



Overview

Your premium calculations are illustrated based on the number of payroll deductions provided by your employer. Due to small differences in rounding, actual payroll deductions may vary slightly from the amounts illustrated in these materials.

This document provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms under which the policy or plan may be continued in force or discontinued. We reserve the right to cancel the policy or plan with advance written notice to the policyholder or group. Issued insurance contracts and agreements determine all plan features and benefits. Products are subject to state variations and availability. Benefits provided and premium amounts depend on the plan selected. Contact us for costs and complete details.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company and Hospital Confinement Indemnity “Gap” insurance underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111.



Benefit Summary

It's annual enrollment time!

Annual enrollment is here and it's time to review your current benefit elections. Whether you want to add benefits, increase coverage or simply maintain your current plan choices, you'll find all the information you need in this booklet.

The products in this benefit plan were selected with you and your family's well-being in mind. They're an important part of your compensation package. And, because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.

The products listed below are offered through Assurant Employee Benefits, one of the largest marketers of employee benefits in the United States. These products are backed by financial strength and stability you can count on. Assurant Employee Benefits is a part of Assurant Inc., a Fortune 500 company and a member of the S&P 500 Index.



What benefits are available to me?

- **Online Advantage** to help manage your benefits.
- **Dental insurance** that offers a range of services.
- **Life insurance** to protect your family, in case something happens to you.
- **Accidental Death and Dismemberment insurance.**
- **Short-Term Disability insurance** for protection against temporary loss of income should you be disabled for a short period of time.
- **Accident insurance** provides a range of benefits for accidental injuries.
- **Critical Illness insurance** for help in the event of sudden illness.
- **Cancer insurance** can provide financial assistance for early detection and treatment of cancer.
- **Gap insurance** provides benefits to supplement your major medical plan.
- **Vision insurance** can provide access to a comprehensive eye exam that can detect other health conditions.

How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to the program administrator.

Manage your benefits with

Online Advantage

To help you make the most of your benefits, Assurant Employee Benefits offers you many online services at no additional charge. With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.



The information you need at your fingertips:

- View and/or print your [personalized Dental ID card](#)
- View and/or print [benefit information pages](#) (all benefits)
- View most [recent dental visits and procedures](#)
- View and/or print [plan booklets](#)
- View [status of submitted claims](#)
- Find a [vision or dental network provider](#) and/or specialist
- Access our [Dental Health Center](#) where you can ask a question, estimate the cost of service, or learn about dental issues

How do I get started?

1. Go to www.assurantemployeebenefits.com.
2. Under Resources, go to "Login to Online Advantage".
3. Click "Register for Online Advantage"
4. All you will need is your Member ID* and date of birth.

*Your member ID may be your social security number

For more information about how Online Advantage can work for you, please visit the online demo at www.assurantemployeebenefits.com/onlineadvantage, call our Online Advantage team at 800.733.7879 extension 7600 or email onlineadvantage@assurant.com.

Online Advantage...Quick. Smart. Convenient.

Choosing a healthier smile for you and your family



ASSURANT
Employee
Benefits®

Dental Insurance

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good hygiene, it can help you and your family lower your chances of serious health problems.

- Maintaining healthy teeth and gums reduces the risk for pneumonia and chronic obstructive pulmonary disease.¹
- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.¹
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.²



How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

How do I know I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

Key Advantages of This Plan

- Your coverage includes our Lifetime of Smiles® program, with benefits many people prefer such as brush biopsies for the early detection of oral cancer.
- Your plan includes Preventive Max Waiver® which allows covered dental expenses for preventive service to not apply to the annual maximum.
- Assurant Focus Dental NetworkSM, the PPO network for your plan, includes 85,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further.³

¹Journal of Periodontology, January 2011. ²American Academy of Periodontology - Website accessed June 3, 2011 <http://www.perio.org/consumer/mbc.top2.htm>. ³The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) and dentists under access arrangements with other dental networks.

How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

Average charge¹ for dental procedures in SUGAR LAND:

Adult cleaning	\$80 twice yearly = \$160
Oral examination	\$44 twice yearly = \$88
Bitewing x-rays	\$55
<hr/>	
Total annual cost for preventive care	\$303

Other services you or a dependent may need:

Fluoride treatment	\$28
One surface filling	\$143
Root canal	\$989
Crown	\$964
Gum scaling	\$219

Semi-Monthly Cost for Dental Insurance*	
For you	\$15.01
For you and your spouse	\$30.21
For you and your child(ren)	\$32.02
For you and your family	\$51.95

* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, the MAC plan allows you to have access to Assurant Focus Dental NetworkSM PPO dentists and to take advantage of their fee discounts. Dentists participating in our network have agreed to discount their usual fees. Treatment is available from dentists who do not participate in our network, but their fees are subject to an allowable charge. The allowable amount for non-participating dentists is based on 45% off the 80th percentile of the amount charged by other dentists in the same geographic area. Patients are responsible for fees in excess of the allowable charge. There can be significant out-of-pocket expenses if a non-participating dentist is chosen.

The dental network for your plan includes 85,000+ unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select **For Members**, then **Find a dentist**, or call Customer Service at 888.901.6377.

¹Average Retail Costs were determined by Assurant Employee Benefits national claims analysis for the year 2015. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

Deductibles and maximums

- \$50 annual deductible per person. The deductible is waived for preventive services.
- Annual maximum of \$1,000 per person for you and your dependents.

Coinsurance¹

- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 80% for basic services such as palliative (emergency) treatment of pain, simple extractions, complex extractions, root canals, minor periodontics, major periodontics, oral surgery and fillings.
- 50% for major services such as fixed bridges, crowns and dentures.

Child Orthodontia

- 50% coinsurance with a lifetime maximum of \$1,000.

Waiting Periods

For a complete description of services and waiting periods please review the certificate of insurance.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- 12-months for orthodontic services.

Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Dental plan provisions, limitations and exclusions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

Late Entrant

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
Less than 6 months	Preventive Dental Services
At least 6 months but less than 12 months	Preventive and Basic Restorative Dental Services
At least 12 months but less than 24 months	Preventive and all Basic Dental Services
At least 24 months	Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

For additional limitations and exclusions, as well as other details about your coverage, please see the Other Important Plan Provisions section.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.



Other Important Plan Provisions

Dental

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder provided under the adult plan, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant except as provided under the pediatric benefits, treatment for the prevention of bruxism (grinding of teeth) except as provided under the pediatric benefits. Treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

State variations can exist; please contact Assurant Employee Benefits for additional information.



Choosing to protect your family

Life Insurance

If something unexpected happens, how can I be sure my family will be all right?

No one wants to think about it. But an unexpected death can have devastating financial consequences for survivors – consequences that can linger long after the initial shock and grief. Adequate life insurance can help your family manage expenses and make a very difficult transition less painful.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

How much coverage can I buy?

You can purchase up to 5 times your basic annual pay, in units of \$10,000, to a maximum of \$500,000; \$20,000 is the minimum you can purchase. You also can purchase coverage for your spouse and children (see “Can I buy coverage for my family?”).

You can effectively double your protection by purchasing an equal amount of Accidental Death and Dismemberment (AD&D) coverage.

What is AD&D?

AD&D pays an amount equal to your Life benefit if you die as a direct result of an accident. In addition, your AD&D coverage includes:

- A Higher Education Benefit that pays an additional \$3,000 per year for up to four consecutive years for eligible dependent students. (Applies to Employee AD&D Only.)
- An Automobile Accident Benefit that pays an additional 20% of the AD&D benefit, to a maximum of \$100,000 should you or your covered dependent die as a result of a car accident while wearing a seatbelt.
- An Accidental Dismemberment benefit that pays 50% of the AD&D coverage for the loss of one hand, one foot or the sight of one eye; and 100% for the loss of two or more of the above.



Key Advantages of This Plan

- This plan is offered through your employer, so premium rates may be more competitive than similar products you could buy as an individual.
- Your premiums are paid through a convenient payroll deduction.
- Your Life insurance includes an online Will Preparation, part of AEB's Assurant Answers™ program.

Life Q&A

Q. I'm not signed up for Voluntary Life insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you've first become eligible for this coverage within the last 31 days, you can enroll for amounts up to \$200,000 for yourself, up to \$50,000 for your spouse, and up to \$10,000 for each child without answering health questions. To enroll for more coverage than the amounts shown above, you'll need to answer a simple health statement.

If you were offered this coverage in the past, but chose not to enroll, you can join the plan now, and receive up to \$20,000 of coverage without answering health questions. If you want to enroll your dependents, you'll need to answer the health statement for any family member you wish to cover. **Exception:** If you were medically declined for this coverage by us in the past, you are not eligible for this offer.

Your benefit election will be effective on the entry date specified in your group policy, provided you're at active work on that date. Otherwise, your coverage becomes effective on the day you return to full-time duties. Dependent coverage will become effective according to the policy entry date unless your dependent is in a hospital or similar facility on that day or if your dependent spouse is disabled on that day.

Q. What happens if I become disabled?

A. If you become disabled prior to age 60 while insured for Voluntary Life and remain continuously disabled as defined in the policy for the qualifying period, your coverage, including any dependent coverage will continue without further premium payment until age 65, recovery or retirement, whichever is earliest. Any time Life insurance is continued under this disability benefit, AD&D insurance also will be continued (and the premium waived) for up to 1 year from the date of disability. For disabilities beginning between age 60 and 65, the insurance can be continued (and premium waived) for up to one year, but not past the earlier of age 65 or the date you retire.

Q. Can I access my Life insurance benefit if I'm terminally ill?

A. Yes. The Accelerated Benefit lets you request payment for up to 80% of your or your spouse's Voluntary Life benefit in the event of a life-threatening medical condition where there is a life expectancy of 12 months or less.

Q. Can I take my insurance with me if I leave my employer?

A. Yes. You have two options. **Portability** allows you to continue this group life coverage for up to 3 years after terminating current employment. **Conversion** allows you to convert to an individual policy if any or all of your Life insurance ends while you are insured under our group Life policy.

How do I estimate my premium?

You can choose employee coverage in \$10,000 units, from a minimum of \$20,000 up to 5 times your basic annual pay, but not more than \$500,000.

To calculate your maximum benefit:

1. Enter your basic annual pay. _____

x 5 _____

Round to the next higher \$10,000. _____

This is your maximum coverage. *(Cannot exceed \$500,000)*

2. Select a benefit amount in the Life or Life and AD&D chart, then find your age to determine your Semi-Monthly premium deduction.

