

State: District of Columbia **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: Ind Cancer PRO Rates
Project Name/Number: Ind Cancer PRO Forms/Ind Cancer PRO Forms

Form Schedule

Lead Form Number: W H1220 (DC)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Cancer Expense Policy	W H1220 (IA)	POL	Initial		49.600	WH1220IA.pdf
2		Cancer First Occurrence Benefit Rider	R W1221	POLA	Initial		53.000	RW1221IA.pdf
3		Cancer First Occurrence Increasing Benefit Rider	R W1222	POLA	Initial		51.400	RW1222IA.pdf
4		Intensive Care Unit Benefit Rider	R W1223 (IA)	POLA	Initial		49.900	RW1223IA.pdf
5		Specified Disease Benefit Rider	R W1224 (IA)	POLA	Initial		51.000	RW1224IA.pdf
6		Cancer Expense Policy Outline of Coverage	OC-W H1220 (IA)	OUT	Initial		50.100	OCWH1220IA.pdf
7		Cancer Expense	58-405-05053 (R01-13)	AEF	Initial		62.100	58-405-05053 (R01-13).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)

SERFF Tracking #:

SEFL-128968158

State Tracking #:**Company Tracking #:**

IND CANCER PRO RATES

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MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

Cancer Expense Policy

This is a legal contract between You (the primary Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and the Initial Premium. We agree to pay this policy's benefits to You while this policy is in force and this policy's provisions have been met.

RENEWAL

This policy is guaranteed renewable for life. That means as long as premiums are paid when due, We cannot cancel or change this policy. We can, however, change the premium rates after this policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where this policy was issued. You will be given notice by mail 31 days prior to any premium change.

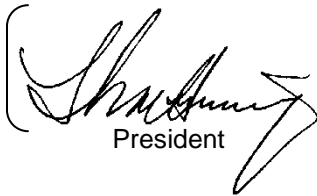
RIGHT TO EXAMINE

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

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to termination.

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


President


Secretary

**Guaranteed renewable for life
Company may change premium rates**

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown XX 12345-6789]
Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
W H1220 (IA)	Cancer Expense Policy	[\$ []
[R W1221	Cancer First Occurrence Benefit Rider	[\$ []
R W1222	Cancer First Occurrence Increasing Benefit Rider	[\$ []
R W1223 (IA)	Intensive Care Unit Benefit Rider	[\$ []
R W1224 (IA)	Specified Disease Benefit Rider	[\$ []]

Insured Person(s):		Issue Age(s):	Policy Number:	[]
[ ]	] (primary)	[]	Issue Date:	[]
[ ]	] (primary)	[]	Initial Premium:	[]
[ ]	] (primary)	[]	Premium Mode:	[]
[ ]	] (primary)	[]		
[ ]	] (primary)	[]		
[ ]	] (primary)	[]		
[ ]	] (primary)	[]		
[ ]	] (primary)	[]		

DEFINITIONS

Adult Companion means anyone 18 years of age or older.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Calendar Month means the period of time that begins on the first day of each month and ends on the last day of the same month.

Calendar Year means the period of time that begins on January 1 and ends on December 31 of the same year.

Cancer means a disease which is manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, malignant tumor or melanoma which is a tumor arising from the melanocytic system of the skin and other organs. It does not include non-melanoma skin cancer or other conditions which may potentially be considered precancerous or premalignant, such as leukoplakia, carcinoid, hyperplasia, polycythemia, moles, or similar diseases or lesions. However, this policy does provide limited screening and surgical benefits for non-melanoma skin cancer.

Chemotherapy means U.S. Food and Drug Administration (FDA) approved cytotoxic chemical substances used for the destruction of cancerous tissue. Chemotherapy does not include Supportive and Protective Care Drugs.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined and **Confinement** mean the assignment to a bed as a resident inpatient as prescribed by a Physician in a Hospital or an observation unit within a Hospital for a period of at least 20 continuous hours.

Dependent Child(ren) means any child who is (a) unmarried, (b) younger than age 26 and (c) financially dependent on You.

Date of Diagnosis means the date the tissue specimen, blood or fluid samples and/or titer(s) are taken upon which the diagnosis of Cancer is established by a Physician.

Due Date means the date renewal premiums are due.

Foster Child means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

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

Hormone Therapy means U.S. Food and Drug Administration (FDA) approved chemical substances which are used for Cancer treatment to (a) modify, alter or destroy cells that regulate hormone functions in the body, (b) prevent cell division and growth of hormone dependent tumors or (c) neutralize and/or inhibit the production of the body's natural hormones which are used by hormone dependent tumors. Hormone Therapy does not include Supportive and Protective Care Drugs.

Hospice means an organization which is licensed, certified or registered, if required by the state in which the facility is located and staffed and equipped to:

- provide care for persons who are terminally ill and do not require the full services of a Hospital;
- offer medical services under the direction of a Physician and a 24-hour professional nursing staff; and
- provide, directly or by arrangement, social, psychological or spiritual services.

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

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

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

Immediate Family means the Spouse, father, mother, children or siblings of an Insured Person.

Immunotherapy means therapy which stimulates the normal immune system to kill tumor cells.

Insured Person(s) means You or any other person(s) insured for the benefits of this policy or any attached rider as listed on the policy Schedule, rider Schedule, or as later amended.

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

Medically Necessary means that which is (a) prescribed by a Physician, (b) considered to be necessary and appropriate for the diagnosis and treatment of the condition and (c) commonly accepted as proper care or treatment of the condition. Medically Necessary care does not include care (a) provided only as a convenience to the Insured Person or provider and (b) in excess (in scope, duration, or intensity) of that level of care which is needed to provide safe, adequate and appropriate diagnosis and treatment. The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Physician means a person, other than the Insured Person, a member of the Insured Person's Immediate Family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this policy.

Pre-existing Condition means a sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

Radiation Treatment means teloradio therapy using either natural or artificial propagated ionizing radiation or interstitial or intracavity application of radium or radioactive isotope in sealed or non-sealed sources. Radiation Treatment includes delivery only and does not include clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices, special services or supplies.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Spouse means the person to whom You are lawfully married and, if also an Insured Person under this policy, was named on Your application for this policy as Your Spouse at the time You first applied for this policy, or who was added to this policy at a later date. No more than one Spouse may be insured at any given time.

Supportive and Protective Care Drugs means drugs prescribed by a Physician that do not have a direct cancericidal effect but serve to:

- protect and support the body from side effects associated with Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy;
- enhance or modify the Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy; or
- control pain resulting from Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy.

Waiting Period means the 30 days following the Issue Date or ten days following the last Reinstatement Date.

We, Us and Our mean Assurity Life Insurance Company.

You and Your mean the primary Insured Person listed on the policy Schedule.

PREMIUMS

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

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

Grace Period. Premium must be paid during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this policy.

Reinstatement. If premium is not paid by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this policy lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated policy will only cover losses that begin more than 10 days after the Reinstatement Date and is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

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

BENEFITS

We will pay the following benefits for the Medically Necessary treatment of and related services for Cancer that occur while this policy is in force. The limits and maximums for the benefits are per Insured Person.

Additional Surgical Opinions. We will pay \$200 if an Insured Person receives a second surgical opinion. Second surgical opinion means an evaluation of the need for surgery by a second Physician. If the second surgical opinion differs from the first, We will pay an additional \$200 for a third surgical opinion. Third surgical opinion means the evaluation by a third Physician if the opinions of the first two Physicians are in conflict. Additional surgical opinions must be obtained from a Physician not in practice with the Physician rendering the initial surgical opinion.

You may use this benefit at Your discretion. Other benefits in this policy will not be affected by Your decision. This benefit is payable only after a positive diagnosis of Cancer has been made and only once for each cancerous condition. Second or third surgical opinions must be received before surgery is performed. This benefit is not payable for non-melanoma skin cancer or reconstructive surgery. We require that You send Us the initial surgical opinion in addition to the second and third surgical opinions.

Ambulance. We will pay \$200 per trip if an Insured Person receives ground transportation provided by a licensed professional ambulance company to or from a Hospital where the Insured Person is Confined for Cancer treatment. This benefit is limited to two trips per Confinement.

Anesthesia. We will pay 25% of the Surgical benefit if a Surgical benefit is paid and a Physician administered anesthesia in connection with such surgical procedure.

Blood and Blood Plasma. We will pay \$150 per day for an Insured Person receiving a transfusion, administration, cross-matching, typing and processing of blood and blood plasma. This benefit is not payable for clerical, storage, and administration services associated with blood and blood plasma. This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors. This benefit is payable for a maximum of 30 days per Calendar Year.

Bone Marrow Transplant for Cancer. We will pay \$10,000 once per lifetime if an Insured Person receives a bone marrow/stem cell transplant.

If this benefit is paid, We will not pay any other benefits under this policy for six months post-transplant.

Cancer Screening Test(s). We will pay \$100 once per Calendar Year if an Insured Person receives any of the tests listed below:

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

Durable Medical Equipment. We will pay this benefit if an Insured Person rents or purchases one of the following pieces of durable medical equipment below:

- \$200 once per Calendar Year for a brace or crutches; and
- \$1,000 once per Calendar Year for a hospital bed, respirator or similar mechanical device, or wheelchair.

Experimental Treatment. We will pay \$5,000 once per Calendar Year if an Insured Person receives experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the U.S. Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Hairpiece. We will pay \$150 once per lifetime for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay \$100 per day when an Insured Person receives services at home by a licensed home health care agency. Such care must be prescribed by a Physician and begin within seven days of release from a covered Hospital Confinement. The care cannot be provided by an Immediate Family member. This benefit is payable for a maximum of 60 days per Calendar Year.

This benefit is not payable on the same day that Hospice Care is payable.

