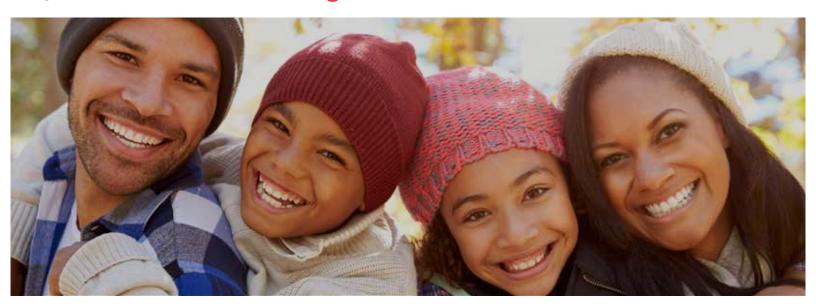
VOLUNTARY BENEFIT OPTIONS FOR DON HUMMER TRUCKING





Your Benefits Package



Don Hummer Trucking and Assurity have teamed up to bring employees a competitive benefits package that provides valuable health coverage benefits through a voluntary group insurance policy which helps you to protect you and your loved ones. This plan incorporates the following valuable insurance policies:

- Group Accident Expense
- Group Critical Illness

This package encompasses many important benefits which may include a Wellness Benefit Rider or Health Screening Rider which pays \$50 when a charge is incurred by an insured for any of a number of common medical tests or procedures.

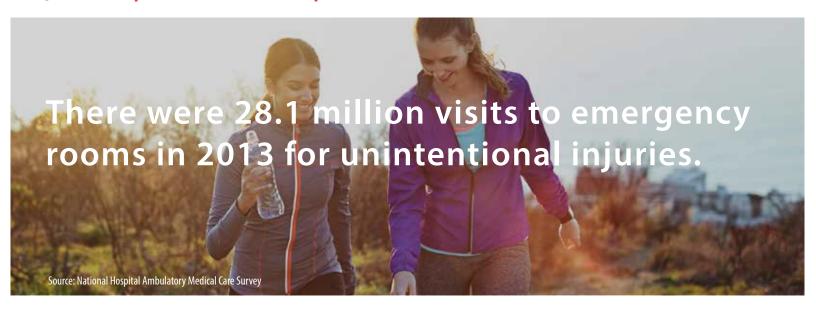
The Value of Benefits at Work:

- Group rates help make health care more affordable
- Easy to enroll and pay through paycheck deduction
- You can trust your employer has done the hard work in researching the best insurance options to fit your needs

Why Assurity?

Assurity has long lived our mission of helping people through difficult times for more than 125 years. We are a mutual organization owned by our policyholders and our unrelenting commitment to financial strength and stability has consistently earned us excellent industry ratings. Assurity is the first major life and specialty health insurer to become a Certified B Corporation®, demonstrating we meet rigorous standards of social and environmental responsibility.

Group Accident Expense



Why Accident Expense?

We've all been there. An accident occurs, you end up in the emergency room and get slapped with a huge out-of-pocket bill. Assurity offers you peace of mind through affordable accident protection for employees and their families, paying you cash for those unexpected, out-of-pocket costs. What's more, it's portable – this plan can be kept in force even if you leave your employer if premiums continue to be paid.

Advantages of Group Accident Expense:

- Covers most types of accidents from a burn to an accidental death
- One-day cash pay out
- Provides financial security for those unexpected moments

Benefits:

- Pays a fixed cash benefit for an insured's covered medical treatments from an accident
- The benefits are paid regardless of any other insurance coverage
- The affordable protection may be extended to cover an employee's spouse and children

How it works*:

1.

Your insured child is playing in a tree house. He falls and suffers a severe laceration and skull fracture.

2

After being taken to the ER by ambulance, a CT scan is performed. He receives 15 stitches to close the wound.

3.

He undergoes follow up treatment and you submit a claim to Assurity to receive your benefits. 4

Assurity sends <u>you</u> a check based on the conditions and riders listed on your policy.

Payable to: POLICYHOLDER

^{*}The above example is based on a scenario for Group Accident Expense. Policy form No. G H1708/G H1708C. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.

