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# NonMed Term 350 Life Insurance

## PRODUCT GUIDE

A quick and easy way  
to purchase affordable term life insurance.

**LifeScape<sup>®</sup>**

**For agent use only. Not for use with consumers.**  
Product availability, rates and features vary by state.



**Assurity<sup>®</sup>**

*Life Insurance Company*

# Product Guide for LifeScape® NonMed Term 350 Life Insurance

## Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract, I L0760 (NonMed Term 350), or the optional benefits listed **may not be available in all states.**

**The individual contract is your ultimate authority for any questions you may have about the requirements of this product. State-specific applications are available on AssureLINK (<https://assurelink.assurity.com>).**

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# Policy Description

**LifeScape® NonMed Term 350** (Form No. I L0760) is a guaranteed-premium term life insurance policy. Premiums are guaranteed level for the initial term period of 10, 15, 20 or 30 years. The policy may be renewed after the initial term period at annually increasing rates.

NonMed Term 350 utilizes a streamlined underwriting process that eliminates examinations and tests so you can receive an underwriting decision in as little as a few days. After initial underwriting, some applicants may be required to answer additional questions to determine insurability.

## Underwriting Classes

Select+ Non-tobacco, Select Non-tobacco, Standard Non-tobacco  
 Select+ Tobacco, Select Tobacco, Standard Tobacco

## Issue Ages

Age last birthday

- 10-year level premium period, 18 through 65 – NT/T
- 15-year level premium period, 18 through 65 – NT/T
- 20-year level premium period, 18 through 60 – NT/T
- 30-year level premium period, 18 through 50 – NT, 18 through 45 T

## Issue Amounts

\$50,000 to \$350,000

## Policy Fee

\$70

## Conversion Option

LifeScape® NonMed Term 350 is convertible during the conversion period, which begins on the issue date of this policy and ends on the earlier of:

- one year prior to the end of the level term period for the 10-year plan, or
- two years prior to the end of the level term period for the 15-, 20- and 30-year plans, or
- the policy anniversary on which the insured has attained age 65.

If the entire policy is converted, the policyowner will receive a non-commissionable conversion credit equal to the base premium paid during the first policy year. The conversion credit will be prorated for partial conversions.

## Premium

Level and guaranteed for the initial term period of 10, 15, 20 or 30 years, based on insured's age last birthday, gender and tobacco use.

## Payment Modes and Factors

PAC/credit card monthly	0.088
Quarterly	0.264
Semi-annual	0.510
Annual	1.000

**NOTE: The state of California prohibits an employer from owning life insurance on an insured where the employer is the beneficiary.**

# Additional Benefit Rider

## ACCELERATED BENEFITS RIDER (Form No. R I0761)

This rider provides an optional accelerated payment of life insurance proceeds to an insured who is terminally ill or expected to live in a nursing home until death.

The eligible life insurance proceeds are equal to a percentage of the policy face amount or up to a total of \$250,000 from all policies and riders on the insured issued by this company.

This rider will be attached only at the time of issue if approved in your state. There is no premium charged for this benefit. Certain states require the proposed insured to sign a disclosure form before the company can include the rider.

# Optional Benefits and Riders (may vary by state)

## DISABILITY WAIVER OF PREMIUM BENEFIT RIDER (Form No. R I0766)

The Disability Waiver of Premium Benefit Rider provides for waiver of premiums during a total disability of the insured occurring prior to the insured's attained age 60 (age last birthday). Premiums for Disability Waiver of Premium Benefit Rider are payable to the policy anniversary following the insured's 60<sup>th</sup> birthday.

The rider contains a six-month retroactive elimination period — that is, the disability must continue for six months before benefits are granted. Once the insured has qualified for benefits, Assurity will refund any premiums paid during disability and prior to approval of the claim. Benefits for a disability may be granted retroactively for no more than one year from the notice of claim to Assurity.

“Total disability” means the inability of the insured to engage in employment for which the insured is reasonably qualified by education, training or experience. Total disability must result solely from a covered accidental bodily injury received or a covered sickness which originates while the Disability Waiver of Premium Benefit Rider is in force and must require the regular care of a physician.

**Eligibility:** Based on the insured's health history, personal history, and driving history; subject to full underwriting.

**Issue Ages:** 18 through 55 (age last birthday)

**Termination Age:** The insured's attained age 60.

**Issue Limits:** Available through Standard rates.

## Optional Benefits and Riders (continued) (may vary by state)

### OTHER INSURED TERM INSURANCE BENEFIT RIDER (Form No. R I0765)

Term life insurance coverage is available as a rider for another individual, provided there is an insurable interest. Available issue ages for this rider are as indicated on the base policy. The premiums are based on the other insured's age last birthday, gender and underwriting class. The level premium period must match that of the base policy.

**Eligibility:** The other insured must have an insurable interest with the policyowner. Other insured premiums are based on their gender, age, and underwriting class.

**Issue Ages:** Age last birthday

- 10-year level premium period, 18 through 65 – NT/T
- 15-year level premium period, 18 through 65 – NT/T
- 20-year level premium period, 18 through 60 – NT/T
- 30-year level premium period, 18 through 50 – NT, 18 through 45 T

**Benefit Amounts:** \$50,000- \$350,000 (cannot exceed base amount of the Primary Insured)

**Conversion Option:** Convertible during the conversion period, which begins on the issue date of this policy and ends on the earlier of:

- the policy anniversary on which the insured has attained age 65
- the end of the conversion period shown on the Policy Schedule

If the entire policy is converted, the policyowner will receive a non-commissionable conversion credit equal to the base premium paid during the first policy year. The conversion credit will be prorated for partial conversions.

Rider fee: \$50

### MONTHLY DISABILITY INCOME RIDER (Form No. R I0825-T) (Refer to the Disability Income Product Guide and Occupation Guide for rules)

This rider provides a monthly benefit if the insured becomes totally disabled as the result of a covered accident or sickness. This rider is guaranteed renewable through the earlier of the end of the initial level premium period of the base policy to which it is attached, or attained age 65 of the insured. The rider terminates at the earlier of the end of the initial level premium period of the base policy to which it is attached, or attained age 65 of the insured.

“Total disability” is a condition due to injury or sickness which keeps the insured from doing the important, substantial and material duties of their own occupation and requires a physicians' care unless the insured has reached the maximum point of recovery.

This rider is also available to another insured, provided there is an insurable interest, and the other insured has applied and been approved for the Other Insured Term Rider. The premiums are based on the other insured's age last birthday, gender and underwriting class. Disability riders are limited to one rider per insured, per policy.

## Optional Benefits and Riders (continued) (may vary by state)

**Monthly Benefit Amount:** From \$300 to the lesser of \$3,000 per month or 1.5 percent of the base policy face amount. The benefit amount is limited to a maximum of 60 percent of the applicant's gross earned monthly income (40 percent in California). The maximum disability income benefit issued will also be based upon the total of all in-force individual and group disability income benefits.

**Eligibility:** Available only at the time of issue.

**Elimination Period:** 90 days

**Benefit Period:** 2 years

**Underwriting:** Applicant must be employed on a full-time basis with their occupation appearing in our individual, fully-underwritten disability Occupation Guide. Refer to the individual, fully-underwritten disability product guide for further underwriting guidelines.

**Issue Ages:** 18 through 60 (age last birthday)

**Issue Limits:** Available through Standard rates.

### **ACCIDENT ONLY DISABILITY INCOME BENEFIT RIDER (Form No. R I0827-T)** **(Refer to the Disability Income Product Guide and Occupation Guide for rules)**

Provides a monthly benefit if the insured becomes totally disabled as the result of a covered accident. This rider is guaranteed renewable through the earlier of the end of the initial level premium period of the base policy to which it is attached, or the insured's attained age 65. The rider terminates at the earlier of the end of the initial level premium period of the base policy to which it is attached, or the insured's attained age 65.

"Total disability" is a condition resulting from an accidental injury and independent of all other causes which keeps the insured from doing the important, substantial and material duties of their own occupation and requires a physicians' care unless the insured has reached the maximum point of recovery.

