


**Assurity<sup>®</sup>**

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# **Voluntary Benefit Options**

for ACME Corporation



Accident Expense  
Critical Illness  
Hospital Indemnity  
Disability Income  
Whole Life

**John Q. Agent**

225296



# Group Accident Expense Insurance

for ACME Corporation

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

**Group Accident Expense** insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

## Key Features

- ✓ **Helps with out-of-pocket expenses** associated with covered accidents
- ✓ **No deductibles**, copays, coinsurance or networks - see any doctor
- ✓ **Guaranteed issue** - no medical exams or tests
- ✓ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you  
and your family  
are protected.**

It's easy —  
sign up today



Not available to residents of New York.

Tier 2 - 225296



## Group Accident Expense Benefits - 24-Hour

### Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

### Emergency Care

Payable within 60 days of accident unless otherwise noted

<b>Initial Accident Treatment</b> One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	<b>\$100</b> - Dr. Office <b>\$100</b> - Urgent Care <b>\$200</b> - ER
<b>Telemedicine Treatment</b>	<b>\$40</b>
<b>Ambulance</b> Transport to or from hospital; pays one of the following	<b>\$200</b> - Ground <b>\$600</b> - Air
<b>X-Rays</b>	<b>\$200</b>
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	<b>\$100</b>
<b>Blood, Plasma or Platelets</b> Processing or transfusion	<b>\$600</b>
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	<b>\$50</b> - 4-20 hours <b>\$100</b> - 20+ hours

### Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

<b>Follow-Up Treatment</b> Benefit paid per visit, up to 2 visits per accident	<b>\$100</b>
<b>Physical, Occupational or Speech Therapy</b> Benefit paid per visit, up to 6 visits per accident	<b>\$60</b>
<b>Chiropractic/Acupuncture Treatment</b> Benefit paid per visit, up to 6 visits per accident	<b>\$60</b>
<b>Epidural Pain Management</b>	<b>\$100</b>
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	<b>\$10</b>
<b>Medical Supplies</b> Over-the-counter; once per accident; up to three per calendar year	<b>\$10</b>
<b>Appliances</b> Rented or purchased, such as crutches or wheelchair	<b>\$250</b>
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	<b>\$1,000</b> - One device <b>\$2,000</b> - Multi. devices
<b>Residence/Vehicle Modification</b>	<b>\$1,000</b>
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	<b>\$200</b> - Ground <b>\$500</b> - Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	<b>\$200</b> per day

# Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

## Specific Injury Care

<b>Burns</b>	
Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	<b>\$1,000</b>
<b>Burns – Skin Graft</b> - Pays 50 percent of the burn benefit.	
<b>Child Organized Sport</b>	
Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to <b>\$1,000</b> maximum
<b>Coma</b>	
Not medically induced or the result of drug or alcohol use	<b>\$20,000</b>
<b>Concussion</b>	
Not payable if traumatic brain injury benefit is paid	<b>\$50</b>
<b>Dental Emergency</b>	
Natural tooth treatment provided by a dentist	<b>\$200</b> - Crown <b>\$60</b> - Extraction
<b>Dislocation</b>	
Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	<b>\$4,000</b> - Open reduction <b>\$2,000</b> - Closed reduction
<b>Ear Injury</b>	
Resulting in hearing loss greater than 60 percent	<b>\$200</b> once per lifetime
<b>Eye Injury</b>	
Requiring surgery or removal of foreign object	<b>\$200</b>
<b>Fracture</b>	
Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	<b>\$4,000</b> - Open fracture <b>\$2,000</b> - Closed fracture
<b>Gunshot Wound</b>	
Requiring hospitalization and surgery	<b>\$1,000</b>
<b>Lacerations</b>	
Pays a percentage of the benefit based on the length of laceration	<b>\$100</b>
<b>Occupational HIV</b>	
	<b>\$600</b>
<b>Paralysis</b>	
Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	<b>\$15,000</b> - Paraplegia <b>\$30,000</b> - Quadriplegia
<b>Poisoning</b>	
	<b>\$50</b>
<b>Post Traumatic Stress Disorder</b>	
	<b>\$400</b>
<b>Traumatic Brain Injury</b>	
Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	<b>\$600</b>

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GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

# Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

## Hospital Care

Daily benefit paid within 180 days of accident

<b>Hospital Admission</b> Pays once per calendar year	<b>\$1,000</b>
<b>Hospital Confinement</b> Daily benefit paid up to 365 days per accident	<b>\$200</b>
<b>Intensive Care</b> Daily benefit paid up to 30 days per accident	<b>\$400</b>
<b>Sub-Acute Intensive Care</b> Daily benefit, paid up to 30 days per accident	<b>\$300</b>
<b>Rehabilitation Unit</b> Daily benefit paid up to 30 days per accident, 60 days per calendar year	<b>\$200</b>
<b>Child Care during Hospital Confinement</b> Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	<b>\$40</b>