Hospice Care. We will pay \$100 per day for care provided by Hospice if an Insured Person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Hospital Confinement. We will pay \$[150] per day for the first 75 consecutive days and \$[300] per day thereafter if an Insured Person is Confined in a Hospital for Cancer treatment. Periods of Confinement separated by more than 30 days are not considered consecutive.

Hospital Confinement – Government or Charity. We will pay \$200 per day for the first 75 consecutive days and \$400 per day thereafter if an Insured Person is Confined for treatment of Cancer in a:

- hospital operated by or for the United States Government (including Veteran’s Administration); or
- hospital that does not charge for the services it provides (charity).

Periods of Confinement separated by more than 30 days are not considered consecutive. If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

Lodging. We will pay \$60 per day for the lodging of either an Insured Person or an Adult Companion at a hotel, motel, or other accommodations acceptable to Us when the Insured Person receives specialized covered treatment more than 50 miles from their residence.

This benefit is limited to two trips per Calendar Year for the Insured Person and Adult Companion and will be paid only for lodging that occurs within 24 hours of a covered treatment. This benefit will not be paid for visits when the Insured Person receives non-covered treatments or periodic check-ups.

NCI Consultation. We will pay \$500 once per lifetime if an Insured Person receives consultation at a National Cancer Institute (NCI) that is a designated cancer treatment center if the consultation leads to or follows a positive diagnosis of Cancer.

Outpatient Surgery. We will pay a benefit equal to the daily Hospital Confinement benefit for an Insured Person’s outpatient surgery due to Cancer in a Hospital or ambulatory surgical center. This benefit is not payable for surgery in a Physician’s office or clinic and is not payable for non-melanoma skin cancer treatment.

Physician’s Attendance. We will pay \$35 per day for in-Hospital visits from Your Physician. This benefit does not include visits from a surgeon.

Private Duty Nursing Service. We will pay \$100 per day for private duty nursing provided by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer. Such care must be required and authorized by a Physician and not provided by an Immediate Family member. This benefit is payable for a maximum of 60 days per Calendar Year.

Positive Diagnosis Test. We will pay \$500 once per lifetime for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin cancer.

Prosthesis. We will pay \$1,000 per prosthetic device that is required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit is not payable for a hairpiece or breast prosthesis and has a maximum of \$2,000 per Calendar Year.

Prosthesis – External Breast. We will pay \$250 for an external breast prosthesis as a direct result of surgery for Cancer treatment. This benefit is payable twice per lifetime.

Prosthesis – Internal Breast. We will pay \$2,500 per breast for an internal breast prosthesis as a direct result of surgery for Cancer treatment. This benefit is payable once per breast per lifetime.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay \$[2,500] per Calendar Month for an Insured Person that receives Radiation Treatment or Chemotherapy, Hormone Therapy or Immunotherapy drugs that are intravenously administered under the supervision of a Physician in a clinical setting. This benefit is payable for a maximum of \$[10,000] per Calendar Year.

Reconstructive Surgery. We will pay one of the benefits listed below when an Insured Person undergoes a specified reconstructive surgical procedure as a result of Cancer treatment.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap (CPT Code 19367 – 19369)	\$3,000
Deep Inferior Epigastric Perforator (DIEP) Flap (CPT Code 19364, HCPCS S2067 – S2068)	\$3,000

Breast Reconstruction	\$750
Breast Symmetry	\$300
Facial Reconstruction	\$750

We will pay a benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical procedure. If two or more reconstructive surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the reconstructive surgery benefit amounts, but not both. The maximum daily benefit will not exceed \$3,000. The breast reconstruction and breast symmetry procedures are each payable four times per lifetime. The facial reconstruction benefit is payable twice per lifetime.

Self-administered Chemotherapy, Hormone Therapy or Immunotherapy. We will pay \$300 for each filled prescription for self-administered Chemotherapy, Hormone Therapy and Immunotherapy drugs. This benefit is payable for a maximum of \$1,200 per Calendar Month. After this benefit has been paid in 24 Calendar Months, this benefit is limited to \$100 per Calendar Month.

Supportive Drugs and Services. We will pay \$500 if an Insured Person receives one of the following related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

This benefit is payable once per Calendar Year.

Skin Cancer (Non-Melanoma). We will pay \$100 for the removal of non-melanoma skin cancer when the diagnosis is made by a Physician. This benefit is payable twice per Calendar Year.

Surgical. We will pay the amount shown on the Surgical Benefits Schedule for surgical procedures performed in a Hospital, an ambulatory surgical center or a Physician's office if an Insured Person receives treatment, removal or destruction of Cancer. For operations not listed, a comparable, reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the surgical benefit amounts, but not both.

Surgical Benefits Schedule

CPT Code	Description	Benefit
	SKIN (MELANOMA ONLY)	
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	\$900

INTEGUMENTARY SYSTEM REPAIR

14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	\$1,200
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	\$1,600

BREAST

19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	\$250
19101	Biopsy of breast; open, incisional	\$550
19120	Excision of cyst, fibroadenoma, or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	\$750
19301	Mastectomy, partial	\$700
19302	Mastectomy, partial with axillary lymphadenectomy	\$700
19303	Mastectomy, simple, complete	\$1,000
19304	Mastectomy, subcutaneous	\$1,000
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	\$1,700
19306	Mastectomy, radical, including pectoral muscles, axillary lymph nodes and internal mammary lymph nodes	\$1,700
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	\$1,800

MUSCULOSKELETAL SYSTEM

21031	Excision of torus mandibularis	\$600
21550	Biopsy, soft tissue of neck or thorax	\$400

RESPIRATORY SYSTEM

31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	\$2,050
31360	Laryngectomy; total, without radical neck dissection	\$2,400
31365	Laryngectomy; total, with radical neck dissection	\$3,150
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$150
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	\$400
32100	Thoracotomy, major; with exploration and biopsy	\$1,700
32405	Biopsy lung or mediastinum	\$200
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	\$300
32440	Removal of lung, total pneumonectomy	\$2,800
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$2,650
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	\$2,550

LYMPHATIC

38100	Splenectomy; total (separate procedure)	\$1,550
38220	Bone marrow; aspiration only	\$150
38221	Bone marrow biopsy, needle or trocar	\$200
38500	Biopsy or excision of lymph node(s); open, superficial	\$550
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)	\$200
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$700
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	\$800
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$700

MEDIASTINUM

39400	Mediastinoscopy, with or without biopsy	\$750
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DIGESTIVE SYSTEM

41100	Biopsy of tongue; anterior two-thirds	\$300
41105	Biopsy of tongue; posterior one-third	\$250
41108	Biopsy of floor of mouth	\$200
41130	Glossectomy; hemiglossectomy	\$1,900
42120	Resection of palate or extensive resection of lesion	\$1,250
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$1,100
42440	Excision of submandibular (submaxillary) gland	\$850
42450	Excision of sublingual gland	\$750
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$500
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	\$600
43631	Gastrectomy, partial, distal; with gastroduodenostomy	\$2,350
43632	Gastrectomy, partial, distal; with gastrojejunostomy	\$2,350
43830	Gastrostomy, open; without construction of gastric tube (e.g., Stamm procedure) (separate procedure)	\$1,050
44120	Enterectomy, resection of small intestine; single resection and anastomosis	\$1,800
44140	Colectomy, partial; with anastomosis	\$2,200
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$2,150
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$2,500
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$2,300
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$2,750
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$2,950
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$2,650
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$3,000
44157	Colectomy with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$3,000
44158	Colectomy with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal muscosectomy, when performed	\$3,300
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,950
44320	Colostomy or skin level cecostomy; (separate procedure)	\$1,850
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$300
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$300
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple, with or without biopsy	\$350
47000	Biopsy of liver, needle; percutaneous	\$300
47120	Hepatectomy, resection of liver; partial lobectomy	\$3,750
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$2,400
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	\$5,000

URINARY SYSTEM

50200	Renal biopsy; percutaneous, by trocar or needle	\$300
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$1,750
51550	Cystectomy, partial; simple	\$1,600
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	\$300
52204	Cystourethroscopy, with biopsy	\$1,150
52500	Transurethral resection of bladder neck (separate procedure)	\$900
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration, and/or dilation, and internal urethrotomy are included)	\$1,250

MALE GENITAL SYSTEM

54100	Biopsy of penis; (separate procedure)	\$350
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$600
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	\$400
55810	Prostatectomy, perineal radical	\$2,250

FEMALE GENITAL SYSTEM

56620	Vulvectomy simple; partial	\$900
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$250
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	\$1,650
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	\$700
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking	\$2,700

ENDOCRINE SYSTEM

60100	Biopsy thyroid, percutaneous core needle	\$200
60240	Thyroidectomy, total or complete	\$1,750

NERVOUS SYSTEM

61500	Craniectomy; with excision of tumor or other bone lesion of skull	\$2,200
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$3,550

Transportation. We will pay the following transportation benefits for either an Insured Person or an Adult Companion when the Insured Person receives specialized covered treatment more than 50 miles from their residence:

- \$500 per person per trip for round trip fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment, or
- \$.50 per mile up to 700 miles round trip for personal automobile expenses per trip for the Insured Person and one Adult Companion, provided that the destination is more than 50 miles one way from the city where the individual lives. Mileage will be measured from the individual's residence to the facility where the treatment is administered. This benefit is payable once per trip if the Insured Person and Adult Companion travel in the same automobile.

This benefit is limited to two trips per Calendar Year for each the Insured Person and Adult Companion. This benefit will not be paid for visits when the Insured Person receives non-covered treatments or periodic check-ups.