This rider is also available to another insured, provided there is an insurable interest, and the other insured has applied and been approved for the Other Insured Term Rider. The premiums are based on the other insured's age last birthday, gender and underwriting class. Disability riders are limited to one rider per insured, per policy.

**Monthly Benefit Amount:** Lesser of \$3,000 per month or 1.5 percent of the base policy face amount. The benefit amount is limited to a maximum of 60 percent of the applicant's gross earned monthly income (40 percent in California). The maximum disability income benefit issued will also be based upon the total of all in-force individual and group disability income benefits.

**Eligibility:** Available only at the time of issue.

**Elimination Period:** 90 days

**Benefit Period:** 2 years

## Optional Benefits and Riders (continued) (may vary by state)

### ACCIDENT ONLY DISABILITY INCOME BENEFIT RIDER (continued)

**Underwriting:** Applicant must be employed on a full-time basis with their occupation appearing in our individual, fully-underwritten disability Occupation Guide. Refer to the individual, fully-underwritten disability product guide for further underwriting guidelines.

**Issue Ages:** 18 through 60 (age last birthday)

**Termination Age:** Insured's attained age 65

**Issue Limits:** Available through Standard rates.

#### Exclusions (may vary by state)

Assurity will not pay the face amount if the death of the insured results from any of the following:

- Engaging in or attempting to commit a felony
- Engaging in an illegal occupation
- Intentionally causing a self-inflicted injury
- Committing or attempting to commit suicide, whether sane or insane
- Involvement in any period of armed conflict, whether declared or not
- Using drugs or alcohol except for prescribed drugs taken as prescribed
- Piloting a non-commercial aircraft more than 150 hours annually
- "Flying for pay" an aircraft outside of established air routes in the United States or Canada
- Involvement in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving and professional sports
- Traveling outside of the United States or Canada for more than 14 days
- Operating a motor vehicle while under the influence of alcohol or drugs.

### CHILDREN'S TERM INSURANCE RIDER (Form No. A-R M35)

The Children's Term Insurance Rider provides level-term insurance to age 25 on the insured's children listed on the original application and children born to or adopted by the insured while the policy and this rider are in force.

**Eligibility:** Available for any natural child, adopted child, or step-child named on the application within the issue age range. One rider covers all children.

**Issue Ages:** Parent: 18 through 55 age last birthday  
Children: 15 days through 18 years

**Termination Age:** Terminates on the insured child's age 25

**Benefit Amounts:** Minimum one unit through maximum 25 units but not exceeding one unit per each \$1000 of base policy face amount. (one unit equals \$1000 face amount). Children can only be covered under one parent's policy. The per-unit rate for the CTI Rider is \$5.70 with waiver of premium and \$5.50 without waiver of premium.

## Optional Benefits and Riders (continued) (may vary by state)

### CHILDREN'S TERM INSURANCE RIDER (continued)

**Issue Limits:** Available through Standard rates on the Primary Insured.

**Purchase Option:** A purchase option is available, which allows an insured child to purchase permanent insurance up to five times the original term coverage amount on the earlier of their 25<sup>th</sup> birthday or the rider termination date.

### CRITICAL ILLNESS BENEFIT RIDER (Form No. R I0762/ R I0763)

Available in lump-sum benefit amounts from \$20,000 to \$100,000 and may not exceed the term face amount for the base insured or other insured. Assurity will pay a benefit if an insured person receives a first-ever diagnosis or procedure for one of the specified critical illnesses shown in the chart below if:

- the date of diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description in this rider.

**Eligibility:** Available for the base insured and the other insured. The other insured must have been approved for the Other Insured Term Insurance Benefit Rider. Other insured premiums are based on their gender, age, and underwriting class.

**Issue Ages:** Same as base policy

**Benefit Amounts:**

Base Insured – Minimum \$20,000 through maximum \$100,000, but not exceeding the base policy face amount.

Other Insured – Minimum \$20,000 through maximum \$100,000, but not exceeding the Other Insured Term Insurance Benefit Rider face amount.

**Termination Age:** Attained age 75

**Issue Limits:** Available through Select rates. The rider itself cannot be rated.

**Underwriting:** Based on personal history, family history and motor vehicle report. Subject to full underwriting.

Maximum amounts are based on all critical illness coverage in force or pending.

The amount payable for each first-ever diagnosis or procedure of a specified critical illness per category is the percentage of the benefit amount multiplied by the benefit amount. The benefit amount is shown on the rider schedule. The percentage of the benefit amount payable for each specified critical illness is shown beside the illness listed in the following chart.



## Optional Benefits and Riders (continued) (may vary by state)

The maximum total percentage of the benefit amount payable per category of specified critical illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
<b>Category I</b>	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
<b>Category II</b>	Kidney (Renal) Failure	100%	100%
	Major Organ Transplant – not covered in Category I	100%	
	Paralysis – not as a result of Stroke	100%	
<b>Category III</b>	Invasive Cancer	100%	100%
	Non-invasive Cancer	25%	

If an insured person receives a percentage of the benefit amount for one specified critical illness within a category in the chart above and then becomes eligible for benefits for another specified critical illness within the same category, the benefit amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100 percent minus the percentage of the benefit amount received for all previous specified critical illnesses within the same category.

After 100 percent of the benefit amount shown on the rider schedule has been paid for an insured person within a category in the chart above, Assurity will not pay any additional benefits for any specified critical illness in that category for that insured person. Assurity will pay the benefit for coronary bypass surgery, non-invasive cancer and angioplasty only once per lifetime per insured person.

If benefits have been paid for a specified critical illness within one category for an insured person, no benefits will be payable for a subsequent specified critical illness within a different category for that insured person unless the date of diagnosis of the subsequent specified critical illness is separated by at least 180 days from the date of diagnosis of the immediately preceding specified critical illness.

If the date of diagnosis of two or more specified critical illnesses is the same day, Assurity will pay only one specified critical illness benefit. Assurity will pay the larger of the specified critical illness benefits.

If the insured receives benefits for non-invasive cancer and is later diagnosed with invasive cancer, the remaining benefit amount will be paid.

## Optional Benefits and Riders (continued) (may vary by state)

### RETURN OF PREMIUM BENEFIT RIDER (Form No. R I0767)

Provides for a return of premium (ROP) benefit that is paid to the owner upon termination of the policy for any reason other than death of the insured. The policyholder is entitled to receive a percentage of the following premiums:

- Premiums paid for the term life base policy,
- Premiums paid for the ROP Benefit Rider,
- Premiums paid for any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider,
- Premiums waived under any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider.

Once the appropriate percentage has been applied to the premiums, benefits paid under any Accelerated Benefits Rider attached to the policy and premiums waived under any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider will be subtracted to determine the return of premium benefit paid.

The Return of Premium Benefit Rider is not available for the 10- and 15- year plans.

### Return of Premium Benefit Schedule

The following table shows a **sample** Return of Premium Benefit schedule for a NonMed Term 350, 35-year-old Male, Select Non-Tobacco. **These percentages will vary by premium band, issue age, gender, and underwriting class.**

Policy Year	20-Year	30-Year		Policy Year	20-Year	30-Year
1-4	0%	0%		18	94.1%	54.9%
5	6.5%	0%		19	96.1%	58.1%
6	32%	3%		20	100%	60.7%
7	38%	5.4%		21	N/A	65%
8	48.5%	13.2%		22	N/A	67.7%
9	57%	19.2%		23	N/A	72.1%
10	64%	23.9%		24	N/A	75.8%
11	74%	32%		25	N/A	79%
12	74.9%	33.1%		26	N/A	83%
13	79.2%	37.6%		27	N/A	86.8%
14	83%	41.3%		28	N/A	91.6%
15	86.2%	44.4%		29	N/A	95.5%
16	92%	50%		30	N/A	100%
17	92.3%	51.2%				

### Issue Ages

Age last birthday

- 20-year level premium period, 18 through 60 – Non-Tobacco/Tobacco (exception: Standard Tobacco max age is 50)
- 30-year level premium period, 18 through 50 – Non-Tobacco, 18 through 45 – Tobacco

**Eligibility:** Available only at the time of issue.

# Underwriting Guidelines

LifeScape NonMed Term 350 is designed to provide quick turnaround on term life cases where the face amount is \$350,000 or less. LifeScape NonMed Term 350 is competitively priced on a fully underwritten non-medical basis. Assurity's automated underwriting approach allows clients to receive an underwriting decision promptly, with timely delivery of policies and payment of commissions to producers.