Employee Premium Deduction Schedule

Life Semi-Monthly Premium

Age		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life Benefit in 000's	\$20	0.52	0.52	0.78	1.04	1.04	1.30	2.60	4.42	7.80	11.96	19.50	29.38	58.50
	\$30	0.78	0.78	1.17	1.56	1.56	1.95	3.90	6.63	11.70	17.94	29.25	44.07	87.75
	\$40	1.04	1.04	1.56	2.08	2.08	2.60	5.20	8.84	15.60	23.92	39.00	58.76	117.00
	\$50	1.30	1.30	1.95	2.60	2.60	3.25	6.50	11.05	19.50	29.90	48.75	73.45	146.25
	\$60	1.56	1.56	2.34	3.12	3.12	3.90	7.80	13.26	23.40	35.88	58.50	88.14	175.50
	\$70	1.82	1.82	2.73	3.64	3.64	4.55	9.10	15.47	27.30	41.86	68.25	102.83	204.75
	\$80	2.08	2.08	3.12	4.16	4.16	5.20	10.40	17.68	31.20	47.84	78.00	117.52	234.00
	\$90	2.34	2.34	3.51	4.68	4.68	5.85	11.70	19.89	35.10	53.82	87.75	132.21	263.25
	\$100	2.60	2.60	3.90	5.20	5.20	6.50	13.00	22.10	39.00	59.80	97.50	146.90	292.50
	\$110	2.86	2.86	4.29	5.72	5.72	7.15	14.30	24.31	42.90	65.78	107.25	161.59	321.75
	\$120	3.12	3.12	4.68	6.24	6.24	7.80	15.60	26.52	46.80	71.76	117.00	176.28	351.00
	\$130	3.38	3.38	5.07	6.76	6.76	8.45	16.90	28.73	50.70	77.74	126.75	190.97	380.25
	\$140	3.64	3.64	5.46	7.28	7.28	9.10	18.20	30.94	54.60	83.72	136.50	205.66	409.50
	\$150	3.90	3.90	5.85	7.80	7.80	9.75	19.50	33.15	58.50	89.70	146.25	220.35	438.75
	\$160	4.16	4.16	6.24	8.32	8.32	10.40	20.80	35.36	62.40	95.68	156.00	235.04	468.00
	\$170	4.42	4.42	6.63	8.84	8.84	11.05	22.10	37.57	66.30	101.66	165.75	249.73	497.25
	\$180	4.68	4.68	7.02	9.36	9.36	11.70	23.40	39.78	70.20	107.64	175.50	264.42	526.50
	\$190	4.94	4.94	7.41	9.88	9.88	12.35	24.70	41.99	74.10	113.62	185.25	279.11	555.75
	\$200	5.20	5.20	7.80	10.40	10.40	13.00	26.00	44.20	78.00	119.60	195.00	293.80	585.00
	\$210	5.46	5.46	8.19	10.92	10.92	13.65	27.30	46.41	81.90	125.58	204.75	308.49	614.25
\$220	5.72	5.72	8.58	11.44	11.44	14.30	28.60	48.62	85.80	131.56	214.50	323.18	643.50	
\$230	5.98	5.98	8.97	11.96	11.96	14.95	29.90	50.83	89.70	137.54	224.25	337.87	672.75	
\$240	6.24	6.24	9.36	12.48	12.48	15.60	31.20	53.04	93.60	143.52	234.00	352.56	702.00	
\$250	6.50	6.50	9.75	13.00	13.00	16.25	32.50	55.25	97.50	149.50	243.75	367.25	731.25	

Life and AD&D Semi-Monthly Premium

Age		<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Life Benefit in 000's	\$20	0.78	0.78	1.04	1.30	1.30	1.56	2.86	4.68	8.06	12.22	19.76	29.64	58.76
	\$30	1.17	1.17	1.56	1.95	1.95	2.34	4.29	7.02	12.09	18.33	29.64	44.46	88.14
	\$40	1.56	1.56	2.08	2.60	2.60	3.12	5.72	9.36	16.12	24.44	39.52	59.28	117.52
	\$50	1.95	1.95	2.60	3.25	3.25	3.90	7.15	11.70	20.15	30.55	49.40	74.10	146.90
	\$60	2.34	2.34	3.12	3.90	3.90	4.68	8.58	14.04	24.18	36.66	59.28	88.92	176.28
	\$70	2.73	2.73	3.64	4.55	4.55	5.46	10.01	16.38	28.21	42.77	69.16	103.74	205.66
	\$80	3.12	3.12	4.16	5.20	5.20	6.24	11.44	18.72	32.24	48.88	79.04	118.56	235.04
	\$90	3.51	3.51	4.68	5.85	5.85	7.02	12.87	21.06	36.27	54.99	88.92	133.38	264.42
	\$100	3.90	3.90	5.20	6.50	6.50	7.80	14.30	23.40	40.30	61.10	98.80	148.20	293.80
	\$110	4.29	4.29	5.72	7.15	7.15	8.58	15.73	25.74	44.33	67.21	108.68	163.02	323.18
	\$120	4.68	4.68	6.24	7.80	7.80	9.36	17.16	28.08	48.36	73.32	118.56	177.84	352.56
	\$130	5.07	5.07	6.76	8.45	8.45	10.14	18.59	30.42	52.39	79.43	128.44	192.66	381.94
	\$140	5.46	5.46	7.28	9.10	9.10	10.92	20.02	32.76	56.42	85.54	138.32	207.48	411.32
	\$150	5.85	5.85	7.80	9.75	9.75	11.70	21.45	35.10	60.45	91.65	148.20	222.30	440.70
	\$160	6.24	6.24	8.32	10.40	10.40	12.48	22.88	37.44	64.48	97.76	158.08	237.12	470.08
	\$170	6.63	6.63	8.84	11.05	11.05	13.26	24.31	39.78	68.51	103.87	167.96	251.94	499.46
	\$180	7.02	7.02	9.36	11.70	11.70	14.04	25.74	42.12	72.54	109.98	177.84	266.76	528.84
	\$190	7.41	7.41	9.88	12.35	12.35	14.82	27.17	44.46	76.57	116.09	187.72	281.58	558.22
	\$200	7.80	7.80	10.40	13.00	13.00	15.60	28.60	46.80	80.60	122.20	197.60	296.40	587.60
	\$210	8.19	8.19	10.92	13.65	13.65	16.38	30.03	49.14	84.63	128.31	207.48	311.22	616.98
\$220	8.58	8.58	11.44	14.30	14.30	17.16	31.46	51.48	88.66	134.42	217.36	326.04	646.36	
\$230	8.97	8.97	11.96	14.95	14.95	17.94	32.89	53.82	92.69	140.53	227.24	340.86	675.74	
\$240	9.36	9.36	12.48	15.60	15.60	18.72	34.32	56.16	96.72	146.64	237.12	355.68	705.12	
\$250	9.75	9.75	13.00	16.25	16.25	19.50	35.75	58.50	100.75	152.75	247.00	370.50	734.50	

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Can I buy coverage for my family?

If you cover yourself, you can also purchase Voluntary Life Insurance for your eligible family members. You can buy spouse coverage in units of \$5,000, up to the lesser of 50% of your own coverage amount or \$250,000. You can buy coverage for your children too - in an amount of \$1,000, \$5,000 or \$10,000. The 50% limit also applies to child coverage.

You can also buy AD&D coverage for your dependents, if you buy AD&D coverage for yourself. The Dependent AD&D amount will match the Dependent Life amount.

Your eligible dependents include your lawful spouse, if not disabled or hospital confined on the effective date, and children (if not hospital confined) from live birth to age 25. The hospital confinement exception does not apply to a child born while dependent insurance is in effect.

Spouse Life Semi-Monthly Premium Deduction Schedule														AD&D All Ages	
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	All Ages	
Life Benefit in 000's	\$5	0.13	0.13	0.20	0.26	0.26	0.33	0.52	0.98	1.76	2.60	4.42	6.57	13.20	0.07
	\$10	0.26	0.26	0.39	0.52	0.52	0.65	1.04	1.95	3.51	5.20	8.84	13.13	26.39	0.13
	\$15	0.39	0.39	0.59	0.78	0.78	0.98	1.56	2.93	5.27	7.80	13.26	19.70	39.59	0.20
	\$20	0.52	0.52	0.78	1.04	1.04	1.30	2.08	3.90	7.02	10.40	17.68	26.26	52.78	0.26
	\$25	0.65	0.65	0.98	1.30	1.30	1.63	2.60	4.88	8.78	13.00	22.10	32.83	65.98	0.33
	\$30	0.78	0.78	1.17	1.56	1.56	1.95	3.12	5.85	10.53	15.60	26.52	39.39	79.17	0.39
	\$35	0.91	0.91	1.37	1.82	1.82	2.28	3.64	6.83	12.29	18.20	30.94	45.96	92.37	0.46
	\$40	1.04	1.04	1.56	2.08	2.08	2.60	4.16	7.80	14.04	20.80	35.36	52.52	105.56	0.52
	\$45	1.17	1.17	1.76	2.34	2.34	2.93	4.68	8.78	15.80	23.40	39.78	59.09	118.76	0.59
	\$50	1.30	1.30	1.95	2.60	2.60	3.25	5.20	9.75	17.55	26.00	44.20	65.65	131.95	0.65
	\$60	1.56	1.56	2.34	3.12	3.12	3.90	6.24	11.70	21.06	31.20	53.04	78.78	158.34	0.78
	\$70	1.82	1.82	2.73	3.64	3.64	4.55	7.28	13.65	24.57	36.40	61.88	91.91	184.73	0.91
	\$80	2.08	2.08	3.12	4.16	4.16	5.20	8.32	15.60	28.08	41.60	70.72	105.04	211.12	1.04
	\$90	2.34	2.34	3.51	4.68	4.68	5.85	9.36	17.55	31.59	46.80	79.56	118.17	237.51	1.17
	\$100	2.60	2.60	3.90	5.20	5.20	6.50	10.40	19.50	35.10	52.00	88.40	131.30	263.90	1.30
	\$110	2.86	2.86	4.29	5.72	5.72	7.15	11.44	21.45	38.61	57.20	97.24	144.43	290.29	1.43
\$120	3.12	3.12	4.68	6.24	6.24	7.80	12.48	23.40	42.12	62.40	106.08	157.56	316.68	1.56	

For Life and Accidental Death and Dismemberment insurance for your spouse, choose the benefit you want. Your spouse's premiums are based on your age.

For premiums for benefit amounts not illustrated in this chart, please contact your Plan Administrator.