LIMITATIONS

Pre-existing Conditions. We will not pay benefits concerning a Pre-existing Condition unless the benefits are for services rendered after coverage under this policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Waiting Period. Treatment and related services during the Waiting Period are not eligible for payment. For Cancer with a Date of Diagnosis before the end of the Waiting Period, benefits will only be payable for the treatment of and related services for this Cancer occurring one year after the Issue Date or last Reinstatement Date.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of an Insured Person's:

- injuries;
- noncancerous sickness;
- sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;

- care and/or treatment received outside the United States; or
- care, confinement and/or treatment in a government or charity Hospital except as specifically provided in the Hospital Confinement – Government or Charity benefit.

PERSONS INSURED

Persons Eligible on the Issue Date. The only people eligible for coverage ("eligible person(s)") on the Issue Date are the primary Insured Person, Spouse, and Dependent Children. Only the Insured Persons on the policy Schedule or added by amendment are covered by this policy.

Persons Who Become Eligible after the Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 26, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child. We must receive written notice and a premium for such Dependent Child within 60 days of birth, adoption, placement for adoption or placement as a Foster Child for the child's coverage to continue beyond the initial 60 days of coverage.

The required written notice must include the child's name, gender, date of birth and date of adoption or placement with You, if applicable.

Except as provided above, any others who become eligible after the Issue Date can only become Insured Persons after We approve such eligible person's written application for coverage and all required premiums are paid.

Conversion for Spouse. If this policy includes coverage for Your Spouse and You die, Your Spouse can keep this coverage in force by notifying Us in writing and providing payment within 60 days after Your death. The converted coverage will provide the Spouse the same coverage provided under this policy at the time of conversion. The converted coverage will be subject to the remainder of any time periods stated within this policy. If this same coverage is no longer offered at the time of conversion, We will issue coverage that is most comparable. Under the new policy the Spouse will become the primary Insured Person.

TERMINATION

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

- when any premium due for this policy is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Termination of Child Coverage. Coverage for a Dependent Child under this policy and any attached rider will terminate when such child establishes residence in a foreign country or no longer meets the definition of Dependent Child.

The attainment of the limiting age for an eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purposes of this provision, "chiefly dependent" means the eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the Dependent Child is a disabled and dependent person within 31 days of the child's attainment of the limiting age. After two years following attainment of the limiting age, We may again require such proof not more frequently than annually. In the absence of such proof, We may terminate the coverage for the Dependent Child after the attainment of the limiting age.

Termination of Spouse Coverage. Coverage for a Spouse under this policy and any attached rider will terminate when such Spouse establishes residence in a foreign country, no longer meets the definition of Spouse or upon valid decree of divorce unless otherwise specified in the decree.

It is Your responsibility to notify Us of any Insured Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person, and Our sole liability will be limited to a refund of such premium.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this policy occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and policy number as shown on the policy Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

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

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated.

Time of Payment of Claim. Benefits for any loss covered by this policy will be paid after We receive written proof satisfactory to Us and all other provisions herein are met.

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

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

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal. Prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 60 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this policy or any attached rider, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this policy.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this policy, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this policy for any inaccuracy – even an honest mistake.

Agency. Neither an employer, associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

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

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

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

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

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Issue Date apply. If this policy conflicts with the laws of the federal government or Your state on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Discretionary Authority, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., We have the discretion and authority to construe the provisions of this policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever We make determinations which are not arbitrary or capricious in the administration of this policy, such determinations shall be final and conclusive.

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

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

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

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

Time Limit on Certain Defenses. After two years from the Issue Date, We cannot use misstatements, except fraudulent misstatements, in Your application, which includes any papers signed or information provided to get this policy, to void coverage or deny a claim for loss that happens after the two-year period.

After two years from the last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application, which includes any papers signed or information provided to reinstate this policy, to void coverage or deny a claim for loss that happens after the two-year period.

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

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

Workers' Compensation. This policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

CANCER EXPENSE POLICY

**Guaranteed Renewable for Life
Company may change premium rates**

READ YOUR POLICY CAREFULLY



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Cancer
First Occurrence
Benefit Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given notice by mail 31 days prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount:	[\$2,500]

BENEFITS

We will pay the Benefit Amount the first time an Insured Person receives a diagnosis of Cancer if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this rider is in force and the Cancer is not excluded by name or specific description in the policy. This benefit is payable once per Insured Person.

GENERAL PROVISION

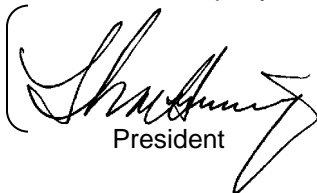
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

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

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

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


President


Secretary



This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given notice by mail 31 days prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount:	[\$2,500]

DEFINITIONS

Anniversary Date means the month and day of the Issue Date in succeeding Calendar Years.

BENEFITS

We will pay a benefit the first time an Insured Person receives a diagnosis of Cancer if the Date of Diagnosis is after the Waiting Period, the Date of Diagnosis is while coverage under this rider is in force and the Cancer is not excluded by name or specific description in the policy. This benefit is payable once per Insured Person.

On each Anniversary Date prior to the Insured Person's diagnosis of Cancer, the Benefit Amount will increase by \$500 for a maximum of 10 years.

GENERAL PROVISION

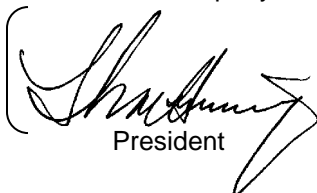
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

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

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

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


 President


 Secretary



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**Intensive Care Unit
Benefit Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given notice by mail 31 days prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount:	[\$300]

DEFINITIONS

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Cosmetic Care means the surgical alteration of tissue for the improvement of appearance, which is not intended to effect a substantial improvement or restoration of bodily function.

Covered Injury(ies) means an accidental bodily injury that happens to an Insured Person which (a) occurs after the Issue Date; (b) occurs while this policy is in force; and (c) is not caused by, or the result of, an activity or condition listed in Exclusions in this rider.

Hospital Intensive Care Unit means a place which (a) is a specifically designated area of the Hospital called an Intensive Care Unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured who requires intensive comprehensive observation and care, (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement, (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured, (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit on a 24 hour basis and (e) has a Physician assigned to the Hospital Intensive Care Unit.

A Hospital Intensive Care Unit is not any of the following step down units: (a) a progressive care unit, (b) an intermediate care unit, (c) a private monitored room, (d) a Hospital Sub-Acute Intensive Care Unit, (e) modified/moderate care unit, (f) an observation unit or (g) any facility not meeting the definition of a Hospital Intensive Care Unit.

Hospital Sub-Acute Intensive Care Unit means a place which (a) is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward, (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement, (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured and (d) is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, modified/moderate care unit, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or ward with or without monitoring equipment.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of Confinement, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of Confinement, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Period of Confinement means Confinements for the same or related causes that are separated by no more than 90 days. Each Confinement must begin while the coverage was in force for the Insured Person Confined.

Sickness means an illness, disease or condition of the Insured Person.

BENEFITS

We will pay the Benefit Amount each day an Insured Person is Confined due to a Covered Injury or Sickness in a Hospital Intensive Care Unit, not to exceed 30 days during any one Period of Confinement. This benefit is not payable for Confinement due to Sickness if the Period of Confinement starts during the Waiting Period.

EXCLUSIONS

We will not pay benefits for Confinements in a Hospital Intensive Care Unit that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane;
- having dental treatment;
- traveling outside the United States, except for those covered injuries that require emergency care in a Hospital;
- having elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization;

- having Mental or Nervous Disorders;
- voluntarily inhaling gas;
- having Cosmetic Care, except when the Hospital Confinement is due to Medically Necessary reconstructive surgery;
- being Confined primarily for rest care, convalescent care or for rehabilitation;
- having a Covered Injury or Sickness covered under Worker's Compensation, an Employer's Liability law or similar law; or
- being pregnant, experiencing pregnancy related conditions (other than Complications of Pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date.

MILITARY SERVICE

You may suspend this rider if You enter active military service. Active military service means actively serving in any armed forces of any country, or unit auxiliary thereto, including the National Guard or Reserve, except for active duty training of less than 60 days. Upon Your written request to suspend Your rider due to active military service, We will refund any unearned premium.

REINSTATEMENT

Reinstatement. If premium is not paid by the end of the Grace Period, this rider will lapse (will not be in force). If You want this rider reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this rider lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this rider may be reinstated with payment of any premium due. This rider will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this rider will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated rider will only cover losses resulting from a Covered Injury as may be sustained after the Reinstatement Date. The reinstated rider shall also cover losses due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated rider is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

GENERAL PROVISION

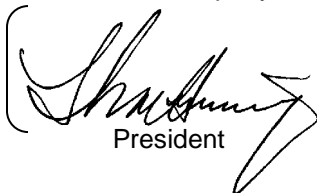
In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

TERMINATION

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

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

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


President


Secretary



ASSURITY® LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com

**Specified Disease
Benefit Rider**

This rider is attached to and part of the policy. The terms of the policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's Initial Premium. Premium for this rider is included on the policy Schedule. Rider premiums are paid to Our administrative office at the same time as the policy premiums. After the rider has been in force 12 months, We may change the premium rates, but not more than once in a 12-month period. We can only do so for all riders in a class after approval or acknowledgement by the state where the policy was issued. You will be given notice by mail 31 days prior to any premium change.

SCHEDULE

Insured Person(s):	[Primary Insured] (primary) [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]

DEFINITIONS

Date of Diagnosis means the date upon which the diagnosis of Specified Disease is established by a Physician.