## BASIC SELECTION CRITERIA

1. All cases will be processed through Assurity's automated underwriting system.
2. In addition to the application questions, MIB, pharmacy and MVR information will be checked.
3. The system will recommend that the case be approved as applied for, approved with modifications, **referred to an underwriter for further action or declined.**
4. Discrepancies may result in a telephone interview or, in some cases, a request for additional information. Assurity reserves the right to order, at the company's expense, evidence of insurability which Assurity feels is necessary for the prudent evaluation of the risk.
5. Where the occupation or avocation of the applicant carries a particular hazard, coverage will be referred to an underwriter if the required extra premium equals or exceeds \$2.00 per \$1,000.

## APPROVAL CRITERIA

The case **cannot** be approved if:

- Any question is unanswered (prompted during the interview)
- The state of application is not one in which the product is available (including foreign addresses)
- Citizenship or permanent resident status is answered "No"
- Age or amount applied for is outside the limits
- Signatures are missing
- Build is outside the limits
- Age 50 or greater and no medical attendance within the last five years
- Primary physician questions and/or medical questions are answered without details
- Primary insured does not have a valid U.S. driver's license.\*

\* If the insured does not have a valid U.S. driver's license, the case will be referred to an underwriter for special handling.

# Underwriting Guidelines *(continued)*

## UNDERWRITING CLASSES

**Select+ NT/T**  
Accept

**Select NT/T**  
Offer up to +50

**Standard NT/T \***  
Offer +75 to +100

## PREMIUM CLASS CRITERIA

	<b>Select+ NT/T (Accept)</b>	<b>Select NT/T (Rating up to +50%)</b>	<b>Standard NT/T (Rating from +75% to 100%)</b>
<b>Cholesterol</b>	No treatment required	Available	Available
<b>Blood Pressure</b>	No treatment required	Available	Available
<b>DUI</b>	None	Available	Available
<b>MVR</b>	Only minor violations in past 3 years	Available	Available
<b>Family History</b>	No more than one death due to cancer, heart disease or diabetes prior to age 60	Available	Available
<b>Tobacco Use</b>	None 24 Mo.+	None 12 – 23 Mo.	None 12 Mo.
<b>U.S. Residency</b>	Must have permanent resident status	Must have permanent resident status	Must have permanent resident status
<b>Hazardous Occupation/Avocation</b>	None in the past 2 years and none planned	None in the past 2 years and none planned	None in the past 2 years and none planned
<b>Travel</b>	None	Available	Available

\* Applicants not meeting the underwriting criteria for the Standard premium class may be reviewed by an underwriter for offers to include substandard ratings through +200 percent.

# Underwriting Guidelines *(continued)*

## HEIGHT AND WEIGHT LIMITS

<b>Men and Women Ages 18-44</b>							
<b>Height</b>	<b>Min Select+ NT/T</b>	<b>Max Select+ NT/T</b>	<b>Min Select NT/T</b>	<b>Max Select NT/T</b>	<b>Min Standard NT/T</b>	<b>Max Standard NT/T</b>	<b>Std + Table 2 Max</b>
4'9"	88	143	79	152	153	180	194
4'10"	91	148	81	157	158	186	201
4'11"	94	153	84	163	164	193	207
5'0"	97	158	87	168	169	199	215
5'1"	101	164	90	174	175	206	222
5'2"	104	169	93	180	181	213	229
5'3"	107	174	96	186	187	220	237
5'4"	111	180	99	192	193	227	244
5'5"	114	186	102	198	199	234	252
5'6"	118	191	105	204	205	241	260
5'7"	121	197	109	210	211	248	268
5'8"	125	203	112	216	217	256	276
5'9"	129	209	115	223	224	263	284
5'10"	132	215	118	229	230	271	292
5'11"	136	222	122	236	237	279	300
6'0"	140	228	125	243	244	287	309
6'1"	144	234	129	249	250	295	318
6'2"	148	241	132	256	257	303	326
6'3"	152	247	136	263	264	311	335
6'4"	156	254	140	270	271	320	344
6'5"	160	261	143	277	278	328	353
6'6"	164	267	147	285	286	337	363
6'7"	169	274	151	292	293	345	372
6'8"	173	281	155	300	301	354	381

## Underwriting Guidelines *(continued)*

<b>Women Ages 45 and Over</b>							
<b>Height</b>	<b>Min Select+ NT / T</b>	<b>Max Select+ NT / T</b>	<b>Min Select NT / T</b>	<b>Max Select NT / T</b>	<b>Min Standard NT / T</b>	<b>Max Standard NT / T</b>	<b>Std + Table 2 Max</b>
4'9"	88	143	79	166	167	194	208
4'10"	91	148	81	172	173	201	215
4'11"	94	153	84	178	179	207	222
5'0"	97	158	87	184	185	215	230
5'1"	101	164	90	190	191	222	238
5'2"	104	169	93	196	197	229	246
5'3"	107	174	96	203	204	237	253
5'4"	111	180	99	209	210	244	262
5'5"	114	186	102	216	217	252	270
5'6"	118	191	105	222	223	260	278
5'7"	121	197	109	229	230	268	287
5'8"	125	203	112	236	237	276	295
5'9"	129	209	115	243	244	284	304
5'10"	132	215	118	250	251	292	313
5'11"	136	222	122	257	258	300	322
6'0"	140	228	125	265	266	309	331
6'1"	144	234	129	272	273	318	340
6'2"	148	241	132	280	281	326	350
6'3"	152	247	136	287	288	335	359
6'4"	156	254	140	295	296	344	369
6'5"	160	261	143	303	304	353	379
6'6"	164	267	147	311	312	363	389
6'7"	169	274	151	319	320	372	399
6'8"	173	281	155	327	328	381	409

## Underwriting Guidelines *(continued)*

<b>Men Ages 45 and Over</b>							
<b>Height</b>	<b>Min Select+ NT / T</b>	<b>Max Select+ NT / T</b>	<b>Min Select NT / T</b>	<b>Max Select NT / T</b>	<b>Min Standard NT / T</b>	<b>Max Standard NT / T</b>	
4' 9"	88	152	79	180	181	208	Decline if over max.
4' 10"	91	157	81	186	187	215	Decline if over max.
4' 11"	94	163	84	193	194	222	Decline if over max.
5' 0"	97	168	87	199	200	230	Decline if over max.
5' 1"	101	174	90	206	207	238	Decline if over max.
5' 2"	104	180	93	213	214	246	Decline if over max.
5' 3"	107	186	96	220	221	253	Decline if over max.
5' 4"	111	192	99	227	228	262	Decline if over max.
5' 5"	114	198	102	234	235	270	Decline if over max.
5' 6"	118	204	105	241	242	278	Decline if over max.
5' 7"	121	210	109	248	249	287	Decline if over max.
5' 8"	125	216	112	256	257	295	Decline if over max.
5' 9"	129	223	115	263	264	304	Decline if over max.
5' 10"	132	229	118	271	272	313	Decline if over max.
5' 11"	136	236	122	279	280	322	Decline if over max.
6' 0"	140	243	125	287	288	331	Decline if over max.
6' 1"	144	249	129	295	296	340	Decline if over max.
6' 2"	148	256	132	303	304	350	Decline if over max.
6' 3"	152	263	136	311	312	359	Decline if over max.
6' 4"	156	270	140	320	321	369	Decline if over max.
6' 5"	160	277	143	328	329	379	Decline if over max.
6' 6"	164	285	147	337	338	389	Decline if over max.
6' 7"	169	292	151	345	346	399	Decline if over max.
6' 8"	173	300	155	354	355	409	Decline if over max.

