



Critical Illness Insurance Product Guide

FOR AGENT USE ONLY. NOT FOR USE WITH CONSUMERS.
Product availability, features and rates may vary by state.

Important Notice

Product Guide for Critical Illness Insurance

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY.

This is a product guide for policy Form No. I H1820. Any prior guide does not apply to this product.

Policy Form No. I H1820 and Rider Form Nos. R I1821, R I1822, R I1823, R I1824, R I1825, R I1826, R I1827, R I1828, R I1829 and R I1831 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Policy and riders may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic product guide. **Product availability, features and rates may vary by state.** Key differences by state are summarized in the State Specific Information section. Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK, as detailed in the Forms section.

This product guide is for agent use only. It is not for use with consumers.

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Policy Description

The following policy description is according to the policy as approved in most states. Benefits and provisions may vary by state. Some key differences are detailed in the State Specific Information section of this guide. For complete details of coverage, please contact Assurity or review the policy.

Critical Illness Policy (Form No. IH1820)

The Critical Illness policy pays a lump-sum benefit when the insured person is diagnosed with an illness or undergoes a procedure from a list specified in the policy (*see Covered Critical Illnesses section of this guide*). The amount payable is the percentage listed for each critical illness multiplied by the selected benefit amount. Other features include the following:

- **Additional Diagnosis Benefit** – The lump-sum benefit will be paid for each different critical illness covered in the policy and Additional Critical Illness Rider if the date of diagnosis or procedure is separated from the prior critical illness by at least six consecutive months, and the new critical illness is not caused by or contributed to by a critical illness where benefits have already been paid. Benefits are payable for Invasive Cancer and Non-Invasive Cancer without these requirements.
- **Return of Premium upon Death** – If the insured person dies from a cause other than a specified critical illness, 100 percent of the premiums paid for the policy and any riders (except the Spouse Critical Illness Rider if the conversion option is exercised), less any benefits paid under the policy and riders, will be returned to the beneficiary or estate.

Issue Ages: 18 through 70; age last birthday as of issue date

Renewability: Guaranteed renewable for life; benefit amount will be reduced once by 50 percent on the later of either the policy anniversary following the insured person's 70th birthday or the third policy anniversary (i.e. for issue ages 18 through 67, benefits will be reduced once on the policy anniversary following the insured's 70th birthday; for issue ages 68 through 70, benefits will be reduced once on the third policy anniversary)

Underwriting Classes:

- Non-Tobacco – no use of tobacco or nicotine-based products, or substitutes within the last 12 months
- Tobacco – currently using tobacco or nicotine-based products, or substitutes

Benefit Amounts: \$5,000 through \$500,000 depending on income (*see Financial Underwriting Guidelines in underwriting guide*); reduced once by 50 percent on the later of either the policy anniversary following the insured person's 70th birthday or the third policy anniversary (i.e. for issue ages 18 through 67, benefits will be reduced once on the policy anniversary following the insured's 70th birthday; for issue ages 68 through 70, benefits will be reduced once on the third policy anniversary)

Waiting Period: 30 days for Invasive Cancer and Non-Invasive Cancer only – no benefits will be paid for diagnosis during this period.

If cancer is diagnosed during the waiting period, benefits will be paid for a subsequent diagnosis of cancer if the insured person is symptom- and treatment-free for at least 12 consecutive months and in complete remission prior to subsequent diagnosis.

Issue Limitations: Available through Table 4 (200 percent)

Rate Structure: Premiums are level; based on gender, tobacco use, age and benefit amount

Policy Fee: \$25 annually – not commissionable

Underwriting: Simplified underwriting for benefit amounts \$75,000 and below; fully underwritten above \$75,000 (*see Underwriting Guide*)

Covered Critical Illnesses

The following critical illnesses are covered by the policy, Spouse Critical Illness Rider, Child Critical Illness Rider and Additional Critical Illness Rider as approved in most states. Benefits and provisions may vary by state. Some key differences are detailed in the State Specific Information section of this guide. For complete details of coverage, please contact Assurity or review the policy or rider.

Base Policy, Spouse CI Rider or Child CI Rider	Percentage of Benefit Amount
Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Angioplasty	25%
Stroke	100%
Invasive Cancer	100%*
Non-invasive Cancer	25%*
Kidney (Renal) Failure	100%
Major Organ Transplant	
- UNOS Registry	25%
- Transplant Surgery	75%
Advanced Alzheimer's Disease**	100%
Paralysis	100%
Coma	100%

* Invasive Cancer and Non-Invasive Cancer combined cannot exceed 100%.

** Not covered by Child Critical Illness Rider

Additional Critical Illness Rider	Percentage of Benefit Amount
Advanced Amyotrophic Lateral Sclerosis (ALS)	100%
Advanced Parkinson's Disease	100%
Loss of Sight	100%
Loss of Hearing	100%
Benign Brain Tumor	100%
Severe Burns	100%

Optional Riders

(at additional cost)

The following rider descriptions are according to riders as approved in most states. Benefits and provisions may vary by state. Some key differences are detailed in the State Specific Information section of this guide. For complete details of coverage, please contact Assurity or review the riders. Riders are available as follows in the table below for the primary insured and the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has also selected the specific rider.

Rider	Primary Insured	Spouse Insured
Accidental Death Benefit Rider	X	X
Additional Critical Illness Rider	X	X
Child Critical Illness Rider	X	
Critical Accident Rider	X	X
Disability Waiver of Premium Rider	X	
Loss of Independent Living Rider	X	X
Increasing Benefit Rider	X	X
Reoccurrence Rider	X	X
Return of Premium Rider	X	
Spouse Critical Illness Rider		X

Accidental Death Benefit Rider (Not available in CT, MI, NJ, NY, VA and WA)

(Form No. R I1821)

The Accidental Death Benefit Rider pays a lump-sum benefit for death from an accidental bodily injury. Death must result directly from injury within 90 days, and independent of all other causes.