Specified Disease means any of the following:

- | | | |
|---|--------------------------------|------------------------------|
| Addison's Disease | Mad Cow Disease | Scarlet Fever |
| Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's) | Malaria | Scleroderma |
| Botulism | Meningitis | Sickle Cell Anemia |
| Brucellosis | Multiple Sclerosis | Small Pox |
| Bubonic Plague | Muscular Dystrophy | Systemic Lupus Erythematosus |
| Budd-Chiari Syndrome | Myasthenia Gravis | Tay-Sachs Disease |
| Cerebral Palsy | Necrotizing Fasciitis | Tetanus |
| Cholera | Osteomyelitis | Thalassemia |
| Cystic Fibrosis | Polio | Toxic Epidermal Necrolysis |
| Diphtheria | Primary Biliary Cirrhosis | Toxic Shock Syndrome |
| Encephalitis | Primary Sclerosing Cholangitis | Trichinosis |
| Hansen's Disease | Q Fever | Tuberculosis |
| Hepatitis (chronic B or C with liver failure) | Rabies | Tularemia |
| Histoplasmosis | Reye's Syndrome | Typhoid Fever |
| Huntington's Chorea | Rheumatic Fever | Whooping Cough |
| Legionnaires' Disease | Rocky Mountain Spotted Fever | Yellow Fever |

BENEFITS

We will pay the following benefits if the Date of Diagnosis occurs while this rider is in force.

Hospital Confinement. We will pay \$150 per day for the first 75 consecutive days and \$300 per day thereafter if any Insured Person is Confined in a Hospital for Specified Disease treatment. Periods of Confinement separated by more than 30 days are not considered consecutive.

Drugs and Medicines. We will pay \$500 per Calendar Year for drugs and medicines prescribed by a Physician for treatment of a Specified Disease.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of an Insured Person's:

- injuries;
- sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by a Specified Disease or as a result of Specified Disease treatment;
- care or treatment received outside the United States; or
- care, confinement, treatment, drugs or medicine provided by a government or charity hospital.

GENERAL PROVISION

In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

LIMITATIONS

Pre-existing Conditions. We will not pay benefits concerning a Pre-existing Condition unless the benefits are for services rendered after coverage under this rider has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

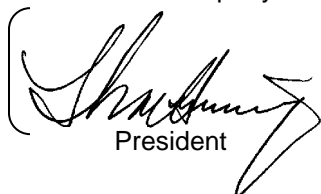
Waiting Period. Confinement and drugs and medicines prescribed during the Waiting Period are not eligible for payment. For a Specified Disease with a Date of Diagnosis before the end of the Waiting Period, benefits will only be payable for the Confinement and drugs and medicine for this Specified Disease occurring one year after the Issue Date or last Reinstatement Date.

TERMINATION

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

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period; or
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date.

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


President


Secretary



A. READ YOUR POLICY CAREFULLY! This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance policy and only the actual policy will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

B. Cancer coverage is designed to provide a benefit if an Insured Person incurs treatment of and related services for Cancer. Coverage is provided for the benefits described in the Benefits section below. The benefits described may be limited as outlined in the Limitations and Exclusions sections.

C. BENEFITS

Additional Surgical Opinions. We will pay this benefit if an Insured Person receives a second or third surgical opinion.

Ambulance. We will pay this benefit if an Insured Person receives ground transportation provided by a licensed professional ambulance company to or from a Hospital where the Insured Person is Confined for Cancer treatment.

Anesthesia. We will pay this benefit if a Surgical benefit is paid and a Physician administered anesthesia.

Blood and Blood Plasma. We will pay this benefit for an Insured Person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma.

Bone Marrow Transplant for Cancer. We will pay this benefit if an Insured Person receives a bone marrow/stem cell transplant.

Cancer Screening Test(s). We will pay this benefit if an Insured Person receives any of the tests listed below:

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

Durable Medical Equipment. We will pay this benefit if an Insured Person rents or purchases one of the following pieces of durable medical equipment below:

- a brace or crutches; and
- a hospital bed, respirator or similar mechanical device, or wheelchair.

Experimental Treatment. We will pay this benefit if an Insured Person receives experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the U.S. Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Hairpiece. We will pay this benefit for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay this benefit when an Insured Person receives services at home by a licensed home health care agency.

Hospice Care. We will pay this benefit for care provided by Hospice if an Insured Person has been diagnosed as terminally ill.

Hospital Confinement. We will pay this benefit if an Insured Person is Confined in a Hospital for Cancer treatment.

Hospital Confinement – Government or Charity. We will pay this benefit if an Insured Person is Confined for treatment of Cancer in a:

- hospital operated by or for the United States Government (including Veteran’s Administration); or
- hospital that does not charge for the services it provides (charity).

Lodging. We will pay this benefit for the lodging of either an Insured Person or an Adult Companion at a hotel, motel, or other accommodations acceptable to Us when the Insured Person receives specialized covered treatment more than 50 miles from their residence.

NCI Consultation. We will pay this benefit if an Insured Person receives consultation at a National Cancer Institute (NCI) that is a designated cancer treatment center if the consultation leads to or follows a positive diagnosis of Cancer.

Outpatient Surgery. We will pay this benefit for an Insured Person’s outpatient surgery due to Cancer in a Hospital or ambulatory surgical center.

Physician’s Attendance. We will pay this benefit for in-Hospital visits from Your Physician.

Private Duty Nursing Service. We will pay this benefit for private duty nursing provided by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer.

Positive Diagnosis Test. We will pay this benefit for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person.

Prosthesis. We will pay this benefit per prosthetic device that is required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment.

Prosthesis – External Breast. We will pay this benefit for an external breast prosthesis as a direct result of surgery for Cancer treatment.

Prosthesis – Internal Breast. We will pay this benefit for an internal breast prosthesis as a direct result of surgery for Cancer treatment.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay this benefit for an Insured Person that receives Radiation Treatment or Chemotherapy, Hormone Therapy or Immunotherapy drugs that are intravenously administered under the supervision of a Physician in a clinical setting.

Reconstructive Surgery. We will pay one of the benefits listed below when an Insured Person undergoes a specified reconstructive surgical procedure as a result of Cancer treatment.

- Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap
- Deep Inferior Epigastric Perforator (DIEP) Flap
- Breast Reconstruction
- Breast Symmetry
- Facial Reconstruction

Self-administered Chemotherapy, Hormone Therapy or Immunotherapy. We will pay this benefit for each filled prescription for self-administered Chemotherapy, Hormone Therapy and Immunotherapy drugs.

Supportive Drugs and Services. We will pay this benefit if an Insured Person receives one of the following related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

Skin Cancer (Non-Melanoma). We will pay this benefit for the removal of non-melanoma skin cancer when the diagnosis is made by a Physician.

Surgical. We will pay the amount shown on the Surgical Benefits Schedule in the policy for surgical procedures performed in a Hospital, an ambulatory surgical center or a Physician's office if an Insured Person receives treatment, removal or destruction of Cancer.

Transportation. We will pay the following transportation benefits for either an Insured Person or an Adult Companion when the Insured Person receives specialized covered treatment more than 50 miles from their residence:

- for round trip fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment, or
- for personal automobile expenses per trip for the Insured Person and one Adult Companion, provided that the destination is more than 50 miles one way from the city where the individual lives.

D. LIMITATIONS

Pre-existing Conditions. We will not pay benefits concerning a Pre-existing Condition unless the benefits are for services rendered after coverage under the policy has been in force for 12 months from the Issue Date or for 12 months from the most recent Reinstatement Date.

Waiting Period. Treatment and related services during the Waiting Period are not eligible for payment. For Cancer with a Date of Diagnosis before the end of the Waiting Period, benefits will only be payable for the treatment of and related services for this Cancer occurring one year after the Issue Date or last Reinstatement Date.

E. EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of any Insured Person's:

- injuries;
- noncancerous sickness;
- sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;
- care and/or treatment received outside the United States; or
- care, confinement and/or treatment in a government or charity Hospital except as specifically provided in the Hospital Confinement – Government or Charity benefit.

F. RENEWABILITY

The policy is guaranteed renewable for life. That means as long as premiums are paid when due, We cannot cancel or change Your policy.

G. PREMIUMS

We can change the premium rates after the policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all policies in a class after approval or acknowledgement by the state where the policy was issued. You will be given notice by mail 31 days prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Cancer First Occurrence Benefit Rider – We will pay this benefit the first time an Insured Person receives a diagnosis of Cancer.

Cancer First Occurrence Increasing Benefit Rider – We will pay this benefit the first time an Insured Person receives a diagnosis of Cancer. On each Anniversary Date prior to the Insured Person's diagnosis of Cancer, the Benefit Amount will increase by \$500 for a maximum of 10 years.

Intensive Care Unit Benefit Rider – We will pay this benefit each day an Insured Person is Confined due to a Covered Injury or Sickness in a Hospital Intensive Care Unit.

Specified Disease Benefit Rider – We will pay these benefits if an Insured Person is diagnosed with a Specified Disease:

Hospital Confinement. We will pay this benefit if any Insured Person is Confined in a Hospital for Specified Disease treatment.

Drugs and Medicines. We will pay this benefit for drugs and medicines prescribed by a Physician for treatment of a Specified Disease.

CANCER EXPENSE			
Insured Options	Benefit Options	Riders	Premium Amt.
<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Family	Radiation/Chemotherapy <input type="checkbox"/> \$2,500 monthly / \$10,000 annually <input type="checkbox"/> \$2,500 monthly / \$15,000 annually <input type="checkbox"/> \$5,000 monthly / \$20,000 annually <input type="checkbox"/> \$5,000 monthly / \$30,000 annually Hospital Confinement <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350	<input type="checkbox"/> Cancer First Occurrence Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Cancer First Occurrence Increasing Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Intensive Care Unit Benefit Rider <input type="checkbox"/> \$300 <input type="checkbox"/> \$600 <input type="checkbox"/> Specified Disease Benefit Rider <input type="checkbox"/> Other (specify) _____	

HEALTH SECTION

Please answer the following questions.