## Surgical Care

Paid within 180 days of accident

<b>Open Abdominal, Thoracic or Cranial Surgery</b> Not including hernia	<b>\$2,000</b>
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>	<b>\$1,000</b>
<b>Ruptured Disc Surgery</b>	<b>\$1,000</b>
<b>Hernia Surgery</b>	<b>\$500</b>
<b>Exploratory Surgery</b> Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	<b>\$500</b>
<b>Miscellaneous Outpatient Surgery</b> Must require anesthesia; not payable if any other surgery benefit is paid	<b>\$200</b>
<b>Anesthesia</b> Administered for a payable surgery benefit	<b>\$200</b>

## Wellness Benefit

Pays **\$50** once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

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# Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

## Accidental Death and Dismemberment Rider

(Form R G1712C)

<b>Accidental Death Benefit</b> Not payable if Accidental Death-Common Carrier benefit is paid	<b>\$40,000</b> - Employee <b>\$20,000</b> - Spouse <b>\$10,000</b> - Child
<b>Accidental Death Seatbelt Benefit</b> Additional death benefit if seatbelt in use	<b>\$10,000</b> - Employee <b>\$5,000</b> - Spouse <b>\$2,500</b> - Child
<b>Accidental Death - Common Carrier Benefit</b> If fare-paying passenger on common carrier	<b>\$100,000</b> - Employee <b>\$50,000</b> - Spouse <b>\$25,000</b> - Child
<b>Accidental Death - Children Education Benefit</b> Additional benefit for dependent children enrolled in post-secondary educational institution	Pays <b>\$1,000</b> per accidental death, per qualifying child
<b>Accidental Dismemberment Benefit</b> Pays a percentage where the percentage varies by body part	<b>\$40,000</b> - Employee <b>\$20,000</b> - Spouse <b>\$10,000</b> - Child

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GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

# Group Accident Expense Bi-Weekly Premiums - 24-Hour - Nebraska

Forms G H1708/G H1708C (HSA Compatible)

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$6.73	\$11.69	\$13.83	\$20.47

\*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

# Group Accident Expense - Nebraska

Forms G H1708/G H1708C

## Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

### Limitations

#### **GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.**

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- 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 independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- 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 Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- 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 or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.





# Group Critical Illness Insurance

for ACME Corporation

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

**Group Critical Illness** insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

## Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you  
and your family  
are protected.**

It's easy –  
sign up today



Not available to residents of New York.

Tier 1 - 225296

# Group Critical Illness Benefits - Nebraska

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition.

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%

## Other Features

### Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If an additional diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

### Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If a subsequent diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

### Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

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# Group Critical Illness Bi-Weekly Premiums - Nebraska

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

**Employee or Employee & Children** (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Child benefit is equal to 25% of employee benefit.

<b>Non-Tobacco</b>		<b>Employee Benefit Amount</b>									
<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>					
18-24	\$0.61	\$1.21	\$1.80	\$2.39	\$3.00	\$3.60					
25-29	\$0.83	\$1.64	\$2.44	\$3.24	\$4.04	\$4.86					
30-34	\$1.13	\$2.22	\$3.31	\$4.40	\$5.49	\$6.59					
35-39	\$1.65	\$3.24	\$4.84	\$6.42	\$8.02	\$9.60					
40-44	\$2.28	\$4.48	\$6.67	\$8.87	\$11.06	\$13.26					
45-49	\$3.29	\$6.44	\$9.60	\$12.75	\$15.91	\$19.07					
50-54	\$4.74	\$9.31	\$13.88	\$18.44	\$23.01	\$27.56					
55-59	\$6.79	\$13.32	\$19.87	\$26.41	\$32.96	\$39.50					
60-64	\$8.69	\$17.12	\$25.56	\$34.00	\$42.44	\$50.87					
65-69	\$11.60	\$22.94	\$34.29	\$45.63	\$56.97	\$68.31					
70+	\$17.39	\$34.43	\$51.48	\$68.53	\$85.56	\$102.60					

<b>Tobacco</b>		<b>Employee Benefit Amount</b>									
<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>					
18-24	\$0.94	\$1.85	\$2.77	\$3.69	\$4.60	\$5.52					
25-29	\$1.33	\$2.61	\$3.89	\$5.18	\$6.47	\$7.75					
30-34	\$1.86	\$3.69	\$5.49	\$7.30	\$9.11	\$10.92					
35-39	\$2.79	\$5.50	\$8.20	\$10.91	\$13.61	\$16.31					
40-44	\$3.91	\$7.69	\$11.45	\$15.23	\$19.01	\$22.78					
45-49	\$5.68	\$11.17	\$16.65	\$22.14	\$27.62	\$33.11					
50-54	\$8.26	\$16.23	\$24.22	\$32.19	\$40.18	\$48.16					
55-59	\$11.83	\$23.30	\$34.80	\$46.28	\$57.75	\$69.23					
60-64	\$15.21	\$30.05	\$44.88	\$59.73	\$74.57	\$89.41					
65-69	\$20.39	\$40.40	\$60.40	\$80.41	\$100.42	\$120.43					
70+	\$30.33	\$60.13	\$89.96	\$119.77	\$149.57	\$179.38					

**Employee & Spouse or Family** (rates based on employee's age; employee benefit amount over \$30,000 requires underwriting for all covered)

Spouse benefit is equal to 50% of employee benefit.