Availability: Available at or after time of application to the primary insured and spouse insured; only available to the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has selected this rider

Issue Ages: 18 through 60; age last birthday as of issue date

Termination Age: Guaranteed renewable through age 70 of the primary insured

Benefit Amounts: Same as the policy or Spouse Critical Illness Rider benefit amount, as applicable to the insured person, not to exceed \$250,000. All combined in force accidental death coverage cannot exceed \$250,000.

Issue Limitations: None

Additional Critical Illness Rider (Not available in NY)

(Form No. R I1822)

The Additional Critical Illness Rider pays a lump-sum benefit when the insured person is diagnosed with an illness from a list specified in the rider (*see Covered Critical Illnesses above*). The amount payable is the percentage for each critical illness listed multiplied by the benefit amount.

Availability: Available at or after time of application to the primary insured and spouse insured; only available to the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has selected this rider

Issue Ages: 18 through 70; age last birthday as of issue date

Termination Age: Guaranteed renewable for the life of the primary insured; benefit amount will be reduced once by 50 percent on the policy anniversary immediately following the later of either the insured person's 70th birthday or three years from this rider's issue date (i.e. for issue ages 18 through 67, benefits will be reduced once on the policy anniversary following the insured's 70th birthday; for issue ages 68 through 70, benefits will be reduced once on the policy anniversary after the rider has been in force three years)

Benefit Amounts: Same as the policy or Spouse Critical Illness Rider benefit amount, as applicable to the insured person.

Issue Limitations: Rider itself can be rated through Table 4 (200 percent)

Child Critical Illness Rider

(Form No. R 11823)

The Child Critical Illness Rider pays a lump-sum benefit when the dependent child insured is diagnosed with an illness or undergoes a procedure from a list specified in the rider (*see Covered Critical Illnesses section of this guide*). The amount payable is the percentage listed for each critical illness multiplied by the selected benefit amount.

Availability: Available at or after time of application to the primary insured for all dependent children with one rider. A dependent child means the policy's insured person's or their spouse's natural children, stepchildren, grandchildren, adopted children or children placed for adoption who are (a) unmarried, (b) younger than age 26 and (c) financially dependent on the policy's insured person.

Issue Ages: 15 days through 18 years; age last birthday as of issue date

Termination Age: 26

Benefit Amounts: \$5,000 through \$50,000

Waiting Period: 30 days for Invasive Cancer and Non-Invasive Cancer only – no benefits will be paid for diagnosis during this period.

If cancer is diagnosed during the waiting period, benefits will be paid for a subsequent diagnosis of cancer if the insured person is symptom and treatment-free for at least 12 consecutive months and in complete remission prior to subsequent diagnosis.

Issue Limitations: Benefit amount cannot exceed the policy benefit amount

Critical Accident Rider (Not available in CT, MI, NJ, NY, PA, VA and WA)

(Form No. R 11824)

The Critical Accident Rider pays a lump-sum benefit if the insured person is confined to a hospital, due to an injury sustained in a covered accident, as an inpatient prescribed by a physician for a period of at least 20 continuous hours. Hospitalization must occur within 45 days of the covered accident. Benefits will be paid once per insured person, per period of confinement but no more than once per calendar year according to the following schedule:

Days of Confinement	Benefit
One Day without Surgery	No benefit payable
One or Two Days Requiring Surgery	\$5,000
Two Days without Surgery	\$2,500
Three – Six Days	\$7,500
Seven – 13 Days	\$15,000
14 Days	\$25,000

If an insured person is confined in a hospital, and within 45 days of the covered accident is confined again for the same injury, Assurity will treat the confinement as a continuation of the prior confinement for that covered accident.

Availability: Available at or after time of application to the primary insured and spouse insured; only available to the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has selected this rider

Issue Ages: 18 through 70; age last birthday as of issue date

Termination Age: Guaranteed renewable for the life of the primary insured

Disability Waiver of Premium Rider *(Not available in NJ, NY and VA)*

(Form No. R 11825)

The Disability Waiver of Premium Rider waives premiums due for the policy and any attached riders, including refund of past premiums up to a year prior to claim, if the insured person's total disability starts while this rider is in force and has existed at least six consecutive months.

Successive periods of total disability will be considered as the same total disability, unless separated by at least six months. Assurity will stop waiving premiums when the insured person is no longer totally disabled; however, if total disability started on or before the insured person's 60th birthday and continued uninterrupted until the insured person's 65th birthday, premiums will be waived indefinitely.

Total disability means a disability due to a sickness or injury, requiring a physician's care which, (a) for the first two years after the start of disability, keeps the insured person from doing the substantial and material duties of their own occupation; and (b) after premiums have been waived for two years, keeps the insured person from doing the substantial and material duties of any occupation for which they become reasonably suited by education, training or experience.

Availability: Available at or after time of application only to the primary insured

Issue Ages: 18 through 55; age last birthday as of issue date

Termination Age: 65

Issue Limitations: Rider itself can be rated Table 2 (150 percent) or Table 4 (200 percent). Must be employed at current job for at least one month.

Increasing Benefit Rider *(Not available in CA and NJ)*

(Form No. R 11826)

The Increasing Benefit Rider Increases the policy or Spouse Critical Illness Rider benefit amount, as applicable, by five percent of the initial benefit amount on each policy anniversary for ten years. The increased benefit amount also applies to any Additional Critical Illness Rider or Loss of Independent Living Rider benefit selected.