Child Life Semi-Monthly Premium			
Benefit	\$1,000	\$5,000	\$10,000
Child Life	0.09	0.46	0.91
Child Life and AD&D	0.10	0.53	1.04

For Life insurance for your child(ren), choose the benefit you want for the corresponding premium. One premium covers all of your eligible dependent children.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Choosing to protect your income

Short-Term Disability Insurance

What happens if I can't work for a month or two ... or more?

A broken arm, surgery or having a baby could keep you out of commission and off the job for six to eight weeks or longer. Your medical insurance will help cover the cost of treatment. But what about other expenses — your mortgage or rent, car payment, groceries and utilities? Once you've used up your sick leave and vacation time, the paychecks stop. But the bills do not.

Think of Short-Term Disability insurance as income protection insurance

The chances of suddenly not being able to work are greater than you may realize, and the financial consequences can be serious:

- Within one year, one in 13 working people will suffer a short-term disability for more than one week.¹
- Over 90% of disabling illnesses or injuries are not work-related,² so most disabled workers are not eligible for workers' compensation.
- Even a short disruption of income can be bad news because two-thirds of American families live from paycheck to paycheck.³

Short-Term Disability insurance provides income assistance and a way to help you pay your bills and keep your life as normal as possible if you become sick or injured and cannot work. And through your employer, you can get this protection at an affordable group rate.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.



Key Advantages of This Plan

- Your premiums are paid through a convenient payroll deduction.
- You can purchase coverage without providing proof of good health.
- This plan provides a benefit for a disabling illness or injury that is not work-related, including pregnancy.
- Your plan also includes Rehabilitation benefits that provide services and support targeted at helping you return to active work.

Sources: ¹ 1987 Commission Group Disability Table, Society of Actuaries
² National Safety Council, Injury Facts 2004 Ed.
³ Parade Magazine *Is the American Dream Still Possible?* April 23, 2006

Short-Term Disability Q&A

Q. I'm not signed up for Short-Term Disability. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll. You won't need to answer any health questions to join the plan, but a pre-existing conditions limitation will apply.

Your benefit election will be effective on the entry date specified in your group policy, provided you're at active work on that date. Otherwise, your coverage becomes effective on the day you return to full-time duties.

Q. How do I qualify for benefits?

A. You'll start receiving disability payments if you satisfy the qualifying period and meet the definition of disability. You're considered disabled if either of the following apply:

- You're under the regular care and attendance of a doctor, and an injury, sickness or pregnancy prevents you from performing at least one of the material duties of your job; OR
- An injury, sickness or pregnancy prevents you from earning more than 80% of your covered pre-disability pay.

Q. When would I start receiving benefits and how long could I receive them?

A. Your benefits begin on the 15th day of disability for accidents or injuries, and on the 15th day of disability for sickness or pregnancy. Your benefits can continue for up to 24 weeks.

Q. What's a pre-existing conditions limitation?

A. A pre-existing condition is one for which you've seen a medical practitioner or taken medication in the 6 months before your coverage effective date. If your disability begins in the first 12 months of your coverage and is due to a pre-existing condition, full benefits are not payable. This limitation no longer applies after the earlier of 12 consecutive months ending on or after the effective date of coverage during which you have not consulted with or seen a medical practitioner or received treatment or medication for that condition or 12 consecutive months of coverage under this plan.

If you become disabled, but there is a question about whether the disability is caused by a pre-existing condition, we will pay 25% of your gross benefit for up to 4 weeks. This provides you with a financial bridge while we conduct our claims investigation. If we conclude your claim is due to a pre-existing condition, no further payment will be made. If your disability is not due to a pre-existing condition and your claim is approved, you will receive the balance of any benefit due.

Q. Will benefits or payments I receive from other sources affect the amount of benefit I receive under this plan?

A. Yes. Your benefit may be reduced by disability benefits from retirement or government plans, other group disability plans, no-fault benefits, salary continuance or sick leave, and return-to-work earnings.

Q. What happens if I can work, but only on a limited basis? Can I still receive a benefit?

A. Yes, provided you meet the definition of disability. If you're performing limited work, you'll receive your full benefit unless the combination of your benefit and your new earnings is more than your covered pre-disability weekly pay.

How much of my income can I protect?

You can choose weekly benefits in units of \$50 up to 60.00% of your covered basic pay, to a maximum of \$1,000.

Here's how to calculate your maximum weekly benefit and premium.

Enter your weekly pay (*do not include overtime or bonuses*) _____

X 0.6

Your maximum weekly benefit = _____
(round to nearest \$50; cannot exceed \$1,000)

You can select your benefit in units of \$50, starting at \$100 per week, up to the amount you calculated above. Please see the chart to find your premium for the benefit amount you need. Look for the benefit amount you want in the far left column, then follow the line across to the column with your age range for the corresponding premium.

Please note: Benefits are shown as *weekly amounts*; premiums are based on *24 payroll deductions per year*. Amounts of coverage you elect will be based on your issue age at point of election. For your convenience, your maximum and minimum benefit elections and costs are show below:

Semi-Monthly Premium Deduction					
Issue Age	<40	40-49	50-59	60+	
Weekly Benefit	\$100	3.42	4.75	5.43	6.15
	\$150	5.12	7.12	8.14	9.22
	\$200	6.83	9.49	10.85	12.29
	\$250	8.54	11.86	13.56	15.36
	\$300	10.25	14.24	16.28	18.44
	\$350	11.95	16.61	18.99	21.51
	\$400	13.66	18.98	21.70	24.58
	\$450	15.37	21.35	24.41	27.65
	\$500	17.08	23.73	27.13	30.73
	\$550	18.78	26.10	29.84	33.80
	\$600	20.49	28.47	32.55	36.87
	\$650	22.20	30.84	35.26	39.94
	\$700	23.91	33.22	37.98	43.02
	\$750	25.61	35.59	40.69	46.09
	\$800	27.32	37.96	43.40	49.16
	\$850	29.03	40.33	46.11	52.23
	\$900	30.74	42.71	48.83	55.31
\$950	32.44	45.08	51.54	58.38	
\$1,000	34.15	47.45	54.25	61.45	

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Other Important Plan Provisions

Short-Term Disability

We will not pay benefits for any time you are confined to any facility because you were convicted of a crime or public offense.

We will not pay benefits for any part of a period of disability during which you are receiving benefits under any Workers' Compensation Act or a similar law.

We will not pay benefits for any disability caused by:

- war or any act of war, whether declared or not;
- intentionally self-inflicted injury, while sane or insane;
- taking part in or the result of taking part in committing an assault or felony;
- an injury or sickness that arises out of or occurs in the course of any occupation for pay or profit;
- or an injury or sickness that entitles you to benefits under any Workers' Compensation Act or a similar law.

We will also not pay benefits if:

- your employer, the policyholder, or an associated company has offered you the opportunity to return to limited work while you are disabled;
- you are functionally capable of performing the limited work which is offered;
- and you do not return to work when and as scheduled.

State variations can exist; please contact Assurant Employee Benefits for additional information.



Choosing to expect the unexpected

Accident Insurance

Have you ever thought about what you would do if you or a family member were accidentally injured or died as a result of an accident?

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

- One in six U.S. residents require medical treatment from an injury each year.¹
- Over 40 million Americans visit a physician's office for unintentional injuries each year.²
- The 2007 national economic impact of unintentional injuries mounted to \$684.4 billion.²



How can accident insurance help?

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

If you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Provides coverage for off-the-job accidents.
- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Center for Disease Control, Congressional Testimony, May 1, 2008
² National Safety Council, "Injury Facts" 2008

This is an accident only insurance policy. It provides limited benefits and has some specific benefit limits. It does not pay benefits for sickness or loss from any other cause and is not a policy of Workers' Compensation. Please refer to the issued insurance policy for complete details and all benefit requirements including all limitations, exclusions and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits.

Accident Q&A

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

Q. What is the Annual Wellness Screening Benefit?

A. If you and your dependents enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: cardiac exercise stress; test fasting blood glucose test; blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; CA15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis; carotid doppler; electrocardiogram; echocardiogram. In order to receive this benefit, the wellness screening test must be performed after your coverage effective date.

How much does Accident insurance cost?

The financial assistance that Accident insurance provides doesn't have to take a big bite out of your wallet. Review the costs and benefits below to determine if Accident insurance is right for you. We've included an example of how benefits can be paid under this plan to help you with your decision.

Treatment	Benefit*	Treatment	Benefit*
Broken Finger (no surgery)	\$175	Broken Leg (no surgery)	\$800
Emergency Treatment	\$150	Emergency Treatment	\$150
Follow-up Visit (2)	\$50	Ambulance	\$200
Total Payment	\$375	Initial Hospitalization	\$1,000
		Hospital Benefit (1 day)	\$250
		Crutches	\$125
		Follow-up Visit (3)	\$75
		Physical Therapy (2x)	\$50
		Total Payment	\$2,650

*These hypothetical examples are for illustrative purposes only.

Your Semi-Monthly Premium Deduction	
Non-occupational Coverage	
For you	\$10.44
For you and your spouse	\$14.07
For you and your child(ren)	\$15.52
For you and your family	\$19.15

Premiums will not change due to age changes.

What benefits are payable for covered accidents?

