

Assurity at Work

**SIMPLIFIED (in MT, INDIVIDUAL) CRITICAL ILLNESS (in NC, FIRST OCCURRENCE,
in ME, SPECIFIED DISEASE) POLICY
(in SC, LIMITED HEALTH BENEFIT COVERAGE)
Policy Form # CI-005**

This is a limited benefit policy.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. (IN SC, IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE MEDICARE SUPPLEMENT BUYER'S GUIDE FURNISHED BY THE COMPANY.) THIS POLICY PROVIDES A BENEFIT FOR FIRST EVER OCCURRENCE (IN SD, DIAGNOSIS) OF ONE OF THE SPECIFIED CONDITIONS (IN SD, OR FOR UNDERGOING FOR THE FIRST TIME ONE OF THE PROCEDURES) LISTED IN THIS POLICY AND IS NOT INTENDED TO COVER ANY SPECIFIC MEDICAL EXPENSE OR ANY CONDITION OR ILLNESS NOT LISTED. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS BY STATE.

(in CA) THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE INSURANCE, A HEALTH MAINTENANCE ORGANIZATION (HMO) CONTRACT OR MAJOR MEDICAL EXPENSE INSURANCE.

(in ME) NOTICE TO BUYER: THIS IS A SUPPLEMENTAL HEALTH POLICY. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE AND THE BUYER'S GUIDE TO CANCER INSURANCE

(In MO) THIS POLICY PROVIDES A REDUCED BENEFIT IF YOU RECEIVE DIAGNOSIS OR EXHIBIT SYMPTOMS OR PROBLEMS WHICH LEAD TO A DIAGNOSIS OF INVASIVE CANCER OR CANCER IN SITU WITHIN THE FIRST 90 DAYS AFTER THE POLICY DATE OF ISSUE.

(In NC) No Benefits will be provided during the first 30 days of the policy for a First Ever Diagnosis of cancer before the 30th day after the effective date shown in the Policy Schedule.

LIMITATIONS

- The Benefit Amount for Coronary Bypass Surgery and Cancer in Situ is 25% of the Maximum Benefit Amount. The Benefit Amount for Angioplasty is 10% of the Maximum Benefit Amount.
- For Invasive Cancer, a reduced benefit equal to 10% of the Maximum Benefit Amount will be paid if the First Ever Diagnosis is made anytime within 90 days (30 days in AR, ME, ND, OK, UT and WV) following the Issue Date of the Policy (in DC and ID, or 10 days following the last Reinstatement date). For Cancer in Situ, a reduced benefit equal to 2.5% of the Maximum Benefit Amount will be paid if the First Ever Diagnosis is made anytime within 90 days (30 days in AR, ME, ND, OK, UT and WV) following the Issue Date of the Policy (in DC, or 10 days following the last Reinstatement date).

(in CA) Limited and Reduced Benefits. First Ever Diagnosis of Cancer in Situ will provide a reduced benefit equal to 25% of the Benefit Amount. For example, an insured diagnosed for the First Time Ever with Cancer in Situ of the breast will receive a reduced benefit equal to 25% of the amount of insurance provided by this Policy. If a First Ever Diagnosis of Cancer in Situ is made within the 90 days immediately following the Policy Date of Issue or last Reinstatement date of this Policy, a reduced benefit of 2.5% of the amount provided for Cancer in Situ will be paid.

The Benefit payable for Coronary Bypass Surgery is 25% of the Policy's Benefit Amount and the Benefit payable for Angioplasty is 10% of the Policy's Benefit Amount.

(in KS) Waiting Period. If this Policy is in addition to or a replacement for an existing specified disease policy, You will be given credit for any waiting period completed under that previous policy.

(in NC) If, within 30 days following the Policy Date of Issue or last Reinstatement date of this Policy, the Insured receives a First Ever Diagnosis of having Invasive Cancer or Cancer in Situ no Benefits will be paid. In case of a First Ever Diagnosis or Procedure is made for Invasive Cancer or Cancer in situ anytime from the 31st day to the 90th day following the Policy Date of Issue or last reinstatement date of this Policy, We will pay a reduced percentage of the Maximum Benefit Amount. The percentage payable will be 10% of the Maximum Benefit Amount for Invasive Cancer; or 2.5% of the Maximum Benefit Amount for Cancer in Situ.

EXCLUSIONS

We will not pay a Benefit Amount for a Specified Covered Condition or Procedure resulting from

- participating in or attempting to commit a felony (in WI, for which You are convicted);
- engaging in an illegal occupation; (not applicable in ID)
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide, whether sane (in MO) or insane; or
- involvement in any period of armed conflict (in ID and VT, war or act or war), whether declared or not
- (in SD, a Preexisting condition that was not disclosed or was misrepresented on the Application or was excluded from coverage by a Policy amendment rider.)

(In MO) This policy provides a reduced benefit if you receive diagnosis or exhibit symptoms or problems which lead to a diagnosis of invasive cancer or cancer in situ within the first 90 days after the policy date of issue.

(in SD) **Preexisting Condition.** A medical condition for which the Insured sought medical advice, diagnosis, care, or treatment was recommended or received during the 12 months immediately preceding the Policy Issue Date.