## Underwriting Guidelines (continued)

### FINANCIAL JUSTIFICATION

The amount of personal insurance available should be based on the following table:

Age	Earned Income Factor	Unearned Income Factor
20 – 30	30	3
31 – 40	25	3
41 – 50	20	3
51 – 60	15	3
61 – 65	10	3
66+	5	3

Earned income includes all the taxable income and wages obtained through employment.

Unearned income includes any income derived from Social Security benefits, disability pension benefits, welfare or other city, state or federal assistance.

#### Family Income

An unemployed household member applying to be policyowner shall be referred to an underwriter.

An unemployed household member covered by another insured rider may have an amount equal to the lesser of 1 and 2 below:

1. Half the face amount in force (rounded up to the nearest \$1,000) of the income provider.
2. The maximum face amount the income provider can afford, calculated using the earned income factors above.

## Additional Underwriting Rules

- If the medical history requires, the case will be referred to an underwriter for appropriate action. If medical records are submitted within the following 30 days, Assurity will review them to see if further consideration is possible.
- If the applicant has retired prior to age 55, the application will be referred to an underwriter. The reason for the “early” retirement will be evaluated by the underwriter, and an appropriate decision will be made.
- MVRs are automatically ordered on all cases processed through the system.



## Additional Underwriting Rules (continued)

### FOREIGN TRAVEL

The following guidelines apply (where allowed by state-specific legislation) to U.S. citizens traveling abroad. Permanent residents (green card holders) will be considered only if proposed travel is to A+ or A areas only. It is Assurity's responsibility to adhere to all state-specific legislation regarding foreign travel.

#### Foreign Travel Defined

- A single trip or vacation of 30 days or less
- Business travel totaling not more than 90 days per year and not more than four weeks at a time
- Longer periods of travel should be classified as foreign residence and rated appropriately.

#### Occupations

For applicants whose occupation does not require foreign travel (i.e., bus driver) and have indicated such business travel, underwriter due diligence should be exercised and documented.

Insurance is not available for foreign travel related to the following occupations: travel by missionaries (and related religious activities), diplomats, journalists, archeologists and geologists. Military and U.S. State Department personnel may be considered on an individual basis.

#### Country Classifications

The underwriter needs to begin by checking the appropriate reinsurance guide to determine the acceptability of any country or area.

Beyond that, however, the underwriter is expected to be aware of and/or to carefully check available resources for current hazards related to travel plans for each applicant.

### FOREIGN TRAVEL GUIDE

**All Country Ratings are subject to change based on current foreign travel warnings.**

#### Rating Key

<b>A+</b>	<b>0</b>
<b>A</b>	<b>0</b>
<b>B</b>	<b>\$1.50 / 1,000</b>
<b>C</b>	<b>\$3 / 1,000</b>
<b>D</b>	<b>\$5 / 1,000</b>
<b>E</b>	<b>\$7.50 / 1,000</b>
<b>U</b>	<b>Uninsurable</b>

**Country/Rating**

Afghanistan	U
Albania	A
Algeria	U
Andorra	A+
Angola	U
Anguilla	A
Antigua	A
Argentina	A
Armenia	U
Aruba	A
Australia	A+
Austria	A+
Azerbaijan	U
Bahamas	A
Bahrain	U
Bangladesh	U
Barbados	A
Barbuda	A
Belarus	A
Belgium	A+
Belize	A
Benin	D
Bermuda	A+
Bhutan	A
Bolivia	A
Bosnia Herzegovina	A
Botswana	D
Brazil	A
Brunei	A
Bulgaria	A
Burkina Faso	U
Burundi	U
Caicos Islands	A
Cambodia	A
Cameroon	U
Canada	A+
Canary Islands	A+
Cape Verde Islands	A
Cayman Islands	A
Central African Repub.	U
Chad	U
Chile	A
China	A***
Colombia	U
Comoros	U
Congo, Democratic Repub.	U
Congo, Republic	U
Cook Islands	B
Costa Rica	A
Croatia	A
Cuba	U
Curacao	A
Cyprus	A
Czech Republic	A
Denmark	A+
Djibouti	U
Dominica	A

Dominican Republic	A
Ecuador	A
Egypt	U
El Salvador	A
England	A+
Equatorial Guinea	U
Eritrea	U
Estonia	A
Ethiopia	U
Fiji	A
Finland	A+
France	A+
French Guiana	A
French Polynesia	A
Gabon	U
Gambia	U
Georgia	U
Germany	A+
Ghana	U
Gibraltar	A
Greece	A
Greenland	A+
Grenada	A
Grenadines	A
Guadeloupe	A
Guam	A
Guatemala	A
Guinea	U
Guinea-Bissau	U
Guyana	U
Haiti	U
Honduras	A
Hong Kong	A
Hungary	A
Iceland	A+
India	A****
Indonesia	E
Iran	U
Iraq	U
Ireland	A+
Israel	U
Italy	A+
Ivory Coast	U
Jamaica	A
Japan	A+
Jordan	U
Kazakhstan	U
Kenya	U
Kiribati	A
Korea, North	U
Korea, South	A
Kuwait	U
Kyrgyzstan	U
Laos	U
Latvia	A
Lebanon	U
Lesotho	D

Liberia	U
Libya	U
Liechtenstein	A+
Lithuania	B
Luxembourg	A+
Macau	B
Macedonia	A
Madagascar	U
Madeira	A
Malawi	U
Malaysia	A
Maldives	A
Mali	U
Malta	A
Marshall Islands	A
Martinique	A
Mauritania	A
Mauritius	A
Mexico	A
Micronesia	A
Monaco	A+
Mongolia	U
Montenegro	U
Montserrat	B
Morocco	C
Mozambique	U
Myanmar (Burma)	U
Namibia	U
Nauru	A
Nepal	U
Netherlands (Holland)	A+
Netherlands Antilles	A
New Caledonia	B
New Guinea	C
New Zealand	A+
Nicaragua	A
Niger	U
Nigeria	U
Niue	B
Northern Marianas	A
Norway	A+
Oman	U
Pakistan	U
Palau	A
Panama	A
Paraguay	A
Peru	A
Philippines	A*
Poland	A
Portugal	A+
Puerto Rico	A
Qatar	U
Romania	A
Russia	A*
Rwanda	U
Samoa	A
San Marino	A+

**Country/Rating (continued)**

Sao Tome and Principe	U
Saudi Arabia	U
Scotland	A+
Senegal	U
Serbia	C
Seychelles	A
Sierra Leone	U
Singapore	A
Slovak Republic	A
Slovenia	A
Solomon Islands	A
Somalia	U
South Africa	A
Spain	A+
Sri Lanka	U
St. Barthelemey	B
St. John	A
St. Kitts	A
St. Lucia	A
St. Martin	A
St. Nevis	A
St. Thomas	A

St. Vincent	A
Sudan	U
Surinam	B
Swaziland	D
Sweden	A+
Switzerland	A+
Syria	U
Taiwan	A
Tajikistan	U
Tanzania	D
Thailand	A**
Tibet	A
Tobago	A
Togo	U
Tokelau	A
Tonga	A
Trinidad	A
Tunisia	A
Turkey	A
Turkmenistan	U
Turks	A
Tuvalu	A

Uganda	U
Ukraine	C
United Arab Emirates	U
United Kingdom	A+
United States	A+
Uruguay	A
US-Protectorates, etc.	A
Uzbekistan	U
Vanuatu	A
Vatican City	A
Venezuela (all other locations)	E
Vietnam	A
Virgin Islands	A
Wales	A+
Western Sahara	U
Yemen	U
Yugoslavia	A
Zambia	U
Zimbabwe	U

\* Philippines: Luzon and major cities will be considered on an individual case basis.

\*\* Thailand: Bangkok will be rated A; all rural areas are U – Decline.

\*\*\* China: Major cities – Beijing, Guangzhou, Hangzhou, Shanghai and Shenzhen will be rated A;  
all rural areas are U - Decline.

\*\*\*\* India: Travel to Mumbai, Calcutta, Hyderabad, New Delhi and Bangalore will be rated A;  
all other locations in India are U - Decline.