Accident Insurance Schedule	
<i>Initial Emergency Treatment: Pays a benefit for accident emergency treatment, ambulance transportation for medical treatment of a covered accident and certain other services.</i>	
Ambulance*	\$200 - Ground ambulance \$1,500 - Air ambulance
Accident Emergency Treatment*	\$150 - Emergency Room \$75 - Non-Emergency Room Limited to once each accident and once in any 24-hour period.
Major Diagnostic Exams	\$200 per benefit year. Initial treatment must be provided within 6 days of the accident.
Blood/Plasma/Platelets	\$200 payable once for any accident
<i>Hospital Care: Traditional health insurance policies may have deductibles and co-payments associated with hospital stays. Accident benefits can help cover your out-of-pocket costs resulting from a hospital admission due to a covered accident.</i>	
Initial Accident Hospitalization	\$1,000 limited to once per benefit year. Increases to \$1,500 if immediately admitted to the ICU.
Daily Hospital Confinement	\$250 not to exceed 365 days
Daily Intensive Care Unit Confinement	\$500 not to exceed 15 days per Accident. Paid <u>in addition</u> to the daily Hospital Confinement Benefit.
<i>Accidental Injuries: Benefits are payable for many injuries.</i>	
Dislocation (Separated Joint)*	Up to \$4,000 for Open Reduction (Surgical). Up to \$1,000 for Closed Reduction (repair by manipulation). Limited to 2 dislocations per accident. If reduction is administered without general anesthesia, 25% of the Closed Reduction benefit is payable.
Fractures (Broken Bones)	Up to \$5,000 for Open Reduction (Surgical). Up to \$2,500 for Closed Reduction (repair by manipulation). Limited to 2 fractures per accident. Chip fractures and other fractures not reduced by Open or Closed Reduction will be payable at 25% of the amount otherwise payable for the Closed Reduction.
Emergency Dental Work*	\$200 - Broken teeth repaired with crowns \$65 - Broken teeth resulting in extractions Limited to 1 benefit per accident.
Concussion*	\$100
Eye Injury	\$300 - Surgical repair \$65 - Removal of foreign body by a doctor
Lacerations*	\$35 to \$500
Burns*	Third Degree Burns - \$1,000 to \$20,000** Second Degree Burns - \$400 to \$2,000** Skin Grafts - 50% of the total burn benefit* payable **Burn benefit is a fixed amount determined by the surface area burned.
<i>Surgical Care: Provides a benefit for covered surgical procedures performed within 90 days of the accident.</i>	
\$1,250	Open abdominal (including exploratory laparotomy), cranial (head), hernia, or thoracic (chest) surgery.
\$625	Repair of tendons and/or ligaments, torn rotator cuffs, ruptured discs, or torn knee cartilages.
\$300	Arthroscopy without surgical repair, or miscellaneous surgery requiring general anesthesia that is not covered by any other specific-sum injury benefit. Miscellaneous surgery limited to one surgery per 24-hour period.

Transportation: Assists when you or your covered dependent require medical care or treatment as prescribed by an attending doctor that is not available within 100 miles of the accident or your or your covered dependent's residence.

Transportation	\$600 limited to 3 round trips per benefit year for you and each covered dependent. Benefit is payable upon completion of the round trip. Excludes ground or air ambulance.
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Lodging Assistance: If you or your covered dependent are hospital confined more than 100 miles from your or your covered dependent's residence due to an injury, the Accident policy can help with costs.

Lodging	\$100 per day Limited to one benefit per day and 30 days per accident per benefit year.
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Accidental Death and Dismemberment: If injury results in death or dismemberment, a lump sum benefit is payable.

Accidental Death Benefit	Employee - \$25,000 ; Spouse - \$25,000 ; Child - \$5,000
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Common Carrier Death Benefit	Employee - \$100,000 ; Spouse - \$100,000 ; Child - \$20,000 Either the accidental death or the common carrier accidental death benefit will be paid, but not both.
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Dismemberment	Loss of Finger, Toe, Hand, Foot, Arm, Leg, Eye - \$750 to \$15,000
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Follow-up care: Helps with expenses for additional care or support that might be required after the initial treatment for an accident. Certain benefits may not be payable if provided on the same day.

Follow-up Treatment*	\$25 per day, not to exceed 6 payments
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Physical Therapy*	\$25 per day, for up to 10 days of treatments
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Appliances	\$125 - Wheelchairs, leg or back braces, crutches or walkers Limited to one appliance per accident
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Rehabilitation Unit	\$150 per day; limited to 30 days per period of confinement and limited to 60 days per benefit year
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Prosthesis	\$500 limited to one per accident
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Serious Accidents: Serious accidents can result in life changing losses. Benefits are payable for the following conditions as a result of a covered accidental injury.

Coma	\$20,000
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Paralysis	\$50,000 for Quadriplegia; \$25,000 for Paraplegia Payable only once per lifetime
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*Initial treatment must be provided within 72 hours of the accident.

Important Definitions

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements: maintain clinical records on all patients; have every patient be under the care of a doctor; provide 24-hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse; be licensed or be approved by the state or local licensing agency; meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Other Important Plan Provisions

Accident

For benefits to be payable under this policy, the accident must be due to a sudden, unforeseen, external and unexpected event, which results in an injury and which occurs while you or your covered dependent are insured under this policy. This plan does not cover sickness, cerebrovascular accident (stroke) or any drug overdose unless the drugs were used as prescribed by a doctor. Sickness means a disease, illness or other condition not related to an injury, including diseases or infections resulting from bug bites, stings or infestations by microorganisms.

We will not pay benefits for you or your covered dependent relating to or resulting from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; services or treatment rendered or hospital confinement outside the United States; or dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an accident. We will not pay benefits for you or your covered dependent if the accident or injury results, directly or indirectly, from: service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder or an associated company, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats; participation in mountaineering, operating a glider, bungee jumping or skydiving; operating a taxi or any other delivery service for any kind of compensation or profit; any physical or mental sickness or related complications; or treatment or complications of treatment.

In the case of non-occupational coverage, we will not pay benefits if the accident or injury results, directly or indirectly, from any work you or your covered dependent do for pay or benefits.

State variations can exist; please contact Assurant Employee Benefits for additional information.



Choosing to plan for sudden illness

Critical Illness Insurance

Can your finances survive a serious illness?

Maybe it's happened to someone you know. A sudden illness such as a heart attack or stroke can cause devastating physical and financial consequences.

- 1.5 million Americans will declare bankruptcy this year, 60% due to medical bills.¹
- An estimated 83.6 million American adults (greater than 1 in 3) have cardiovascular disease.²
- Fewer than 1 in 4 Americans (24%) have enough savings to cover at least 6 months' expenses.³



How can critical illness insurance help?

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, child care, travel to and from treatment, high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date with a covered critical illness.

How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ Facts About Critical Illness Insurance Coverage and Costs, 2012
² American Heart Association 2013
³ 2013 research from Bankrate.com

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Assurant Employee Benefits for additional details.

Critical Illness Q&A

Q. I'm not signed up for Critical Illness insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you first became eligible for this coverage within the last 90 days, you can enroll for amounts up to **\$15,000** for yourself without answering health questions. To enroll for more coverage than the amount shown above, you'll need to answer a simple health statement.

If you were offered this coverage more than 90 days ago, but chose not to enroll, you can join the plan now, but you'll need to provide proof of good health. Once approved, a pre-existing conditions limitation will apply.

A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition unless you or your covered dependent are initially diagnosed with a critical illness or undergo a procedure after the earlier of:

- 12 consecutive months during which you or your covered dependent are continuously insured under this plan; or
- 12 consecutive months during which you or your covered dependent do not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances for that condition.

See your certificate for additional pre-existing condition details.

Q. What benefits are provided under this plan?

A. After your coverage effective date, if you are first diagnosed for a covered critical illness or undergo a covered procedure, you could receive up to **\$50,000** depending on the amount of coverage you elect.

- You cannot collect more than 100% of your elected benefit in any one category unless you qualify for a recurrence benefit.
- You can receive benefits from a different procedure category if there is at least 6 consecutive months between the diagnosis or procedure dates.

Q. What is the Recurrence Benefit?

A. If, after 18 months of being treatment free from the initial critical illness, you are diagnosed with the same condition or have the same procedure again, we'll pay an additional 25% of the previously paid benefit. The recurrence benefit can only be paid once in each category. Note: the recurrence benefit is not payable for Category 3.

Q. What is the Total Benefit I can receive?

A. You could receive up to 350% of your elected amount (100% of the elected amounts in each category as well as the 25% Recurrence Benefit in categories 1 and 2 only).

Q. What is the Annual Wellness Screening Benefit?

A. If you and your dependents enroll in the plan, each of you are eligible for \$50 per benefit year for any one Wellness Screening test from a list of more than 20 covered tests. Covered tests include: cardiac exercise stress test; fasting blood glucose test; blood test for lipids including total cholesterol, LDL, HDL and triglycerides; breast ultrasound or mammography; CA15-3 (blood test for breast cancer); CA 125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis; carotid doppler; electrocardiogram; echocardiogram. In order to receive this benefit, the wellness screening test must be performed after your coverage effective date.

Category	Covered Illnesses/Procedures	Percent of Benefit Payable
1	<ul style="list-style-type: none"> • Heart attack, heart failure, stroke • Coronary bypass surgery 	100% 25%
2	<ul style="list-style-type: none"> • Blindness, major organ failure (excluding heart failure), end stage kidney disease, paralysis (excluding paralysis from stroke), coma 	100%
3	<ul style="list-style-type: none"> • Invasive cancer • Cancer in situ 	100% 25%

Q. When will my coverage become effective?

- A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

How much does Critical Illness Cost?

Your cost depends on how much coverage you select, your age as of the effective date and whether or not you use tobacco. Because issue age rating applies, your premiums will not increase due to age changes.

You may elect coverage for yourself in units of \$5,000 up to \$50,000. **Your benefit is subject to a 50% reduction, rounded to the next higher \$1,000, when you turn age 70.**

Employee Critical Illness Insurance Semi-Monthly Premiums												
Issue Age	Non-Tobacco User						Tobacco User					
	<30	30-39	40-49	50-59	60-64	65+	<30	30-39	40-49	50-59	60-64	65+
\$5,000	\$2.28	\$3.68	\$5.93	\$11.25	\$16.33	\$19.13	\$3.33	\$6.13	\$10.43	\$20.80	\$27.88	\$29.48
\$10,000	\$4.55	\$7.35	\$11.85	\$22.50	\$32.65	\$38.25	\$6.65	\$12.25	\$20.85	\$41.60	\$55.75	\$58.95
\$15,000	\$6.83	\$11.03	\$17.78	\$33.75	\$48.98	\$57.38	\$9.98	\$18.38	\$31.28	\$62.40	\$83.63	\$88.43
\$20,000	\$9.10	\$14.70	\$23.70	\$45.00	\$65.30	\$76.50	\$13.30	\$24.50	\$41.70	\$83.20	\$111.50	\$117.90
\$25,000	\$11.38	\$18.38	\$29.63	\$56.25	\$81.63	\$95.63	\$16.63	\$30.63	\$52.13	\$104.00	\$139.38	\$147.38
\$30,000	\$13.65	\$22.05	\$35.55	\$67.50	\$97.95	\$114.75	\$19.95	\$36.75	\$62.55	\$124.80	\$167.25	\$176.85
\$35,000	\$15.93	\$25.73	\$41.48	\$78.75	\$114.28	\$133.88	\$23.28	\$42.88	\$72.98	\$145.60	\$195.13	\$206.33
\$40,000	\$18.20	\$29.40	\$47.40	\$90.00	\$130.60	\$153.00	\$26.60	\$49.00	\$83.40	\$166.40	\$223.00	\$235.80
\$45,000	\$20.48	\$33.08	\$53.33	\$101.25	\$146.93	\$172.13	\$29.93	\$55.13	\$93.83	\$187.20	\$250.88	\$265.28
\$50,000	\$22.75	\$36.75	\$59.25	\$112.50	\$163.25	\$191.25	\$33.25	\$61.25	\$104.25	\$208.00	\$278.75	\$294.75

Can I buy coverage for my family?