Child benefit is equal to 25% of employee benefit.

<b>Non-Tobacco</b>		<b>Employee Benefit Amount</b>									
<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>					
18-24	\$0.90	\$1.79	\$2.66	\$3.56	\$4.43	\$5.32					
25-29	\$1.23	\$2.40	\$3.58	\$4.77	\$5.94	\$7.12					
30-34	\$1.69	\$3.30	\$4.91	\$6.52	\$8.12	\$9.72					
35-39	\$2.49	\$4.85	\$7.20	\$9.56	\$11.92	\$14.28					
40-44	\$3.44	\$6.70	\$9.97	\$13.23	\$16.50	\$19.75					
45-49	\$4.97	\$9.68	\$14.40	\$19.11	\$23.82	\$28.53					
50-54	\$7.20	\$14.03	\$20.86	\$27.69	\$34.52	\$41.35					
55-59	\$10.28	\$20.08	\$29.89	\$39.69	\$49.50	\$59.31					
60-64	\$13.15	\$25.81	\$38.46	\$51.10	\$63.77	\$76.41					
65-69	\$17.54	\$34.56	\$51.57	\$68.58	\$85.60	\$102.60					
70+	\$26.25	\$51.83	\$77.39	\$102.95	\$128.53	\$154.09					

<b>Tobacco</b>		<b>Employee Benefit Amount</b>									
<b>Issue Age</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>					
18-24	\$1.40	\$2.75	\$4.12	\$5.48	\$6.84	\$8.20					
25-29	\$1.98	\$3.87	\$5.78	\$7.68	\$9.57	\$11.46					
30-34	\$2.80	\$5.50	\$8.17	\$10.87	\$13.55	\$16.24					
35-39	\$4.22	\$8.24	\$12.28	\$16.30	\$20.33	\$24.35					
40-44	\$5.91	\$11.53	\$17.17	\$22.79	\$28.43	\$34.06					
45-49	\$8.59	\$16.80	\$25.00	\$33.21	\$41.42	\$49.62					
50-54	\$12.50	\$24.45	\$36.41	\$48.36	\$60.32	\$72.28					
55-59	\$17.93	\$35.14	\$52.35	\$69.56	\$86.77	\$103.99					
60-64	\$23.00	\$45.25	\$67.51	\$89.76	\$112.01	\$134.28					
65-69	\$30.80	\$60.80	\$90.81	\$120.82	\$150.83	\$180.83					
70+	\$45.74	\$90.47	\$135.18	\$179.89	\$224.60	\$269.33					

\*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

# Group Critical Illness - Nebraska

Forms G H1715/G H1715C

## Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

### Limitations

#### **GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.**

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Pre-existing conditions:** Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person 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.

**Waiting period:** The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- 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 Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- 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 or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.





# Group Hospital Indemnity Insurance

for ACME Corporation

A hospital stay can be expensive—even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

**Group Hospital Indemnity insurance pays a benefit directly to you**, starting at admission, for each day of hospital confinement.

## Key Features

- ☑ Pays a **lump-sum benefit** starting at admission
- ☑ Pays a **daily benefit** for each day confined in a hospital
- ☑ **No deductibles, copays, coinsurance or networks** (see any doctor)
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you  
and your family  
are protected.**

It's easy —  
sign up today



Not available to residents of New York.

Tier 2 - 225296



# Group Hospital Indemnity Benefits - Nebraska

Forms G H1730/G H1730C (HSA Compatible)

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## Hospital Admission

Group Hospital Indemnity pays a lump-sum benefit of **\$1,000** for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.

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## Hospital Indemnity Care Rider:

(Form No. R G1736C)

Pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown below:

- Hospital Confinement - **\$150** per day up to 30 days
- Intensive Care Unit Confinement - **\$300** per day of confinement, up to 10 days

Note: Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours. Only one type of confinement benefit is payable for a given day. If confinement continues in an Intensive Care Unit, Sub-Acute Intensive Care Unit or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted.

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## Critical Illness Rider:

(Form R G1732C)

Pays a benefit upon diagnosis of specified illnesses, conditions and procedures, subject to any contractual waiting period.