Availability: Available at time of application only to the primary insured or spouse insured; only available to the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has selected this rider

Issue Ages: 18 through 60; age last birthday as of issue date

Termination Age: Guaranteed for the life of the primary insured

Issue Limitations: Only available on policies with benefit amounts through \$50,000

Loss of Independent Living Rider *(Not available in CA, CT, MD, NJ, NY, TX, VA and WA)*

(Form No. R I1827)

The Loss of Independent Living Rider pays 25 percent of the benefit amount if the insured person experiences the loss of independent living with the permanent inability to perform two or more Activities of Daily Living. The condition must be diagnosed by a physician to have persisted for at least 180 days, starting after the 30-day waiting period.

Availability: Available at time of application only to the primary insured or spouse insured; only available to the spouse if the Spouse Critical Illness Rider is selected and if the primary insured has selected this rider

Issue Ages: 18 through 70; age last birthday as of issue date

Termination Age: Guaranteed for the life of the primary insured; benefit amount will **NOT** be reduced once by 50 percent on the policy anniversary immediately following the later of either the insured person's 70th birthday or three years from this rider's issue date

Benefit Amounts: Same as the policy or Spouse Critical Illness Rider benefit amount, as applicable to the insured person

Issue Limitations: Rider itself can be rated through Table 4 (200 percent)

Reoccurrence Rider

(Form No. R I1828)

The Reoccurrence Rider pays a lump-sum benefit amount if the insured person receives a subsequent diagnosis of the same critical illness for which a benefit was previously paid under the policy, Spouse Critical Illness Rider or Additional Critical Illness Rider. The insured person must be symptom- and treatment-free for a period of at least 12 consecutive months between the initial date of diagnosis and the subsequent date of diagnosis, and the critical illness must not be caused or contributed to by a critical illness for which benefits have been paid.

If reoccurrence is related to cancer, the insured person must be in complete remission prior to the date of subsequent diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of cancer.

Availability: Available at time of application only

Issue Ages: 18 through 70; age last birthday as of issue date

Termination Age: Guaranteed for the life of the primary insured

Benefit Amount: Same benefit amount as was initially paid for the policy or Spouse Critical Illness Rider, as applicable to the insured person; benefits are payable once in a lifetime for each reoccurrence of the same critical illness

Return of Premium Rider *(Not available in NJ, NY, PA, TN, TX and VA)*

(Form No. R I1829)

Provides a return of premium benefit upon termination or lapse of the policy. The benefit is calculated as follows:

1. Add all policy (including the policy fee) and rider premiums paid and waived;
2. Multiply the amount from step 1 by the percentage from the appropriate completed year from schedule listed in the rider; and
3. Subtract from the amount in step 2 all policy and rider benefits paid, and all premiums waived.

Availability: Available at time of application only to the primary insured

Issue Ages: 18 through 60; age last birthday as of issue date

Termination Age: Guaranteed renewable for life of the primary insured

Spouse Critical Illness Rider

(Form No. R11831)

The Spouse Critical Illness Rider pays a lump-sum benefit when the spouse insured is diagnosed with an illness or undergoes a procedure from a list specified in the rider (see *Covered Critical Illnesses section of this guide*).

The amount payable is the percentage listed for each critical illness multiplied by the selected benefit amount. Other features include the following:

- **Additional Diagnosis Benefit** – The lump-sum benefit will be paid for each different critical illness covered in the rider and Additional Critical Illness Rider if the date of diagnosis or procedure is separated from the prior critical illness by at least six consecutive months, and the new critical illness is not caused by or contributed to by a critical illness where benefits have already been paid. Benefits are payable for Invasive Cancer and Non-Invasive Cancer without these requirements.
- **Return of Premium upon Death** – If the insured person dies from a cause other than a specified critical illness, 100 percent of the premiums paid for the rider, less any benefits paid under the rider, will be returned to the policyowner, beneficiary or estate.

Availability: Available at or after time of application to a spouse. A spouse means the person to whom the primary insured is lawfully married named on the application or added at a later date. No more than one spouse may be insured at any given time.

Issue Ages: 18 through 70; age last birthday as of issue date

Benefit Amounts: \$5,000 through \$500,000 but cannot exceed the policy benefit amount; reduced once by 50 percent on the policy anniversary immediately following the later of either the insured person's 70th birthday or three years from this rider's issue date (i.e. for issue ages 18 through 67, benefits will be reduced once on the policy anniversary following the insured's 70th birthday; for issue ages 68 through 70, benefits will be reduced once on the policy anniversary following the third rider anniversary)

Waiting Period: 30 days for Invasive Cancer and Non-Invasive Cancer only – no benefits will be paid for diagnosis during this period.

If cancer is diagnosed during the waiting period, benefits will be paid for a subsequent diagnosis of cancer if the insured person is symptom and treatment-free for at least 12 consecutive months and in complete remission prior to subsequent diagnosis.

Issue Limitations: Benefit amount cannot exceed the policy benefit amount; rider itself can be rated through Table 4 (200 percent)

Conversion Option: Coverage may be converted to a new policy without submitting evidence of insurability if the policy benefit is 100% paid, if the policy insured person dies, or upon divorce. Premiums for the new policy will be based upon the age, gender and same class of the Insured Person at the time this rider is converted.

Definitions

The following definitions apply to the policy and riders as approved in most states. Definitions may vary by state. For a list of all definitions, refer to the actual policy and riders.

Activities of Daily Living

Certain basic daily tasks necessary to maintain the insured person's health and safety. Activities of Daily Living refer to the activities described below:

- Bathing means washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table), feeding tube or intravenously.
- Toileting means getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.
- Transfer and Mobility means the ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, wheelchair, cane, crutches, walker or other equipment.