If you elect coverage for yourself, you can elect coverage for your eligible family members. You may purchase coverage for your spouse in units of \$2,500 up to \$25,000. The spouse amount cannot exceed 50% of the employee amount. You may buy coverage for your children too in units of \$2,500 up to \$5,000. The child amount cannot exceed 50% of the employee amount.

If your dependents first became eligible for this coverage within the last 90 days, you can enroll your spouse for amounts up to \$7,500 and up to \$5,000 for each child without answering health questions. You will need to complete a simple health questionnaire if your dependent became eligible more than 90 days ago. Once approved, the pre-existing conditions limitation will apply.

Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

Spouse Critical Illness Insurance Semi-Monthly Premiums												
Issue Age	Non-Tobacco User						Tobacco User					
	<30	30-39	40-49	50-59	60-64	65+	<30	30-39	40-49	50-59	60-64	65+
\$2,500	\$1.23	\$1.90	\$2.95	\$5.49	\$7.88	\$9.24	\$1.75	\$3.08	\$5.14	\$10.13	\$13.51	\$14.26
\$5,000	\$2.45	\$3.80	\$5.90	\$10.98	\$15.75	\$18.48	\$3.50	\$6.15	\$10.28	\$20.25	\$27.03	\$28.53
\$7,500	\$3.68	\$5.70	\$8.85	\$16.46	\$23.63	\$27.71	\$5.25	\$9.23	\$15.41	\$30.38	\$40.54	\$42.79
\$10,000	\$4.90	\$7.60	\$11.80	\$21.95	\$31.50	\$36.95	\$7.00	\$12.30	\$20.55	\$40.50	\$54.05	\$57.05
\$12,500	\$6.13	\$9.50	\$14.75	\$27.44	\$39.38	\$46.19	\$8.75	\$15.38	\$25.69	\$50.63	\$67.56	\$71.31
\$15,000	\$7.35	\$11.40	\$17.70	\$32.93	\$47.25	\$55.43	\$10.50	\$18.45	\$30.83	\$60.75	\$81.08	\$85.58
\$17,500	\$8.58	\$13.30	\$20.65	\$38.41	\$55.13	\$64.66	\$12.25	\$21.53	\$35.96	\$70.88	\$94.59	\$99.84
\$20,000	\$9.80	\$15.20	\$23.60	\$43.90	\$63.00	\$73.90	\$14.00	\$24.60	\$41.10	\$81.00	\$108.10	\$114.10
\$22,500	\$11.03	\$17.10	\$26.55	\$49.39	\$70.88	\$83.14	\$15.75	\$27.68	\$46.24	\$91.13	\$121.61	\$128.36
\$25,000	\$12.25	\$19.00	\$29.50	\$54.88	\$78.75	\$92.38	\$17.50	\$30.75	\$51.38	\$101.25	\$135.13	\$142.63

Child Critical Illness Insurance Semi-Monthly Premiums		
Benefit	\$2,500	\$0.24
	\$5,000	\$0.48

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Other Important Plan Provisions

Critical Illness

We will not pay benefits for you or your covered dependent if the critical illness or procedure is related to or resulting directly or indirectly from: services or treatment not included in the Schedule; services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant for you or your covered dependent in which the covered person's own bone marrow is used; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drug, unless used as prescribed by a doctor; intentionally self-inflicted injury, while sane or insane; suicide or attempted suicide, while sane or insane.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Choosing to focus on
winning the battle

Cancer Insurance



ASSURANT
Employee
Benefits®

What are the chances that I might be diagnosed with cancer?

While 1 in 3 Americans are expected to get cancer in their lifetime¹, advances in early detection, medicines, surgical procedures, and chemotherapy, as well as alternative treatments, have improved the odds of surviving. In fact, recent data shows the five-year survival rate to be 66%¹.

With increases in cancer treatment options comes increased costs. In 2007, the National Institute of Health estimated the overall cost of cancer to be in excess of \$219 billion.

How can cancer insurance help?

Cancer insurance provides fixed benefits for early detection and treatment of certain kinds of cancer, including related expenses such as screenings, hospital confinement, radiation, chemotherapy, surgery and more. Benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose.



How do I know if I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

This product is inappropriate for those persons who are eligible for Medicaid coverage.

Key Advantages of This Plan

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Fast and accurate claims service.
- Coverage is fully portable - if you change jobs you can take your coverage with you.

Sources: ¹ American Cancer Society, National Cancer Facts & Figures, 2008

This cancer policy pays benefits if a covered person is diagnosed after the covered person's effective date and receives services or treatment while insured under this policy. This is a cancer only insurance policy. It does not pay benefits for loss from any other cause. This policy provides limited benefits and has some specific benefit limits. This is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan, or a policy of Workers' Compensation insurance. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, and restrictions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and availability. Issued insurance contracts determine all plan features and benefits. Always review your insurance certificate booklet for complete contract provisions.

Cancer Q&A

Q. I'm not signed up for Cancer insurance. Can I enroll now?

A. Yes! Whether you've just become eligible for this coverage or didn't sign up in the past, now is the time to enroll.

If you were offered this coverage in the past, but chose not to enroll, you can join the plan now, but you'll need to provide proof of good health. Once approved, a pre-existing conditions limitation will apply.

A pre-existing condition means a sickness, symptom or physical finding, or any related sickness, symptom or physical finding, for which you or your covered dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances during the 12 months that end on the day before you or your covered dependent became insured under the policy. We will not pay benefits for claims resulting, directly or indirectly from a pre-existing condition unless you or your covered dependent are diagnosed with cancer after the earlier of:

- 12 consecutive months during which you or your covered dependent are continuously insured under this plan; or
- 12 consecutive months during which you or your covered dependent do not consult with or receive advice from a licensed medical practitioner or receive medical or dental care, treatment or services, including taking drugs, medicine, insulin, or similar substances, for that condition.

See your certificate for additional pre-existing condition details.

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth to less than age 26. See your certificate or group insurance policy for additional eligibility details.

You will need to complete a simple health questionnaire for any dependents you wish to cover. Once approved, the pre-existing conditions limitation will apply.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date.

Otherwise, your coverage will become effective on the day you return to full-time duties. If a family member is in a hospital on the day insurance would otherwise take effect, then insurance will take effect on the day after the family member leaves the hospital.

How much does Cancer insurance cost?

The financial assistance that Cancer insurance can provide doesn't have to take a big bite out of your wallet. Because issue age rating applies, your premiums will not increase due to age changes. Your premiums are based on your age as of the effective date and whether or not you use tobacco.

Cancer Insurance Semi-Monthly Premium Deduction Level 1

Issue Age	<40	40-49	50-59	60-64	65+
For you	\$6.92	\$6.92	\$8.53	\$13.61	\$18.22
For you and your spouse	\$11.77	\$11.77	\$14.51	\$23.13	\$30.97
For you and your child(ren)	\$7.60	\$7.60	\$9.21	\$14.28	\$18.90
For you and your family	\$12.44	\$12.44	\$15.18	\$23.80	\$31.65

Cancer Insurance Semi-Monthly Premium Deduction Level 2

Issue Age	<40	40-49	50-59	60-64	65+
For you	\$16.26	\$16.26	\$20.05	\$31.98	\$42.82
For you and your spouse	\$27.64	\$27.64	\$34.09	\$54.36	\$72.78
For you and your child(ren)	\$17.89	\$17.89	\$21.68	\$33.60	\$44.44
For you and your family	\$29.27	\$29.27	\$35.71	\$55.98	\$74.41

What benefits are payable under this Cancer insurance plan?

The following Level 1 or Level 2 benefits are available. Benefit amounts will depend on the selection of Level 1 or Level 2 and premium will vary based on the level of benefits selected. Level 2 can provide a higher benefit amount in some categories. The issued policy controls all benefit amounts.

Covered Services	Level 1 Benefits	Level 2 Benefits
<p>Cancer Screening</p> <p>Includes the following tests or procedures for internal cancer for which you or your covered dependent are charged: colonoscopy, CA 125 test, chest x-ray, flexible sigmoidoscopy, mammogram, pap smear, biopsy, PSA, CT scans or MRI scans, BRCA testing, or Hemocult stool specimen. This benefit is limited to once per benefit year.</p>	\$50	\$75
<p>Second Surgical Opinion</p> <p>This benefit is payable if you or your covered dependent are diagnosed by a doctor with internal cancer requiring surgery and obtain a second surgical opinion.</p>	\$200	\$200
<p>Surgery and General Anesthesia</p> <p>This benefit is payable if you or your covered dependent are diagnosed by a doctor with internal cancer requiring surgery. A separate benefit amount is paid for the surgery and for general anesthesia. Benefits vary based on the procedure performed. Combined maximum for any one surgery is \$2,000 for Level 1 and \$7,500 for Level 2. Surgery for skin cancer and reconstruction is not covered under this benefit.</p>	<p>Anesthesia - \$50 to \$1,815</p> <p>Surgical - \$150 to \$5,500</p>	<p>Anesthesia - \$50 to \$1,815</p> <p>Surgical - \$150 to \$5,500</p>
<p>Hospital Confinement</p> <p>A daily benefit is payable for each day you or your covered dependent are confined to a hospital for inpatient treatment for internal cancer. Limited to 90 days per period of hospital confinement.</p>	\$200 Daily	\$400 Daily
<p>In-hospital Blood and Plasma</p> <p>Pays the amount shown for each day you or your covered dependent receive blood and/or plasma due to internal cancer treatment while hospital confined.</p>	\$50 Daily	\$50 Daily
<p>Outpatient Blood and Plasma</p> <p>Pays the amount shown for each day you or your covered dependent receive outpatient blood and/or plasma transfusions in a doctor's office, clinic, hospital, or ambulatory surgical center directly related to internal cancer treatment.</p>	\$50 Daily	\$50 Daily
<p>Ambulance</p> <p>This benefit is payable for a licensed professional ambulance to transport you or your covered dependent to a hospital for inpatient internal cancer treatment. Limited to 2 one-way trips per period of hospital confinement per covered person.</p>	\$250	<p>Ground - \$250</p> <p>Air - \$2,000</p>
<p>In-hospital Doctor Visits</p> <p>Pays the amount shown for you or your covered dependent each day you are visited by a doctor other than the operating surgeon while hospital confined for internal cancer treatment. Limited to a maximum of 75 visits.</p>	\$25 Daily	\$25 Daily