Heart Attack - **\$5,000**

Stroke - **\$5,000**

Invasive cancer - **\$5,000**

Coronary artery bypass surgery - **\$1,250**

Non-invasive cancer - **\$1,250**

Angioplasty - **\$500**

Skin cancer - **\$250** per calendar year

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GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It is not major medical insurance and does not satisfy the requirement for minimum essential coverage under the affordable Care Act (ACA). It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

# Group Hospital Indemnity Bi-Weekly Premiums - Nebraska\*

Forms G H1730/G H1730C (HSA Compatible)

## Coverage Tiers

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$10.31	\$20.81	\$17.73	\$28.21

\*Premium rates shown are for the combined group Hospital Indemnity policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

# Group Hospital Indemnity - Nebraska

Forms G H1730/G H1730C

## Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

### Limitations

#### **GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.**

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Pre-existing conditions:** Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
  - receiving services provided outside the United States;
  - voluntarily inhaling gas;
  - having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
  - being confined primarily for rest care or convalescent care;
  - having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
  - being born, unless the loss is the result of a covered sickness or injury;
  - being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
  - receiving routine newborn nursing or well baby care;
  - 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;
  - 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 Army Reserve, except during active duty training of less than 60 days;
  - suffering from a mental and nervous disorder;
  - being addicted to drugs or suffering from alcoholism;
  - 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 or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
  - having dental treatment except as the result of an injury;
  - committing or attempting to commit a felony;
  - being incarcerated in a penal institution or government detention facility;
  - engaging in an illegal occupation;
  - intentionally self-inflicting an injury; or
  - committing or attempting to commit suicide, while sane or insane.
- This policy includes the Critical Illness Rider, Form No. R G1732. Benefits under this rider are also subject to a waiting period. Assurity does not pay benefits for claims incurred during the waiting period.



# Group Short Term Disability

for ACME Corporation

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

**Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you** are sick or injured and can't work.

## Key Features

- ☑ **Pays benefits if you become totally disabled and can't perform the important duties of your occupation**, as long as you are not working another job and are under the care of a physician
- ☑ Weekly benefit from **\$250 to \$1,000** by \$50 increments, subject to maximum benefit of 60% of weekly income
- ☑ **Pays 50% of your weekly total disability benefit if you return to work part time**, following a period of paid total disability

**Know you  
and your family  
are protected.**

It's easy —  
sign up today



Not available to residents of New York.

Tier 1 - 225296

# Group Short-Term Disability Income Benefits - Class 1 - Nebraska

Forms G H1808/G H1808C

## Off-the-Job, Accident & Sickness Protection

<b>Total Disability</b>	After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness which occurs while not actively at work resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities.
<b>Partial Disability</b>	Pays 50% of the total disability weekly benefit while the insured person is partially disabled and has returned to work part-time immediately following a period of paid total disability, but still unable to perform all work duties resulting in a loss of income of at least 20%. Partial disability benefits will continue until the insured person is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but in no case longer than: <ul style="list-style-type: none"><li>• 13 weeks if the maximum benefit period is 13 or 26 weeks; or</li><li>• 26 weeks if the maximum benefit period is 52 or 104 weeks.</li></ul>
<b>Presumptive Disability</b>	Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of 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.
<b>Recurrent Disability</b>	Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period.
<b>Childbirth</b>	For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery.
<b>Organ Donor</b>	Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person.
<b>Mental and Nervous Disorder</b>	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none"><li>• 52 weeks if the maximum benefit period is 13 or 26 weeks; or</li><li>• 104 weeks if the maximum benefit period is 52 or 104 weeks.</li></ul>
<b>Substance Abuse</b>	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: <ul style="list-style-type: none"><li>• 52 weeks if the maximum benefit period is 13 or 26 weeks; or</li><li>• 104 weeks if the maximum benefit period is 52 or 104 weeks.</li></ul>
<b>Waiver of Premium</b>	Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first.
<b>Accidental Death</b>	Pays a lump sum benefit of 25 times the total disability weekly benefit if the insured person dies as the result of an injury sustained in a covered accident within 90 days of the date of the covered accident.

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GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED COVERAGE. It may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.



# Group Short-Term Disability Income Benefits - Class 1 - Nebraska

Forms G H1808/G H1808C

## Off-the-Job, Accident & Sickness Protection

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### Survivor

Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.
- This benefit not payable if Terminal Illness Benefit paid.

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### Terminal Illness

Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of \$3,000.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of \$6,000.
- If this benefit is paid, Survivor Benefit is not payable.

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### Workplace Modification

Pays the actual costs incurred modifying the workplace to help the insured person remain at work or return to work, subject to certain conditions and limitations.

- If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; actual costs reimbursed limited to three times the total disability weekly benefit, not to exceed \$3,000 for the insured's lifetime.
- If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; actual costs reimbursed limited to six times the total disability weekly benefit, not to exceed \$6,000 for the insured's lifetime.

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### Catastrophic Disability Rider Benefit

(Form R G1809C)

Pays a lump sum benefit if the insured person is receiving total disability weekly benefits and is catastrophically disabled (requiring assistance with at least two activities of daily living) for at least 30 days after satisfying the policy's elimination period.