Group Accident Expense Benefits:

| Group Accident Expense benefits. | |
|---|--|
| Emergency Care Payable within 60 days of accident unless otherwise noted | Benefit |
| Initial Accident Treatment One physician's office, urgent care or ER 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 visit \$100 Urgent Care \$200 ER |
| Telemedicine Treatment | \$40 |
| Ambulance Transport to/from hospital(s) | \$200 ground \$600 air |
| Additional benefits for: X-Rays and Diagnostic Exams, Blood, Plasma or Platelets and ER Observation | See schedule for specific benefit conditions and amounts |
| Supportive Care Payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury Payable within 180 days of accident unless otherwise noted | Benefit |
| Follow-Up Treatment (Used with Initial Accident Treatment) paid twice per accident | \$100 |
| Physical, Occupational or Speech Therapy Paid up to six times per accident | \$60 |
| Transportation More than 50 miles from home, paid three times per accident | \$200 ground \$500 air |
| Lodging More than 100 miles from home | \$200 |
| Chiropractic/Acupuncture Treatment Paid up to six times/accident | \$60 |
| Epidural Pain Management | \$100 |
| Additional benefits for: Prescriptions, Supplies, Appliances, Prosthetic Devices, Residence/Vehicle Modification | See schedule for specific benefit conditions and amounts |
| Specific Injury Care | Benefit |
| Burns Benefit varies by degree of burn and percentage of body affected; within 30 days | \$1,000 |
| Child Organized Sport Benefit if injury is sustained while participating in an organized sport; within 60 days | 10% |
| Concussion Not payable if traumatic brain injury benefit is paid; within 30 days | \$50 |
| Dental Emergency Within 60 days | \$200 - crown \$60 - extraction |
| Dislocation Treated by physician; within 180 days (see schedule for multiplier) | \$4,000 Open reduction \$2,000 Closed reduction |
| Fracture X-Ray visible; requires correction; reduced benefit for bone chip; within 60 days (see schedule for multiplier) | \$4,000 Open reduction \$2,000 Closed reduction |
| Lacerations Payable percent of benefit shown varies by length of laceration; within 30 days | \$100 |
| Additional benefits for: Skin graft from burns, Coma, Ear or Eye injury, Traumatic Brain Injury Gunshot wound, Occupational HIV, Paralysis, Poisoning, Post-Traumatic Stress Disorder | See schedule for specific benefit conditions and amounts |

This table provides an abbreviated explanation of the policy's benefits, limitations and exclusions. The accidental conditions have specific qualifying periods and other provisions, please contact your agent or Assurity to review the policy for more information.

Group Accident Expense Benefits:

| Hospital Care Daily benefits and payable within 180 days of accident unless otherwise noted | Tier 1 Benefit | | |
|---|--|--|--|
| Hospital Admission Paid once per calendar year | \$1,000 | | |
| Hospital Confinement Per day up to 365 days. Not paid concurrent with ICU, Sub-Acute ICU and Rehab Unit | \$200 | | |
| Intensive Care Per day up to 30 days. Not paid concurrent with Confinement, Sub-Acute ICU and Rehab Unit | \$400 | | |
| Hospital Confinement - Child Care Pays child care while insured is hospitalized, up to 30 days. | \$40 | | |
| Additional benefits for: Sub-Acute Intensive Care, Rehabilitation Unit | See schedule for specific benefit conditions and amounts | | |
| Surgical Care Payable within 180 days of accident unless otherwise noted | Tier 1 Benefit | | |
| Open Abdominal, Thoracic or Cranial Surgery Internal Injury Repair. Within 180 days of accident. | \$2,000 | | |
| Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Must be repaired or Exploratory Surgery benefit is payable. | \$1,000 | | |
| Ruptured Disc Surgery | \$1,000 | | |
| Anesthesia (general) | \$200 | | |
| Additional benefits for: Hernia Surgery, Exploratory Surgery, Misc. Outpatient Surgery | See schedule for specific benefit conditions and amounts | | |
| Preventive Care | Tier 1 Benefit | | |
| Wellness Benefits Pays a benefit for many common health procedures like blood screening for triglycerides or cholesterol, annual check-up, routine eye exam, immunization and more. | \$50 | | |
| Accidental Death and Dismemberment Rider Payable within 180 days of accident unless otherwise noted Form R G1712C | Tier 1 Benefit | | |
| Accidental Death 50% for spouse/25% for child; not payable with Accidental Death-Common Carrier | \$40,000 | | |
| Accidental Death - Seatbelt Additional benefit if seatbelt in use; 50% for spouse/25% for child | \$10,000 | | |
| Accidental Death - Common Carrier Fare-paying passenger on common carrier; 50% for spouse/25% for child | \$100,000 | | |
| Accidental Death - Children Education Benefit for children enrolled in post-secondary educational institution; one per accidental death, \per qualifying dependent child | \$1,000 | | |
| Accidental Dismemberment Percent of benefit varies by body part; 50% for spouse/25% for child | \$40,000 | | |