Covered Services	Level 1 Benefits	Level 2 Benefits
<p>Prosthesis</p> <p>This benefit is payable if you or your covered dependent receive an implantable or non-implantable prosthetic device, such as a voice box, hairpiece or removable breast prosthesis as a direct result or consequence of the treatment of internal cancer. Lifetime maximum for surgically implanted prosthesis is \$4,000 for Level 1 and \$6,000 for Level 2. Lifetime maximum for other devices is \$400 for Level 1 and \$600 for Level 2. Excludes coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) flap procedure.</p>	<p>Surgically Implanted - \$2,000</p> <p>Other Devices - \$200</p>	<p>Surgically Implanted - \$3,000</p> <p>Other Devices - \$300</p>
<p>Skin Cancer</p> <p>This benefit is payable for procedures performed if you or your covered dependent are diagnosed with skin cancer and includes the amount payable for anesthesia services. The amount payable varies based on the procedure performed.</p> <ul style="list-style-type: none"> ▪ Biopsy Only ▪ Reconstructive surgery following previous excision of skin cancer ▪ Excision of skin cancer without flap or graft ▪ Excision of skin cancer with flap or graft 	<p>\$100</p> <p>\$250</p> <p>\$375</p> <p>\$600</p>	<p>\$100</p> <p>\$250</p> <p>\$375</p> <p>\$600</p>
<p>Radiation and Chemotherapy</p> <p>If you or your covered dependent receive cytotoxic medications or radiation (approved by the FDA or NCI-listed) administered by medical personnel in a hospital, clinic or doctor's office as internal cancer treatment for the purpose of changing or destroying abnormal tissue, the following benefits will be paid:</p> <ul style="list-style-type: none"> ▪ Injected Cytotoxic Medications ▪ Pump Dispensed Cytotoxic Medications ▪ Oral Cytotoxic Medications ▪ Cytotoxic Medications Administration by Any Other Method ▪ External Radiation Therapy ▪ Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium ▪ Oral or I.V. Radiation 	<p>\$300 Weekly</p> <p>\$300 First Prescription & per Refill</p> <p>\$150 per Prescription</p> <p>\$300 Weekly</p> <p>\$400 Weekly</p> <p>\$450 Weekly</p> <p>\$400 Weekly</p>	<p>\$1,000 Weekly</p> <p>\$1,000 First Prescription & per Refill</p> <p>\$500 per Prescription</p> <p>\$1,000 Weekly</p> <p>\$600 Weekly</p> <p>\$750 Weekly</p> <p>\$600 Weekly</p>
<p>This benefit is not payable for the same day the Experimental Treatment benefit is payable. These benefits are not payable for treatment planning, therapeutic devices, immunotherapy, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures. Maximums apply: Oral Cytotoxic Medications are subject to a \$450 monthly maximum for Level 1, \$1,500 for Level 2. For Level 1, a \$4,000 benefit year maximum applies to each of the other listed treatments, \$12,000 for Level 2.</p>		

Covered Services	Level 1 Benefits	Level 2 Benefits
<p>Extended-care Facility</p> <p>Pays the amount shown for you or your covered dependent for each day you are confined in an extended-care facility. This benefit is payable if the extended care confinement occurs within 30 days of a period of hospital confinement due to internal cancer and you have received a Hospital Confinement benefit. Limited to a maximum of 90 days per benefit year per covered person. This benefit is not payable for any day the Hospital Confinement benefit is payable.</p>	\$200 Daily	\$200 Daily
<p>Hospice</p> <p>Pays the daily amount shown for hospice care for you or your covered dependent for terminal illness as a result of internal cancer. Limited to a maximum of 100 days during the covered person's lifetime. This benefit is not payable for any day the Extended-Care Facility benefit, the Home Health Care benefit or the Hospital Confinement benefit is payable.</p>	\$100 Daily	\$100 Daily

Additional benefits available if you enroll in Level 2.

Covered Services	Level 2 Benefits
<p>National Cancer Institute Evaluation/Consultation</p> <p>Pays the amount shown if you or your covered dependent obtain an evaluation or consultation at a National Cancer Institute designated cancer center strictly to determine the appropriate course of cancer treatment as a result of receiving a prior diagnosis of internal cancer. This benefit is not payable for the same day the Second Surgical Opinion benefit is payable. This benefit is limited and only payable once per lifetime.</p>	\$500
<p>Medical Imaging</p> <p>When a follow-up evaluation is performed using any imaging test as directed by a doctor after an initial diagnosis of internal cancer, (except breast mammography and breast ultrasound) this benefit is payable. You may receive this benefit twice per benefit year provided you or your covered dependent are charged for these procedures and they are performed on an outpatient basis.</p>	\$100
<p>Home Health Care</p> <p>If a doctor prescribes home health care or health support services for you or your covered dependent after being released from the hospital due to internal cancer this benefit is payable. The service must begin within 7 days of the date you or your covered dependent are released from hospital confinement. This benefit is not payable for any day the Hospice benefit is payable. Caregivers must be licensed or certified. Limited to a maximum of 10 visits per period of hospital confinement; up to 30 visits per benefit year.</p>	\$50 per Visit
<p>First Occurrence</p> <p>Pays the amount shown when you or your covered dependent are diagnosed for the first time as having internal cancer. A 30-day waiting period applies. This benefit is only payable once per lifetime.</p>	\$5,000
<p>Outpatient Hospital Surgical</p> <p>When a doctor performs a surgical procedure on an outpatient basis in a hospital or ambulatory surgical center on you or your covered dependent for internal cancer this daily benefit is payable. This benefit is not payable for surgery performed in a doctor's office or if you or your covered dependent are hospital confined on the same day. Limited to a maximum of 3 days per procedure.</p>	\$250 Daily

Covered Services	Level 2 Benefits
<p>Transportation</p> <p>Pays the amount shown for round trip transport (not including ambulance) to a hospital or clinic for the purpose of obtaining internal cancer treatment prescribed by your or your covered dependent's local attending doctor. The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. The benefit will also be paid for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a covered dependent child and he or she is accompanied by a parent or guardian. Limited to 3 round trips per benefit year, per covered person.</p>	<p>\$500</p>
<p>Lodging</p> <p>This benefit is payable daily for hotel lodging during treatment for internal cancer at a hospital or clinic. The hospital or clinic must be more than 100 miles away from your or your covered dependent's residence. Limited to 1 benefit per day up to 90 days per benefit year, per covered person.</p>	<p>\$100 Daily</p>
<p>Bone Marrow or Stem Cell Transplant</p> <p>Pays the amount shown if you or your covered dependent is charged for a bone marrow transplant or a peripheral stem cell transplant as the result of internal cancer. A benefit is paid for either a bone marrow transplant or a stem cell transplant, not both. Payable once per lifetime, per covered person.</p>	<p>Bone Marrow - \$10,000</p> <p>(Donor - \$1,500)</p> <p>Stem Cell - \$2,500</p>
<p>Nursing Services</p> <p>Pays the daily amount shown if a doctor prescribes a private nurse for full-time care in addition to those provided by the hospital while you or your covered dependent are hospital confined for internal cancer. Care must be provided by a licensed registered graduate nurse or vocational nurse, but not by a family member. Limited to 30 days per benefit year per covered person.</p>	<p>\$125 Daily</p>
<p>Immunotherapy</p> <p>This benefit is payable when you or your covered dependent receive immunotherapy prescribed by a doctor as treatment for internal cancer. We will not pay benefits under this provision for the same treatment under either the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit. Lifetime maximum of \$3,500 applies, per covered person.</p>	<p>\$450 Monthly</p>
<p>Reconstructive Surgery</p> <p>Pays the amounts shown for internal cancer related reconstructive surgery listed below. In addition, 30% of the surgery amounts listed is paid for general anesthesia used during these procedures.</p> <ul style="list-style-type: none"> ▪ Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast) ▪ Breast Reconstruction ▪ Facial Reconstruction ▪ Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap 	<p>\$350</p> <p>\$700</p> <p>\$700</p> <p>\$2,500</p>
<p>Alternative Care</p> <p>Pays the amount shown per visit to an accredited practitioner for you or your covered dependent upon the diagnosis of internal cancer for Palliative care (acupuncture, massage therapy, bio-feedback and hypnosis), and Lifestyle training (smoking cessation, Yoga, meditation, relaxation techniques, Tai Chi and nutritional counseling). Limited to 20 visits per benefit year under either category, per covered person and lifetime maximum of 2 benefit years. There is also a one-time benefit (\$150) for Integrative Assessment and Education when performed by an accredited practitioner following the diagnosis of internal cancer.</p>	<p>\$50 per Visit</p>

Covered Services	Level 2 Benefits
<p>Experimental Treatment</p> <p>This benefit is payable for doctor prescribed experimental treatments intended to destroy or change abnormal tissue. Treatment must be administered by medical personnel in a doctor's office, clinic, or hospital; maximum monthly benefit is \$1,050. We will not pay benefits under this provision for laboratory tests, immunotherapy, diagnostic x-rays and therapeutic devices or other procedures related to these treatments. This benefit is not payable for any day the Radiation or Chemotherapy benefit is payable.</p>	<p>\$150 Daily</p>
<p>Anti-nausea</p> <p>Pays the amount shown for each month you or your covered dependent are charged for drugs prescribed by a doctor to control nausea related to chemotherapy or radiation treatments for internal cancer.</p>	<p>\$100 Monthly</p>
<p>Post-hospital Doctor Visits</p> <p>If you or your covered dependent visit the doctor after being released from the hospital, this benefit is payable per doctor visit once every 6 months. Benefits payable up to 5 years after the diagnosis of internal cancer for the purpose of ongoing cancer evaluation.</p>	<p>\$50 per Visit</p>

Important Definitions

Cancer means you or your covered dependent have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia, and non-malignant skin lesions will not be considered cancer.

Diagnosed, diagnosis or diagnoses means an evaluation of a medical condition for you or your covered dependent that is performed by a doctor whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the American Board of Medical Specialties criteria. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to nationally recognized authorities. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated: if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the American Board of Professional Psychology in the area of clinical neuropsychology; if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the American Thoracic Society criteria; and if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the American College of Sports Medicine or American Heart Association standards.