Russia: St. Petersburg and Moscow may qualify for A classification subject to consideration. Rural areas should be considered based on merits – possibly decline.

**FOREIGN NATIONALS**

The standard requirement for Assurity's business is that the proposed insured must be a U.S. citizen, living in the United States.

In some cases, a U.S. citizen living outside the United States on a temporary basis might be considered if they are residing in a low-risk country. The temporary residency must be for a period of 90 days or less. Where a longer period of time is anticipated or where the total amount of time living outside the United States will exceed two months per year, the case, if consideration is warranted, must be referred to Assurity's reinsurer on a facultative basis.

**OTHER INSURED**

Must be a U.S. citizen or permanent resident for any coverage under this agreement.

# Additional Underwriting Rules (continued)

## ADDITIONAL UNDERWRITING INFORMATION TO EXPEDITE PROCESSING

Underwriting action often depends on answers to a number of basic questions specific to the condition or situation. In addition to information provided in the application, the underwriting process can be expedited by providing such additional underwriting information as outlined below. On a separate sheet of paper attached to the application, give the information as specified for conditions or situations listed 1 through 13. For any condition or situations not listed, please give information according to section 14.

### 1. Arthritis

- Applicant's name
- Type of arthritis
- Joints and areas involved
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

### 2. Asthma, emphysema, or bronchitis

- Applicant's name
- Number of attacks in the past 12 months
- Date of last attack
- Hospitalizations due to respiratory condition
- Date of last hospitalization (if any)
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

### 3. Back or neck pain or problems

- Applicant's name
- Diagnosis (sprain, strain, herniated disc, etc.)
- Area of the back or neck affected
- Date of last symptom
- Currently prescribed medications and treatment
- Date of last treatment
- Name, address and phone number of physician and medical facilities

### 4. Diabetes or glucose metabolism abnormalities

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Currently prescribed medications and treatment
- Date(s) of any hospitalizations
- Related conditions – eye disorders, kidney disorders, heart disorders, recurrent infections, circulatory problems, amputations, skin ulcers
- Other conditions/symptoms due to diabetes
- Name, address and phone number of physician and medical facilities

### 5. Epilepsy or seizure

- Applicant's name
- Type of epilepsy or seizure
- Date of onset or diagnosis
- Date of last seizure
- Currently prescribed medications or treatment
- Name, address and phone number of all physicians and medical facilities

## Additional Underwriting Rules (continued)

### 6. Heart attack, angina or coronary artery disease

- Date of onset or diagnosis
- Diagnosis
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications and treatment
- **Name, address and phone numbers of all physicians and medical facilities**

### 7. Heart murmur

- Applicant's name
- Date of onset or diagnosis
- Type of murmur
- Restrictions to activities
- Currently prescribed medications and treatments
- Name, address and phone number of physician and medical facilities

### 8. High blood pressure

- Applicant's name
- Date of onset or diagnosis
- Currently prescribed medications or treatment
- Name, address and phone number of physicians and medical facilities

### 9. Kidney or urinary tract disease or disorder

- Applicant's name
- Disease or disorder
- Currently prescribed medications and treatments
- Tests completed
- Name, address and phone number of physician and medical facilities

### 10. Stomach and/or digestive tract disorders

- Applicant's name
- Diagnosis
- Date of onset
- Date of last symptoms
- Currently prescribed medications and treatment
- Name, address and phone number of physicians and medical facilities

### 11. Tumor, polyp or cyst

- Applicant's name
- Diagnosis
- Location of growth
- Date of removal
- Currently prescribed medications and treatment
- Follow-ups planned
- Name, address and phone number of physician and medical facilities

## Additional Underwriting Rules (continued)

### 12. Driving under the Influence (DUI)

- Applicant's name
- Date of offense
- Number of DUI offenses
- License currently suspended
- Current employment

### 13. Drug or alcohol abuse

- Applicant's name
- Types of drugs or alcohol used
- Dates of last drug or alcohol use
- Treatment dates
- Current affiliation in support group - Alcoholics Anonymous (AA), Narcotics Anonymous (NA)

### 14. All other medical conditions

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Residual or ongoing symptoms
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications or treatment
- Names, addresses and phone numbers of all physicians and medical facilities

# Premium Rates

NonMed Term 350 10-year Term Primary and Other Insured Premiums per \$1,000													
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee													
Issue Age	MALE						FEMALE						
	NON-TOBACCO			TOBACCO			NON-TOBACCO			TOBACCO			
	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	
18	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10	
19	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10	
20	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10	
21	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.29	0.47	0.67	0.81	1.10	
22	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.67	0.81	1.10	
23	0.54	0.70	1.06	1.45	1.79	2.46	0.23	0.30	0.47	0.68	0.83	1.12	
24	0.54	0.70	1.06	1.45	1.79	2.46	0.24	0.31	0.48	0.69	0.85	1.15	
25	0.54	0.70	1.06	1.45	1.79	2.46	0.25	0.33	0.50	0.72	0.88	1.19	
26	0.55	0.71	1.08	1.48	1.81	2.47	0.26	0.35	0.53	0.75	0.92	1.24	
27	0.55	0.73	1.10	1.51	1.84	2.48	0.28	0.37	0.56	0.79	0.96	1.30	
28	0.57	0.76	1.13	1.55	1.88	2.49	0.30	0.39	0.60	0.83	1.02	1.38	
29	0.58	0.78	1.16	1.60	1.92	2.53	0.33	0.42	0.65	0.89	1.08	1.47	
30	0.60	0.81	1.20	1.65	1.98	2.60	0.36	0.46	0.71	0.96	1.17	1.59	
31	0.62	0.84	1.24	1.70	2.04	2.69	0.39	0.51	0.77	1.05	1.28	1.73	
32	0.65	0.86	1.28	1.74	2.10	2.80	0.43	0.56	0.85	1.14	1.40	1.90	
33	0.68	0.90	1.33	1.79	2.18	2.94	0.48	0.62	0.93	1.25	1.53	2.09	
34	0.72	0.94	1.40	1.86	2.29	3.11	0.52	0.68	1.01	1.37	1.68	2.29	
35	0.77	0.99	1.48	1.97	2.43	3.33	0.57	0.74	1.10	1.50	1.84	2.51	
36	0.83	1.06	1.58	2.12	2.61	3.59	0.62	0.80	1.19	1.64	2.01	2.74	
37	0.89	1.14	1.70	2.29	2.83	3.89	0.67	0.87	1.30	1.79	2.19	2.99	
38	0.96	1.22	1.83	2.49	3.07	4.22	0.73	0.94	1.40	1.94	2.38	3.26	
39	1.04	1.33	1.98	2.72	3.34	4.59	0.79	1.01	1.51	2.10	2.58	3.53	
40	1.13	1.44	2.15	2.96	3.64	5.00	0.85	1.09	1.63	2.27	2.78	3.81	
41	1.23	1.57	2.34	3.23	3.97	5.45	0.91	1.17	1.75	2.44	2.99	4.09	
42	1.34	1.71	2.55	3.52	4.33	5.95	0.98	1.25	1.87	2.61	3.20	4.38	
43	1.46	1.86	2.78	3.83	4.72	6.48	1.05	1.34	2.00	2.79	3.43	4.68	
44	1.60	2.03	3.03	4.16	5.12	7.04	1.12	1.43	2.14	2.98	3.66	4.99	
45	1.74	2.21	3.30	4.50	5.54	7.61	1.20	1.53	2.29	3.17	3.89	5.31	
46	1.89	2.40	3.59	4.83	5.95	8.18	1.29	1.64	2.45	3.36	4.12	5.63	
47	2.06	2.61	3.89	5.16	6.36	8.74	1.38	1.76	2.63	3.55	4.36	5.96	
48	2.23	2.82	4.22	5.52	6.79	9.34	1.48	1.88	2.81	3.75	4.60	6.30	
49	2.42	3.06	4.58	5.91	7.27	10.01	1.59	2.01	3.01	3.96	4.87	6.66	
50	2.63	3.32	4.96	6.36	7.83	10.77	1.70	2.15	3.21	4.20	5.16	7.06	
51	2.85	3.59	5.37	6.87	8.45	11.61	1.81	2.29	3.42	4.46	5.48	7.49	
52	3.08	3.88	5.79	7.41	9.12	12.52	1.93	2.44	3.64	4.74	5.81	7.94	
53	3.33	4.19	6.24	8.01	9.85	13.50	2.06	2.60	3.87	5.03	6.17	8.43	
54	3.60	4.54	6.75	8.67	10.65	14.59	2.19	2.77	4.12	5.35	6.56	8.95	
55	3.91	4.92	7.31	9.40	11.54	15.81	2.34	2.95	4.39	5.70	6.98	9.53	
56	4.23	5.33	7.91	10.17	12.48	17.10	2.50	3.15	4.68	6.07	7.44	10.15	
57	4.57	5.75	8.54	10.97	13.47	18.46	2.67	3.36	4.99	6.47	7.92	10.82	
58	4.94	6.22	9.23	11.85	14.55	19.95	2.84	3.58	5.31	6.90	8.45	11.53	
59	5.36	6.75	10.02	12.86	15.79	21.66	3.03	3.82	5.66	7.35	9.00	12.29	
60	5.86	7.38	10.95	14.03	17.23	23.65	3.24	4.08	6.04	7.84	9.60	13.10	
61	6.42	8.09	12.00	15.35	18.86	25.90	3.46	4.35	6.44	8.36	10.23	13.96	
62	7.03	8.86	13.15	16.79	20.64	28.35	3.69	4.64	6.86	8.90	10.90	14.86	
63	7.71	9.72	14.42	18.37	22.60	31.06	3.93	4.94	7.31	9.48	11.60	15.82	
64	8.47	10.67	15.84	20.13	24.78	34.07	4.19	5.27	7.78	10.10	12.36	16.85	
65	9.31	11.74	17.42	22.10	27.21	37.44	4.47	5.62	8.30	10.77	13.17	17.96	