1. During the past **5 years**, has any Proposed Insured been advised by a medical professional to have any diagnostic tests related to cancer that have not been completed or for which results have not been received? **If YES, please provide complete details in #5 below.** Yes No

2. During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: internal cancer, leukemia, Hodgkin's lymphoma (*formerly known as Hodgkin's disease*), melanoma, non-melanoma skin cancer, malignant tumors or carcinoma in situ?..... Yes No
If YES, identify name(s) of person(s) _____

3. **If applying for the Specified Disease Benefit Rider:** During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated or hospitalized by a medical professional for, or had symptoms of any of the following diseases: Addison's disease, amyotrophic lateral sclerosis (*ALS or Lou Gehrig's disease*), botulism, brucellosis, bubonic plague, Budd-Chiari syndrome, cerebral palsy, cholera, cystic fibrosis, diphtheria, encephalitis, Hansen's disease, hepatitis (*chronic B or C with liver failure*), histoplasmosis, Huntington's chorea, Legionnaires' disease, mad cow disease, malaria, meningitis, multiple sclerosis (*MS*), muscular dystrophy (*MD*), myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, primary biliary cirrhosis, primary sclerosing cholangitis, Q fever, rabies, Reye's syndrome, rheumatic fever, Rocky Mountain spotted fever, scarlet fever, scleroderma, sickle cell anemia, small pox, systemic lupus erythematosus, Tay-Sachs disease, tetanus, thalassemia, toxic epidermal necrolysis (*TEN*), toxic shock syndrome, trichinosis, tuberculosis, tularemia, typhoid fever, whooping cough or yellow fever? Yes No
If YES, identify name(s) of person(s) _____

4. **If applying for the Intensive Care Unit Benefit Rider:** During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder*), high blood pressure with reading of 160/100 or higher, stroke or insulin-dependent diabetes? Yes No
If YES, identify name(s) of person(s) _____

5. **DETAILS:** Enter complete details from question #1 below. If additional space is needed, attach a separate sheet of paper.

Name (First, Middle, Last)	Relationship to Insured	Date(s) of Condition (MM/DD/YYYY)	Health Condition and Details	Medical Care Provider's Name/Address/Phone



State: District of Columbia **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: Ind Cancer PRO Rates
Project Name/Number: Ind Cancer PRO Forms/Ind Cancer PRO Forms

Rate Information

Rate data applies to filing.

Filing Method: review and approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Assurity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: District of Columbia **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: Ind Cancer PRO Rates
Project Name/Number: Ind Cancer PRO Forms/Ind Cancer PRO Forms

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Table 1	W H1220 (DC), R W1221, R W1222, R W1223 (DC), R W1224 (DC)	New		Table 1 - Cancer Individual Plan.pdf,

Table 1
Assurity Life Insurance Company
W H1220 Cancer Plan Annual Premiums

	Base Plan - \$150 Daily Hospital Benefit				Base Plan - \$250 Daily Hospital Benefit			
	\$2,500	\$2,500	\$5,000	\$5,000	\$2,500	\$2,500	\$5,000	\$5,000
	\$10,000	\$15,000	\$20,000	\$30,000	\$10,000	\$15,000	\$20,000	\$30,000
	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit
Issue Ages 18-39								
Family	191.43	197.36	224.61	236.46	198.36	204.28	231.54	243.39
Single Parent	124.51	127.75	142.67	149.16	128.42	131.66	146.58	153.07
Employee/Spouse	170.63	176.01	200.80	211.57	176.64	182.03	206.81	217.59
Employee	102.13	104.82	117.16	122.53	105.13	107.81	120.16	125.52
Issue Ages 40-49								
Family	477.51	498.23	593.56	635.00	501.26	521.99	617.31	658.76
Single Parent	267.32	278.01	327.18	348.55	279.71	290.40	339.56	360.94
Employee/Spouse	456.99	477.18	570.06	610.43	479.84	500.04	592.91	633.30
Employee	249.75	259.87	306.42	326.66	261.29	271.41	317.96	338.20
Issue Ages 50-59								
Family	792.46	830.83	1,007.32	1,084.05	835.81	874.18	1,050.67	1,127.41
Single Parent	420.32	439.70	528.87	567.64	442.31	461.70	550.86	589.63
Employee/Spouse	776.45	814.41	988.97	1,064.90	819.11	857.06	1,031.65	1,107.55
Employee	404.71	423.20	508.23	545.20	425.64	444.12	529.15	566.12
Issue Ages 60-64								
Family	1,189.47	1,250.82	1,532.98	1,655.69	1,258.65	1,319.99	1,602.15	1,724.86
Single Parent	617.28	648.05	789.60	851.14	652.04	682.81	824.36	885.90
Employee/Spouse	1,180.15	1,241.25	1,522.31	1,644.53	1,248.91	1,310.01	1,591.06	1,713.29
Employee	597.73	626.89	760.95	819.24	630.72	659.87	793.93	852.22

Issue Ages 65-69								
Family	1,406.59	1,481.14	1,824.11	1,973.22	1,491.99	1,566.53	1,909.51	2,058.62
Single Parent	720.86	758.14	929.61	1,004.18	763.56	800.84	972.31	1,046.88
Employee/Spouse	1,406.59	1,481.14	1,824.11	1,973.22	1,491.99	1,566.53	1,909.51	2,058.62
Employee	707.30	743.01	907.27	978.69	748.39	784.10	948.36	1,019.79
Issue Ages 70+								
Family	1,708.68	1,800.80	2,224.55	2,408.78	1,811.72	1,903.84	2,327.58	2,511.81
Single Parent	872.45	918.50	1,130.39	1,222.51	923.96	970.01	1,181.90	1,274.02
Employee/Spouse	1,708.68	1,800.80	2,224.55	2,408.78	1,811.72	1,903.84	2,327.58	2,511.81
Employee	854.79	898.91	1,101.85	1,190.09	904.31	948.42	1,151.37	1,239.61

	Base Plan - \$350 Daily Hospital Benefit				First Occurrence Rider			
	\$2,500 \$10,000 Chemo/Rad Benefit	\$2,500 \$15,000 Chemo/Rad Benefit	\$5,000 \$20,000 Chemo/Rad Benefit	\$5,000 \$30,000 Chemo/Rad Benefit	R W1221 \$2,500 Benefit	R W1221 \$5,000 Benefit	R W1221 \$7,500 Benefit	R W1221 \$10,000 Benefit
Issue Ages 18-39								
Family	205.28	211.21	238.46	250.31	14.84	29.67	44.51	59.35
Single Parent	132.33	135.57	150.49	156.98	8.32	16.64	24.96	33.28
Employee/Spouse	182.66	188.05	212.83	223.61	13.49	26.98	40.47	53.97
Employee	108.13	110.81	123.16	128.52	6.89	13.78	20.67	27.56
Issue Ages 40-49								
Family	525.01	545.73	641.06	682.50	49.02	98.04	147.06	196.07
Single Parent	292.10	302.78	351.94	373.32	26.63	53.26	79.89	106.51
Employee/Spouse	502.69	522.89	615.77	656.15	47.79	95.59	143.38	191.18
Employee	272.82	282.94	329.49	349.73	25.26	50.52	75.78	101.04

Issue Ages 50-59								
Family	879.17	917.54	1,094.03	1,170.76	88.82	177.64	266.46	355.27
Single Parent	464.30	483.69	572.85	611.62	47.76	95.51	143.27	191.02
Employee/Spouse	861.77	899.72	1,074.31	1,150.21	87.90	175.81	263.72	351.62
Employee	446.57	465.05	550.07	587.04	45.64	91.27	136.91	182.55
Issue Ages 60-64								
Family	1,327.82	1,389.16	1,671.34	1,794.02	139.89	279.78	419.66	559.55
Single Parent	686.80	717.57	859.11	920.65	75.16	150.33	225.49	300.65
Employee/Spouse	1,317.67	1,378.77	1,659.84	1,782.04	139.33	278.67	418.00	557.33
Employee	663.71	692.85	826.91	885.20	71.31	142.63	213.94	285.27
Issue Ages 65-69								
Family	1,577.38	1,651.96	1,994.92	2,144.03	161.97	323.94	485.91	647.88
Single Parent	806.27	843.54	1,015.03	1,089.58	88.79	177.59	266.38	355.17
Employee/Spouse	1,577.38	1,651.96	1,994.92	2,144.03	161.97	323.94	485.91	647.88
Employee	789.48	825.19	989.44	1,060.89	85.35	170.69	256.04	341.38
Issue Ages 70+								
Family	1,914.75	2,006.88	2,430.61	2,614.88	201.06	402.12	603.16	804.23
Single Parent	975.47	1,021.54	1,233.42	1,325.54	110.06	220.11	330.16	440.22
Employee/Spouse	1,914.75	2,006.88	2,430.61	2,614.88	201.06	402.12	603.16	804.23
Employee	953.82	997.95	1,200.89	1,289.12	105.84	211.68	317.52	423.36