This table provides an abbreviated explanation of the policy's benefits, limitations and exclusions. The accidental conditions have specific qualifying periods and other provisions, please contact your agent or Assurity to review the policy for more information.

Group Accident Expense Weekly Rates (24-hour Coverage):

| Coverage | Rate |
|-----------------------|---------|
| Employee | \$3.37 |
| Employee and Spouse | \$5.84 |
| Employee and Children | \$6.92 |
| Family | \$10.24 |

Group Accident Expense insurance provides limited benefit coverage and 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 prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Circular 230 Disclosure: Any U.S. tax information contained in this communication is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party any matters addressed herein.

Policy/Certificate Form Nos. G H1708 and G H1708C underwritten by Assurity Life Insurance Company, Lincoln, NE.

Group Critical Illness



Why Critical Illness?

It's something you never want to imagine – you or a loved one being diagnosed with cancer or suddenly experiencing a heart attack or stroke. However, now you can feel protected by a policy that reduces the financial burden of a major illness by paying money directly to you, so that you can focus on more important things – like getting well.

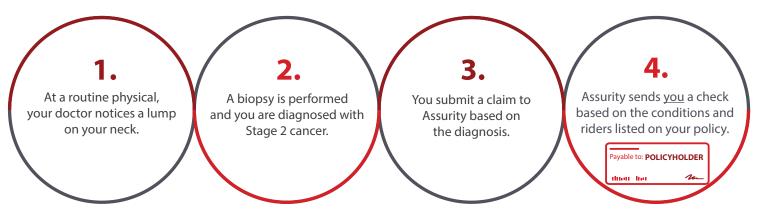
Advantages of Group Critical Illness:

- Affordable insurance coverage that reduces the financial impact of a major illness
- Should two critical illnesses occur at least 180 days apart, you are paid twice
- May use the money as you choose (pay your medical bills, clear up debt or take time off from work)

Benefits:

- Lump-sum payment to primary insured (employee) at diagnosis of covered illness or procedure
- Reoccurrence Diagnosis Benefit means a recurring critical illnesses pays the same benefit as the initial occurrence (occurrences must be separated by 12 months, treatment-free if relative to cancer)
- Automatic inclusion of Additional Critical Illness Rider adds an additional 14 serious medical conditions that qualify for benefit payment

How it works*:



Group Critical Illness Benefits

Group Critical Illness insurance includes the benefits listed in the schedule below for a covered critical illness or procedure. Diagnosis must be made or procedure performed by a physician. Other conditions for payment are detailed in the policy or rider certificate. The table below shows the percentage of the benefit amount applicable to each critical illness.

| Base Policy/Certificate | Benefit |
|---|---------|
| Heart Attack | 100% |
| Stroke | 100% |
| Invasive Cancer (30-day waiting period) | 100% |
| Coronary Bypass Surgery | 25% |
| Non-Invasive Cancer (30-day waiting period) | 25% |
| Skin Cancer (30-day waiting period) | \$250 |
| Kidney (Renal) Failure | 100% |
| Major Organ Transplant | 100% |
| Advanced Alzheimer's Disease | 100% |
| Additional CI Rider | Benefit |
| Coma | 100% |
| Paralysis | 100% |
| Loss of Sight | 100% |
| Loss of Speech | 100% |
| Loss of Hearing | 100% |
| Advanced Parkinson's Disease | 100% |
| Benign Brain Tumor | 100% |
| Occupational HIV | 100% |

Spouse benefit amounts are 50% of the employee benefit. Dependent children/grandchildren benefit amounts are 25% of the employee benefit.