- Lump sum benefit of six times the total disability weekly benefit amount if maximum benefit period is 13 or 26 weeks; or
  - Lump sum benefit of 13 times the total disability weekly benefit amount if maximum benefit period is 52 or 104 weeks.
-

# Group Disability Income Bi-Weekly Premiums - Class 1 - Nebraska

Forms G H1808/G H1808C

**Benefit Period: 13 Weeks**

**Elimination Period: 0/7 days** (accident/sickness)

Annual Income	\$21,750	\$26,000	\$30,500	\$34,750	\$39,000	\$43,500	\$47,750	\$52,000
Weekly Benefit	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
Issue Age								
18 - 49	\$8.40	\$10.09	\$11.75	\$13.46	\$15.13	\$16.80	\$18.49	\$20.16
50 - 59	\$10.19	\$12.23	\$14.27	\$16.32	\$18.33	\$20.37	\$22.41	\$24.46
60 - 69	\$12.87	\$15.46	\$18.02	\$20.62	\$23.19	\$25.77	\$28.34	\$30.94
70+	\$16.58	\$19.88	\$23.19	\$26.49	\$29.81	\$33.13	\$36.44	\$39.76

Annual Income	\$56,500	\$60,750	\$65,000	\$69,500	\$73,750	\$78,000	\$82,500	\$86,750
Weekly Benefit	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
Issue Age								
18 - 49	\$21.85	\$23.53	\$25.21	\$26.90	\$28.57	\$30.25	\$31.92	\$33.62
50 - 59	\$26.48	\$28.52	\$30.57	\$32.60	\$34.65	\$36.68	\$38.72	\$40.77
60 - 69	\$33.49	\$36.07	\$38.65	\$41.22	\$43.80	\$46.37	\$48.96	\$51.54
70+	\$43.07	\$46.37	\$49.69	\$52.99	\$56.32	\$59.63	\$62.95	\$66.25

\*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

# Group Disability Income Bi-Weekly Premiums - Class 1 - Nebraska

Forms G H1808/G H1808C

**Benefit Period: 26 Weeks**

**Elimination Period: 0/7 days** (accident/sickness)

Annual Income	\$21,750	\$26,000	\$30,500	\$34,750	\$39,000	\$43,500	\$47,750	\$52,000
Weekly Benefit	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
Issue Age								
18 - 49	\$12.75	\$15.32	\$17.87	\$20.41	\$22.97	\$25.53	\$28.08	\$30.63
50 - 59	\$17.01	\$20.42	\$23.84	\$27.23	\$30.63	\$34.03	\$37.44	\$40.85
60 - 69	\$21.86	\$26.23	\$30.59	\$34.96	\$39.35	\$43.71	\$48.09	\$52.45
70+	\$28.44	\$34.14	\$39.82	\$45.50	\$51.21	\$56.88	\$62.58	\$68.26

Annual Income	\$56,500	\$60,750	\$65,000	\$69,500	\$73,750	\$78,000	\$82,500	\$86,750
Weekly Benefit	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
Issue Age								
18 - 49	\$33.17	\$35.74	\$38.27	\$40.85	\$43.38	\$45.96	\$48.50	\$51.04
50 - 59	\$44.24	\$47.65	\$51.07	\$54.46	\$57.87	\$61.27	\$64.68	\$68.09
60 - 69	\$56.82	\$61.20	\$65.57	\$69.94	\$74.31	\$78.68	\$83.04	\$87.42
70+	\$73.94	\$79.65	\$85.33	\$91.03	\$96.70	\$102.40	\$108.08	\$113.76

\*Premium rates shown are for the combined group Disability Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

# Group Disability Income - Nebraska

Forms G H1808/G H1808C

## Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

### Limitations

#### GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Elimination Period:** This contract has an elimination period. Benefits are not payable during the elimination period.

**Foreign Travel and Residency:** Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

**Mental and Nervous Disorders:** Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

**Substance Abuse:** Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

**Pre-existing condition:** A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the Insured Person received medical consultation, diagnosis, advice or treatment from a physician or had taken prescribed medication. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

### Coverage Conditions

**Actively Employed** – The employee must be actively employed to be eligible for coverage.

**Right to Cancel** – The contract contains a 30-day free look period.

**Termination** – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

### Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having an injury or sickness covered under Workers' Compensation, Employer's Liability law or similar law;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- 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;
- 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 Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused;
- 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 or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.



# Group Whole Life Insurance

for ACME Corporation

A whole life insurance plan from Assurity provides a permanent benefit that can protect those you love, now and in the future. Group Whole Life pays a benefit directly to your beneficiary and provides a level of security above coverage you may already have from your employer or term insurance you've purchased on your own.

## Key Features

- ☑ **Portable coverage**—if you switch jobs or retire you can take your coverage with you, after 30 days of continuous coverage
- ☑ **Guaranteed issue benefit amounts available to employees – no medical exams**
- ☑ **Affordable group rates and convenient payroll deduction**
- ☑ **Death benefit amounts that won't decrease** and premiums that won't increase
- ☑ **Access to cash value**
- ☑ **Accelerated Death Benefits** available through issue age 70

**Know you  
and your family  
are protected.**

It's easy —  
sign up today



Not available to residents of New York.