	First Occurrence Increasing Rider				ICU Rider		Specified Disease Rider
	R W1222	R W1222	R W1222	R W1222	R W1223	R W1223	R W1224
	\$2,500 Benefit	\$5,000 Benefit	\$7,500 Benefit	\$10,000 Benefit	\$300 Benefit	\$600 Benefit	
Issue Ages 18-39							
Family	33.01	47.84	62.68	77.52	89.89	179.77	7.96
Single Parent	18.51	26.83	35.15	43.47	56.87	113.74	4.61
Employee/Spouse	29.97	43.47	56.96	70.45	62.44	124.88	6.58
Employee	15.30	22.19	29.08	35.97	30.52	61.03	3.27
Issue Ages 40-49							
Family	106.24	155.26	204.28	253.29	94.60	189.19	11.03
Single Parent	57.65	84.28	110.91	137.54	62.65	125.30	6.11
Employee/Spouse	103.47	151.26	199.06	246.85	67.87	135.74	9.68
Employee	54.64	79.91	105.16	130.42	33.62	67.25	4.94
Issue Ages 50-59							
Family	187.53	276.35	365.16	453.99	121.95	243.90	11.47
Single Parent	100.70	148.45	196.21	243.97	69.21	138.43	6.15
Employee/Spouse	185.45	273.36	361.26	449.17	101.05	202.10	10.43
Employee	96.32	141.96	187.60	233.23	49.26	98.53	5.14
Issue Ages 60-64							
Family	285.83	425.72	565.61	705.50	166.92	333.84	15.14
Single Parent	153.35	228.52	303.69	378.84	88.34	176.69	7.80
Employee/Spouse	284.58	423.91	563.25	702.58	154.86	309.73	14.57
Employee	145.99	217.31	288.63	359.95	75.79	151.58	7.00

Issue Ages 65-69							
Family	322.19	484.17	646.14	808.11	209.70	419.39	14.54
Single Parent	176.37	265.16	353.95	442.75	104.85	209.70	7.27
Employee/Spouse	322.19	484.17	646.14	808.11	209.70	419.39	14.54
Employee	170.32	255.67	341.02	426.37	104.10	208.21	6.96
Issue Ages 70+							
Family	389.96	591.01	792.08	993.12	343.17	686.34	17.97
Single Parent	213.39	323.45	433.50	543.55	171.59	343.17	8.99
Employee/Spouse	389.96	591.01	792.08	993.12	343.17	686.34	17.97
Employee	206.37	312.21	418.06	523.90	170.06	340.11	8.60

State: District of Columbia **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: Ind Cancer PRO Rates
Project Name/Number: Ind Cancer PRO Forms/Ind Cancer PRO Forms

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Cancer Individual Plan.pdf Table 1 - Cancer Individual Plan.pdf Table 2 - Cancer Individual Plan.pdf Table 3 - Cancer Individual Plan.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	

State: District of Columbia **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: Ind Cancer PRO Rates
Project Name/Number: Ind Cancer PRO Forms/Ind Cancer PRO Forms

Item Status:	
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Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
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Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
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Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
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Item Status:	
Status Date:	

December 21, 2012

ASSURITY LIFE INSURANCE COMPANY
Actuarial Memorandum – Worksite Cancer Plan

Policy Form:	W H1220
First Occurrence Rider:	R W1221
First Occurrence Increasing Rider:	R W1222
Intensive Care Unit Rider:	R W1223
Specified Disease Rider:	R W1224

PURPOSE AND SCOPE

The purpose of this filing is to demonstrate that the anticipated loss ratio for this new plan and riders to be sold to employees at an employer's worksite meets applicable statutory requirements and to provide documentation of actuarial methods and assumptions used in pricing these plans and riders. This filing may not be appropriate for other purposes.

The attached Table 1 presents annual premiums for this plan.

DESCRIPTION OF BENEFITS

Policy Form W H1220 provides fixed benefits for certain services related to a diagnosis of cancer or cancer screening. Table 2 attached to this memorandum summarizes these benefits.

Rider R W1221 provides a lump sum payment of \$2,500, \$5,000, \$7,500 or \$10,000 the first time an insured person has been diagnosed as having cancer after the waiting period. This benefit will be paid once per insured person.

Rider R W1222 provides a lump sum payment the first time an insured person has been diagnosed as having cancer. On each anniversary date prior to the diagnosis of cancer, the initial lump sum payment of \$2,500, \$5,000, \$7,500 or \$10,000 will increase by \$500 for a maximum of 10 years. This benefit will be paid once per insured person.

Rider R W1223 provides a daily benefit of either \$300 or \$600 for each day an insured person is confined in a hospital intensive care unit, not to exceed 30 days during any one period of confinement. Losses incurred within the 30-day waiting period are not payable.

Rider R W1224 provides a hospital confinement benefit of \$150 per day for the first 75 consecutive days and \$300 per day thereafter if any insured person is confined in a hospital for specified disease treatment. This rider also provides \$500 per calendar year for drugs and medicines prescribed by a physician for treatment of a specified disease outside a hospital setting.

Specified Disease means any of the following:

Addison's Disease	Mad Cow Disease	Scarlet Fever
Lou Gehrig's Disease (ALS)	Malaria	Scleroderma
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Small Pox
Bubonic Plague	Muscular Dystrophy	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Myasthenia Gravis	Tay-Sachs Disease
Cerebral Palsy	Necrotizing Fasciitis	Tetanus
Cholera	Osteomyelitis	Thalassemia
Cystic-Fibrosis	Polio	Toxic Epidermal Necrolysis
Diphtheria	Primary Biliary Cirrhosis	Toxic Shock Syndrome
Encephalitis	Primary Sclerosing Cholangitis	Trichinosis
Hansen's Disease	Q Fever	Tuberculosis
Hepatitis (chronic B or C with Liver Failure)	Rabies	Tularemia
Histoplasmosis	Reye's Syndrome	Typhoid Fever
Huntington's Chorea	Rheumatic Fever	Whooping Cough
Legionnaires' Disease	Rocky Mountain Spotted Fever	Yellow Fever

RENEWABILITY

This policy is guaranteed renewable for life and will be issued to qualified applicants of all ages. Health questions on the application are used to determine qualification.

APPLICABILITY

The premiums in this filing are for the policy forms and riders captioned above. These are new policy forms.

MORBIDITY BASIS

Claim costs were developed by attained age based on the prescribed benefits and frequencies developed from several sources, including hospital admission rates by diagnosis or operation from Solucient, Inc., several state hospital inpatient and ambulatory databases, organ transplant frequencies from the Milliman research report 2005 US Organ and Tissue Transplantation Cost Estimates and Discussion based on transplant counts from the United Network for Organ Sharing, and Cancer Facts from the American Cancer Society.

Milliman's MG-ALFA pricing and actuarial projection model was used to develop and test gross premiums based on the present values of premiums, expenses, and commissions using a 5.5% annual discount rate.

Exposure adjustments were made to prevent re-exposing someone who is diagnosed with a condition within a benefit category from being exposed to that same condition again. First occurrence rates for invasive cancer and breast cancer were based on 2000 – 2003 Surveillance Epidemiology and End Results (SEER) data. The SEER data is more current than the 1985 NAIC tables and shows higher incidence rates at older ages than the 1985 NAIC tables. At younger ages the 1985 NAIC table incidence rates appear much too high as compared to the historical SEER data over several decades. A comparison of the SEER data to the 1985 NAIC tables is shown in the following table.

Invasive Cancer Incidence Rates per 100,000								
Age	Male				Female			
	1985 NAIC	'73 – '74 SEER	'92 – '93 SEER	'00 – '03 SEER	1985 NAIC	'73 – '74 SEER	'92 – '93 SEER	'00 – '03 SEER
0-14	NA	14.2	14.8	15.8	NA	11.4	13.0	14.1
15-34	59.9	31.1	45.7	40.0	143.3	42.7	48.4	54.0
35-44	141.5	103.5	141.5	117.1	340.6	216.0	209.4	213.8
45-54	404.5	337.7	390.4	391.8	587.1	496.0	494.6	484.5
55-64	992.6	898.0	1,250.7	1,224.9	953.0	849.6	916.6	927.1
65-74	1,882.8	1,868.2	2,926.9	2,567.4	1,270.7	1,161.3	1,475.7	1,501.0
75+	2,450.9	2,896.3	3,893.0	3,263.2	1,532.5	1,510.8	1,909.4	1,941.3

We applied loads to the claim costs that vary by attained age to anticipate adverse selection because of the limited underwriting that accompanies this plan. These loads vary from 63% for ages under 33 to about 9% for ages over 66. The loads were based on cancer plan experience and our judgment.

MORTALITY AND PERSISTENCY

Mortality is based on the 2001 VBT table and voluntary lapses are assumed to be 25%, 20%, 16.5%, 13%, 11%, and 10% for policy years 1, 2, 3, 4, 5, and 6+, respectively. At age 65, a 50% decrement is assumed because people may reconsider the need for their coverage due to the presence of Medicare.

EXPENSES

- Commissions: 70.0% first year and 15.0% thereafter or 26% level for all years
- Expenses as a Percent of Premium: 4%
- Expenses as a Percent of Claims: 4%
- Expenses Per Policy: \$30 first year, \$15 thereafter increasing at 3% per year

MARKETING

This plan and riders will be sold through agents primarily to employees at an employer's worksite.

UNDERWRITING

Applicants must answer the company's application questions for the cancer plan coverage to qualify. If an applicant answers yes to a question, the company will not issue coverage. There is no follow up with medical records or other tests. Benefits will not be paid for any expenses incurred providing diagnosis, treatment, or advice concerning a pre-existing condition unless the expenses are for services rendered after this policy has been in force for 12 months from the issue date. No benefits are payable during the first 30 days of coverage under this policy. Because of the lack of follow up to application questions, the assumed impact from underwriting was reflected by using the following underwriting selection factors: 1.00 for all policy years.

PREMIUM CLASSES

Premiums vary by age bracket, and contract tier (employee, employee/spouse, single parent, or family). Premiums are based on the issue age of the employee.

ISSUE AGE RANGE

These plans can be issued for life to qualified applicants.

AREA FACTORS

Premium rates for these plans and riders do not vary by area.

AVERAGE ANNUAL PREMIUM

The average annual premium per policy is estimated to be \$625.

PREMIUM MODALIZATION RULES

Table 1 shows the applicable annual premiums. Other modes of premium are available including, but not limited to, quarterly, semi-annual, monthly, bi-weekly and weekly. There is no surcharge for premium modes other than annual.

