Supplemental Benefits Program for

Hand In Hand, Inc.

Early Education Center



TRUE NORTH

Supplemental Insurance Services

Assurity®

Voluntary Benefit Options

for Hand in Hand



- Accident Expense
- Hospital Indemnity
- Disability Income
- Term Life

TrueNorth Companies

260017



Group Accident Expense Insurance

for Hand in Hand

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- **Helps with out-of-pocket expenses** associated with covered accidents
- **No deductibles,** copays, coinsurance or networks - see any doctor
- **Guaranteed issue** – no medical exams or tests
- **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Know you and your family are protected.

It's easy — sign up today



Group Accident Expense Benefits - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is a payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care Payable within 60 days of accident unless otherwise noted.	Plan 1	Plan 2
Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	**$100** - Dr Office **$100** - Urgent Care **$200** - ER	**$150** - Dr Office **$150** - Urgent Care **$300** - ER
Telemedicine Treatment	**$40**	**$60**
Ambulance Transport to or from hospital; pays one of the following:	**$200** - Ground **$600** - Air	**$300** - Ground **$900** - Air
X-Rays After Initial Accident Treatment	**$200**	**$300**
Diagnostic Exams CT, CAT, MRI or EEG; after Initial Accident Treatment	**$100**	**$150**
Blood, Plasma or Platelets Processing or transfusion; after Initial Accident Treatment	**$600**	**$900**
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	**$50** - 4-20 hrs. **$100** - 20+ hrs.	**$75** - 4-20 hrs. **$150** - 20+ hrs.

Supportive Care Benefits in this category are payable if the Initial Accident Treatment benefit was paid for the same injury. Benefits marked with an * are payable if the Initial Accident Treatment benefit or Telemedicine Treatment benefit was paid for the same injury.		
Follow-Up Treatment* Benefit paid per visit, up to 2 visits per accident	**$100**	**$150**
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	**$60**	**$90**
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	**$60**	**$90**
Epidural Pain Management*	**$100**	**$150**
Prescription Medication* Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	**$10**	**$15**
Medical Supplies* Over-the-counter; once per accident; up to three per calendar year	**$10**	**$15**
Appliances* Rented or purchased, such as crutches or wheelchair	**$250**	**$375**
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	**$1,000** - One device **$2,000** - Multi. devices	**$1,500** - One device **$3,000** - Multi. devices
Residence/Vehicle Modification	**$1,000**	**$1,500**
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	**$200** - Ground **$500** - Air	**$300** - Ground **$750** - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	**$200** per day	**$300** per day

**Only payable if the Telemedicine Treatment benefit was paid for the same injury.*

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Group Accident Expense Benefits - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care Benefits in this category are only payable if the Initial Accident Treatment benefit was paid for the same injury.	**Plan 1**	**Plan 2**
Burns Pays a percentage of the burn benefit, where the percentage payable is based on degree of burn and percentage of body affected. **Burns — Skin Graft** - Pays 50 percent of the burn benefit.	**$1,000**	**$1,500**
Child Organized Sport Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to **$1,000** maximum.	up to **$1,000** maximum.
Coma Not medically induced or the result of drug or alcohol use	**$20,000**	**$30,000**
Concussion Not payable if traumatic brain injury benefit is paid	**$50**	**$75**
Dental Emergency *(Initial Accident Treatment benefit not required to be paid)* Natural tooth treatment provided by a dentist	**$200** - Crown **$60** - Extraction	**$300** - Crown **$90** - Extraction
Dislocation Pays a percentage of the benefit for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	**$4,000** - Open reduction **$2,000** - Closed reduction	**$6,000** - Open reduction **$3,000** - Closed reduction
Ear Injury Resulting in hearing loss greater than 60 percent	**$200** once per lifetime	**$300** once per lifetime
Eye Injury Requiring surgery or removal of foreign object	**$200**	**$300**
Fracture Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	**$4,000** - Open fracture **$2,000** - Closed fracture	**$6,000** - Open fracture **$3,000** - Closed fracture
Gunshot Wound Requiring hospitalization and surgery	**$1,000**	**$1,500**
Lacerations Pays a percentage of the benefit where the percentage payable is based on the length of laceration	**$100**	**$150**
Occupational HIV	**600**	**900**
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	**$15,000** - Paraplegia **$30,000** - Quadriplegia	**$22,500** - Paraplegia **$45,000** - Quadriplegia
Poisoning	**$50**	**$75**
Post Traumatic Stress Disorder	**$400**	**$600**
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	**$600**	**$900**

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Group Accident Expense Benefits - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

	Plan 1	Plan 2
Hospital Admission Pays once per calendar year	$1,000	$1,500
Hospital Confinement Daily benefit paid up to 365 days per accident	$200	$300
Intensive Care Daily benefit paid up to 30 days per accident	$400	$600
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	$300	$450
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	$200	$300
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	$40	$60

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	$2,000	$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	$1,000	$1,500
Ruptured Disc Surgery	$1,000	$1,500
Hernia Surgery	$500	$750
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	$500	$750
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	$200	$300
Anesthesia Administered for a payable surgery benefit	$200	$300

Wellness Benefit

Pays **$50** once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

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Group Accident Expense Benefits - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

Form R G1712C

	Plan 1	Plan 2
Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child	**$60,000** - Employee **$30,000** - Spouse **$15,000** - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	**$10,000** - Employee **$5,000** - Spouse **$2,500** - Child	**$15,000** - Employee **$7,500** - Spouse **$3,750** - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	**$100,000** - Employee **$50,000** - Spouse **$25,000** - Child	**$150,000** - Employee **$75,000** - Spouse **$37,500** - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays **$1,000** per accidental death, per qualifying deendent	Pays **$1,500** per accidental death, per qualifying deendent
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child	**$60,000** - Employee **$30,000** - Spouse **$15,000** - Child

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Group Accident Expense Bi-Weekly Premiums - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Plan 1

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$6.73	$11.69	$13.83	$20.47

Plan 2

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$9.34	$16.22	$18.41	$27.42

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*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Iowa

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- 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;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



Group Hospital Indemnity Insurance

for Hand in Hand

A hospital stay can be expensive—even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Key Features

- Pays a **lump-sum benefit** starting at admission
- Pays **a daily benefit** for each day confined in a hospital
- **No deductibles, copays, coinsurance or networks** (see any doctor)
- **Guaranteed issue** – no medical exams or tests
- **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Know you and your family are protected.

It's easy — sign up today



Group Hospital Indemnity Benefits - Iowa

Forms G H1730/G H1730C (HSA Compatible)

Hospital Admission

Group Hospital Indemnity pays a lump-sum benefit of **$1,000** for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.

Hospital Indemnity Care Rider: (Form No. R G1736C)	Pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown below: ● Hospital Confinement - **$150** per day up to 30 days ● Intensive Care Unit Confinement – **$300** per day of confinement, up to 10 days Note: Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours. Only one type of confinement benefit is payable for a given day. If confinement continues in an Intensive Care Unit, Sub-Acute Intensive Care Unit or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted.
Drug and Alcohol Rehab Rider: (Form R G1733C)	Pays a **$100** daily benefit for up to 30 days confinement in a hospital or residential treatment facility for drug or alcohol rehabilitation. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.
Mental and Nervous Disorder Rider: (Form R G1737C)	Pays a **$100** daily benefit for up to 30 days confinement in a hospital or residential treatment facility for treatment of a mental or nervous disorder. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.
Hospital Observation Rider (Form R G2202C)	Pays a lump sum benefit for outpatient services received during a hospital stay, prescribed by a physician for a covered sickness or an injury sustained from a covered accident. ● Initial Observation - once per insured person per observation stay in a calendar year At least 20 hours - **$1,000** ● Observation Care - 20-48 hours **- $100** 49 hours or more **- $200**

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Group Hospital Indemnity Bi-Weekly Premiums - Iowa*

Forms G H1730/G H1730C (HSA Compatible)

Coverage Tiers

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$10.43	$21.15	$20.13	$30.86

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*Premium rates shown are for the combined group Hospital Indemnity policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Hospital Indemnity - Iowa

Forms G H1730/G H1730C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

Special Endorsement

The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition and 10-month pregnancy exclusion.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
- receiving services provided outside the United States;
- voluntarily inhaling gas;
- having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
- being confined primarily for rest care or convalescent care;
- having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
- being born, unless the loss is the result of a covered sickness or injury;
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
- receiving routine newborn nursing or well baby care;
- operating, learning to operate, or serving as a crew member of any aircraft;
- 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;
- suffering from a mental and nervous disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment except as the result of an injury;
- committing or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.



Group Short Term Disability

for Hand in Hand

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- **Pays benefits if you become totally disabled and can't perform the important duties of your occupation,** as long as you are not working another job and are under the care of a physician
- Weekly benefit from **$100 to $1,000** by $25 increments, subject to maximum benefit of 60% of weekly income
- **Pays 50% of your weekly total disability benefit if you return to work part time,** following a period of paid total disability

Know you and your family are protected.

It's easy — sign up today



Group Short-Term Disability Income Benefits - Class 2 - Iowa

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Total Disability	After the elimination period has been satisfied, pays the total disability weekly benefit while the insured person is totally disabled due to an injury or sickness which occurs while not actively at work resulting in the insured person being unable to perform the important duties of their own occupation, not working at another job and requiring a physician's care appropriate for the condition. Benefits continue while the insured person is totally disabled, or to the end of the benefit period, whichever is first. Benefits are payable for only one of two or more concurrent disabilities.
Partial Disability	Pays 50% of the total disability weekly benefit while the insured person is partially disabled and has returned to work part-time immediately following a period of paid total disability, but still unable to perform all work duties resulting in a loss of income of at least 20%. Partial disability benefits will continue until the insured person is no longer partially disabled or to the end of the maximum benefit period, whichever is first, but in no case longer than: • 13 weeks if the maximum benefit period is 13 or 26 weeks; or • 26 weeks if the maximum benefit period is 52 or 104 weeks.
Presumptive Disability	Waives the elimination period and pays the total disability benefits for the maximum benefit period when an insured person suffers a permanent and irrevocable loss of speech, hearing in both ears, sight in both eyes, use of both feet, use of both hands, or use of one hand and one foot.
Recurrent Disability	Pays the weekly benefit for a recurrent total disability if it is separated from the ending date of the prior total disability by a period of 30 days, in which the insured person is actively employed on a continuous basis and not receiving any disability benefits under the certificate or any riders. The recurrent total disability is subject to a new elimination period and starts a new maximum benefit period.
Childbirth	For childbirth, the insured person will be considered totally disabled for a period of six weeks for non-Caesarean delivery or eight weeks for Caesarean delivery. The number of weekly benefits payable will be reduced by the elimination period. For example, if the elimination period for sickness is 14 days, the benefit is payable for four weeks for non-Caesarean delivery and six weeks for Caesarean delivery.
Organ Donor	Pays policy and rider benefits on the same basis as any other sickness if the insured person becomes disabled as the result of surgery for transplanting an organ or donating bone marrow from the insured person to another person.
Mental and Nervous Disorder	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of a mental or nervous disorder. Mental or nervous disorder related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: • 52 weeks if the maximum benefit period is 13 or 26 weeks; or • 104 weeks if the maximum benefit period is 52 or 104 weeks.
Substance Abuse	Pays policy and rider benefits on the same basis as any other sickness if the insured person is disabled as the result of substance abuse. Substance abuse related disability benefits are subject to normal elimination period and maximum benefit period conditions, in addition to a total lifetime disability weekly benefit limit for these conditions of: • 52 weeks if the maximum benefit period is 13 or 26 weeks; or • 104 weeks if the maximum benefit period is 52 or 104 weeks.
Waiver of Premium	Waives premiums starting on the first premium due date after the insured person has been totally disabled for 30 days. Premiums continue to be waived until the insured person is no longer totally disabled or to the end of the maximum benefit period, whichever is first.
Accidental Death	Pays a lump sum benefit of 25 times the total disability weekly benefit if the insured person dies as the result of an injury sustained in a covered accident within 90 days of the date of the covered accident.

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Group Short-Term Disability Income Benefits - Class 2 - Iowa

Forms G H1808/G H1808C

Off-the-Job, Accident & Sickness Protection

Survivor	Pays a lump sum benefit to a beneficiary if the insured person dies while receiving total disability weekly benefits, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of $3,000. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of $6,000. ● This benefit not payable if Terminal Illness Benefit paid.
Terminal Illness	Pays a lump sum benefit if the insured person is diagnosed with a terminal illness with life expectancy of six months or less and is receiving total disability weekly benefits, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; lump sum benefit equals three times the total disability weekly benefit amount, subject to a maximum of $3,000. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; lump sum benefit equals six times the total disability weekly benefit amount, subject to a maximum of $6,000. ● If this benefit is paid, Survivor Benefit is not payable.
Workplace Modification	Pays the actual costs incurred modifying the workplace to help the insured person remain at work or return to work, subject to certain conditions and limitations. ● If maximum benefit period is 13 or 26 weeks, benefit payable if insured received total disability benefits for at least six consecutive weeks; actual costs reimbursed limited to three times the total disability weekly benefit, not to exceed $3,000 for the insured's lifetime. ● If maximum benefit period is 52 or 104 weeks, benefit payable if insured received total disability benefits for at least 13 consecutive weeks; actual costs reimbursed limited to six times the total disability weekly benefit, not to exceed $6,000 for the insured's lifetime.
Catastrophic Disability Rider Benefit (Form R G1809C)	Pays a lump sum benefit if the insured person is receiving total disability weekly benefits and is catastrophically disabled (requiring assistance with at least two activities of daily living) for at least 30 days after satisfying the policy's elimination period. ● Lump sum benefit of six times the total disability weekly benefit amount if maximum benefit period is 13 or 26 weeks; or ● Lump sum benefit of 13 times the total disability weekly benefit amount if maximum benefit period is 52 or 104 weeks.

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Group Disability Income Bi-Weekly Premiums - Class 2 - Iowa

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 7/7 days (accident/sickness)

Annual Income	**$8,750**	**$11,000**	**$13,000**	**$15,250**	**$17,500**	**$19,500**	**$21,750**	**$24,000**
Weekly Benefit	**$100**	**$125**	**$150**	**$175**	**$200**	**$225**	**$250**	**$275**
Issue Age								
18 - 49	$3.97	$4.97	$5.95	$6.96	$7.95	$8.96	$9.95	$10.94
50 - 59	$4.43	$5.53	$6.63	$7.73	$8.87	$9.97	$11.07	$12.16
60 - 69	$5.42	$6.75	$8.10	$9.46	$10.82	$12.17	$13.52	$14.87
70+	$6.66	$8.34	$10.02	$11.67	$13.36	$15.01	$16.68	$18.33

Annual Income	**$26,000**	**$28,250**	**$30,500**	**$32,500**	**$34,750**	**$37,000**	**$39,000**	**$41,250**
Weekly Benefit	**$300**	**$325**	**$350**	**$375**	**$400**	**$425**	**$450**	**$475**
Issue Age								
18 - 49	$11.92	$12.91	$13.90	$14.91	$15.91	$16.90	$17.90	$18.89
50 - 59	$13.27	$14.36	$15.49	$16.59	$17.70	$18.79	$19.88	$21.00
60 - 69	$16.22	$17.57	$18.94	$20.29	$21.64	$22.99	$24.33	$25.70
70+	$20.02	$21.68	$23.35	$25.02	$26.70	$28.35	$30.01	$31.70

Annual Income	**$43,500**	**$45,500**	**$47,750**	**$50,000**	**$52,000**	**$54,250**	**$56,500**	**$58,500**
Weekly Benefit	**$500**	**$525**	**$550**	**$575**	**$600**	**$625**	**$650**	**$675**
Issue Age								
18 - 49	$19.86	$20.89	$21.86	$22.85	$23.87	$24.85	$25.84	$26.86
50 - 59	$22.11	$23.20	$24.31	$25.41	$26.55	$27.64	$28.74	$29.85
60 - 69	$27.06	$28.40	$29.74	$31.11	$32.46	$33.81	$35.15	$36.50
70+	$33.35	$35.04	$36.70	$38.36	$40.04	$41.71	$43.36	$45.05

Annual Income	**$60,750**	**$63,000**	**$65,000**	**$67,250**	**$69,500**	**$71,500**	**$73,750**	**$76,000**
Weekly Benefit	**$700**	**$725**	**$750**	**$775**	**$800**	**$825**	**$850**	**$875**
Issue Age								
18 - 49	$27.82	$28.83	$29.82	$30.81	$31.82	$32.82	$33.80	$34.80
50 - 59	$30.94	$32.07	$33.17	$34.28	$35.36	$36.47	$37.58	$38.70
60 - 69	$37.86	$39.23	$40.59	$41.93	$43.28	$44.63	$45.99	$47.33
70+	$46.70	$48.37	$50.03	$51.71	$53.37	$55.05	$56.72	$58.36

Annual Income	**$78,000**	**$80,250**	**$82,500**	**$84,500**	**$86,750**			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$35.78	$36.77	$37.78	$38.76	$39.77			
50 - 59	$39.79	$40.90	$42.00	$43.10	$44.23			
60 - 69	$48.69	$50.04	$51.39	$52.73	$54.11			
70+	$60.05	$61.71	$63.39	$65.05	$66.73			

*Premium rates shown are for the combined group Disabilty Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income Bi-Weekly Premiums - Class 2 - Iowa

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 7/7 days (accident/sickness)

Annual Income	$8,750	$11,000	$13,000	$15,250	$17,500	$19,500	$21,750	$24,000
Weekly Benefit	**$100**	**$125**	**$150**	**$175**	**$200**	**$225**	**$250**	**$275**
Issue Age								
18 - 49	$5.80	$7.25	$8.70	$10.16	$11.60	$13.07	$14.52	$15.96
50 - 59	$7.18	$8.99	$10.79	$12.56	$14.39	$16.17	$17.97	$19.75
60 - 69	$9.12	$11.39	$13.66	$15.95	$18.22	$20.51	$22.78	$25.06
70+	$11.60	$14.52	$17.40	$20.30	$23.19	$26.09	$29.01	$31.89

Annual Income	$26,000	$28,250	$30,500	$32,500	$34,750	$37,000	$39,000	$41,250
Weekly Benefit	**$300**	**$325**	**$350**	**$375**	**$400**	**$425**	**$450**	**$475**
Issue Age								
18 - 49	$17.41	$18.86	$20.30	$21.75	$23.20	$24.66	$26.10	$27.56
50 - 59	$21.56	$23.36	$25.14	$26.97	$28.74	$30.54	$32.35	$34.13
60 - 69	$27.33	$29.61	$31.89	$34.17	$36.44	$38.73	$41.00	$43.29
70+	$34.81	$37.69	$40.60	$43.50	$46.40	$49.29	$52.20	$55.11

Annual Income	$43,500	$45,500	$47,750	$50,000	$52,000	$54,250	$56,500	$58,500
Weekly Benefit	**$500**	**$525**	**$550**	**$575**	**$600**	**$625**	**$650**	**$675**
Issue Age								
18 - 49	$29.02	$30.46	$31.90	$33.36	$34.82	$36.26	$37.70	$39.17
50 - 59	$35.93	$37.72	$39.53	$41.30	$43.12	$44.92	$46.69	$48.51
60 - 69	$45.55	$47.83	$50.11	$52.39	$54.67	$56.95	$59.22	$61.52
70+	$57.99	$60.90	$63.78	$66.71	$69.58	$72.50	$75.38	$78.29

Annual Income	$60,750	$63,000	$65,000	$67,250	$69,500	$71,500	$73,750	$76,000
Weekly Benefit	**$700**	**$725**	**$750**	**$775**	**$800**	**$825**	**$850**	**$875**
Issue Age								
18 - 49	$40.63	$42.07	$43.51	$44.97	$46.43	$47.87	$49.31	$50.78
50 - 59	$50.28	$52.11	$53.91	$55.70	$57.50	$59.28	$61.10	$62.89
60 - 69	$63.78	$66.07	$68.34	$70.63	$72.90	$75.18	$77.46	$79.74
70+	$81.21	$84.09	$86.99	$89.90	$92.80	$95.68	$98.59	$101.50

Annual Income	$78,000	$80,250	$82,500	$84,500	$86,750			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$52.22	$53.68	$55.13	$56.57	$58.01			
50 - 59	$64.67	$66.47	$68.27	$70.06	$71.86			
60 - 69	$82.02	$84.29	$86.56	$88.85	$91.12			
70+	$104.39	$107.30	$110.18	$113.10	$115.98			

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*Premium rates shown are for the combined group Disabilty Income policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Disability Income – Iowa

Forms G H1808/G H1808C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP DISABILITY INCOME INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Elimination Period: This contract has an elimination period. Benefits are not payable during the elimination period.

Foreign Travel and Residency: Up to a maximum of three disability weekly benefits will be paid for any disability continued outside the United States or Canada.

Mental and Nervous Disorders: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Substance Abuse: Total lifetime disability weekly benefit limit for these conditions of 52 weeks if the maximum benefit period is 13 or 26 weeks, or 104 weeks if the maximum benefit period is 52 or 104 weeks.

Pre-existing condition: A pre-existing condition is a physical condition or sickness for which, during the 12 months before the issue date, the Insured Person received medical consultation, diagnosis, advice or treatment from a physician or had taken prescribed medication. Assurity will not pay benefits for a total disability that is caused by a pre-existing condition unless the total disability starts after the certificate has been in force for 12 months from the issue date or for 12 months from the most recent reinstatement date.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment for employees with the existing carrier's coverage. Any employee not covered by the prior policy, including new hires, will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate and no benefits will be payable under the certificate or any attached riders on the earliest of the following: the date the policy terminates; when any premium due for the certificate is not paid before the end of the grace period; the date the Insured Person no longer meets the definition of employee, unless coverage is continued as described in the Continuation of Coverage section; the date the Insured Person's class is no longer eligible; the date Assurity receives written notice to terminate; or upon the Insured Person's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having an injury or sickness covered under Workers' Compensation, Employer's Liability law or similar law;
- having cosmetic surgery or other elective procedures that are not medically necessary;
- operating, learning to operate, or serving as a crew member of any aircraft;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.
- We will not pay benefits during any period in which the insured person is incarcerated in a penal institution or government detention facility.
- We will not pay benefits for disabilities that occur while the insured person is incarcerated in a penal institution or government detention facility.
- Rider forms may contain additional conditions, limitations and exclusions.



Term Life Insurance

for Hand in Hand

Term life insurance is designed as an inexpensive solution to short-term insurance needs. As the name implies, this coverage lasts for a specified period of time, often when a family is most vulnerable to losing income if something happens to the insured.

Key Features

- **Easy-to-understand** life coverage for shorter-term or specific needs
- **Guaranteed, level premium periods**
- **Affordable** coverage through payroll deduction
- Coverage is **available for you, your spouse and children**
- Excellent option to **supplement permanent life benefits**
- Coverage may be **converted to permanent life insurance**
- **Portable coverage**—if you switch jobs or retire you can take your coverage with you, after 30 days of continuous coverage

Know you and your family are protected.

It's easy — sign up today



Group Term Life Benefits - Iowa

Forms G L2307/G L2307C

Provides level benefit, non-participating term life insurance on the employee. Premiums are planned to be level during the selected period, with coverage annually renewable without evidence of insurability to age 95.

Children's Term Rider (Form R G2310C)	Provides level benefit term life insurance to age 26 on the insured employee's children meeting eligibility conditions and listed on the original application or born to or adopted by the insured employee while the policy and this rider are in force. The benefit amount selected during enrollment is 10 percent of the employee's term coverage. Eligible children includes any natural child, stepchild or legally adopted child of the employee who is at least 15 days of age and younger than age 18 on the date of the application for this rider or the date they first become eligible.
Accelerated Death Benefit - Terminal Illness	Provides the option of advancing a portion of the death benefit if the insured is diagnosed with a terminal illness resulting in a significantly reduced life expectancy (typically 12 months or less) as certified by a physician. Eligible proceeds for acceleration do not include any coverage still subject to a contestable period or suicide provision.
Spouse Term Rider (Form R G2309C)	Provides level premium, level benefit term life insurance on the employee's spouse for a 10-year or 20-year period. The benefit amount selected during enrollment is 30 percent of the employee's term coverage. Coverage for spouse terminates at the end of spouse rider term period.

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GROUP TERM LIFE INSURANCE and its rider's availability, benefits and premiums as presented may be subject to approval of Assurity. Some applicants may not be eligible for coverage. Group Term Life Insurance and its riders may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/certificate prevail. For complete benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Term Life Bi-Weekly Premiums - Iowa

Forms G L2307/G L2307C

Guaranteed issue benefit maximum is $150,000 for issue ages 18-60 and $75,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Employee-only, 10-Year Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Employee Age	Under 26	$1.49	$2.98	$4.47	$5.96	$7.45	$8.94
	26-30	$1.62	$3.25	$4.87	$6.50	$8.12	$9.75
	31-35	$2.38	$4.77	$7.15	$9.54	$11.92	$14.31
	36-40	$3.28	$6.56	$9.84	$13.11	$16.39	$19.67
	41-45	$3.91	$7.83	$11.74	$15.65	$19.57	$23.48
	46-50	$5.11	$10.21	$15.32	$20.42	$25.53	$30.63
	51-55	$7.47	$14.94	$22.41	$29.88	$37.35	$44.83
	56-60	$11.10	$22.19	$33.29	$44.38	$55.48	$66.57
	61-65	$17.36	$34.73	$52.09	n/a	n/a	n/a
	66-70	$28.30	$56.59	$84.89	n/a	n/a	n/a

Employee and Spouse, 10-Year Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
Employee Age	Under 26	$2.09	$4.18	$6.27	$8.36	$10.45	$12.54
	26-30	$2.26	$4.54	$6.80	$9.07	$11.34	$13.61
	31-35	$3.31	$6.63	$9.94	$13.26	$16.56	$19.88
	36-40	$4.60	$9.19	$13.79	$18.37	$22.97	$27.56
	41-45	$5.57	$11.15	$16.72	$22.28	$27.86	$33.43
	46-50	$7.34	$14.67	$22.01	$29.34	$36.68	$44.01
	51-55	$10.78	$21.56	$32.34	$43.13	$53.91	$64.70
	56-60	$16.14	$32.27	$48.41	$64.54	$80.68	$96.81
	61-65	$25.33	$50.68	$76.01	n/a	n/a	n/a
	66-70	$41.12	$82.22	$123.34	n/a	n/a	n/a

Employee and Child, 10-Year Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$1.97	$3.93	$5.90	$7.86	$9.83	$11.80
	26-30	$2.10	$4.20	$6.30	$8.40	$10.50	$12.61
	31-35	$2.86	$5.72	$8.58	$11.44	$14.30	$17.17
	36-40	$3.76	$7.51	$11.27	$15.01	$18.77	$22.53
	41-45	$4.39	$8.78	$13.17	$17.55	$21.95	$26.34
	46-50	$5.59	$11.16	$16.75	$22.32	$27.91	$33.49
	51-55	$7.95	$15.89	$23.84	$31.78	$39.73	$47.69
	56-60	$11.58	$23.14	$34.72	$46.28	$57.86	$69.43
	61-65	$17.84	$35.68	$53.52	n/a	n/a	n/a
	66-70	$28.78	$57.54	$86.32	n/a	n/a	n/a

Family, 10-Year Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$2.57	$5.13	$7.70	$10.26	$12.83	$15.40
	26-30	$2.74	$5.49	$8.23	$10.97	$13.72	$16.47
	31-35	$3.79	$7.58	$11.37	$15.16	$18.94	$22.74
	36-40	$5.08	$10.14	$15.22	$20.27	$25.35	$30.42
	41-45	$6.05	$12.10	$18.15	$24.18	$30.24	$36.29
	46-50	$7.82	$15.62	$23.44	$31.24	$39.06	$46.87
	51-55	$11.26	$22.51	$33.77	$45.03	$56.29	$67.56
	56-60	$16.62	$33.22	$49.84	$66.44	$83.06	$99.67
	61-65	$25.81	$51.63	$77.44	n/a	n/a	n/a
	66-70	$41.60	$83.17	$124.77	n/a	n/a	n/a

Fields showing n/a represents combinations of issue age and benefit amount outside allowable issue limits.
*Premium rates shown are for the combined group Term Life Insurance policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Term Life Bi-Weekly Premiums - Iowa

Forms G L2307/G L2307C

Guaranteed issue benefit maximum is $150,000 for issue ages 18-60 and $75,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Employee-only, 10-Year Level Premium, Tobacco

Employee Age	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Under 26	$1.61	$3.21	$4.82	$6.42	$8.03	$9.63
	26-30	$1.92	$3.85	$5.77	$7.69	$9.62	$11.54
	31-35	$2.90	$5.81	$8.71	$11.61	$14.52	$17.42
	36-40	$4.54	$9.08	$13.61	$18.15	$22.69	$27.23
	41-45	$6.52	$13.04	$19.56	$26.08	$32.59	$39.11
	46-50	$9.59	$19.17	$28.76	$38.34	$47.93	$57.52
	51-55	$14.87	$29.75	$44.62	$59.50	$74.37	$89.25
	56-60	$23.84	$47.67	$71.51	$95.34	$119.18	$143.01
	61-65	$38.07	$76.13	$114.20	n/a	n/a	n/a
	66-70	$59.00	$118.00	$176.99	n/a	n/a	n/a

Employee and Spouse, 10-Year Level Premium, Tobacco

Employee Age	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
	Under 26	$2.21	$4.41	$6.62	$8.82	$11.03	$13.23
	26-30	$2.56	$5.14	$7.70	$10.26	$12.84	$15.40
	31-35	$3.83	$7.67	$11.50	$15.33	$19.16	$22.99
	36-40	$5.86	$11.71	$17.56	$23.41	$29.27	$35.12
	41-45	$8.18	$16.36	$24.54	$32.71	$40.88	$49.06
	46-50	$11.82	$23.63	$35.45	$47.26	$59.08	$70.90
	51-55	$18.18	$36.37	$54.55	$72.75	$90.93	$109.12
	56-60	$28.88	$57.75	$86.63	$115.50	$144.38	$173.25
	61-65	$46.04	$92.08	$138.12	n/a	n/a	n/a
	66-70	$71.82	$143.63	$215.44	n/a	n/a	n/a

Employee and Child, 10-Year Level Premium, Tobacco

Employee Age	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
	Under 26	$2.09	$4.16	$6.25	$8.32	$10.41	$12.49
	26-30	$2.40	$4.80	$7.20	$9.59	$12.00	$14.40
	31-35	$3.38	$6.76	$10.14	$13.51	$16.90	$20.28
	36-40	$5.02	$10.03	$15.04	$20.05	$25.07	$30.09
	41-45	$7.00	$13.99	$20.99	$27.98	$34.97	$41.97
	46-50	$10.07	$20.12	$30.19	$40.24	$50.31	$60.38
	51-55	$15.35	$30.70	$46.05	$61.40	$76.75	$92.11
	56-60	$24.32	$48.62	$72.94	$97.24	$121.56	$145.87
	61-65	$38.55	$77.08	$115.63	n/a	n/a	n/a
	66-70	$59.48	$118.95	$178.42	n/a	n/a	n/a

Family, 10-Year Level Premium, Tobacco

Employee Age	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
	Under 26	$2.69	$5.36	$8.05	$10.72	$13.41	$16.09
	26-30	$3.04	$6.09	$9.13	$12.16	$15.22	$18.26
	31-35	$4.31	$8.62	$12.93	$17.23	$21.54	$25.85
	36-40	$6.34	$12.66	$18.99	$25.31	$31.65	$37.98
	41-45	$8.66	$17.31	$25.97	$34.61	$43.26	$51.92
	46-50	$12.30	$24.58	$36.88	$49.16	$61.46	$73.76
	51-55	$18.66	$37.32	$55.98	$74.65	$93.31	$111.98
	56-60	$29.36	$58.70	$88.06	$117.40	$146.76	$176.11
	61-65	$46.52	$93.03	$139.55	n/a	n/a	n/a
	66-70	$72.30	$144.58	$216.87	n/a	n/a	n/a

Fields showing n/a represents combinations of issue age and benefit amount outside allowable issue limits.
*Premium rates shown are for the combined group Term Life Insurance policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Term Life Bi-Weekly Premiums - Iowa

Forms G L2307/G L2307C

Guaranteed issue benefit maximum is $150,000 for issue ages 18-60 and $75,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Employee-only, To-Age-70 Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Employee Age	Under 26	$1.62	$3.23	$4.85	$6.46	$8.08	$9.69
	26-30	$1.88	$3.77	$5.65	$7.54	$9.42	$11.31
	31-35	$2.62	$5.23	$7.85	$10.46	$13.08	$15.69
	36-40	$3.54	$7.08	$10.61	$14.15	$17.69	$21.23
	41-45	$4.38	$8.77	$13.15	$17.54	$21.92	$26.31
	46-50	$5.72	$11.44	$17.16	$22.88	$28.60	$34.33
	51-55	$8.03	$16.06	$24.09	$32.11	$40.14	$48.17
	56-60	$11.31	$22.61	$33.92	$45.23	$56.54	$67.84

Employee and Spouse, To-Age-70 Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
Employee Age	Under 26	$2.23	$4.44	$6.67	$8.88	$11.11	$13.32
	26-30	$2.58	$5.16	$7.74	$10.32	$12.90	$15.48
	31-35	$3.59	$7.17	$10.77	$14.35	$17.94	$21.52
	36-40	$4.90	$9.80	$14.69	$19.60	$24.50	$29.40
	41-45	$6.16	$12.34	$18.50	$24.67	$30.83	$37.01
	46-50	$8.19	$16.39	$24.58	$32.78	$40.97	$49.18
	51-55	$11.75	$23.50	$35.24	$46.98	$58.73	$70.48
	56-60	$17.01	$34.01	$51.02	$68.03	$85.04	$102.04

Employee & Child, To-Age-70 Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$2.10	$4.18	$6.28	$8.36	$10.46	$12.55
	26-30	$2.36	$4.72	$7.08	$9.44	$11.80	$14.17
	31-35	$3.10	$6.18	$9.28	$12.36	$15.46	$18.55
	36-40	$4.02	$8.03	$12.04	$16.05	$20.07	$24.09
	41-45	$4.86	$9.72	$14.58	$19.44	$24.30	$29.17
	46-50	$6.20	$12.39	$18.59	$24.78	$30.98	$37.19
	51-55	$8.51	$17.01	$25.52	$34.01	$42.52	$51.03
	56-60	$11.79	$23.56	$35.35	$47.13	$58.92	$70.70

Family, To-Age-70 Level Premium, Non-Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$2.71	$5.39	$8.10	$10.78	$13.49	$16.18
	26-30	$3.06	$6.11	$9.17	$12.22	$15.28	$18.34
	31-35	$4.07	$8.12	$12.20	$16.25	$20.32	$24.38
	36-40	$5.38	$10.75	$16.12	$21.50	$26.88	$32.26
	41-45	$6.64	$13.29	$19.93	$26.57	$33.21	$39.87
	46-50	$8.67	$17.34	$26.01	$34.68	$43.35	$52.04
	51-55	$12.23	$24.45	$36.67	$48.88	$61.11	$73.34
	56-60	$17.49	$34.96	$52.45	$69.93	$87.42	$104.90

Fields showing n/a represents combinations of issue age and benefit amount outside allowable issue limits.
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Group Term Life Bi-Weekly Premiums - Iowa

Forms G L2307/G L2307C

Guaranteed issue benefit maximum is $150,000 for issue ages 18-60 and $75,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

Employee-only, To-Age-70 Level Premium, Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
Employee Age	Under 26	$1.90	$3.81	$5.71	$7.62	$9.52	$11.42
	26-30	$2.50	$5.00	$7.50	$10.00	$12.50	$15.00
	31-35	$3.66	$7.33	$10.99	$14.65	$18.32	$21.98
	36-40	$5.48	$10.96	$16.44	$21.92	$27.40	$32.88
	41-45	$7.78	$15.56	$23.34	$31.11	$38.89	$46.67
	46-50	$11.12	$22.25	$33.37	$44.50	$55.62	$66.75
	51-55	$16.28	$32.56	$48.83	$65.11	$81.39	$97.67
	56-60	$24.32	$48.63	$72.95	$97.27	$121.58	$145.90

Employee and Spouse, To-Age-70 Level Premium, Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
Employee Age	Under 26	$2.51	$5.02	$7.53	$10.04	$12.55	$15.05
	26-30	$3.20	$6.39	$9.59	$12.78	$15.98	$19.17
	31-35	$4.63	$9.27	$13.91	$18.54	$23.18	$27.81
	36-40	$6.84	$13.68	$20.52	$27.37	$34.21	$41.05
	41-45	$9.56	$19.13	$28.69	$38.24	$47.80	$57.37
	46-50	$13.59	$27.20	$40.79	$54.40	$67.99	$81.60
	51-55	$20.00	$40.00	$59.98	$79.98	$99.98	$119.98
	56-60	$30.02	$60.03	$90.05	$120.07	$150.08	$180.10

Employee and Children, To-Age-70 Level Premium, Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$2.38	$4.76	$7.14	$9.52	$11.90	$14.28
	26-30	$2.98	$5.95	$8.93	$11.90	$14.88	$17.86
	31-35	$4.14	$8.28	$12.42	$16.55	$20.70	$24.84
	36-40	$5.96	$11.91	$17.87	$23.82	$29.78	$35.74
	41-45	$8.26	$16.51	$24.77	$33.01	$41.27	$49.53
	46-50	$11.60	$23.20	$34.80	$46.40	$58.00	$69.61
	51-55	$16.76	$33.51	$50.26	$67.01	$83.77	$100.53
	56-60	$24.80	$49.58	$74.38	$99.17	$123.96	$148.76

Family, To-Age-70 Level Premium, Tobacco

	Emp. Benefit Amt.	$25,000	$50,000	$75,000	$100,000	$125,000	$150,000
	Spouse Benefit Amt.	$7,500	$15,000	$22,500	$30,000	$37,500	$45,000
	Children Benefit Amt.	$2,500	$5,000	$7,500	$10,000	$12,500	$15,000
Employee Age	Under 26	$2.99	$5.97	$8.96	$11.94	$14.93	$17.91
	26-30	$3.68	$7.34	$11.02	$14.68	$18.36	$22.03
	31-35	$5.11	$10.22	$15.34	$20.44	$25.56	$30.67
	36-40	$7.32	$14.63	$21.95	$29.27	$36.59	$43.91
	41-45	$10.04	$20.08	$30.12	$40.14	$50.18	$60.23
	46-50	$14.07	$28.15	$42.22	$56.30	$70.37	$84.46
	51-55	$20.48	$40.95	$61.41	$81.88	$102.36	$122.84
	56-60	$30.50	$60.98	$91.48	$121.97	$152.46	$182.96

Fields showing n/a represents combinations of issue age and benefit amount outside allowable issue limits.
*Premium rates shown are for the combined group Term Life Insurance policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Term Life - Iowa

Form G L2307 / G L2307C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations - Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Suicide - If an Insured Person dies by suicide within two years of the issue date or last reinstatement date, Assurity's liability is limited to a refund of premiums paid for coverage provided for that Insured Person, less any benefits paid under this Certificate or any riders.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Term life insurance coverage will terminate the earliest of the following: the date policy terminates for any reason (portability available); the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the anniversary after the Insured Person's 95th birthday (the expiration date listed on the schedule); the date Assurity receives written notice to terminate unless the notice specifies a later date; or upon the Insured Person's Death. Coverage provided by rider subject to different termination provision – see rider language for details.

We are never more than one call away.

Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST

Email
claimsinfo@assurity.com

Claims
800-869-0355, Ext. 4484

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

Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060

Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

Certified B Corporation

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, New York. Product availability, features and rates may vary by state.

group cancer & specified disease insurance

How it works...

Your health and financial peace of mind are important. You and your loved ones can rest a little easier knowing you have extra financial protection in place when a critical health event occurs. Benefits are paid directly to you, placing you in control at a time when you may feel that your options are limited.

MetLife

4 Benefit Levels to choose from...

Cancer Plan Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Screening and Diagnostic Benefit				
Cancer Screening Benefit	$50/year	$75/year	$100/year	$100/year
Positive Diagnosis Benefit	Up to $300 per calendar year			
First Diagnosis Benefit	$2,500	$5,000	$7,500	$10,000
Daily Hospital Confinement Benefit				
Confinements of 60 days or less	$100/day	$200/day	$300/day	$300/day
Confinements for Covered Children under age 21	$200/day	$400/day	$600/day	$300/day
Extended Benefits/Confinements after 61 days	3 times Daily Benefit			
Optional Hospital Intensive Care Confinement Rider	$325 per day any accident or illness, doubles for cancer			
Monthly Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Expense Benefit				
Radiation/Chemotherapy/Immunotherapy	$2,500 per month	$2,500 per month	$5,000 per month	$5,000 per month
Miscellaneous Diagnostic Charges	Incurred Expenses up to a lifetime maximum of $5,000			
New or Experimental Treatment	Up to $7,500 per year			
Self-Administered Chemotherapy or Immunotherapy Drugs Benefit				
Incurred Expenses	Up to $1,000 per month	Up to $1,000 per month	Up to $1,000 per month	Up to $2,000 per month
Surgical Expense Benefit				
Surgical Benefit	Up to $1,500	Up to $1,500	Up to $3,000	Up to $3,000
Anesthesia Benefit	25% of Surgical Benefit			
Ambulatory Surgical Center	$250 per day			
Second and Third Surgical Opinions	Incurred Expenses			
Medical Imaging and Medication Benefit				
Drugs & Medicines	Up to $25 per day $600 per calendar year			
Anti-Nausea Medication Benefit	Up to $250 per calendar year			
Colony Stimulating Factors	$500 per month	$1,000 per month	$1,000 per month	$1,000 per month
Waiver of Premium	After 60 Days			

POLICY FORM GP-CAN-SB-Gen2 Underwritten by Met Life

Administered By: BAY BRIDGE ADMINISTRATORS

AP-Met-CAN-1/2026

AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MS, NV, NC, OK, PA, SC, SD, TX, WV, UT, WI,

Additional Plan Benefits	
Non-Local Transportation	Common carrier coach fare; or $.50 per mile.
Adult Companion Lodging and Transportation	Up to $75 per day for lodging. .50 cents per mile
Ambulance	Incurred Expenses
Bone Marrow and Stem Cell Transplant	Pays up to a lifetime maximum of $15,000
Donor Bone Marrow and Stem Cell Transplant Benefit	Two(2) times the Hospital Confinement Benefit. Actual billed charges for round trip coach fare; or .50cents per mile. Up to $50 per day for lodging and meals.
Blood, Plasma and Platelets (Inpatient or Out-patient)	$200/day
Attending Physician's Benefit	Up to $35/per day
Private Duty Nursing Benefit (Inpatient & Out-patient)	Up to $100 per day
National Cancer Institute-Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit	$750 for evaluation lifetime. $350 for Transportation and Lodging lifetime.
Breast Prosthesis (Surgically Implanted)	Incurred Expenses
Artificial Limb or Prosthesis (Non Surgically Implanted)	Up to $1,500 lifetime max
Physical Therapy or Speech Therapy	Up to $35 per session
Hospice Care	$50 per day no lifetime maximum
Hairpiece	Lifetime maximum $150
Rental or Purchase of Durable Goods	Pays up to $1,500 per calendar year
Extended Care Facility	$50 per day equal to days of confinement
At Home Nursing	$100 per day equal to days of confinement
Extended Care Facility	$50 per day no lifetime maximum
Government or Charity Hospital	$200 per day no lifetime maximum

Covered Specified Diseases

- Addison's Disease,
- Amyotrophic Lateral Sclerosis,
- Cystic Fibrosis,
- Diphtheria,
- Encephalitis,
- Epilepsy,
- Hansen's Disease,
- Legionnaire's Disease,
- Lupus Erythematosus,
- Lyme Disease,
- Malaria,
- Meningitis (epidemic cerebrospinal),
- Multiple Sclerosis,
- Muscular Dystrophy,
- Myasthenia Gravis,
- Niemann-Pick Disease,
- Osteomyelitis,
- Polomyelitis,
- Rabies,
- Reye's Syndrome,
- Rheumatic Fever,
- Rocky Mountain Spotted Fever,
- Scarlet Fever,
- Sickle Cell Anemia,
- Tay-Sachs Disease,
- Tetanus,
- Toxic Epidermal Necrolysis,
- Tuberculosis,
- Tularemia,
- Typhoid Fever,
- Undulant Fever,
- Whipple's Disease

POLICY FORM GP-CAN-SB-Gen2 Underwritten by Met Life

AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MS, NV, NC, OK, PA, SC, SD, TX, WV, UT, WI,

BAY BRIDGE ADMINISTRATORS

Administered By: BAY BRIDGE ADMINISTRATORS P.O. Box 161690 Austin, Texas 7887 800 845-7519

AP-Met-CAN-1/2026

Optional Hospital Intensive Care Insurance Rider Form Number M-BBR01-TN

In Consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

$300 per day. ICU benefit doubles for cancer treatment. It is reduced by one-half at age 75.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include treatment units such as private or semi-private rooms; private monitored rooms; observation units' or surgical recovery units

Exceptions and Other Limitations

This benefit does not cover ICU or Step Down Unit confinements which occur during a Period of Confinement that began before the Certificate Effective Date. We will not pay benefits under the Intensive Care Unit Benefit Rider for a Period of Confinement for a Covered Person's confinement caused or contributed to by:

- An intentionally self-inflicted injury or suicide attempt.
- The Covered Person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a Physician and taken according to the Physician's advice. The term "intoxicated "refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident, or the cause of the loss or losses occurred.

POLICY FORM M-BBR01 Underwritten by Manhattan Life Assurance Company of America

Base Plan Bi-weekly Rates Includes $325 ICU				
	Plan 1	Plan 2	Plan3	Plan 4
Employee	$11.13	$14.71	$19.77	$21.57
Employee/Spouse	$23.06	$30.54	$41.09	$44.85
Employee/Child(ren)	$14.25	$18.80	$25.08	$27.18
Family	$26.18	$34.63	$46.40	$50.46

AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MS, NV, NC, OK, PA, SC, SD, TX, WV, UT, WI,

This is not a Medicare supplemental policy.

If you are eligible for Medicare, see the Medicare supplement buyer's guide available from the company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application.

AR, AZ, IL, IN, KS, MT, NC, NE, OK, SC, TN, Ut, WI, WY

BAY BRIDGE ADMINISTRATORS

Administered By: BAY BRIDGE ADMINISTRATORS P.O. Box 161690 Austin, Texas 7887 800 845-7519

AP-Met-CAN-1/2026

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease, Subject to the Pre-Existing Condition Limitation and while this Certificate has remained in force.

Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. The date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. The premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
4. Any premium due date, if premium remains unpaid by the end of the grace period.
5. The date the Policyholder no longer meets participation requirements.

Portability

On the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

A. The Named Insured; or

B. Any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;

C. Any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or

D. A newborn child (as described in the Eligibility Section).

Child (Children) means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption who is not yet age 26.

POLICY FORM GP-CAN-SB-Gen2 Underwritten by Met Life

AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MS, NV, NC, OK, PA, SC, SD, TX, WV, UT, WI,

This sales brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy and certificate alone. This is not a Medicare supplemental policy.

If you are eligible for Medicare, see the Medicare supplement buyer's guide available from the company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact:

Administered By: BAY BRIDGE ADMINISTRATORS P.O. Box 161690 Austin, Texas 7887 800 845-7519

BAY BRIDGE ADMINISTRATORS

Supplemental Insurance Services

Claims Assistant: claims@supinsurance.com

General Information: Kelly Bartels, Cole Pape,

Dane Pape

Please contact us for all your Assurity and MetLife Insurance needs. We will be happy to assist you with claims, service requests, general questions, etc. Our contact information is as follows:

115 East Platt Street
Maquoketa, IA 52060
Phone: (563) 652-6813
Fax: (563) 652-9736
supins@supinsurance.com

Assurity

1-800 869-0355
Ext 4484

MetLife/Bay Bridge

1-800-845-7519
1-512-275-9350 fax



Assurity®

Submit Claims Online

Using MyAssurity

With just a few clicks, you can now submit any new supplemental health insurance or wellness benefit claim at MyAssurity.com – and get your benefit payment **in as little as two days.**[1]

To use MyAssurity.com, you'll need to create an account using a valid email address, your Social Security number and the certificate/policy number on your insurance contract. Afterward, you can upload an additional information and set up direct deposit on your benefit payment.[2]

How it Works

1. Login or register on MyAssurity.com.
2. Select "Claims" from the menu bar, choose the product and policy number, select "Start."
3. Provide information about the claim - provider, date of service, details, etc.
4. Select how you would like to be paid.
5. Sign and submit the claim form.

Need help filing your claim? Give us a call.

800.869.0355 Ext. 4484
claimsinfo@assurity.com

1. Once all required information needed to process the claim has been received by Assurity.

2. Assurity allows benefit payments to be direct deposited to your bank account with proper verification.

NOT AVAILABLE IN NEW YORK.
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. Product availability, features and rates may vary by state.

15-1000-000003-20 (Rev. 11/24)

BAY BRIDGE ADMINISTRATORS

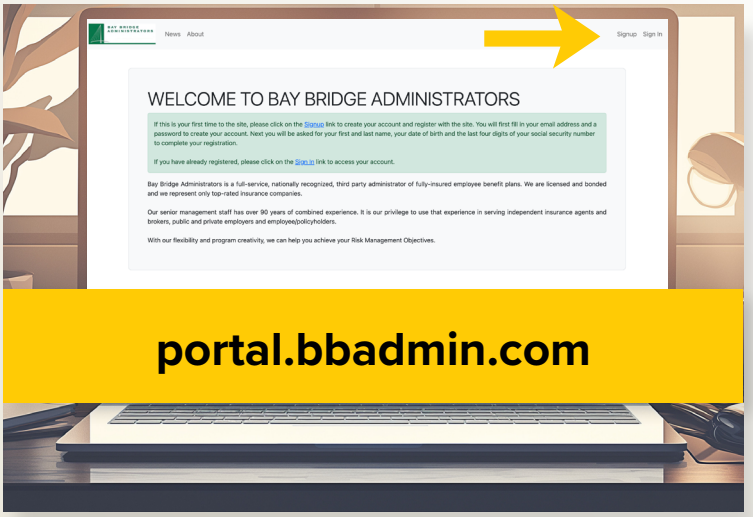
**BUILDING SOLUTIONS,
BRIDGING THE GAP,
AND EXCEEDING EXPECTATIONS.**

EMPLOYEE BENEFITS PORTAL

MANAGE YOUR BENEFITS ONLINE

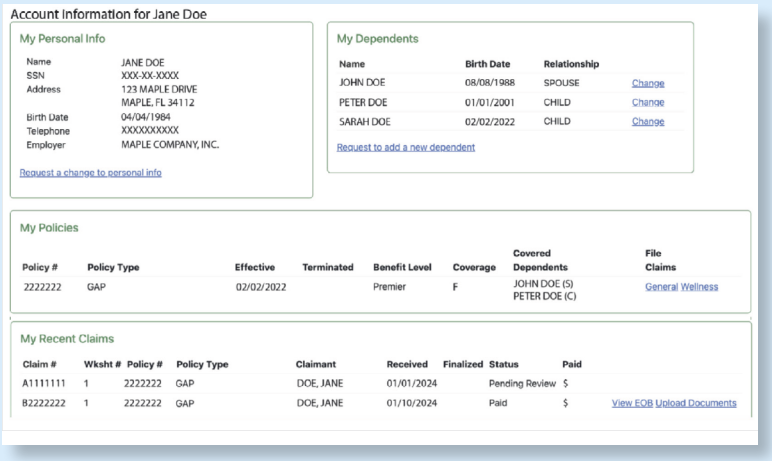
The Employee Benefits Portal from Bay Bridge Administrators, provides secure, continuous access to benefit information and tools designed for your insurance needs. Start by visiting **portal.bbadmin.com** and clicking on the **Sign up** tab.

Registration is fast and simple.



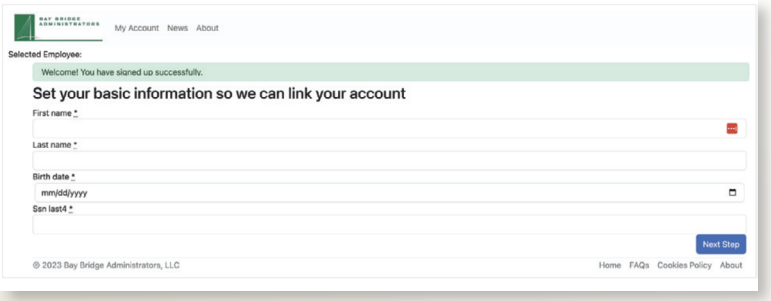
NOW YOU CAN

- Manage your benefits in one place.
- Change personal information.
- View and print digital ID cards.
- View your policy documents.
- Submit claims and upload claim documentation.



REGISTER NEW ACCOUNTS IN 3 EASY STEPS!

1. Log on to **portal.bbadmin.com** and click **SIGN UP**.
2. Enter your desired login email and password.
3. Enter your basic info and your account will be linked.



VIEW YOUR BENEFITS & POLICY DOCUMENTS

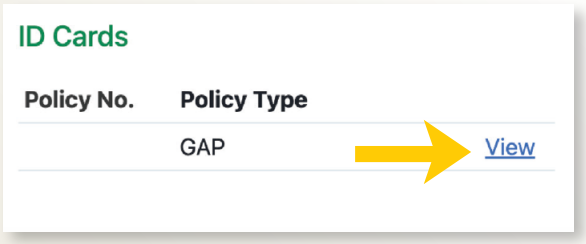
At the top of your Dashboard, you'll find **My Personal Information** and **My Dependent**. Here, you have instant access to your BBA insurance details, including:

- Policy documents
- Effective date(s) of coverage
- Covered dependents
- Status of coverage



VIEW & PRINT ID CARDS

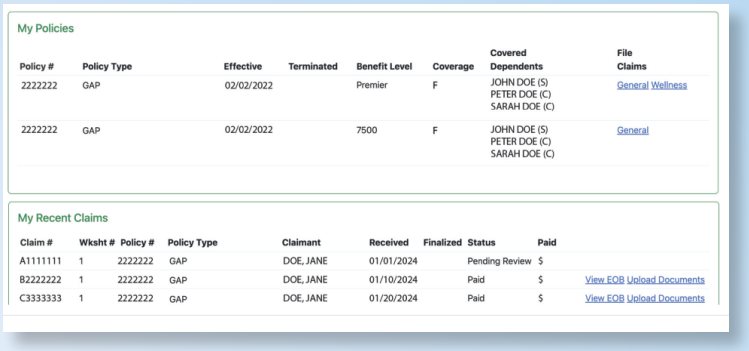
At the bottom of the page, you'll find access to your **ID Cards**. You can download and print your ID Cards by clicking on **View** next to the product name. ID Cards will download as a PDF document, if available.



MANAGE YOUR CLAIMS

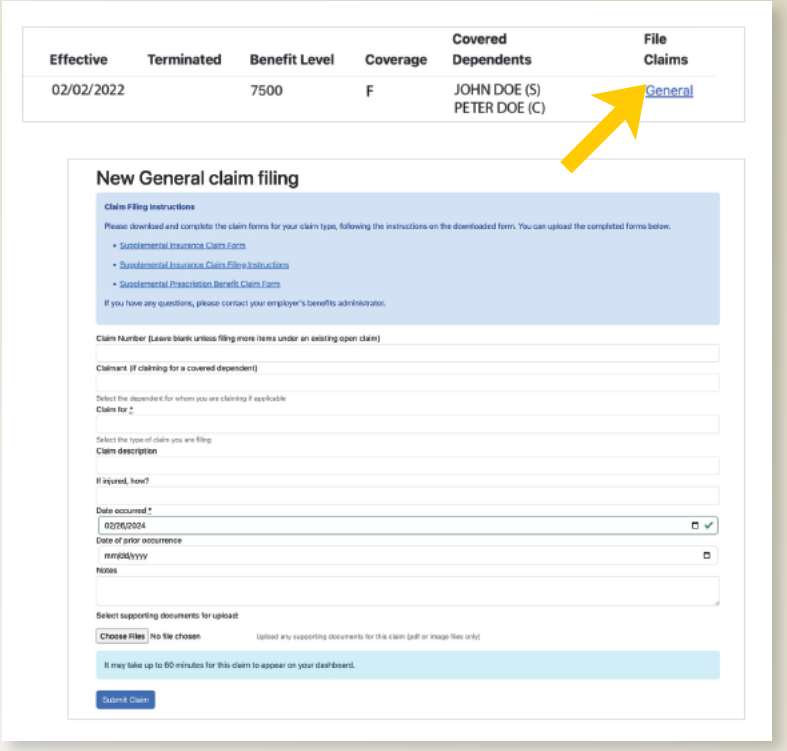
Below your information you'll find **My Policies** and **My Recent Claims**. Select your policy and directly file a claim and upload the necessary documents. Under the **My Recent Claims** portion of your dashboard, you are able to view:

- Claims status
- Uploaded claim documents
- Claim number and link to your Explanation of Benefits (EOB)
- Amount Paid



HOW TO FILE A CLAIM ONLINE

1. Under **My Policies** select the **General** link next to your products name.
2. Use the portal to submit a new claim or to submit additional documents for an on-going claim. Use the drop-down menu to select the claimant. Select the product applicable to your claim submission. Include the claim number if it is an ongoing claim or leave blank for a new claim. Add a date and a brief description of your claim.
3. Press **Submit Claim** and a confirmation Page will appear. Your new submission will appear under My Recent claims within 60 minutes.



CONTACT US

1-800-845-7519
portalsupport@bbadmin.com
M-F 9 AM - 6 PM EST

BAY BRIDGE ADMINISTRATORS