NonMed Term 350 15-year Term Primary and Other Insured Premiums per \$1,000													
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee													
Issue Age	MALE						FEMALE						
	NON-TOBACCO			TOBACCO			NON-TOBACCO			TOBACCO			
	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	
18	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23	
19	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23	
20	0.59	0.74	1.10	1.48	1.82	2.50	0.29	0.35	0.53	0.76	0.91	1.23	
21	0.60	0.75	1.11	1.48	1.82	2.50	0.30	0.37	0.55	0.76	0.92	1.24	
22	0.61	0.76	1.12	1.48	1.82	2.50	0.31	0.39	0.57	0.78	0.94	1.26	
23	0.62	0.77	1.14	1.48	1.82	2.50	0.33	0.42	0.60	0.80	0.97	1.30	
24	0.63	0.79	1.15	1.48	1.83	2.52	0.35	0.45	0.63	0.84	1.02	1.36	
25	0.64	0.80	1.17	1.50	1.85	2.54	0.37	0.48	0.67	0.88	1.07	1.43	
26	0.65	0.81	1.18	1.52	1.87	2.56	0.40	0.51	0.71	0.93	1.13	1.52	
27	0.66	0.82	1.19	1.53	1.88	2.57	0.43	0.55	0.77	1.00	1.21	1.62	
28	0.68	0.83	1.20	1.56	1.90	2.59	0.47	0.59	0.82	1.07	1.30	1.74	
29	0.70	0.86	1.22	1.60	1.95	2.65	0.51	0.63	0.88	1.16	1.40	1.88	
30	0.73	0.89	1.27	1.68	2.04	2.76	0.55	0.67	0.95	1.25	1.51	2.03	
31	0.77	0.94	1.34	1.79	2.17	2.93	0.59	0.72	1.02	1.35	1.64	2.20	
32	0.81	0.99	1.43	1.92	2.32	3.14	0.62	0.76	1.09	1.46	1.77	2.39	
33	0.86	1.06	1.54	2.07	2.51	3.40	0.66	0.81	1.18	1.59	1.92	2.60	
34	0.92	1.14	1.66	2.25	2.72	3.69	0.71	0.87	1.27	1.72	2.09	2.82	
35	0.99	1.23	1.80	2.44	2.96	4.01	0.76	0.94	1.37	1.87	2.27	3.07	
36	1.07	1.34	1.96	2.65	3.22	4.36	0.82	1.02	1.49	2.03	2.47	3.34	
37	1.17	1.45	2.13	2.88	3.50	4.75	0.90	1.11	1.62	2.21	2.69	3.63	
38	1.27	1.59	2.32	3.13	3.81	5.17	0.98	1.22	1.76	2.40	2.92	3.94	
39	1.39	1.73	2.53	3.41	4.15	5.63	1.06	1.32	1.91	2.60	3.16	4.27	
40	1.52	1.89	2.76	3.72	4.53	6.14	1.15	1.43	2.07	2.81	3.41	4.61	
41	1.66	2.06	3.01	4.06	4.94	6.70	1.24	1.54	2.23	3.03	3.67	4.96	
42	1.80	2.24	3.27	4.42	5.38	7.30	1.33	1.65	2.39	3.25	3.94	5.33	
43	1.96	2.44	3.56	4.81	5.86	7.94	1.43	1.76	2.56	3.48	4.22	5.71	
44	2.13	2.66	3.87	5.23	6.37	8.63	1.53	1.89	2.74	3.73	4.52	6.10	
45	2.33	2.90	4.21	5.69	6.92	9.37	1.65	2.03	2.94	3.99	4.83	6.52	
46	2.55	3.16	4.58	6.17	7.50	10.14	1.78	2.18	3.15	4.26	5.16	6.95	
47	2.79	3.45	4.97	6.68	8.11	10.95	1.92	2.35	3.37	4.54	5.49	7.39	
48	3.05	3.75	5.39	7.23	8.76	11.81	2.06	2.52	3.60	4.84	5.84	7.85	
49	3.33	4.09	5.85	7.82	9.47	12.75	2.22	2.71	3.84	5.15	6.22	8.34	
50	3.65	4.47	6.37	8.48	10.26	13.80	2.39	2.91	4.11	5.49	6.62	8.87	
51	4.00	4.88	6.94	9.19	11.12	14.95	2.57	3.12	4.39	5.84	7.04	9.42	
52	4.37	5.33	7.56	9.94	12.03	16.17	2.75	3.33	4.68	6.19	7.46	9.99	
53	4.77	5.81	8.22	10.75	13.01	17.49	2.94	3.56	5.00	6.57	7.92	10.59	
54	5.20	6.33	8.94	11.64	14.08	18.92	3.15	3.81	5.34	6.99	8.42	11.26	
55	5.67	6.89	9.72	12.60	15.24	20.48	3.39	4.09	5.72	7.46	8.99	12.02	
56	6.16	7.47	10.53	13.62	16.46	22.11	3.64	4.39	6.13	7.98	9.62	12.85	
57	6.66	8.08	11.36	14.68	17.73	23.80	3.91	4.70	6.56	8.55	10.28	13.75	
58	7.21	8.73	12.26	15.82	19.11	25.64	4.20	5.05	7.03	9.16	11.01	14.71	
59	7.81	9.46	13.27	17.11	20.66	27.71	4.52	5.42	7.54	9.83	11.81	15.77	
60	8.51	10.30	14.44	18.59	22.44	30.09	4.88	5.85	8.12	10.57	12.69	16.93	
61	9.28	11.23	15.74	20.23	24.43	32.76	5.28	6.32	8.75	11.37	13.64	18.18	
62	10.11	12.24	17.16	22.01	26.58	35.65	5.70	6.82	9.42	12.24	14.66	19.51	
63	11.02	13.34	18.70	23.95	28.93	38.82	6.17	7.36	10.15	13.16	15.76	20.94	
64	12.02	14.55	20.41	26.09	31.53	42.31	6.67	7.96	10.94	14.17	16.95	22.49	
65	13.13	15.90	22.31	28.46	34.41	46.19	7.23	8.61	11.81	15.27	18.25	24.17	