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# Group Whole Life Benefits

## Forms G L1913/G L1913C

Provides level benefit, non-participating whole life insurance on the employee. With continuing payment of the level, guaranteed premiums, coverage and cash value accumulation continues to maturity at age 121.

.....  
**Accelerated Death Benefit  
-Terminal Illness**

Provides the option of advancing a portion of the death benefit if the insured is diagnosed with a terminal illness resulting in a significantly reduced life expectancy (typically 12 months or less) as certified by a physician. Eligible proceeds for acceleration do not include any coverage still subject to a contestable period or suicide provision.

.....  
**Accelerated Death Benefit  
for Chronic Illness Rider**  
(Form R G1914C)

Provides the option of advancing a portion of the death benefit if the insured is diagnosed with a chronic illness where for a period of at least 90 consecutive days as certified by a physician,

- the insured has been unable and continues to be unable to perform at least two activities of daily living without substantial assistance from another person due to a loss of functional capacity; or
- the insured has required and continues to require substantial supervision by another person to protect the insured from threats to health and safety due to severe cognitive impairment.

The rider is automatically included and only available to insureds age 18 - 70 at time of issue. Eligible proceeds for acceleration do not include any coverage still subject to a contestable period or suicide provision. In any 12 month period, advanced death benefit proceeds are subject to the maximum annualized IRS per diem limit.

.....

## Group Whole Life Bi-Weekly Premiums - Nebraska

Forms G L1913/G L1913C

### Employee, Non-Tobacco

Guaranteed issue benefit maximum is \$25,000 for issue ages 18-60 and \$10,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Issue Age	Benefit Amounts				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
18	\$1.16	\$2.32	\$3.48	\$4.65	\$5.81
19	\$1.20	\$2.40	\$3.59	\$4.79	\$5.99
20	\$1.24	\$2.48	\$3.72	\$4.96	\$6.20
21	\$1.29	\$2.58	\$3.87	\$5.16	\$6.45
22	\$1.35	\$2.69	\$4.04	\$5.38	\$6.73
23	\$1.40	\$2.79	\$4.19	\$5.58	\$6.98
24	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25
25	\$1.51	\$3.02	\$4.52	\$6.03	\$7.54
26	\$1.57	\$3.14	\$4.71	\$6.28	\$7.85
27	\$1.63	\$3.27	\$4.90	\$6.54	\$8.17
28	\$1.70	\$3.40	\$5.11	\$6.81	\$8.51
29	\$1.77	\$3.55	\$5.32	\$7.09	\$8.87
30	\$1.85	\$3.70	\$5.54	\$7.39	\$9.24
31	\$1.93	\$3.85	\$5.78	\$7.71	\$9.63
32	\$2.01	\$4.03	\$6.04	\$8.05	\$10.07
33	\$2.11	\$4.21	\$6.32	\$8.42	\$10.53
34	\$2.21	\$4.41	\$6.62	\$8.82	\$11.03
35	\$2.31	\$4.62	\$6.93	\$9.24	\$11.55
36	\$2.42	\$4.84	\$7.26	\$9.68	\$12.10
37	\$2.53	\$5.07	\$7.60	\$10.13	\$12.66
38	\$2.65	\$5.30	\$7.95	\$10.60	\$13.25
39	\$2.77	\$5.54	\$8.31	\$11.08	\$13.86
40	\$2.90	\$5.79	\$8.69	\$11.58	\$14.48
41	\$3.03	\$6.06	\$9.09	\$12.11	\$15.14
42	\$3.17	\$6.33	\$9.50	\$12.66	\$15.83
43	\$3.30	\$6.61	\$9.91	\$13.21	\$16.52
44	\$3.45	\$6.89	\$10.34	\$13.78	\$17.23
45	\$3.59	\$7.19	\$10.78	\$14.38	\$17.97
46	\$3.76	\$7.51	\$11.27	\$15.02	\$18.78
47	\$3.94	\$7.87	\$11.81	\$15.75	\$19.68
48	\$4.14	\$8.27	\$12.41	\$16.55	\$20.68
49	\$4.35	\$8.70	\$13.05	\$17.40	\$21.75
50	\$4.58	\$9.16	\$13.74	\$18.31	\$22.89
51	\$4.83	\$9.65	\$14.48	\$19.31	\$24.13
52	\$5.09	\$10.19	\$15.28	\$20.38	\$25.47
53	\$5.38	\$10.76	\$16.14	\$21.51	\$26.89
54	\$5.68	\$11.36	\$17.04	\$22.71	\$28.39
55	\$6.00	\$12.00	\$17.99	\$23.99	\$29.99
56	\$6.34	\$12.68	\$19.03	\$25.37	\$31.71
57	\$6.72	\$13.43	\$20.15	\$26.86	\$33.58
58	\$7.12	\$14.23	\$21.35	\$28.46	\$35.58
59	\$7.54	\$15.08	\$22.61	\$30.15	\$37.69

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Fields showing n/a represent combinations of issue age and benefit amount outside allowable issue limits.