Hospital means an institution which is primarily engaged in providing, by and under the supervision of doctors to inpatients, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements: maintain clinical records on all patients; have every patient be under the care of a doctor; provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse; be licensed or be approved by the state or local licensing agency; meet other health and safety requirements found necessary by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and is not primarily a clinic, nursing, rest or convalescent home.

Hospital confined or hospital confinement means admission to a hospital as an inpatient for at least 24 consecutive hours by a doctor for an injury or sickness. A hospital stay that does not result in charges to you or your covered dependent is not a hospital confinement under this policy unless there is no charge because the hospital is a United States government facility.

Internal Cancer means a cancer contained within the body. Internal cancers do not include cancers of the skin except for melanomas classified as Clark's Level III and higher or a Breslow level greater than or equal to 1.5mm.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Limitations, exclusions, restrictions and reductions

Please carefully review the Other Important Plan Provisions section for additional important plan limitations, exclusions, restrictions and reductions that may apply.



Other Important Plan Provisions

Cancer

We will not pay benefits relating to or resulting, directly or indirectly, from any of the following: services or treatment for which you or your covered dependent are not charged, unless there is no charge because the facility is a United States government facility; services or treatment not included in the Schedule; services or treatment provided by a family member; services or treatment rendered or hospital confinement outside the United States; any cancer diagnosed solely outside the United States; services or treatment provided primarily for cosmetic purposes; services or treatment for premalignant conditions; services or treatment for conditions with malignant potential; services or treatment for non-cancer illnesses; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; treatment of mental illness; intoxication (intoxication means the blood alcohol level for you or your covered dependent exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); intentionally self-inflicted injury, while sane or insane; or suicide or attempted suicide, while sane or insane.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Choosing to prepare for out-of-pocket medical costs



ASSURANT
Employee
Benefits®

Gap Insurance

How will you cover the health insurance expense gap?

Managing routine health care costs is difficult enough, but when you have a covered sickness or injury that requires a hospital stay or expensive outpatient procedures, you could find yourself trying to manage insurance deductibles, co-pays or other expenses not fully paid by your health insurance.

- The average cost of a one day inpatient hospital stay is over \$1,800.¹
- The average length of a hospital stay is 5 days.²
- 76% of workers with HDHP's have an out-of-pocket maximum over \$2,500.³



How can Gap insurance help?

Hospital Confinement Indemnity “Gap” insurance* is designed to provide benefits that supplement existing major medical or comprehensive health insurance plans. The additional benefits help to cover out-of-pocket expenses related to coinsurance, co-pays and deductibles for inpatient and outpatient services. If you are already enrolled in a high deductible medical plan, or are thinking about switching to one, you can have peace of mind by enrolling in Gap coverage to help manage your out-of-pocket medical expenses.

How do I know if I’m eligible to participate in this plan?

To elect coverage under this plan, you must be covered under your employer’s Medical/Comprehensive plan (this does not include any limited medical plan).

What benefits are provided under this plan?

This plan provides benefits for out-of-pocket expenses due to hospital confinements and outpatient treatment from a covered injury or sickness up to the annual calendar year maximums selected by your employer.

Key Advantages of This Plan

- Fast and accurate claims service.
- No health questions for timely applicants.
- No exclusions for pre-existing conditions.

Sources: ¹ Kaiser State Health Facts, 2009; Health Costs and Budgets
² CDC/NCHS, National Hospital Discharge Survey, 2008 Edition
³ Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010

*Group Hospital Confinement Indemnity “Gap” Insurance is underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111. Policy #MG 111; Policy Form #M-9054. This is a limited policy and has some specific benefit limits. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions and restrictions. The policy may be canceled with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and availability. Issued insurance contracts determine all plan features and benefits. Contact Assurant Employee Benefits for additional details.

Gap Q&A

Q. What about coverage for my family?

- A. If you elect coverage for yourself, you can elect coverage for your eligible family members. An eligible dependent means your spouse or dependent child(ren) who are under 26 years of age and who are covered under your employer's Medical/Comprehensive plan. Dependent children include stepchildren, legally adopted and foster children.

Dependent insurance for a newborn dependent child, including an adopted newborn child or child(ren) placed for adoption, will automatically take effect at birth, adoption or placement for adoption and will continue for 31 days. For insurance to continue beyond the 31 days, you must notify us (if dependent child insurance is not already in force) and make the required premium payment within the 31-day period.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Q. Do I need to answer any medical questions?

- A. No, you can sign up for this coverage without answering medical questions so long as you apply within 31 days of the date you meet your employer's eligibility requirements.

Q. What constitutes an outpatient claim? Is it anything that hits the deductible where the major medical pays and there was no admission to the hospital?

- A. Outpatient treatment can be covered under the Gap plan if it is for sickness or injury and not otherwise excluded under the policy. Treatment must be performed in a hospital, outpatient surgical or emergency facility or a diagnostic or similar facility that is licensed to provide outpatient treatment. "Similar facilities" includes a physician's office. Urgent care facilities, either free-standing or within a retail outlet (such as Walgreens) are also considered a "similar facility". Outpatient treatment provided at the person's home is not covered.

Examples of charges that could be covered under Outpatient include: X-rays, physical therapy, diagnostic tests, lab/blood work, allergy shots (if they are administered in the doctor's office, not self-administered) and kidney dialysis.

Q. How are physician charges handled?

- A. Physician charges that are incurred while a person is hospital confined are payable under the Inpatient Benefit. Emergency room (ER) physician charges may be payable under the Inpatient Benefit or the Outpatient Benefit depending on the nature of the ER visit. In any other circumstance, the physician charge and/or the physician's office visit charge are not payable under the Gap plan.

Q. How is chiropractic care handled?

- A. Charges for manipulation are not covered, however, x-rays or other diagnostic imaging provided at the chiropractor's office could be covered.

Q. Are Hospital Nursery Wellbaby Charges covered?

- A. No, because the plan only pays benefits for sickness or injury.

Q. What are some other examples of a medical procedure or claim that would go against a health insurance deductible but would not be covered by the base Gap plan or Outpatient Rider?*

- A. • Prescriptions, including those for medical equipment such as a CPAP machine
 • Elective procedures
 • Wellness benefits, e.g. annual screenings, immunizations
 • Durable medical equipment - unless delivered in the Outpatient/ER of a hospital (e.g. crutches)

*Examples only. For a full list of exclusions, see Limitations, exclusions, restrictions and reductions section of this booklet.

How much does GAP insurance cost?

Gap Insurance Semi-Monthly Premium Deduction			
Age	<40	40-49	50+
For you	\$11.65	\$15.73	\$26.82
For you and your spouse	\$20.95	\$28.27	\$48.24
For you and your child(ren)	\$25.70	\$28.91	\$43.40
For you and your family	\$34.97	\$41.45	\$64.79

How can Gap insurance benefits be paid?

To see how a Gap plan can help, let's assume your employer offers a Medical/Comprehensive plan with a \$1,500 deductible, 80/20 coinsurance and \$2,500 out-of-pocket maximum. With a \$2,000 Inpatient/\$1,000 Outpatient Gap plan benefits could be payable as shown below:

Inpatient Benefit Payment Example*

Example: Hospital Stay & Surgery totaling \$12,000

	With Gap Coverage	Without Gap Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-Of-Pocket:	\$2,500	\$2,500
Selected Gap Benefit:	\$2,000	\$ 0
Net Out-Of-Pocket:	\$ 500	\$2,500

Outpatient Benefit Payment Example*

Example: One week of radiation for breast cancer totaling \$10,000

	With Gap Coverage	Without Gap Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-Of-Pocket:	\$2,500	\$2,500
Selected Gap Benefit:	\$1,000	\$ 0
Net Out-Of-Pocket:	\$1,500	\$2,500

**This hypothetical example is for illustrative purposes only. Your benefits will vary based on the plan chosen by your employer.*

Gap Insurance Schedule	
Inpatient Benefits:	
<ul style="list-style-type: none"> Inpatient Hospital stays Inpatient surgeries Physician's in-hospital charges Emergency room treatment for sickness (requires hospital confinement within 24 hours) or injury 	\$1,500* - per covered person per calendar year
Outpatient Benefits:	
<ul style="list-style-type: none"> Outpatient treatment of injury and sickness including surgery, diagnostic imaging and lab work Covers outpatient radiation and chemotherapy <p>Treatment may be performed in a hospital, physician's office, outpatient surgical or emergency facility, a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment</p> <p>Does not cover physician's office visits</p>	\$750* - per covered person per calendar year <i>The maximum calendar year benefit per family is two times the chosen benefit</i>

*Benefits are limited to the deductible, co-payment and co-insurance amounts you or your covered dependent are required to pay under your Medical/Comprehensive plan. The Gap policy may exclude expenses that are covered under the underlying major medical plan.

Important Definitions

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24-hour call and organized facilities for diagnosis or surgery either on its premises or in facilities available to it on a contractual prearranged basis. A hospital is not an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

A **Medical/Comprehensive** plan does not include any limited medical program, Medicare, or Medicaid.

Limitations, exclusions, restrictions and reductions

Limitations

This product does not have a pre-existing condition limitation, however, a condition must be covered under the insured's Medical/Comprehensive plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the Medical/Comprehensive plan would, in effect, limit coverage under this plan. Pregnancy is covered the same as any other illness for insured employees and their insured spouses if the pregnancy is payable under the insured person's Medical/Comprehensive plan. Pregnancy (except for Complications of Pregnancy) is not covered for dependent children, unless required by the state.

Exclusions

The policy does not provide any benefits for the following:

- Declared or undeclared war or any act thereof;
- Suicide or intentionally self-inflicted injury or any attempt thereat, while sane or insane (in Colorado or Missouri, while sane);
- Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- Confinement or other covered treatment for Dental or Vision not related to an accidental injury;
- Mental or nervous disorders;
- Alcoholism, drug addiction or complications thereof;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
- Any hospital confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- Any hospital confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Major Medical/Comprehensive Plan;
- Any hospital confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Plan. The Company's sole obligation will then be to refund all premiums paid for that Insured Person;
- And an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

State variations can exist; please contact Assurant Employee Benefits for additional information.

Choosing better eyesight for you and your family



ASSURANT
Employee
Benefits®

Vision Insurance

Why is vision health important?

A good eye exam can help you improve your eyesight and your health.

- 50% of the U.S. population requires corrective lenses.¹
- 90% of those who spend three hours or more per day working at a computer suffer from vision problems associated with eyestrain.²
- An eye exam can help provide early detection of major health issues³, such as diabetes.