Advanced Alzheimer's Disease

Loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests including computed tomography (CT) scan, magnetic resonance imaging (MRI) scan and positron emission tomography (PET) scan of the brain. It must result in significant reduction in mental and social functioning such that the insured person requires substantial assistance in performing at least three of the six Activities of Daily Living. No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of advanced Alzheimer's disease, nor will they be considered a critical illness.

The diagnosis must be made by a physician board certified in psychiatry or neurology. The date of diagnosis for advanced Alzheimer's disease is the date a physician diagnoses the insured person as incapacitated due to advanced Alzheimer's disease.

Advanced Amyotrophic Lateral Sclerosis (ALS) *(as applies to the Additional Critical Illness Rider only)*

A progressive neurodegenerative disease that affects nerve cells in the brain and the spinal cord causing muscle weakness and impacting physical function. ALS, also known as Lou Gehrig's disease, causes nerve cells to gradually break down and die.

Diagnosis must be made by a physician board certified in Neurology according to criteria established by the World Federation of Neurology. The date of diagnosis for ALS is the date the insured person is unable to perform two or more Activities of Daily Living due to ALS as diagnosed by a physician.

Advanced Parkinson's Disease *(as applies to the Additional Critical Illness Rider only)*

A brain disorder where the insured person:

- exhibits two or more of the following clinical manifestations: muscle rigidity, tremor, or bradykinesia (abnormal slowness of movement or sluggishness of physical and mental responses); and
- is certified by a physician as requiring substantial assistance.

The diagnosis must be made by a psychiatrist or physician board certified in Neurology. The date of diagnosis for advanced Parkinson's disease is the date a Physician diagnoses the insured person as incapacitated due to Parkinson's disease.

Angioplasty

A percutaneous transluminal angioplasty procedure deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries.

The procedure must be performed by a physician board certified in cardiology. The date of diagnosis for angioplasty is the date the actual angioplasty occurs. Angioplasty does not include other surgical or non-surgical techniques such as other intra-arterial procedures.

Benign Brain Tumor *(as applies to the Additional Critical Illness Rider only)*

A non-malignant tumor within the substance of the brain or meninges resulting in permanent deficit to the neurological system. Permanent deficit is defined as a continuous residual neurological deficit resulting from the tumor, as evidenced by physical examination. The diagnosis must be made by a physician board certified in Neurology.

The date of diagnosis for benign brain tumor is the date a physician determines a benign brain tumor is present based on the examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Benign brain tumor does not include a tumor of the skull, pituitary adenomas, germinomas, cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.

Clinical Diagnosis

A clinical identification by a physician of a critical illness based on history, laboratory study and symptoms. Assurity will pay benefits for a clinical diagnosis only if a pathological diagnosis cannot be made because it is medically inappropriate or life threatening, and there is medical evidence to support the diagnosis.

Coma

A state of unconsciousness from which the insured person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes and has persisted continuously for at least 96 hours.

The diagnosis must be made by a physician board certified in neurology. The date of diagnosis for coma is the first day of the period for which a physician confirms a coma has lasted for at least 96 consecutive hours.

Coma does not include a medically induced coma.

Confined *(as applies to the Critical Accident Rider only)*

The assignment to a bed as a resident inpatient as prescribed by a physician in a hospital for a period of at least 20 continuous hours.

Coronary Artery Bypass Surgery

The surgical procedure using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries.

The procedure must be performed by a physician board certified as a cardiothoracic surgeon. The date of diagnosis for coronary artery bypass surgery is the date the actual coronary artery bypass surgery occurs.

Coronary artery bypass surgery does not include other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures.

Date of Diagnosis

The date the diagnosis is established by a physician, who is a board-certified specialist where required under this policy, through the use of clinical and/or laboratory findings as supported by the insured person's medical records. For a procedure, it is the date the insured person undergoes the procedure.

Diagnosis

The definitive establishment of a critical illness through the use of clinical and/or laboratory findings. The diagnosis must be made by a physician who is a board-certified specialist where required under the policy.

Dependent Child *(as applies to the Child Critical Illness Rider only)*

The policy's insured person's or their spouse's natural children, stepchildren, grandchildren, adopted children or children placed for adoption who are (a) unmarried, (b) younger than age 26 and (c) financially dependent on the policy's insured person.

Heart Attack (also known as Myocardial Infarction)

The death of a portion of the heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

- clinical symptoms, for example, central chest pain; pressure, fullness, pain, discomfort or squeezing in the center of the chest; or radiating pain to shoulder(s), neck, back, arm(s) or jaw;
- diagnostic increase of specific cardiac markers; and
- new electrocardiographic changes of infarction.

The date of diagnosis for a heart attack is the date of death or infarction of a portion of the heart muscle.

Heart attack does not include:

- established (old) myocardial infarction occurring prior to the Issue Date;
- sudden cardiac arrest;
- cardiac arrest; or
- cardiopulmonary arrest.

If a heart attack results in death, an autopsy confirmation or death certificate verifying the heart attack as the cause of death will be accepted for benefits to be paid, subject to all the provisions of the policy.

Invasive Cancer

A malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not excluded by name or specific description in this policy. Leukemia and lymphoma are included. The diagnosis of invasive cancer must be pursuant to a pathological or clinical diagnosis.

The date of diagnosis for invasive cancer is the day the tissue specimen, culture, blood samples or titer(s) are taken on which the diagnosis of invasive cancer is based. Assurity will not pay a benefit if a diagnosis or a medical consultation that leads to diagnosis occurs during the waiting period.