GROUP WHOLE LIFE INSURANCE and its rider's availability, benefits and premiums as presented may be subject to approval of Assurity. Some applicants may not be eligible for coverage. Group Whole Life Insurance and its riders may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

## Group Whole Life Bi-Weekly Premiums - Nebraska

Forms G L1913/G L1913C

### Employee, Non-Tobacco

Guaranteed issue benefit maximum is \$25,000 for issue ages 18-60 and \$10,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Issue Age	Benefit Amounts				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
60	\$7.99	\$15.98	\$23.96	\$31.95	\$39.94
61	\$8.47	\$16.93	n/a	n/a	n/a
62	\$8.97	\$17.95	n/a	n/a	n/a
63	\$9.48	\$18.97	n/a	n/a	n/a
64	\$9.99	\$19.98	n/a	n/a	n/a
65	\$10.54	\$21.08	n/a	n/a	n/a
66	\$11.19	\$22.37	n/a	n/a	n/a
67	\$11.96	\$23.93	n/a	n/a	n/a
68	\$12.87	\$25.74	n/a	n/a	n/a
69	\$13.87	\$27.74	n/a	n/a	n/a
70	\$14.98	\$29.96	n/a	n/a	n/a
71	\$16.22	\$32.44	n/a	n/a	n/a
72	\$17.61	\$35.22	n/a	n/a	n/a
73	\$19.06	\$38.12	n/a	n/a	n/a
74	\$20.56	\$41.13	n/a	n/a	n/a
75	\$22.24	\$44.49	n/a	n/a	n/a
76	\$24.23	\$48.45	n/a	n/a	n/a
77	\$26.64	\$53.27	n/a	n/a	n/a
78	\$29.38	\$58.76	n/a	n/a	n/a
79	\$32.37	\$64.74	n/a	n/a	n/a
80	\$35.76	\$71.51	n/a	n/a	n/a
81	\$39.68	\$79.35	n/a	n/a	n/a
82	\$44.27	\$88.55	n/a	n/a	n/a
83	\$49.41	\$98.82	n/a	n/a	n/a
84	\$54.98	\$109.97	n/a	n/a	n/a
85	\$61.21	\$122.43	n/a	n/a	n/a
86	\$68.31	\$136.63	n/a	n/a	n/a
87	\$76.49	\$152.98	n/a	n/a	n/a
88	\$86.12	\$172.24	n/a	n/a	n/a
89	\$97.07	\$194.13	n/a	n/a	n/a
90	\$108.76	\$217.52	n/a	n/a	n/a

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Fields showing n/a represent combinations of issue age and benefit amount outside allowable issue limits.

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## Group Whole Life Bi-Weekly Premiums - Nebraska

Forms G L1913/G L1913C

### Employee, Tobacco

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Issue Age	Benefit Amounts				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
18	\$1.56	\$3.13	\$4.69	\$6.25	\$7.82
19	\$1.62	\$3.23	\$4.85	\$6.46	\$8.08
20	\$1.68	\$3.36	\$5.04	\$6.72	\$8.39
21	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75
22	\$1.83	\$3.66	\$5.49	\$7.32	\$9.15
23	\$1.90	\$3.80	\$5.71	\$7.61	\$9.51
24	\$1.98	\$3.96	\$5.94	\$7.92	\$9.90
25	\$2.07	\$4.13	\$6.20	\$8.26	\$10.33
26	\$2.16	\$4.31	\$6.47	\$8.62	\$10.78
27	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25
28	\$2.35	\$4.70	\$7.04	\$9.39	\$11.74
29	\$2.45	\$4.90	\$7.35	\$9.80	\$12.25
30	\$2.56	\$5.12	\$7.67	\$10.23	\$12.79
31	\$2.67	\$5.35	\$8.02	\$10.69	\$13.36
32	\$2.80	\$5.60	\$8.39	\$11.19	\$13.99
33	\$2.93	\$5.87	\$8.80	\$11.74	\$14.67
34	\$3.08	\$6.16	\$9.24	\$12.31	\$15.39
35	\$3.23	\$6.47	\$9.70	\$12.93	\$16.16
36	\$3.39	\$6.79	\$10.18	\$13.58	\$16.97
37	\$3.57	\$7.13	\$10.70	\$14.26	\$17.83
38	\$3.74	\$7.49	\$11.23	\$14.98	\$18.72
39	\$3.93	\$7.86	\$11.79	\$15.72	\$19.65
40	\$4.13	\$8.25	\$12.38	\$16.51	\$20.63
41	\$4.33	\$8.67	\$13.00	\$17.33	\$21.66
42	\$4.55	\$9.10	\$13.64	\$18.19	\$22.74
43	\$4.77	\$9.53	\$14.30	\$19.07	\$23.84
44	\$4.99	\$9.98	\$14.98	\$19.97	\$24.96
45	\$5.23	\$10.46	\$15.69	\$20.91	\$26.14
46	\$5.49	\$10.97	\$16.46	\$21.95	\$27.43
47	\$5.77	\$11.54	\$17.31	\$23.08	\$28.85
48	\$6.08	\$12.16	\$18.24	\$24.32	\$30.40
49	\$6.41	\$12.82	\$19.23	\$25.65	\$32.06
50	\$6.77	\$13.53	\$20.30	\$27.06	\$33.83
51	\$7.15	\$14.30	\$21.45	\$28.60	\$35.75
52	\$7.57	\$15.14	\$22.71	\$30.28	\$37.84
53	\$8.02	\$16.03	\$24.05	\$32.07	\$40.08
54	\$8.49	\$16.98	\$25.48	\$33.97	\$42.46
55	\$9.00	\$18.00	\$27.00	\$36.00	\$45.00
56	\$9.55	\$19.10	\$28.65	\$38.21	\$47.76
57	\$10.16	\$20.31	\$30.47	\$40.62	\$50.78
58	\$10.80	\$21.60	\$32.39	\$43.19	\$53.99
59	\$11.48	\$22.95	\$34.43	\$45.91	\$57.38