How does my plan work?

You will get the most from your vision benefits by visiting a VSP doctor. VSP's Signature Network offers a wide choice of private practice optometrists, ophthalmologists and opticians. A VSP provider can be located by visiting vsp.com or calling VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, all you have to do is identify yourself as a VSP member to receive services. There are no claims forms to complete.

If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount by that provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

How do I know if I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company. Full-time means working 20.0 hours or more per week. Temporary or seasonal workers are not eligible.

Key Advantages of This Plan

- Doctors who offer flexible hours and office settings.
- Eyewear choices we believe you'll love.
- Access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP).
- No ID cards are needed.



Sources: ¹ Transitions Optical, Inc. 2009
² American Optometric Association. Computer Vision Syndrome. Available at: [HTTP://www.aoa.org/x5374.xml](http://www.aoa.org/x5374.xml). Accessed March 31, 2009
³ Human Capital Management Services, Inc. May, 2005 - June, 2009
⁴ Netminder as of March 29, 2010

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.

Vision Q&A

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth but less than age 26. See your certificate or group insurance policy for additional eligibility details.

Q. How do I use my Vision benefit?

A. Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest.

Q. How do I locate an In-Network VSP doctor?

A. You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors in the Signature Network at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Q. What happens if I use an Out-Of-Network provider?

A. If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

How much does Vision insurance cost?

The financial assistance that Vision insurance provides doesn't have to take a big bite out of your wallet. Review the costs below and the benefits to determine if Vision insurance is right for you.

Semi-Monthly Cost for Vision Insurance*	
For you	\$4.09
For you and your spouse	\$8.18
For you and your child(ren)	\$9.00
For you and your family	\$13.09

* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

What benefits does the plan offer?

Vision Insurance Schedule			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam - focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	Average 15% off the regular price or 5% off the promotional price. Available from contracted facilities.	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 12 months	\$130 allowance for the frame of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for a contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Visually Necessary Contact Lenses <i>Available one time each benefit period.</i>	Visually necessary contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a network provider. \$25 copay.		Up to \$210
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Limitations, exclusions, restrictions and reductions

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision benefit details.

The allowance for lenses shown in the Vision benefit details is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision benefit details)

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses (lenses and frames), in lieu of bifocals or trifocals
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision benefit details
- Materials, services or options not shown in the Vision benefit details
- Treatment or materials of an experimental nature

State variations can exist; please contact Assurant Employee Benefits for additional information.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric vision essential health benefit as required under the federal Patient Protection and Affordable Care Act.



Employee Application

Please print clearly in blue or black ink.

RENEWAL

Check one — Employer Use

- New Employee
- Change
- COBRA

Employee Information — Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)		Employer	Employment location			
↳		Redi-Carpet, Inc.				
Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate		
5471128						
Sex	Job title or position	Employee hire date	# hours per week	Earnings \$	Married	Children
<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	Zip		

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

Dependent Information — Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

NOTE — Coverage not elected will be assumed refused even if not specifically refused

Dental Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage	Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Family

Refuse Dental Benefits

Were you covered under another dental plan within the last 31 days? yes no

If "yes" termination date _____ Reason for termination of coverage _____

Vision Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage	Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Family

Refuse Vision Benefits

Employee Choice Life, Short Term Disability, Accident, Cancer, Critical Illness Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Employee Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) Voluntary Life - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Matching Voluntary AD&D
<input type="checkbox"/>	<input type="checkbox"/>	Short Term Disability - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Accident <ul style="list-style-type: none"> <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
<input type="checkbox"/>	<input type="checkbox"/>	Critical Illness <ul style="list-style-type: none"> <input type="checkbox"/> Employee Critical Illness - Amount _____ Have you used tobacco, in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Critical Illness - Amount _____ Has your spouse used tobacco, in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Child(ren) Critical Illness - Amount _____
<input type="checkbox"/>	<input type="checkbox"/>	Cancer: <ul style="list-style-type: none"> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family

Beneficiaries - Applies to all coverages for which a beneficiary designation is required

Last Name	First	MI	Relationship	
				<input type="checkbox"/> Primary
				<input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary
				<input type="checkbox"/> Secondary

If beneficiary is not related to you, please provide Date of Birth, Social Security Number, and full address.

- 1) Give FULL names and relationships of each beneficiary.
- 2) Beneficiaries elected will apply to all coverages elected on this form for which a beneficiary designation is required.
- 3) If primary/secondary election is not noted, the beneficiary will be considered primary.
- 4) Proceeds will be paid in equal shares to those primary beneficiaries who survive you. If no primary beneficiaries survive you, the proceeds will be paid in equal shares to the surviving secondary beneficiaries.
- 5) If your designation does not fit in the above arrangement, or you want to specify a beneficiary by coverage, please contact Union Security Insurance Company for the appropriate forms.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

- 1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant Limitation period specified in the policy.
- 3) Authorize any required deductions from my earnings.
- 4) Designate the beneficiary named on this application to receive any benefits payable in the event of my death.
- 5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 7) Understand that I have the right to select any dental care provider of my choice.
- 8) Understand that the dental plan includes a pre-estimate provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- 9) Understand that coverages include waiting periods, limitations, and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____

AGENT, BROKER, AND/OR ENROLLER INFORMATION:

Agency Name: _____

Agent/Broker Name: _____

Enroller Name: _____



Employee Health Statement

Please print clearly in blue or black ink.

VOLUNTARY AND WORKSITE COVERAGE

Check one – Employer Use

- New Enrollee
- Annual Enrollment
- Life Event-Type/Date

Employee Information - Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	Employer			
↳	Redi-Carpet, Inc.			
Group policy/participant #	Account #	Cert. #	Employee SSN	Employee birthdate
5471128				

Answer the following questions based upon the coverage for which you are applying for you and your dependents - For CANCER, answer questions 1 and 2. For CRITICAL ILLNESS and LIFE, answer questions 1 through 6.

Applicant Height: _____ Weight: _____ Spouse Height: _____ Weight: _____ YES NO

1. Have you or your dependents used tobacco in any form in the past 12 months? YES NO
2. In the last 10 years, have you or your dependents been diagnosed, treated, or received advice to seek treatment for any tumor, malignancy or any type of internal cancer, melanoma, leukemia, lymphoma, sarcoma or Hodgkin’s disease or been diagnosed with an elevated PSA, abnormal Pap or colposcopy? Have you had a hysterectomy or prostate removal? YES NO
3. In the past 5 years, have you or your dependents been hospitalized, undergone any inpatient or outpatient surgery or procedure or been advised to be hospitalized or have surgery by a physician or medical provider? YES NO
4. In the past 12 months, have you or your dependents been prescribed or advised to take prescription medication? YES NO
5. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for any mental, psychiatric, emotional or eating disorder, alcoholism, alcohol abuse, prescription or illegal drug abuse? Have you or your dependents ever been arrested for DUI, illegal drug possession or use? YES NO
6. Have you or your dependents ever been diagnosed, received treatment, or been advised to seek treatment for: YES NO
(circle all that apply and provide details below)
 diabetes, heart or vascular disease, heart attack, blood disorder, stroke, high blood pressure, asthma, emphysema or other lung disorder, kidney disease, liver disease, gallstones, pancreas disorder, colitis, Crohn’s disease, glaucoma, seizures, lupus or autoimmune disorder, multiple sclerosis, Parkinson’s, Muscular Dystrophy or any paralysis, arthritis, disorder of the back, neck, spine, or joint, including hip or knee?
 Have you or your dependents ever been diagnosed, treated, or advised to seek treatment for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)? YES NO
7. Have you or your dependents ever been diagnosed with or treated for fibromyalgia, chronic fatigue, chronic pain, carpal tunnel, muscle or nerve disorder, eye or ear disorder, vertigo, bowel or bladder disorder? YES NO

NOTE – “Disorder” is defined as a disease, illness, injury and/or condition differing in any way from the usual or normal state or structure.

Remarks – If you answered “Yes” to any medical questions above, please provide details below: Sign and date the form on back.

Question No.	First Name	Description of illness, injury or pregnancy, medication and treatment	Duration (dates) & no. of episodes	Residual Effects	Name and address of attending physician or hospital (including zip)

Employee name (last, first, initial)			Employer	
			Redi-Carpet, Inc.	
Group policy/participant #	Account #	Cert. #	Employee SSN	Employee birthdate
5471128				

IMPORTANT NOTICE TO APPLICANTS - PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE INFORMATION: To properly underwrite applications, determine eligibility for coverage and issue insurance policies on an equitable basis, we must obtain information about you. The nature of the information we seek includes age, occupation, physical condition, health history, habits, avocations and other personal characteristics and information. This information will be collected from you and various sources, including health professionals and health facilities. Information regarding factors affecting insurability will be treated as confidential.

By signing below, I authorize any provider of medical services, physicians, or other medical practitioner, hospital, clinic, pharmacy, pharmacy benefits manager or any pharmacy related services entity, insurance company, employer, consumer reporting agency, or other individual or entity to give Union Security Insurance Company or its reinsurers any information regarding my medical or health history. Such information includes but is not limited to any and all medical/dental records relating to my physical and/or mental health, alcohol or drug abuse information, psychiatric or psychological care or pharmacy records.

I understand that I have the right to refuse to sign this authorization but if I refuse, Union Security Insurance Company may refuse to consider my application for enrollment. I understand that a photocopy or facsimile of this authorization will be as valid as the original.

I understand that this authorization is voluntary and that I may revoke it at any time by writing Union Security Insurance Company, P.O. Box 419052, Kansas City, MO 64141-6052, Attn: Privacy Office. Such revocation will not affect any action taken by Union Security Insurance Company prior to receipt of the revocation. If there is a conflict between a prior request for restrictions and this authorization, this authorization controls.

The authorization is effective from the date signed below until the earliest of denial of my application, declination of enrollment, or, if insured, when I am no longer an insured of Union Security Insurance Company, but at no time longer than 30 months.

Federal law requires that we inform you that the information which we collect may, under certain circumstances, be re-disclosed by us to third parties and thus no longer protected by federal law. However, be assured that disclosure will be strictly limited to that which is reasonably necessary and we will comply with all federal and state privacy and security laws and regulations. You have the right to gain access to and request correction of information contained in our files.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

- 1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health satisfactory to Union Security Insurance Company.
- 3) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 4) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 5) Understand that coverages include waiting periods, limitations, and exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.

This will certify that I HAVE read and understand the above important notice.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____

Spouse's signature (if spouse coverage elected) _____ Date _____