### NonMed Term 350 20-year Term Primary and Other Insured Premiums per \$1,000

**Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee**

Issue Age	MALE						FEMALE					
	NON-TOBACCO			TOBACCO			NON-TOBACCO			TOBACCO		
	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard
18	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
19	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
20	0.61	0.77	1.13	1.53	1.87	2.55	0.33	0.40	0.58	0.84	1.00	1.33
21	0.65	0.79	1.16	1.62	1.93	2.61	0.34	0.41	0.59	0.86	1.02	1.35
22	0.68	0.81	1.19	1.70	1.99	2.67	0.35	0.43	0.62	0.89	1.06	1.40
23	0.70	0.83	1.22	1.77	2.05	2.74	0.36	0.45	0.65	0.93	1.11	1.46
24	0.73	0.85	1.25	1.84	2.11	2.80	0.39	0.48	0.68	0.98	1.17	1.53
25	0.75	0.87	1.28	1.89	2.16	2.86	0.41	0.51	0.73	1.04	1.24	1.63
26	0.76	0.89	1.30	1.92	2.20	2.90	0.44	0.55	0.78	1.11	1.32	1.74
27	0.76	0.90	1.31	1.91	2.21	2.92	0.47	0.59	0.84	1.19	1.42	1.87
28	0.76	0.91	1.33	1.91	2.24	2.95	0.51	0.63	0.91	1.29	1.53	2.01
29	0.77	0.94	1.36	1.93	2.29	3.03	0.55	0.68	0.99	1.40	1.66	2.18
30	0.80	0.99	1.43	2.01	2.40	3.17	0.60	0.74	1.07	1.52	1.80	2.37
31	0.85	1.06	1.53	2.14	2.57	3.39	0.65	0.80	1.16	1.66	1.96	2.58
32	0.92	1.14	1.66	2.32	2.78	3.66	0.71	0.87	1.26	1.81	2.15	2.81
33	1.00	1.24	1.80	2.53	3.02	3.99	0.77	0.95	1.37	1.98	2.34	3.07
34	1.09	1.36	1.97	2.76	3.30	4.35	0.84	1.03	1.49	2.16	2.56	3.34
35	1.19	1.48	2.15	3.02	3.60	4.75	0.91	1.12	1.62	2.36	2.79	3.64
36	1.30	1.61	2.34	3.29	3.92	5.18	0.99	1.22	1.76	2.57	3.04	3.96
37	1.41	1.75	2.55	3.59	4.27	5.64	1.06	1.32	1.90	2.79	3.30	4.31
38	1.53	1.91	2.78	3.91	4.65	6.14	1.15	1.43	2.06	3.03	3.58	4.68
39	1.67	2.08	3.04	4.27	5.07	6.69	1.24	1.54	2.23	3.28	3.88	5.06
40	1.83	2.28	3.32	4.66	5.54	7.30	1.34	1.67	2.41	3.54	4.19	5.47
41	2.00	2.49	3.63	5.09	6.05	7.97	1.45	1.80	2.60	3.81	4.51	5.89
42	2.19	2.72	3.96	5.56	6.61	8.70	1.56	1.94	2.80	4.10	4.85	6.33
43	2.39	2.97	4.32	6.06	7.20	9.48	1.68	2.08	3.01	4.40	5.20	6.79
44	2.62	3.26	4.72	6.60	7.84	10.31	1.81	2.24	3.24	4.71	5.57	7.27
45	2.89	3.58	5.17	7.17	8.52	11.20	1.97	2.43	3.49	5.04	5.95	7.77
46	3.19	3.93	5.65	7.77	9.23	12.12	2.15	2.64	3.77	5.37	6.34	8.28
47	3.52	4.32	6.17	8.38	9.96	13.08	2.35	2.86	4.06	5.71	6.74	8.80
48	3.88	4.73	6.72	9.04	10.74	14.10	2.56	3.11	4.38	6.07	7.17	9.35
49	4.29	5.20	7.34	9.77	11.60	15.22	2.80	3.37	4.72	6.46	7.62	9.94
50	4.74	5.73	8.04	10.58	12.56	16.47	3.06	3.67	5.10	6.89	8.13	10.59
51	5.25	6.32	8.81	11.47	13.61	17.84	3.34	3.99	5.51	7.35	8.67	11.29
52	5.80	6.96	9.65	12.43	14.75	19.30	3.65	4.33	5.94	7.83	9.23	12.01
53	6.40	7.65	10.55	13.46	15.97	20.88	3.97	4.70	6.40	8.35	9.84	12.80
54	7.04	8.40	11.52	14.58	17.28	22.58	4.33	5.10	6.91	8.93	10.52	13.68
55	7.72	9.19	12.56	15.79	18.71	24.41	4.71	5.54	7.48	9.60	11.30	14.67
56	8.43	10.01	13.65	17.08	20.22	26.35	5.12	6.01	8.09	10.34	12.17	15.77
57	9.16	10.87	14.79	18.43	21.81	28.39	5.54	6.51	8.75	11.15	13.11	16.97
58	9.94	11.78	16.00	19.88	23.52	30.57	6.00	7.04	9.45	12.03	14.13	18.27
59	10.79	12.78	17.33	21.47	25.37	32.94	6.50	7.62	10.22	12.99	15.25	19.68
60	11.75	13.90	18.81	23.21	27.41	35.54	7.05	8.27	11.07	14.04	16.46	21.21

NonMed Term 350 30-year Term Primary and Other Insured Premiums per \$1,000															
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee															
Issue Age	MALE						FEMALE								
	NON-TOBACCO			TOBACCO			NON-TOBACCO			TOBACCO					
	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard	Select+	Select	Standard			
18	0.75	0.99	1.31		1.92	2.27	2.98		0.46	0.55	0.75		1.17	1.35	1.71
19	0.75	0.99	1.31		1.92	2.27	2.98		0.46	0.55	0.75		1.17	1.35	1.71
20	0.75	0.99	1.31		1.92	2.27	2.98		0.46	0.55	0.75		1.17	1.35	1.71
21	0.75	0.99	1.31		1.92	2.27	2.98		0.48	0.58	0.79		1.20	1.39	1.76
22	0.77	0.99	1.31		1.92	2.27	2.98		0.52	0.61	0.83		1.26	1.45	1.83
23	0.79	0.99	1.33		1.92	2.27	2.98		0.55	0.65	0.89		1.32	1.52	1.93
24	0.83	1.00	1.37		1.96	2.30	2.98		0.60	0.70	0.95		1.40	1.62	2.05
25	0.88	1.05	1.44		2.04	2.39	3.08		0.65	0.76	1.03		1.50	1.73	2.19
26	0.94	1.12	1.53		2.15	2.51	3.23		0.71	0.83	1.12		1.61	1.86	2.35
27	1.02	1.20	1.64		2.28	2.66	3.42		0.78	0.91	1.22		1.74	2.01	2.53
28	1.11	1.30	1.77		2.44	2.85	3.65		0.86	0.99	1.33		1.88	2.17	2.74
29	1.20	1.41	1.91		2.63	3.07	3.93		0.94	1.08	1.44		2.04	2.35	2.97
30	1.30	1.53	2.07		2.85	3.32	4.25		1.01	1.17	1.56		2.22	2.56	3.23
31	1.39	1.64	2.24		3.10	3.61	4.61		1.07	1.25	1.68		2.42	2.79	3.52
32	1.48	1.76	2.41		3.38	3.93	5.01		1.12	1.32	1.80		2.63	3.03	3.83
33	1.57	1.88	2.60		3.69	4.29	5.46		1.18	1.40	1.92		2.87	3.30	4.17
34	1.69	2.03	2.82		4.03	4.68	5.95		1.24	1.49	2.06		3.12	3.59	4.53
35	1.83	2.21	3.08		4.40	5.11	6.49		1.33	1.60	2.23		3.39	3.90	4.92
36	2.01	2.42	3.38		4.80	5.57	7.07		1.44	1.74	2.42		3.67	4.23	5.33
37	2.20	2.66	3.70		5.23	6.07	7.70		1.57	1.89	2.63		3.98	4.58	5.77
38	2.43	2.92	4.06		5.69	6.60	8.37		1.72	2.06	2.86		4.29	4.95	6.23
39	2.67	3.21	4.45		6.19	7.17	9.10		1.87	2.24	3.11		4.63	5.34	6.72
40	2.94	3.53	4.88		6.73	7.80	9.89		2.04	2.44	3.37		4.99	5.75	7.24
41	3.22	3.86	5.34		7.31	8.47	10.74		2.21	2.64	3.64		5.36	6.18	7.78
42	3.52	4.22	5.82		7.92	9.18	11.63		2.38	2.84	3.92		5.75	6.63	8.34
43	3.84	4.60	6.34		8.58	9.95	12.59		2.56	3.07	4.22		6.16	7.10	8.93
44	4.20	5.03	6.92		9.29	10.77	13.62		2.77	3.31	4.55		6.60	7.60	9.57
45	4.62	5.51	7.55		10.07	11.66	14.74		3.02	3.60	4.92		7.09	8.16	10.25
46	5.08	6.04	8.23						3.30	3.92	5.33				
47	5.59	6.61	8.95						3.61	4.27	5.77				
48	6.14	7.24	9.73						3.95	4.65	6.24				
49	6.75	7.93	10.59						4.32	5.07	6.76				
50	7.45	8.71	11.55						4.74	5.53	7.33				