If a diagnosis of invasive cancer is made during the waiting period, and a subsequent diagnosis of invasive cancer or non-invasive cancer is made after the waiting period, Assurity will pay a benefit only if the insured person has been:

- symptom and treatment-free from invasive cancer and non-invasive cancer for at least 12 consecutive months before the subsequent date of diagnosis; and
- in complete remission prior to the date of subsequent diagnosis as evidenced by the absence of all clinical, radiological, biological and biochemical proof of the presence of invasive cancer and non-invasive cancer.

While not an exhaustive list, invasive cancer does not include the following conditions: (a) pre-malignant lesions (such as intraepithelial neoplasia), (b) benign tumors or polyps, (c) early prostate cancer as T1N0M0 or equivalent staging, (d) carcinoma in situ or (e) any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Kidney (Renal) Failure

The chronic and irreversible failure of both kidneys, which requires periodic and ongoing peritoneal dialysis or hemodialysis.

The diagnosis must be made by a physician board certified in nephrology. The date of diagnosis for kidney (renal) failure is the date dialysis first begins due to the irreversible failure of both kidneys to perform their essential functions.

Loss of Sight *(as applies to the Additional Critical Illness Rider only)*

The total and irreversible loss of vision in both eyes, as evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or
- the field of vision being less than 20 degrees in both eyes.

The date of diagnosis for loss of sight is the date a physician confirms the loss.

Loss of Hearing *(as applies to the Additional Critical Illness Rider only)*

The total and irreversible loss of hearing in both ears. Loss of hearing does not include loss of hearing that can be corrected by the use of any hearing aid or device resulting in an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

The date of diagnosis for loss of hearing is the date a physician confirms the loss.

Major Organ Transplant

The clinical evidence of major organ failure, which requires the malfunctioning organ or tissue of the insured person to be replaced with an organ or tissue from a suitable human donor under generally accepted medical procedures. The organs and tissues covered by this definition are limited to liver, kidney, lung, entire heart and pancreas. In order for the major organ transplant to be covered, the insured person must be placed on the United Network for Organ Sharing (UNOS) registry.

A benefit will be paid upon the insured person being placed on the registry with UNOS as a potential recipient of an organ transplant. The date of diagnosis is the date the insured person is placed on the registry with UNOS. The remainder of any applicable benefit will be paid upon the completion of the organ transplant surgery. The date of diagnosis is the date the insured person undergoes transplant surgery.

Non-invasive Cancer (also known as Carcinoma in Situ)

A cancer diagnosis wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Non-invasive cancer includes but is not limited to (a) the diagnosis of early prostate cancer as T1N0M0 or equivalent staging, (b) early cancers, Stage Ta, Tis, 0a, and 0is and (c) melanoma not invading the dermis.

The diagnosis of non-invasive cancer must be pursuant to a pathological or clinical diagnosis. The date of diagnosis for non-invasive cancer is the day the tissue specimen, culture, blood samples or titer(s) is taken on which the diagnosis of non-invasive cancer is based. Assurity will not pay a benefit if a diagnosis or a medical consultation that leads to diagnosis occurs during the waiting period.

If a diagnosis of non-invasive cancer is made during the waiting period, and a subsequent diagnosis of invasive cancer or non-invasive cancer is made after the waiting period, Assurity will pay a benefit only if the insured person has been:

- symptom and treatment-free from invasive cancer and non-invasive cancer for at least 12 consecutive months before the subsequent date of diagnosis; and
- in complete remission prior to the date of subsequent diagnosis as evidenced by the absence of all clinical, radiological, biological and biochemical proof of the presence of invasive cancer and non-invasive cancer.

Non-invasive cancer does not include basal cell carcinoma, squamous cell carcinoma, skin malignancies other than melanoma, pre-malignant lesions, such as intraepithelial neoplasia, or benign tumors or polyps.

Pathological Diagnosis

The identification of a critical illness based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This diagnosis must be made by a physician who is a board-certified pathologist where required under the policy.

Severe Burns *(as applies to the Additional Critical Illness Rider only)*

Third-degree burns covering at least 20% of the surface area of the body. Diagnosis must be made by a physician board certified as a general surgeon or plastic surgeon.

The date of diagnosis for severe burns is the date a physician determines the insured person sustained third-degree burns covering at least 20% of the surface area of the body.

Stroke

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 24 hours.

The diagnosis must be made by a physician board certified in neurology. The date of diagnosis for stroke is the date the stroke occurs based upon documented neurological deficits and confirmatory neuroimaging studies, which include computerized axial tomography (CAT) images or magnetic resonance imaging (MRI).

Stroke does not include:

- transient ischemic attack (TIA);
- brain injury associated with hypoxia, anoxia, or hypotension;
- brain injury related to trauma or infection;
- ischemic disorders of the vestibular system;
- vascular disease affecting the eye or optic nerve;
- chronic cerebrovascular insufficiency; or
- reversible ischemic neurological deficits.

If a stroke results in death, an autopsy confirmation or death certificate verifying the stroke as the cause of death will be accepted for benefits to be paid, subject to all the provisions of the policy.

Surgery *(as applies to the Critical Accident Rider only)*

The performance of generally accepted operative and cutting procedures, including surgical diagnostic procedures, specialized instrumentations, endoscopic examinations and other invasive procedures while an insured person is under local or general anesthesia; as well as any procedures designated by Current Procedural Terminology (CPT) codes representing surgery.

Symptom-Free

Free of any subjective evidence of disease or physical disturbance observed by a medical professional or the insured person.