CLAIM LIABILITY AND RESERVES

Since these are new plans and riders, there are no claim liabilities and reserves to consider.

ACTIVE LIFE RESERVES

For premium development, policy reserves are based on ultimate claim costs used in pricing, 1980 CSO mortality 50/50 male/female, 4% interest and a two year preliminary term basis. For valuation purposes, reserves at least as great as the statutory minimum basis will be used.

NET INVESTMENT EARNINGS RATE

The annual net investment earnings rate is assumed to be 5.5% in all years. This rate is used to earn interest on unearned premium, active life and claim reserves and as a discount rate to determine present values.

TREND ASSUMPTION

Since the benefits are fixed, no trend assumption was used in claim costs for premium development.

MINIMUM LOSS RATIO

The minimum loss ratio is based on a review of NAIC and state regulations for filing of rates for individual cancer forms, which is 55% for guaranteed renewable coverage.

ANTICIPATED LOSS RATIO

Based on a projection of financial results for the policy forms covered by this memorandum, covering the period from date of issue over the policy lifetime, the anticipated loss ratio is expected to be 55.5%, which will equal or exceed the minimum 55%. Loss ratio as used here means the ratio of the present value of incurred claims to the present value of earned premiums with present values taken over the life of the policy. Table 3 shows anticipated loss ratios by duration for the first 20 policy years.

DISTRIBUTION OF BUSINESS

Base Policy Issue Age Distribution	Pivotal Age	Distribution
18-39	28	35%
40-49	45	33%
50-59	54	23%
60-64	62	5%
65-69	67	2%
70+	75	2%

Base Plan Distribution	Distribution
\$2,500 / \$10,000 Chemo / Radiation Option	10%
\$2,500 / \$15,000 Chemo / Radiation Option	10%
\$5,000 / \$20,000 Chemo / Radiation Option	10%
\$5,000 / \$30,000 Chemo / Radiation Option	70%

Base Plan Distribution	Distribution
\$150 Daily Hospital Benefit	85%
\$250 Daily Hospital Benefit	10%
\$350 Daily Hospital Benefit	5%

Rider Distribution	Distribution
R W1221 (\$2,500)	15%
R W1221 (\$5,000)	15%
R W1221 (\$7,500)	15%
R W1221 (\$10,000)	15%
R W1222 (\$2,500)	5%
R W1222 (\$5,000)	5%
R W1222 (\$7,500)	5%
R W1222 (\$10,000)	5%
R W1223 (\$300)	25%
R W1223 (\$600)	25%
R W1224	75%

Contract Distribution	Distribution
Employee	45%
Employee / Spouse	15%
Single Parent	15%
Family	25%

CONTINGENCY AND RISK MARGIN

A 10% of premium contingency and risk margin is assumed.

SAMPLE ANNUAL CLAIM COSTS (before underwriting selection)

Base Policy W H1220 Annual Claim Cost \$150 Daily Hospital Benefit \$2,500 per Month \$10,000 Annual Chemotherapy / Radiation Benefit				
Issue Age	Employee	Employee / Spouse	Single Parent	Family
28	25.95	53.23	38.31	64.43
45	84.76	164.58	97.34	178.41
67	346.02	704.22	352.11	704.22

First Occurrence Rider R W1221 Annual Claim Cost (2,500 Benefit)				
Issue Age	Employee	Employee / Spouse	Single Parent	Family
28	2.30	4.65	3.04	5.41
45	9.85	19.26	10.75	20.20
67	47.92	99.85	49.92	99.85

First Occurrence Increasing Rider R W1222 Annual Claim Cost (2,500 Benefit)				
Issue Age	Employee	Employee / Spouse	Single Parent	Family
28	5.17	10.45	6.83	12.17
45	21.74	42.52	23.75	44.65
67	97.21	201.75	100.87	201.75

ICU Rider R W1223 Annual Claim Cost (\$300 Benefit)				
Issue Age	Employee	Employee / Spouse	Single Parent	Family
28	19.42	40.22	34.85	55.05
45	16.49	32.89	31.63	50.77
67	42.88	86.11	43.05	86.11

Specified Disease Rider R W1224 Annual Claim Cost				
Issue Age	Employee	Employee / Spouse	Single Parent	Family
28	1.67	3.38	2.38	4.12
45	2.95	5.74	3.75	6.66
67	3.54	7.38	3.69	7.38

ACTUARIAL CERTIFICATION

I, Tara D. Benson, am an actuary at Assurity Life Insurance Company, and am a member of the American Academy of Actuaries and meet its Qualification Standards for Statements of Actuarial Opinion.

In my opinion, the benefits provided are reasonable in relation to the premiums charged. Based on a projection of financial results for the policy forms covered by this memorandum, covering the period from date of issue over the policy lifetime, the anticipated loss ratio is expected to be 55.5%, which will equal or exceed the minimum 55%. Loss ratio as used here means the ratio of the present value of incurred claims to the present value of earned premiums with present values taken over the life of the policy.

The actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Tara D. Benson
 Tara D. Benson, FSA, MAAA

December 21, 2012
 Date

Associate Actuary, Product Management
 Assurity Life Insurance Company

Table 1
Assurity Life Insurance Company
W H1220 Cancer Plan Annual Premiums

	Base Plan - \$150 Daily Hospital Benefit				Base Plan - \$250 Daily Hospital Benefit			
	\$2,500	\$2,500	\$5,000	\$5,000	\$2,500	\$2,500	\$5,000	\$5,000
	\$10,000	\$15,000	\$20,000	\$30,000	\$10,000	\$15,000	\$20,000	\$30,000
	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit	Chemo/Rad Benefit
Issue Ages 18-39								
Family	191.43	197.36	224.61	236.46	198.36	204.28	231.54	243.39
Single Parent	124.51	127.75	142.67	149.16	128.42	131.66	146.58	153.07
Employee/Spouse	170.63	176.01	200.80	211.57	176.64	182.03	206.81	217.59
Employee	102.13	104.82	117.16	122.53	105.13	107.81	120.16	125.52
Issue Ages 40-49								
Family	477.51	498.23	593.56	635.00	501.26	521.99	617.31	658.76
Single Parent	267.32	278.01	327.18	348.55	279.71	290.40	339.56	360.94
Employee/Spouse	456.99	477.18	570.06	610.43	479.84	500.04	592.91	633.30
Employee	249.75	259.87	306.42	326.66	261.29	271.41	317.96	338.20
Issue Ages 50-59								
Family	792.46	830.83	1,007.32	1,084.05	835.81	874.18	1,050.67	1,127.41
Single Parent	420.32	439.70	528.87	567.64	442.31	461.70	550.86	589.63
Employee/Spouse	776.45	814.41	988.97	1,064.90	819.11	857.06	1,031.65	1,107.55
Employee	404.71	423.20	508.23	545.20	425.64	444.12	529.15	566.12
Issue Ages 60-64								
Family	1,189.47	1,250.82	1,532.98	1,655.69	1,258.65	1,319.99	1,602.15	1,724.86
Single Parent	617.28	648.05	789.60	851.14	652.04	682.81	824.36	885.90
Employee/Spouse	1,180.15	1,241.25	1,522.31	1,644.53	1,248.91	1,310.01	1,591.06	1,713.29
Employee	597.73	626.89	760.95	819.24	630.72	659.87	793.93	852.22

Issue Ages 65-69								
Family	1,406.59	1,481.14	1,824.11	1,973.22	1,491.99	1,566.53	1,909.51	2,058.62
Single Parent	720.86	758.14	929.61	1,004.18	763.56	800.84	972.31	1,046.88
Employee/Spouse	1,406.59	1,481.14	1,824.11	1,973.22	1,491.99	1,566.53	1,909.51	2,058.62
Employee	707.30	743.01	907.27	978.69	748.39	784.10	948.36	1,019.79
Issue Ages 70+								
Family	1,708.68	1,800.80	2,224.55	2,408.78	1,811.72	1,903.84	2,327.58	2,511.81
Single Parent	872.45	918.50	1,130.39	1,222.51	923.96	970.01	1,181.90	1,274.02
Employee/Spouse	1,708.68	1,800.80	2,224.55	2,408.78	1,811.72	1,903.84	2,327.58	2,511.81
Employee	854.79	898.91	1,101.85	1,190.09	904.31	948.42	1,151.37	1,239.61

	Base Plan - \$350 Daily Hospital Benefit				First Occurrence Rider			
	\$2,500 \$10,000 Chemo/Rad Benefit	\$2,500 \$15,000 Chemo/Rad Benefit	\$5,000 \$20,000 Chemo/Rad Benefit	\$5,000 \$30,000 Chemo/Rad Benefit	R W1221 \$2,500 Benefit	R W1221 \$5,000 Benefit	R W1221 \$7,500 Benefit	R W1221 \$10,000 Benefit
Issue Ages 18-39								
Family	205.28	211.21	238.46	250.31	14.84	29.67	44.51	59.35
Single Parent	132.33	135.57	150.49	156.98	8.32	16.64	24.96	33.28
Employee/Spouse	182.66	188.05	212.83	223.61	13.49	26.98	40.47	53.97
Employee	108.13	110.81	123.16	128.52	6.89	13.78	20.67	27.56
Issue Ages 40-49								
Family	525.01	545.73	641.06	682.50	49.02	98.04	147.06	196.07
Single Parent	292.10	302.78	351.94	373.32	26.63	53.26	79.89	106.51
Employee/Spouse	502.69	522.89	615.77	656.15	47.79	95.59	143.38	191.18
Employee	272.82	282.94	329.49	349.73	25.26	50.52	75.78	101.04