# LifeScape<sup>®</sup> NonMed Term 350

## Primary and Other Insured Premium Calculation Worksheet

### Primary Insured

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Risk Class    \_\_\_ Select+ NT    \_\_\_ Select NT    \_\_\_ Standard NT  
                   \_\_\_ Select+ T    \_\_\_ Select T    \_\_\_ Standard T

**Base Benefit**    \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
                                 Base Rate            # of 1,000s of Base Face Amount            **BASE PREMIUM**

\$ \_\_\_\_\_ + \$70 = \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
   (Base Premium)       Policy Fee                                    Modal Factor\*            Base Modal Premium

### Other Insured

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Risk Class    \_\_\_ Select+ NT    \_\_\_ Select NT    \_\_\_ Standard NT  
                   \_\_\_ Select+ T    \_\_\_ Select T    \_\_\_ Standard T

**Other Insured Rider**    \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
   Other Insured Rate            # of 1,000s of Other Insured Face Amount            **OTHER INSURED PREMIUM**

\$ \_\_\_\_\_ + \$50 = \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
   (Other Insured Premium)       Policy Fee                                    Modal Factor\*            Other Insured Modal Premium

**Total Modal Premium** (sum of all premiums in far-right column)    \$ \_\_\_\_\_

\*Modal Factors: Annual = 1.000, Semi-annual = 0.510, Quarterly = 0.264, Monthly = 0.088

# Administrative Guidelines

## ASSIGNMENTS

Assurity accepts collateral assignments of life insurance. An assignment form can be requested from Client Services. The form must be returned to the assignee and a copy retained by Assurity.

## CHANGE OF BENEFICIARY

To change the beneficiary on an in-force policy, a Beneficiary Designation form must be completed. This form may be requested from and then returned to Client Services. The return of the policy is not required.

## CHANGE OF OWNER

The owner of an in-force policy may be changed while the insured is alive. An Ownership Transfer form may be requested from and returned to Client Services. The return of the policy is not required.

## DEATH CLAIM PROCESSING

Please contact the Claims department to request an Application for Individual Life Benefits, and provide the insured's date of death. Return the completed application to the Claims department along with a certified copy of the insured's death certificate and the policy.

## DISABILITY WAIVER OF PREMIUM BENEFIT RIDER ADMINISTRATION

Contact Claims to obtain the appropriate proof forms for the Disability Waiver of Premium Benefit Rider. The forms must be completed by the policyowner and his or her physician, then returned to Claims.

The policyowner must continue to pay all premiums until the waiver of premium claim is approved. When the claim is approved, premiums paid after the date of disability will be refunded. However, no premium will be waived if its due date is more than one year prior to the notice of claim.

## DIVIDENDS

This is a nonparticipating policy. Dividends will not be paid.

## DUPLICATE POLICIES

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

## GRACE PERIOD

A 31-day grace period is included in the policy for premiums not paid on or before the due date.

## LIST BILLING

If you need to establish a list billing, contact Client Services at (800) 869-0390, ext. 4279. Policy premiums arranged on a list bill are billed to a policyowner's place of employment.

## POLICY ADDITIONS

When an addition to a policy is requested by a policyowner, please contact Client Services for an Application for Policy Change. The return of the policy with the form is not required.

## PREMIUM BILLING

The original premium notice for the direct premium mode is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date. If a remittance is still not received at the end of the 31-day grace period, lapse/nonforfeiture processing will be initiated.

Preauthorized premium payments may be drafted on any date between the 1<sup>st</sup> and 28<sup>th</sup> of each month. If a preauthorized payment is returned, Assurity will notify the policyowner and send a copy of the

## Administrative Guidelines (continued)

notification to you, the agent. If a remittance is not received prior to the expiration of the grace period, lapse/nonforfeiture processing will be initiated.

Please contact Client Services for authorization forms needed to indicate a change in banks or to deduct a premium from a policyowner's bank account.

### REINSTATEMENT

A lapsed policy may be reinstated within three years of the lapse date if: 1) Assurity agrees the insured is insurable, and 2) all unpaid premiums are received, including the compound interest of 6 percent from each due date.

### SURRENDER

To surrender a policy, the policyowner must send a written request to Client Services and return the original policy.

## Product Definitions

### ASSIGNMENT

The policy may be transferred, or assigned, to another person or organization.

### CONTESTABLE PERIOD

This policy cannot be contested after it has been in force during the insured's lifetime for two consecutive years from the date of issue.

### MISSTATEMENT OF AGE OR GENDER

If the insured's age or gender is misstated in the application, the proceeds will be adjusted to the amount the premium paid would have purchased for the correct age or gender.

### PAYMENT OPTION

The policyowner may elect a payout option while living, or a beneficiary may elect a payout option upon the insured's death. Payment options include: payment for a fixed period; payment of fixed amount; left at interest; or alternate payment for life.

### RIGHT TO CANCEL

After examining the policy, the policyowner may cancel the policy within 30 days of delivery for a full premium refund. (The number of days may vary by state; refer to the policy for state-specific information.) Cancellation is effective on the date the policy is returned to the home office or the representative from whom it was purchased. We will refund the full premium paid, and the policy will be treated as if it were never issued.

### SUICIDE

If the insured dies by suicide within two years of the date of issue, Assurity's liability is limited to a refund of premiums. After two years, death by suicide is paid in full.

## About Assurity

Assurity Life Insurance Company's origins are rooted in a 120-year legacy of providing long-term security to policyholders that has earned generations of customers' confidence and trust.

Assurity Life serves customers across the nation, offering disability income, critical illness, accident and life insurance, annuities and specialty insurance plans through our representatives and worksite distribution.

With assets exceeding \$2 billion, Assurity Life has built a reputation for "best in class" service and sound, conservative business practices with a disciplined approach to financial management. Headquartered in Lincoln, Neb., Assurity Life has earned a high rating from A.M. Best Company, one of the insurance industry's leading independent analysts. For more information about this rating, please visit [www.ambest.com](http://www.ambest.com) or [www.assurity.com](http://www.assurity.com).

We're proud of our history of integrity, financial accountability...and helping people through difficult times.

## Revisions to this Product Guide

Date	Page	Update
5/10/2012	11	Driver's license footnote text changed.
2/16/2012	4	Waiver of Premium Issue Limits info about table rating and Pennsylvania removed.
11/8/2011	7	Children's Rider changed to \$1000 for every \$1000 base policy face amount
12/15/10	3,5	Policy and Rider fees updated
12/15/10	8	Critical Illness Rider "Underwriting" information added
9/15/2010	4-7	Updated various rider information
6/28/2010	12-14	Updated Height/Weight chart