anniversary following the Insured Spouse's 67th birthday, or if the Insured Spouse is receiving benefits at that time, the date We stop providing benefits following the Insured Spouse's 67th birthday.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

sample

This rider is attached to and made a part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. In the event of a conflict between the terms of the policy and the terms of this rider, this rider controls. This rider is issued in return for the approved Application and this rider's first premium, if applicable. Premium for this rider, if any, is included on the policy Schedule or by endorsement. Rider premiums are paid to Our administrative office at the same time as the policy premiums.

SCHEDULE

Insured Person:

Issue Date:

SDIR Total Disability Monthly Benefit:

SDIR Partial Disability Monthly Benefit:

DEFINITIONS

Social Insurance Benefits means the following:

- **Social Security Disability Benefit** – any primary or family disability benefits You are eligible for under the U.S. Social Security Act or similar law of any other country. Payments under the retirement provisions of the Social Security Act are treated as a Social Security Disability Benefit.
- **Worker's Compensation** – any benefits You are eligible for under any Worker's Compensation Act or Occupational Disease Law. Included are all state and U.S. territory laws, as well as other countries' laws.
- **Government Retirement and Disability Fund Benefit** – any disability benefits You are 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** – any primary or family disability benefits You are eligible for under the Railroad Retirement Act. Retirement option benefits under the Act are treated as disability benefits.

SDIR Monthly Benefits mean both SDIR Total Disability Monthly Benefits and SDIR Partial Disability Monthly Benefits.

BENEFIT

SDIR Total Disability Monthly Benefit. We will pay the SDIR Total Disability Monthly Benefit less any Social Insurance Benefits received if Your Total Disability starts while this rider is in force and the Elimination Period has been satisfied. We will pay benefits while You are 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 Total Disability Monthly Benefit amount.

SDIR Partial Disability Monthly Benefit. We will pay the SDIR Partial Disability Monthly Benefit if You are not receiving Social Insurance Benefits if Your Partial Disability starts while this rider is in force and the Elimination Period has been satisfied. SDIR Partial Disability Monthly Benefit payments count towards Your Maximum Benefit Period and shall not be paid for a period greater than six months.

If You receive a lump sum payment of Social Insurance Benefits, We will treat the lump sum as if it were paid over several months. The lump sum will be divided by the SDIR Total Disability Monthly Benefit less the monthly Social Insurance Benefits. The result will be the number of months future rider SDIR Total Disability Monthly Benefits will not be paid. If the monthly Social Insurance Benefits exceeds the SDIR Total Disability Monthly Benefit amount, we will not seek a refund of SDIR Total Disability Monthly Benefits paid before the Social Insurance Benefit lump sum was received. Payment of any SDIR Monthly Benefits under this rider is in addition to any Disability Monthly Benefits available under the policy. The receipt of any Social Insurance Benefits does not affect such Disability Monthly Benefits payable under the policy.

SDIR Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Disability from the same Injury is subject to one Maximum Benefit Period.

CONDITIONS

Payment of the SDIR Monthly Benefits are subject to the following conditions:

- You apply for any Social Insurance Benefits for which You are eligible in a timely manner;
- You provide Us with written proof that You have applied for Social Insurance Benefits along with the amount that You qualify to receive;
- You provide Us with written permission to obtain information on Your application, reapplication or appeal for Social Insurance Benefits;
- You actively pursue all appeal procedures available in a timely manner if denied Social Insurance Benefits;
- You reapply for Social Insurance Benefits at Our request if there is a change in circumstances or in the law; and
- You provide Us with proof of any award or payment of Social Insurance Benefits as soon as they are received and notify Us of any change in benefit eligibility or payment status in a timely manner.

LIMITATIONS AND EXCLUSIONS

This rider is subject to the limitations and exclusions stated in the policy, except as stated below.

Foreign Residency. We will pay up to a maximum of 12 SDIR Monthly Benefits for any Disability sustained while You are residing outside the United States, its territories or possessions, or Canada. If You return to the United States, its territories or possessions, or Canada, You may resubmit a notice of claim for the benefits under this rider.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached.

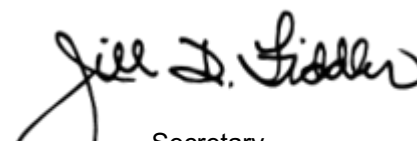
TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid or postmarked in the United States before the end of the Grace Period;
- the date We receive Your written request to terminate this rider at Our administrative office, unless the request specifies a later date;
- the rider anniversary following Your 67th birthday;
- the date Social Insurance Benefits are repealed by law; or
- the premium due date after:
 - You start receiving Social Security Retirement Benefits; or
 - You are eligible to receive unreduced Social Security Retirement Benefits.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary