

AssurityBalance[®]
Simplified 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 AssurityBalance® Simplified Critical Illness Insurance

This policy is underwritten by Assurity Life Insurance Company, Lincoln, Nebraska, and may contain reductions of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact Assurity Life Insurance Company 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.** Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each product by selecting the Applications/Forms option on the left.

This is a product guide for policy Form No. I H0810 and CI 005. Any prior guide does not apply to this product.

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. For complete details of coverage, please contact Assurity Life Insurance Company or review the policy.

AssurityBalance® Simplified Critical Illness Insurance Policy

(Form Nos. I H0810 or CI 005)

AssurityBalance Simplified Critical Illness pays a lump sum benefit for the first-ever diagnosis of specific critical illnesses or procedures using a category approach, described below, subject to policy provisions. There are no survival period requirements and benefits are paid directly to the insured to be used for any purpose.

Issue Ages: 18 through 64; age last birthday as of issue date

Renewability: Guaranteed renewable to age 75

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 \$50,000

Waiting Period: Coverage begins immediately for all illness and procedures except Category 1 which during the first 90 days after the issue date pays a reduced a benefit – 10 percent of the benefit amount for invasive cancer and 2.5 percent for carcinoma in situ (non-invasive cancer)

Underwriting: Application is a short form – accept/reject – often giving some indication if the applicant will qualify for coverage.

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

Policy Fee: \$50 annually – not commissionable

Premium Modes: Annual, 1.000; Semi-Annual, 0.510; Quarterly, 0.264; Monthly (automatic bank withdrawal or credit card), 0.088

Optional Riders: Accidental Death Benefit Rider, Dependent Child Critical Illness Benefit Rider, Disability Waiver of Premium Rider, Return of Premium Rider and Spouse Critical Illness Benefit Rider

Policy Benefits

The following policy benefits are according to the policy as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity Life Insurance Company or review the policy.

Category Approach: Unlike many CI insurance policies that are “one and done” – pay 100 percent of the benefit amount and then terminate – Assurity’s CI policy can pay up to three times the benefit amount. Benefits are split into three categories – cancer, heart/stroke and other illnesses/procedures – each covering the insured up to 100 percent of the benefit amount. The amount payable for each specified critical illness within a category is the percentage from the chart below multiplied by the benefit amount.

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

After 100 percent of the benefit amount has been paid to an insured person for a category, Assurity will not pay any additional benefits for any specified critical illness in that category for that insured person.

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

Return of Premium Benefit: If the insured dies while this policy is in force from a cause other than one of the specified critical illnesses, Assurity will return to the policy owner, beneficiary, or estate 100 percent of all policy and rider premiums less any policy and rider benefits paid upon written notice and proof of death. If the sum of all benefits paid is equal to or greater than the sum of the premiums paid, there will be no return of premiums.

CRITICAL ILLNESS BENEFIT CHART			
Category	Specified Critical Illness	Percentage of Benefit Amount Payable for Each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1 (Cancer)	Invasive Cancer	100%	100%
	Carcinoma in Situ (non-invasive cancer)	25% (payable once per lifetime)	
Category 2 (Heart and Stroke)	Heart Attack	100%	100%
	Major Organ Transplant – any transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25% (payable once per lifetime)	
	Angioplasty	10% (payable once per lifetime)	
Category 3 (Other Illnesses / Procedures)	Advanced Alzheimer’s Disease	100%	100%
	Coma – not as a result of stroke	100%	
	Kidney (Renal) Failure	100%	
	Major Organ Transplant – other than heart	100%	
	Paralysis – not as a result of stroke	100%	
	Severe Burns	100%	

Optional Riders

The following rider descriptions are according to riders as approved in most states. Benefits and provisions may vary by state. For complete details of coverage, please contact Assurity Life Insurance Company or review the riders.

Accidental Death Benefit Rider (Form No. A-R 130)

The Accidental Death Benefit Rider provides a benefit for the insured’s death that results directly from an accidental bodily injury within 90 days of the accidental injury prior to the insured’s 70th birthday and independently of all other causes.

Availability: Available at or after time of application

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

Termination Age: 70

Benefit Amounts: \$5,000 through \$50,000; all combined in force accidental death policies cannot exceed \$250,000.

Issue Limitations: Benefit amount cannot exceed the policy benefit amount

Dependent Child Critical Illness Benefit Rider (Form No. R I0812)

The Dependent Child Critical Illness Benefit Rider provides all the same coverage as the policy except the return of premium benefit.

Availability: Available at or after time of application to all dependent children with one rider; a dependent child is any natural child, step-child, legally adopted child or child placed in the insured person's custody for adoption who is: (a) unmarried; (b) living with the policy's insured person in a regular parent child relationship; (c) qualified as dependents of the policy's insured person or their spouse for tax purposes according to the United States Internal Revenue Code; and (d) younger than age 25.

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

Termination Age: 21, or age 25 if full-time student

Benefit Amounts: \$5,000 or \$10,000

Issue Limitations: Benefit amount cannot exceed the policy benefit amount

Disability Waiver of Premium Rider (Form No. CIR 016)

The Disability Waiver of Premium Rider provides for waiver of all policy premiums, including refund of past premium up to a year prior to claim, during an insured's total disability occurring prior to their 60th birthday and lasting at least six months.

"Total disability" is the insured's inability to work at a job he or she is educated or trained to do resulting solely from a covered injury or sickness requiring a doctor's regular care.

Availability: Available at time of application only

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

Termination Age: 60

Return of Premium Benefit Rider (Form No. CIR 018)

The Return of Premium Rider will pay a returned premium benefit upon policy cancellation, policy lapse, the insured's death or the insured's attained age 75. The benefit is calculated as follows:

1. Add together all policy and rider premiums paid or waived.
2. Multiply this premium amount by the appropriate percentage based on completed policy year. (*See following Return of Premium Benefit Schedule.*)
3. Subtract from this amount all policy and rider benefits paid

Availability: Available at time of application only

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

Termination Age: 75

RETURN OF PREMIUM BENEFIT SCHEDULE				
Return Percentage				
Completed Policy Year	Issue Ages			
	18 – 45	46 - 50	51 – 55	56 – 59
1 – 5	0%	0%	0%	0%
6	1%	2%	3%	5%
7	2%	4%	6%	10%
8	3%	6%	9%	15%
9	4%	8%	12%	20%
10	5%	10%	15%	25%
11	7%	13%	22%	40%
12	9%	16%	29%	55%
13	11%	19%	35%	70%
14	13%	22%	43%	85%
15	15%	25%	50%	100%
16	17%	30%	60%	
17	19%	35%	70%	
18	21%	40%	80%	
19	23%	45%	90%	
20	25%	50%	100%	
21	30%	60%		
22	35%	70%		
23	40%	80%		
24	45%	90%		
25	50%	100%		
26	60%			
27	70%			
28	80%			
29	90%			
30+	100%			

Spouse Critical Illness Benefit Rider (Form No. R I0811)

The Spouse Critical Illness Benefit Rider provides all the same coverage as the policy.

Availability: Available at or after time of application to a spouse; a spouse is the person who is lawfully married and named on the application as the spouse to be insured at the time the policy insured first applies for coverage, or who is added at a later date – there may never be more than one spouse at any given time

Issue Ages: 18 through 64; age last birthday as of issue date

Termination Age: Earlier of spouse’s age 75 and policy termination

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

Issue Limitations: Benefit amount cannot exceed the policy benefit amount

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 on the spouse's underwriting class and age at the time of rider issue.

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.

Advanced Alzheimer's Disease

The insured person exhibits loss of intellectual capacity involving impairment of memory and judgment as measured by cognitive and neuroradiological tests (e.g. CT scan, MRI, PET 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 (as defined in the policy). No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of advanced Alzheimer's disease, nor will they be considered a specified critical illness. Advanced Alzheimer's disease must be diagnosed by a physician board certified in neurology.

Angioplasty

Undergoing a percutaneous transluminal angioplasty 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. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Carcinoma In Situ (Non-Invasive Cancer)

A diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in situ includes, but is not limited to:

- early prostate cancer diagnosed as T1N0M0 or equivalent staging; and
- melanoma not invading the dermis.

Carcinoma in situ does not include:

- other skin malignancies;
- pre-malignant lesions (such as intraepithelial neoplasia); or
- benign tumors or polyps.

Carcinoma in situ must be diagnosed pursuant to a pathological or clinical diagnosis.

Clinical Diagnosis

The diagnosis of invasive cancer or carcinoma in situ based on the study of symptoms and diagnostic test results. Assurity will accept a clinical diagnosis of cancer only if the following conditions are met:

- a pathological diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the diagnosis; and
- a physician is treating the insured person for invasive cancer and/or carcinoma in situ.

Coma

The diagnosis that the insured person is in 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 that

this state has persisted continuously for at least 96 hours. The diagnosis must be by a physician board certified in neurology. Coma as a result of stroke is excluded. (Stroke is covered under a separate benefit.)

Coronary Bypass Surgery

Undergoing coronary artery bypass surgery 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. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

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 and Diagnosed

The definitive establishment of the specified 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.

First Ever Diagnosis or Procedure

The diagnosis or procedure is the first time ever in the insured person's lifetime they have undergone that specific covered procedure or been diagnosed with that specific specified critical illness.

Heart Attack

An acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to supply blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a physician board-certified as a cardiologist and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack.

Established (old) myocardial infarction prior to the issue date is excluded.

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 specifically hereafter excluded. Leukemia and lymphoma are included.

While not an exhaustive list, the following conditions are not considered to be invasive cancer:

- pre-malignant lesions (such as intraepithelial neoplasia);
- benign tumors or polyps;
- early prostate cancer diagnosed as T1N0M0 or equivalent staging;
- carcinoma in situ; or
- any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive cancer must be diagnosed pursuant to a pathological or clinical diagnosis.

Kidney (Renal) Failure

The chronic and irreversible failure of both of the insured person's kidneys which requires the insured person to undergo periodic and ongoing dialysis. The diagnosis must be made by a physician board certified in nephrology.

Major Organ Transplant

The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the insured person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the insured person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the major organ transplant to be covered under this policy, the insured person must be registered by the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

Paralysis

The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a physician board certified in neurology. Limb is defined as a complete arm or leg. Paralysis as a result of stroke is excluded. (Stroke is covered under a separate benefit.)

Pathological Diagnosis

A diagnosis of invasive cancer or carcinoma in situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a physician who is board certified in pathology and whose diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Severe Burns

The diagnosis that the insured person has sustained third degree burns covering at least 20% of the surface area of the body. The diagnosis must be by a physician board certified as a general surgeon or plastic surgeon.

Stroke

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a physician board certified in neurology.

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

Cancer Within 90 Days

If, within 90 days following this policy's issue date, or last reinstatement date of this policy, the insured:

- receives a first ever diagnosis of having invasive cancer or carcinoma in situ; or
- exhibits any common or identifiable symptoms or medical problems which leads to a first ever diagnosis of invasive cancer or carcinoma in situ and would cause an ordinary prudent person to seek medical advice or treatment,

We will pay a reduced percentage of the benefit amount. The percentage payable will be:

- 10% of the benefit amount for invasive cancer; or
- 2.5% of the benefit amount for carcinoma in situ.

In the event a benefit is paid for invasive cancer or carcinoma in situ within the first 90 days following this policy's issue date or last reinstatement date, coverage for category 1 will end.

Exclusions

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

- being exposed to war or any act of war, declared or undeclared;
- engaging in an illegal occupation;
- participating in or attempting to commit a felony;
- intentionally self-inflicting a sickness or injury;
- committing or attempting to commit suicide, while sane or insane;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of 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); or
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.