Issue Ages 50-59								
Family	879.17	917.54	1,094.03	1,170.76	88.82	177.64	266.46	355.27
Single Parent	464.30	483.69	572.85	611.62	47.76	95.51	143.27	191.02
Employee/Spouse	861.77	899.72	1,074.31	1,150.21	87.90	175.81	263.72	351.62
Employee	446.57	465.05	550.07	587.04	45.64	91.27	136.91	182.55
Issue Ages 60-64								
Family	1,327.82	1,389.16	1,671.34	1,794.02	139.89	279.78	419.66	559.55
Single Parent	686.80	717.57	859.11	920.65	75.16	150.33	225.49	300.65
Employee/Spouse	1,317.67	1,378.77	1,659.84	1,782.04	139.33	278.67	418.00	557.33
Employee	663.71	692.85	826.91	885.20	71.31	142.63	213.94	285.27
Issue Ages 65-69								
Family	1,577.38	1,651.96	1,994.92	2,144.03	161.97	323.94	485.91	647.88
Single Parent	806.27	843.54	1,015.03	1,089.58	88.79	177.59	266.38	355.17
Employee/Spouse	1,577.38	1,651.96	1,994.92	2,144.03	161.97	323.94	485.91	647.88
Employee	789.48	825.19	989.44	1,060.89	85.35	170.69	256.04	341.38
Issue Ages 70+								
Family	1,914.75	2,006.88	2,430.61	2,614.88	201.06	402.12	603.16	804.23
Single Parent	975.47	1,021.54	1,233.42	1,325.54	110.06	220.11	330.16	440.22
Employee/Spouse	1,914.75	2,006.88	2,430.61	2,614.88	201.06	402.12	603.16	804.23
Employee	953.82	997.95	1,200.89	1,289.12	105.84	211.68	317.52	423.36

	First Occurrence Increasing Rider				ICU Rider		Specified Disease Rider
	R W1222	R W1222	R W1222	R W1222	R W1223	R W1223	R W1224
	\$2,500 Benefit	\$5,000 Benefit	\$7,500 Benefit	\$10,000 Benefit	\$300 Benefit	\$600 Benefit	
Issue Ages 18-39							
Family	33.01	47.84	62.68	77.52	89.89	179.77	7.96
Single Parent	18.51	26.83	35.15	43.47	56.87	113.74	4.61
Employee/Spouse	29.97	43.47	56.96	70.45	62.44	124.88	6.58
Employee	15.30	22.19	29.08	35.97	30.52	61.03	3.27
Issue Ages 40-49							
Family	106.24	155.26	204.28	253.29	94.60	189.19	11.03
Single Parent	57.65	84.28	110.91	137.54	62.65	125.30	6.11
Employee/Spouse	103.47	151.26	199.06	246.85	67.87	135.74	9.68
Employee	54.64	79.91	105.16	130.42	33.62	67.25	4.94
Issue Ages 50-59							
Family	187.53	276.35	365.16	453.99	121.95	243.90	11.47
Single Parent	100.70	148.45	196.21	243.97	69.21	138.43	6.15
Employee/Spouse	185.45	273.36	361.26	449.17	101.05	202.10	10.43
Employee	96.32	141.96	187.60	233.23	49.26	98.53	5.14
Issue Ages 60-64							
Family	285.83	425.72	565.61	705.50	166.92	333.84	15.14
Single Parent	153.35	228.52	303.69	378.84	88.34	176.69	7.80
Employee/Spouse	284.58	423.91	563.25	702.58	154.86	309.73	14.57
Employee	145.99	217.31	288.63	359.95	75.79	151.58	7.00

Issue Ages 65-69							
Family	322.19	484.17	646.14	808.11	209.70	419.39	14.54
Single Parent	176.37	265.16	353.95	442.75	104.85	209.70	7.27
Employee/Spouse	322.19	484.17	646.14	808.11	209.70	419.39	14.54
Employee	170.32	255.67	341.02	426.37	104.10	208.21	6.96
Issue Ages 70+							
Family	389.96	591.01	792.08	993.12	343.17	686.34	17.97
Single Parent	213.39	323.45	433.50	543.55	171.59	343.17	8.99
Employee/Spouse	389.96	591.01	792.08	993.12	343.17	686.34	17.97
Employee	206.37	312.21	418.06	523.90	170.06	340.11	8.60

Table 2
Assurity Life Insurance Company
Worksite Cancer Plan W H1220 Benefit Summary

Additional Surgical Opinions	Pays \$200 for a second or third surgical opinion.
Ambulance	Pays \$200 per trip, limited to two trips per confinement.
Anesthesia	Pays 25% of the Surgical Benefit.
Blood and Blood Plasma	Pays \$150 per day, maximum of 30 days per calendar year.
Bone Marrow Transplant for Cancer	Pays \$10,000 once per lifetime per insured person.
Cancer Screening Tests	Pays \$100 per calendar year per insured person for: biopsy for skin cancer; CA 125; CEA; chest x-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool specimen; mammography screening; pap smear; PSA; serum protein electrophoresis; thermography.
Durable Medical Equipment	Pays \$200 per calendar year for a brace or crutches and \$1,000 per calendar year for a hospital bed, respirator or similar mechanical device, or wheelchair.
Experimental Treatment	Pays \$5,000 per calendar year.
Hairpiece	Pays \$150 per lifetime when hair loss is result of cancer treatment.
Home Health Care Services	Pays \$100 per day for services beginning within seven days of release from a covered hospital confinement provided at home by a licensed home health care agency, maximum of 60 days per calendar year.
Hospice Care	Pays \$100 per day for hospice services, lifetime maximum of 120 days.
Hospital Confinement	Pays \$150, \$250 or \$350 per day, up to 75 consecutive days, of hospital confinement for an insured person's treatment of cancer.
Hospital Confinement – Government or Charity	Pays \$200 per day for first 75 consecutive days and \$400 per day thereafter of Government or Charity hospital confinement for an insured person's treatment of cancer.
Lodging	Pays \$60 per day for lodging for either insured person or adult companion when insured person receives specialized covered treatment more than 50 miles from residence.
NCI Consultation	Pays \$500 once per lifetime for consultation at a National Cancer Institute if the consultation leads to or follows a positive diagnosis of cancer.
Outpatient Surgery	Pays \$150, \$250 or \$350 for insured person's outpatient surgery due to cancer (not payable for non-melanoma skin cancer treatment).
Physician's Attendance	Pays \$35 per day for physician in-hospital visits, does not include surgeon visits.
Private Duty Nursing Service	Pays \$100 per day for private duty nursing while confined in a hospital for the treatment of cancer, maximum of 60 days per calendar year.
Positive Diagnosis Test	Pays \$500 once per lifetime for the diagnostic test that leads

	to a positive diagnosis of cancer within 90 days of such test for an insured person (not payable for non-melanoma skin cancer).
Prosthesis	Pays \$1,000 per prosthetic device, maximum \$2,000 per calendar year.
Prosthesis – External Breast	Pays \$250 for an external breast prosthesis, payable twice per lifetime.
Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy	Pays \$2,500 per month \$10,000 annual or \$2,500 per month \$15,000 annual or \$5,000 per month \$20,000 annual or \$5,000 per month \$30,000 annual for radiation treatment or chemotherapy, hormone therapy or immunotherapy drugs intravenously administered in a clinical setting.
Reconstructive Surgery Benefit	Pays \$3,000 for breast transverse rectus abdominis myocutaneous (TRAM) flap; \$3,000 for deep inferior epigastric perforator (DIEP) flap; \$750 for breast reconstruction; \$300 for breast symmetry; \$750 for facial reconstruction. Breast reconstruction and symmetry procedures payable four times per lifetime; facial reconstruction payable twice per lifetime.
Self-administered Chemotherapy, Hormone Therapy or Immunotherapy	Pays \$300 for each filled prescription subject to a maximum of \$1,200 per calendar month. After benefit is paid in 24 calendar months, the benefit is limited to \$100 per calendar month.
Supportive Drugs and Services	Pays \$500 per calendar year for the following services related to radiation treatment, chemotherapy, hormone therapy, and immunotherapy: professional fees for administering the covered drugs; medical supplies, equipment and solutions; laboratory tests; x-rays, port films, MRIs, scans and ultrasounds; clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services; treatment consultation, planning and office visits; or supportive and protective care drugs.
Skin Cancer (Non-Melanoma)	Pays \$100 for removal of non-melanoma skin cancer.
Surgical	Pays the amount shown in the surgery schedule.
Transportation	For services not available locally (within 50 miles of the insured person's residence), pays \$500 for an insured person or adult companion per trip for common carrier coach fare to the nearest hospital providing the prescribed treatment, two trips per calendar year; or \$.50 per mile for personal automobile expenses in excess of 50 miles one way, not to exceed 700 miles round trip.

The descriptions of benefits in this memorandum are only summaries and are not intended to describe all benefits in full detail. It does not detail policy exclusions, limitations, or other related provisions. See the policy form for a full description.

Table 3
Assurity Life Insurance Company
Cancer Plan W H1220
Durational Loss Ratios Base Policy and Riders
Composite per policy

<u>Policy Year</u>	<u>Earned Premiums</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>
1	528,201	228,177	43%
2	403,489	181,488	45%
3	325,941	154,242	47%
4	269,076	134,488	50%
5	227,802	119,606	53%
6	201,785	111,694	55%
7	179,731	104,769	58%
8	159,968	98,258	61%
9	142,246	92,068	65%
10	126,376	86,052	68%
11	112,151	80,496	72%
12	92,465	69,531	75%
13	73,732	58,108	79%
14	65,224	54,058	83%
15	57,630	50,095	87%
16	50,877	46,419	91%
17	44,868	42,941	96%
18	39,531	39,741	101%
19	34,798	36,648	105%
20	30,579	33,708	110%
NPV			
5.5%	Lifetime		55.5%