Total Disability *(as applies to the Disability Waiver of Premium Rider only)*

A disability due to a sickness or injury, requiring a physician's care which, (a) for the first two years after the start of disability, keeps the insured person from doing the substantial and material duties of their own occupation and (b) after premiums have been waived for two years, keeps the insured person from doing the substantial and material duties of any occupation for which they become reasonably suited by education, training or experience.

Treatment-Free

Free of any medical care, prevention or management of any critical illness listed in the policy, including services of a radiologist, pathologist or other physician. Maintenance drugs and routine follow-up office visits are not considered treatment.

Waiting Period means the 30 days following the issue date or ten days following the last policy reinstatement date.

Limitations and Exclusions

The following limitations and exclusions apply to the policy as approved in most states. Limitations and exclusions may vary by state. For a list of all limitations and exclusions, refer to the actual policy.

Limitations

Pre-existing Condition

Assurity will not pay benefits for a critical illness that is caused by a pre-existing condition unless the date of diagnosis is after this policy has been in force for 12 months from the issue date or last reinstatement date.

Exclusions

Assurity will not pay benefits for conditions that are caused by or are the result of the insured person:

- 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;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, motor vehicle racing, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;

- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician);
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

Administrative Guidelines

Premium Payment

What are acceptable methods of payment? Assurity accepts payment for initial and renewal premiums using the following methods: automatic bank withdrawal, personal checks, money orders and cashier checks in amounts below \$200 per month per policy, and cashier's checks in amounts above \$10,000. Credit/debit cards are accepted for initial and renewal payments when electronic applications are used. When paper applications are used, credit/debit cards are only accepted for renewal premiums. Please use one of these methods so that payment is credited to your policy in a timely manner.

How can premiums be paid by automatic bank withdrawal? Premiums may be deducted from the policyowner's bank account by selecting this option on the application (including information provided on the Field Underwriter's Statement) and by completing and returning an Automatic Bank Payment form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. The same form may be used to change the bank account.

Automatic bank withdrawal premium payments may be drafted on any day between the 1st to the 28th of each month. If an automatic bank withdrawal payment is returned or declined, Assurity will notify the policyowner and send a copy of the notification to the agent. If a remittance is not received prior to the expiration of the grace period, lapse/non-forfeiture processing will be initiated.

How can premiums be paid by credit card? Assurity accepts credit and debit card payments for initial and recurring premium payments when electronic applications are used. We accept VISA, MasterCard and Discover credit/debit cards. The credit/debit card payment option for initial payment is not available with paper applications. However, after a policy has been issued, the customer can change the payment method to recurring credit/debit card by contacting Customer Connections, as detailed in the About Assurity section. Available dates for recurring payments are on any day between the 1st to the 28th of each month. Customers also have the option of paying the premium by automatic bank withdrawal.

How are subsequent premiums billed? For policies on direct billing, the original premium notice is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date.

When will coverage lapse if premiums are not paid? Premiums must be paid on or before the due date or during the 31-day grace period that follows the due date. The policy stays in force during this time. If a remittance is still not received at the end of the 31-day grace period, lapse/non-forfeiture processing will be initiated. The grace period does not apply if the insured requests termination of the policy.

How can a “list bill” be set up? Premiums may be billed to the policyowner’s place of employment in a “list bill” by selecting this option on the application (including information provided on the Field Underwriter’s Statement) and by having the employer complete an Authorization for List Bill. Available premium modes for list bill are monthly, quarterly, semi-annual and annual. The initial premium must be remitted with the application. If you have any questions about setting up a list bill, contact Customer Connections, as detailed in the About Assurity section.

Coverage Information

Duplicate Policies

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

Coverage Changes

Change of Beneficiary

The beneficiary of an in-force policy may be changed while the insured is alive by completing and returning a Change of Beneficiary Designation form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. Return of the policy is not required.

Assignments

The policyowner may transfer, or assign, some or all of the policy rights to another person or organization by completing and returning a Collateral Assignment of Disability Income Policy form. This form is available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section. The form is returned to the assignee and a copy retained by Assurity.

Reinstatement of a Lapsed Policy

If the policy lapses due to nonpayment of renewal premium, the insured may apply for reinstatement up to one year from the date of lapse. The following must be provided to Assurity’s administrative office:

- a completed Application for Reinstatement form, available on AssureLINK or by contacting Customer Connections, as detailed in the About Assurity section, and
- a signed medical authorization.

If the application for reinstatement is approved pending payment of required premium, Assurity will notify the insured of the premium needed to reinstate the policy. Once payment is received, the policy will be reinstated on the reinstatement date – the date Assurity has both approved the application and received the premium due. Additional reinstatement procedures will be determined by the policy language approved in each specific state.

Claims Guidelines

Claims Questions

Customer Connections is available to handle telephone calls from policyholders including verifying coverage and answering policy or rider benefit questions. They can be reached as detailed in the About Assurity section.

Claims Procedures

Notice of Claim

Notice of claim must be provided to Assurity within 20 calendar days after a loss covered by the policy or rider occurs by either contacting Assurity, as described below, or submitting necessary claims forms. If notice is not given within that time, it must be given as soon as reasonably possible.

Notice, including the insured's name and policy number, may be sent to Assurity by one of the following:

E-mail to claimsinfo@assurity.com

Fax to (800) 869-0368

Mail to: Assurity Life Insurance Company
P.O. Box 82533
Lincoln, NE 68501-2533

OR

Assurity Life Insurance Company of New York Administrative Office
P.O. Box 82533
Lincoln, NE 68501-2533

When Assurity receives notice of claim, the necessary proof of loss forms will be sent.

Notice may also be provided by submitting necessary claims forms. Forms are available on Assurity's public site at <http://www.assurity.com> in the Customer Center by accessing the Customer Service Forms/Claim Forms section on the left.