Administrative Guidelines

Premium Payment

What are acceptable methods of payment? Assurity accepts payments for initial and renewal premiums using the following methods: personal checks, automatic bank withdrawal, money orders in amounts below \$200 per month per policy and; cashier's checks in amounts below \$200 per month per policy and 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 the 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 Premium Payment form. A form may be obtained on AssureLINK at <https://assurelink.assurity.com> in the Product Center for each

product by selecting the Applications/Forms option on the left, or by contacting the client services department at (800) 869-0355, Ext. 4279. 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, Master Card 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 the client services department at (800) 869-0355, Ext. 4279. 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 (Form 75-060-05055). 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 the client services department at (800) 869-0355, Ext. 4279.

Assurity Advantage Service Guarantee

Simplified Critical Illness qualifies for the **Assurity Advantage** service guarantee. The **Assurity Advantage** assures that your simplified underwritten application will be processed and the policy mailed within four business days, or the writing agent can receive \$100 cash. To qualify for this guarantee, the following guidelines must be met:

- Prior to submitting the application, the writing agent(s) must be contracted with Assurity, and properly licensed and appointed in the state.
- The agent must see the applicant face-to-face.
- The correct state version of the application must be properly completed, readable and contain all required signatures. All questions must be answered. All pages must be submitted including authorizations, disclosures and other compliance forms. Applications requiring Assurity to contact the agent or applicant for clarification or additional information will not qualify.
- The applicant must satisfy all underwriting guidelines. Although all cases will be expedited, those requiring additional follow-up based on medical/personal information or reports from MIB (Medical Information Bureau), prescription checks or MVR (Motor Vehicle Report) will not qualify.
- All applications requiring a telephone inspection report must have the interview completed prior to submitting the application.
- If the applicant has insurance in force with Assurity or has been denied insurance with Assurity in the past two years, the new application will be reviewed by the underwriting department and not qualify.

- When multiple products are applied for simultaneously, Assurity will hold all applications until a final decision has been made for each product, issuing all approved policies at the same time. Therefore, a Simplified CI application applied for with non-Assurity Advantage products will not qualify.

Applications received after 12:00 noon CST will be considered received as of the next business day. All eligible policies will be issued COD unless a valid form of payment is received with the application.

If all guidelines are met and the policy is not mailed within four business days, the \$100 may be received by contacting the new business services department at (800) 276-7619, Ext. 4264 or by emailing underwriting@assurity.com.

Claims Guidelines

Claims Contact Center

The claims contact center is available to handle telephone calls from policyholders including verifying coverage and answering policy or rider benefit questions. They can be reached from 7:00 a.m. to 5:00 p.m. Central Time by calling toll-free (800) 869-0355, Ext. 4484.

Claims Procedures

The insured person or beneficiary may begin the claims process by contacting the claims department at (800) 869-0355, Ext. 4484 requesting the appropriate claim form for the policy and/or any riders.

Notice, including the insured's name and policy number, should 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

If the claim form is emailed or faxed as described above, please do NOT mail the original claim form.

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.

Rate Sheets

Rate sheets for use by agents only are available on AssureLINK at <https://assurelink.assurity.com> in the Product Center for this product by accessing the Product Specifications page and selecting Rate Sheets in the resource section.

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.

A chart providing some of these differences is available on AssureLINK in the Product Center for this product by accessing the Product Specifications page and selecting State Specific Information in the resource section.

About Assurity

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

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

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

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

Revisions to this Product Guide

Date	Section	Update
10/01/15	Premium Payment	Updated Acceptable Methods of Payment
05/01/14	Premium Payment	Clarified credit card payment information
04/17/14	Premium Payment	Changed credit card payment information
04/14/14	Assurity Advantage Service Guarantee	Clarified that agent must see applicant face-to-face to qualify.
02/03/14	Assurity Advantage Service Guarantee	Added to Assurity Advantage Guarantee guidelines
02/03/14	All	Moved underwriting information to a separate underwriting guide