RIGHT TO CANCEL (in FL, **AND VOID THIS POLICY**) (in KS, **RETURN**) (in WI, **EXAMINE POLICY**)

You may cancel the Policy within 30 days of receiving it. (in FL, We will not require any reason for the cancellation.) Return the Policy to Assurity's Home Office or Your Assurity sales agent. As soon as You deliver or mail the Policy to Us, it is treated as if it was never issued. We will give back Your Premium payment. After the first 30 days, You may cancel this Policy at any time by telling Us in writing. The Policy will be cancelled on the date We receive Your written notice or the date You tell Us in Your notice. We will give back any unearned Premium. (in OK, If We do not return the Premium to You within 30 days of the date of cancellation, We will pay interest on that Premium as required by Oklahoma insurance regulations.)

(in KS) **Cancellation by the Insured.** You may cancel this policy at any time by written notice delivered or mailed to Assurity Life Insurance Company's Administrative Office, effective upon receipt of such notice or on a later date as may be specified in Your notice. In the event of cancellation or Your death, We will promptly return the unearned portion of any Premium paid. The earned Premium shall be computed by pro rata method. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

(in OH) **Cancellation by the Insured; Non-cancellation by the Insurer.** You may cancel this Policy at any time by written notice delivered or mailed to Assurity Life Insurance Company at the Administrative Office, effective upon receipt or on such later date as may be specified in such notice. In the event of cancellation, We will return promptly the unearned portion of any Premium paid. The earned Premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where You, the Insured, reside when this Policy was issued. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. We may not cancel this Policy. This provision nullifies any other provision, contained in the Policy or in any endorsement hereon or in any rider attached hereto, which provides for cancellation of this Policy by Assurity or by You, the Insured.

Policy Termination. Your Policy will end on the earliest of the following:

- the date the Maximum Benefit Amount is paid; or
- (in NC) the date benefits are paid in accordance with the Special Limitations for Invasive Cancer or Cancer in Situ; or
- the date the Grace Period expires for any Premium due and unpaid; (in ME, an additional 10 day reinstatement provision is allowed for insureds suffering from organic brain disease) or
- the date You request Policy Termination; or
- the date of Your death; or
- the date of the Policy anniversary following Your age 75.

RENEWABILITY

This Policy is Guaranteed Renewable to age 75. That means until the Policy anniversary after Your 75th birthday, as long as You pay Premiums, We cannot cancel or change Your Policy. We can change the Premium rates. Rates will not be changed more than once in every 12 month period. If We change rates, We must change rates for all Policies in Your class and only with approval from Your state's insurance commissioner. We will give You 31 days (45 days in LA, MT and NC, 60 days in MS, NM and WI) notice if We change Premium rates.

Time Limit on Certain Defenses. After two years (one year in ID, three years in DC, LA, ME, and MO) years from the Policy Date of Issue or Effective Date of Reinstatement (in WI, Effective Date of Reinstatement not applicable), only fraudulent misstatements in the Application will be used to void the Policy.

(in CA) After two years from the Policy Date of Issue or Effective Date of Reinstatement, only fraudulent misstatements in the Application will be used to void the Policy or deny a claim commencing after the expiration of such two year period. No claim for loss commencing after two years from the Policy Date of Issue or Effective Date of Reinstatement shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of the Policy.

(in KS) After two years from the Policy Date of Issue, no misstatements, except fraudulent misstatements, made by the applicant in the application shall be used to void the policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. No claim for loss incurred or disability (as defined in the policy) commencing after the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss has existed prior to the effective date of coverage of this Policy.

(in NH) After two years from the Date of Issue or Effective Date of Reinstatement, no misstatements, except fraudulent misstatements, made by the applicant in the Application for this Policy will be used to void the Policy or deny a claim.

(in NC) After two years from the Date of Issue or Reinstatement of this Policy no misstatements made by the applicant in the application for such policy shall be used to void the Policy or deny a Claim for loss incurred commencing after the expiration of such two-year period.

(in OK) After two years from the Policy Date of Issue, no misstatements, except fraudulent misstatements, made by the applicant in the Application will be used to void the Policy or deny a claim for loss incurred commencing after the expiration of such two-year period.

(in SD) After two years from the Policy Date of Issue or Effective Date of Reinstatement, only fraudulent misstatements in the Application will be used to void the Policy. After this Policy has been in force for a period of two years during Your lifetime, the Policy shall become incontestable as to the statements contained in Your Application. No claim for a Diagnosis of or Procedure for one of the Covered Condition commencing after two years from the Policy Issue Date will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Policy Issue Date.

(in TN) (Contestability). After the Policy has been in force for a period of two years during Your lifetime, it shall become incontestable as to statements made in the application. After two years, no statements, except fraudulent misstatements made by You in the Application, can be used to void the Policy or deny a claim.

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

Misstatement of Age or Sex. If Your age or sex (in WV, sex not applicable) is misstated in the Application, We will revise the Benefit Amount to the amount the Premium paid would have purchased for the correct age or sex (in WV, sex not applicable) using Our published rates in effect on the Date of Issue. If no Policy would have been issued at the corrected age, our liability is limited to a refund of the Premiums paid and the Policy will be void from issue.

Policy may not be approved in all states and its provisions vary by state. This description of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to your policy for a complete listing of benefits, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the terms of the policy, the terms of the policy prevail.