Filing a Claim

In filing a claim with Assurity, the necessary proof of loss forms are as follows:

Critical Illness Claim Questionnaire – Form No. 01-040-02245

Confidential Information Authorization Statement – Form No. varies by state

Critical Illness Insurance Confidential Physician's Report (completed by the treating physician) – Form varies for each specified critical illness and is available by contacting Customer Connections, as detailed in the About Assurity section.

To expedite a claim, the insured/owner may submit additional medical evidence that supports the claim for a positively diagnosed critical illness or needed procedure. This information may include such items as pathology reports, physicians' notes, medical records and itemized bills.

Proof of loss must be returned to Assurity within 120 calendar days after such loss. If not possible, the claim will not be reduced or denied for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of loss unless the insured is legally incapacitated.

Claim forms may be returned to Assurity by the methods described above. If forms are emailed or faxed, please do not mail the original.

Premium Rates

Illustrations

Illustrations are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for this product by selecting the Quick Quotes/Illustrations option on the left.

Forms

The following forms can be found on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

- **Application**
- **Application for Changes to Health Policy**
 - Form No. 75-611-02255 for Assurity Life Insurance Company
 - Form No. 80-611-02255 NY for Assurity Life Insurance Company of New York
- **Application for Reinstatement**
 - Form No. 75-851-05055 (R11-12) for Assurity Life Insurance Company
 - Form No. 80-853-05055 NY for Assurity Life Insurance Company of New York
- **Authorization for List Bill**
 - Form No. 75-060-05055 (R10-17)
- **Automatic Bank Payment**
 - Form No. 18-051-05055 (R06-19)
- **Change of Beneficiary**
 - Form No. 18-612-05055 (R09-19)
- **Evidence of Insurability**
 - Form No. 75-85-05051 (R11-12) for Assurity Life Insurance Company
 - Form No. 80-859-05051 NY for Assurity Life Insurance Company of New York

State Specific Information

As approved, some state insurance departments may require modifications to policy application, contract language, benefits, rates and other features. Please refer to the individual contracts specific to each state as the ultimate authority.

This applies to policy Form No. I H1820. This information is for agent use only. It is not for use with consumers.

The following chart represents some of those key differences:

State Specific Information for Critical Illness	
Arizona	<ul style="list-style-type: none"> Child CI Rider covers dependent children born after the policy issue date automatically at birth.
California	<ul style="list-style-type: none"> Additional CI Rider has state-specific rates. Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date. Additional Critical Illness Rider's Advanced ALS benefit not available. Increasing Benefit Rider not available. Loss of Independent Living Rider not available.
Colorado	<ul style="list-style-type: none"> Critical Accident Rider has state-specific rates.
Connecticut	<ul style="list-style-type: none"> Policy and riders have state-specific rates. Policy's and applicable riders' benefit amount does not reduce by 50 percent at age

State Specific Information for Critical Illness	
	<p>70.</p> <ul style="list-style-type: none"> • Policy's and applicable riders' Additional Diagnosis Benefit does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period. • Additional Critical Illness Rider's Advanced ALS benefit not available. • Accidental Death Benefit Rider not available. • Critical Accident Rider not available. • Loss of Independent Living Rider not available.
Georgia	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy has no pre-existing condition limitation.
Idaho	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy has no pre-existing condition limitation. • Policy's and applicable riders' Coronary Artery Bypass Surgery, Angioplasty and Major Organ Transplant benefits not available.
Indiana	<ul style="list-style-type: none"> • Policy and riders have state-specific rates.
Maine	<ul style="list-style-type: none"> • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date.
Maryland	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy's and applicable riders' Invasive Cancer and Non-Invasive Cancer benefits do not have a 30-day waiting period. • Policy's and applicable riders' Additional Diagnosis Benefit does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period. • Critical Accident Rider additionally pays a \$50 Second Opinion benefit, subject to rider provisions. • Loss of Independent Living Rider not available. • Reoccurrence Rider does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period.
Michigan	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy and Spouse CI Rider Paralysis benefit not available. • Accidental Death Benefit Rider not available. • Critical Accident Rider not available.
Minnesota	<ul style="list-style-type: none"> • Policy and riders have state-specific rates.
Missouri	<ul style="list-style-type: none"> • Policy's Invasive Cancer and Non-Invasive Cancer benefits and the Loss of Independent Living Rider benefit pay 5 percent of the benefit amount during the 30-day waiting period.
Montana	<ul style="list-style-type: none"> • Policy and riders have state-specific rates.
Nevada	<ul style="list-style-type: none"> • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date.
New Jersey	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy's and applicable riders' Invasive Cancer and Non-Invasive Cancer benefits do not have a 30-day waiting period. • Policy's and applicable riders' Coronary Artery Bypass Surgery, Angioplasty, Kidney (Renal) Failure and Major Organ Transplant benefits not available. • Policy's and applicable riders' benefit amount does not reduce by 50 percent at age 70. • Policy's and applicable riders' Additional Diagnosis Benefit does not require that the