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Forms G L1913/G L1913C

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Issue Age	Benefit Amounts							
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000			
60	\$12.21	\$24.41	\$36.62	\$48.82	\$61.03			
61	\$13.00	\$26.01	n/a	n/a	n/a			
62	\$13.89	\$27.78	n/a	n/a	n/a			
63	\$14.84	\$29.69	n/a	n/a	n/a			
64	\$15.85	\$31.71	n/a	n/a	n/a			
65	\$16.95	\$33.89	n/a	n/a	n/a			
66	\$18.16	\$36.31	n/a	n/a	n/a			
67	\$19.51	\$39.03	n/a	n/a	n/a			
68	\$21.00	\$42.01	n/a	n/a	n/a			
69	\$22.60	\$45.20	n/a	n/a	n/a			
70	\$24.33	\$48.67	n/a	n/a	n/a			
71	\$26.22	\$52.45	n/a	n/a	n/a			
72	\$28.29	\$56.58	n/a	n/a	n/a			
73	\$30.42	\$60.84	n/a	n/a	n/a			
74	\$32.59	\$65.18	n/a	n/a	n/a			
75	\$34.98	\$69.97	n/a	n/a	n/a			
76	\$37.78	\$75.56	n/a	n/a	n/a			
77	\$41.16	\$82.33	n/a	n/a	n/a			
78	\$45.00	\$90.00	n/a	n/a	n/a			
79	\$49.16	\$98.33	n/a	n/a	n/a			
80	\$53.86	\$107.72	n/a	n/a	n/a			
81	\$59.28	\$118.57	n/a	n/a	n/a			
82	\$65.64	\$131.28	n/a	n/a	n/a			
83	\$72.76	\$145.52	n/a	n/a	n/a			
84	\$80.51	\$161.03	n/a	n/a	n/a			
85	\$89.15	\$178.29	n/a	n/a	n/a			
86	\$98.90	\$197.79	n/a	n/a	n/a			
87	\$110.01	\$220.02	n/a	n/a	n/a			
88	\$122.96	\$245.92	n/a	n/a	n/a			
89	\$137.60	\$275.19	n/a	n/a	n/a			
90	\$153.19	\$306.38	n/a	n/a	n/a			

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# Group Whole Life

Forms G L1913/G L1913C

## Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

**Limitations** - Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

**Suicide** - If an Insured Person dies by suicide within two years of the issue date, Assurity's liability is limited to a refund of premiums paid for coverage provided for that Insured Person, less any Loan Balance and less benefits paid under this Certificate or any riders.

## Coverage Conditions

**Actively Employed** - The employee must be actively employed to be eligible for coverage.

**Right to Cancel** - The contract contains a 30-day free look period.

**Termination** - Whole life insurance coverage will terminate the earliest of the following: the date policy terminates for any reason (portability available); the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the anniversary after the Insured Person's 121st birthday (the expiration date listed on the schedule); the date Assurity receives written notice to terminate unless the notice specifies a later date; or upon the Insured Person's Death. Coverage provided by rider subject to different termination provision - see rider language for details.

## Exclusions for Accelerated Death Benefit for Chronic Illness Rider

Assurity will not pay benefits under the Accelerated Death Benefit for Chronic Illness Rider for Chronic Illnesses that are caused by or are the result of the Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- being addicted to drugs, including those prescribed by a Physician that are misused, or suffering from alcoholism;
- committing or attempting to commit a felony;
- intentionally self-inflicting an injury; or
- attempting to commit suicide, while sane or insane.

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## Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



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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, New York. Product availability, features and rates may vary by state.