State Specific Information for Critical Illness	
	<p>date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period.</p> <ul style="list-style-type: none"> • Policy's Return of Premium upon Death benefit not available. • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date. • Additional Critical Illness Rider's Advanced ALS benefit not available. • Accidental Death Benefit Rider not available. • Critical Accident Rider not available. • Disability Waiver of Premium Rider not available. • Increasing Benefit Rider not available. • Loss of Independent Living Rider not available. • Reoccurrence Rider does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period. • Return of Premium Rider not available.
New Mexico	<ul style="list-style-type: none"> • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date.
New York	<ul style="list-style-type: none"> • Policy marketed as Specified Disease. • Policy and riders have state-specific rates. • Policy, Reoccurrence Rider and Spouse CI Rider only available to issue age 64. • Policy's, Spouse CI Rider's and Child CI Rider's Coronary Artery Bypass Surgery, Angioplasty, Kidney (Renal) Failure, Major Organ Transplant, Paralysis and Coma benefits not available. • Policy's and Spouse CI Rider's benefit amount does not reduce by 50 percent at age 70. • Policy's, Spouse CI Rider's and Child CI Rider's Additional Diagnosis Benefit removed. The insured is covered for additional diagnoses, just without requirements specified in this benefit. • For diagnosis of Invasive Cancer or Non-Invasive Cancer during the 30-day waiting period, the policy, Spouse CI Rider or Child CI Rider will be voided and premium refunded. • Policy's Return of Premium upon Death benefit not available. • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date. • Accidental Death Benefit Rider not available. • Additional Critical Illness Rider not available. • Critical Accident Rider not available. • Disability Waiver of Premium Rider not available. • Loss of Independent Living Rider not available. • Reoccurrence Rider does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period. • Return of Premium Rider not available.
Oregon	<ul style="list-style-type: none"> • For Accidental Death Benefit Rider, the benefit covers a loss for no more than 180 days after the date of accidental bodily injury.
Pennsylvania	<ul style="list-style-type: none"> • Policy and riders have state-specific rates.

State Specific Information for Critical Illness	
	<ul style="list-style-type: none"> • Policy's and applicable riders' Coma benefit does not require that effects last 96 hours but does require a glasgow coma scale/score (GCS) of 10 or less. • Policy's Return of Premium upon Death benefit not available. • Critical Accident Rider not available.
Tennessee	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy's and applicable riders' Additional Diagnosis Benefit requires that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by 30 days. • Return of Premium Rider not available.
Texas	<ul style="list-style-type: none"> • Policy and Additional Critical Illness Rider have state-specific rates. • Policy's and applicable riders' Additional Diagnosis Benefit does not require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by any time period. • Policy's pre-existing condition limitation applies to conditions six months after the issue date for insured person's age 65 or older at issue. • Additional Critical Illness Rider's Advanced ALS benefit not available. • Loss of Independent Living Rider not available. • Return of Premium Rider not available.
Utah	<ul style="list-style-type: none"> • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date and for six months after the issue date.
Vermont	<ul style="list-style-type: none"> • For Accidental Death Benefit Rider, the benefit covers a loss for no more than 365 days after the date of accidental bodily injury. • For the Critical Accident Rider, the benefit covers hospitalization within 365 days of the covered accident; hospitalization within those 365 days for the same injury is considered a continuation of the benefit.
Virginia	<ul style="list-style-type: none"> • Policy and riders have state-specific rates. • Policy's and applicable riders' Invasive Cancer, Non-Invasive Cancer, Kidney (Renal) Failure and Advanced Alzheimer's Disease benefits not available. • Policy's Return of Premium upon Death benefit not available. • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date. • Accidental Death Benefit Rider not available. • Critical Accident Rider not available. • Disability Waiver of Premium Rider not available. • Loss of Independent Living Rider not available. • Reoccurrence Rider require that the date of diagnosis of a new critical illness be separated from the prior, different diagnosis by six months. • Return of Premium Rider not available.
Washington	<ul style="list-style-type: none"> • Additional CI Rider has state-specific rates. • Accidental Death Benefit Rider not available. • Additional Critical Illness Rider's Advanced ALS and Severe Burns benefits not available. • Critical Accident Rider not available. • Loss of Independent Living Rider not available.
Wyoming	<ul style="list-style-type: none"> • Policy's pre-existing condition limitation applies to conditions six months prior to the issue date.

Revisions to this Product Guide

Date	Section	Update
04/01/2022	State Specific Information	Added CO to State Specific Information
04/15/2021	State Specific Information	Clarified information for NJ and PA

About Assurity

We are never more than one call away.
Literally.

Connect with us!

Mailing Address:

Assurity Life Insurance Company
P.O. Box 82533
Lincoln, NE 68501-2533

Assurity Life Insurance Company of New York Administrative Office
P.O. Box 82533
Lincoln, NE 68501-2533

Connect Online!

www.assurity.com

[linkedin.com/company/assurity-life](https://www.linkedin.com/company/assurity-life)

[facebook.com/assurity.life](https://www.facebook.com/assurity.life)

Customer Connections

Phone: (800) 276-7619 for Assurity Life Insurance Company
(844) 401-7585 for Assurity Life Insurance Company of New York
Hours: Monday-Thursday – 7:00 a.m. to 6:30 p.m. Central Time
Friday – 7:00 a.m. to 5:00 p.m. Central Time

Application Questions

By Phone: Extension 4264
By Email underwriting@assurity.com
By Fax (402) 437-4606

Policy Questions

By Phone: Extension 4279
By Email clientservicecenterrequests@assurity.com
By Fax (888) 255-2060

Claims Questions

By Phone Extension 4484
By Email claimsinfo@assurity.com
By Fax (800) 869-0368

Why Assurity?

At Assurity, we're working hard to make the business of insurance simple – more human – by listening, showing that we care and offering customers invaluable insurance products and financial protection. More than a business with a bottom line, we're a mutual organization whose mission is helping people through difficult times. By dedicating ourselves to the community, the environment and using our business as a force for good, we're able to take the long view when it comes to upholding our promises. Assurity is also the first major life and specialty health insurer to become a Certified B Corporation®, demonstrating we meet the rigorous standards of social and environmental responsibility.