Group Critical Illness Riders:

Health Screening Benefit Rider \$50 benefit once each calendar year, per insured person. Covers health screening tests including: Pap smear, PSA, mammography, chest x-ray, cholesterol screening, colonoscopy and others. (Consult rider for complete list.)

Group Critical Illness Weekly Rates:

| Employee or Employee/Child(ren) | | | | | | | |
|---------------------------------|---------------------------|---------|-----------------|----------|--|--|--|
| Unismoke | | \$5,000 | \$10,000 | \$20,000 | | | |
| Issue Ages | 18-24 | \$0.59 | \$0.92 | \$1.58 | | | |
| | 25-29 | \$0.77 | \$1.22 | \$2.11 | | | |
| | 30-34 \$0.98 | | \$1.60 | \$2.82 | | | |
| | 35-39 | \$1.40 | \$2.30 | \$4.10 | | | |
| | 40-44 \$1.88 | | \$3.13 | \$5.60 | | | |
| | 45-49 | \$2.51 | \$4.30 | \$7.88 | | | |
| | 50-54 | \$3.44 | \$6.06 | \$11.28 | | | |
| | 55-59 | \$4.62 | \$8.38 | \$15.88 | | | |
| | 60-64 | \$5.80 | \$10.76 | \$20.74 | | | |
| | 65-69 | \$7.48 | \$14.17 | \$27.57 | | | |
| | 70+ | \$10.88 | 88 \$20.91 \$41 | | | | |
| Employee | Employee/Spouse or Family | | | | | | |
| | Spouse of | · · | ÷10.000 | †20.000 | | | |
| Unismoke | T | \$5,000 | \$10,000 | \$20,000 | | | |
| Issue Ages | 18-24 | \$0.98 | \$1.46 | \$2.43 | | | |
| | 25-29 | \$1.28 | \$1.93 | \$3.24 | | | |
| | 30-34 | \$1.61 | \$2.51 | \$4.32 | | | |
| | 35-39 | \$2.32 | \$3.65 | \$6.31 | | | |
| | 40-44 | \$3.11 | \$4.96 | \$8.63 | | | |
| | 45-49 | \$4.10 | \$6.77 | \$12.10 | | | |
| | 50-54 | \$5.54 | \$9.46 | \$17.29 | | | |
| | 55-59 | \$7.35 | \$12.97 | \$24.22 | | | |
| | 60-64 | \$9.11 | \$16.58 | \$31.52 | | | |
| | 65-69 | \$11.60 | \$21.65 | \$41.75 | | | |
| | 70+ | \$16.74 | \$31.82 | \$61.96 | | | |

Spouse benefit amounts are 50% of the employee benefit. Dependent children/grandchildren benefit amounts are 25% of the employee benefit.

Group Critical Illness insurance provides limited benefit coverage, is not a substitute for major medical insurance, and 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 benefits descriptions and conditions, see the policy/certificate. This is a limited-benefit policy, not a substitute for health insurance and may not be appropriate for Medicaid recipients.

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Policy Form No. G H1715/G H1715C, and Rider Form No. R G1720C Health Screening Rider; underwritten by Assurity Life Insurance Company of Lincoln, Neb. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your insurance professional, Assurity or ask to review the policy for more information.

Group Accident Expense Limitations, Conditions and Exclusions

Group Accident Expense provides limited benefit coverage.

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.

Renewal - The group master policy is cancelable with 61 days' notice; certificates under a master policy are annually renewable for life provided the master policy has not been cancelled and the certificate has not been terminated in accordance with any contract provision. The renewability of coverage under a certificate of an active master policy applies to only those insured persons listed on the certificate for whom coverage has not already terminated for any contractual or other reason and who continue to meet the definition of eligible persons insured

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.

Exclusion -

Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, infection, 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 this 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;
- being incarcerated in a penal institution or government detention facility;
- participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- 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.

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Group Critical Illness Limitations, Conditions and Exclusions

Group Critical Illness provides limited benefit coverage.

Actively Employed and Active Employment - The primary insured person (employee) must be working at least the number of hours required for benefit eligibility as shown on the policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered actively employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered actively employed.

Right to Examine - The primary insured person (employee) may cancel the certificate within 30 days of receiving it by returning the certificate to Assurity's administrative office. As soon as this certificate is received by Assurity, it is treated as if it was never issued. Premium payment will be refunded when Assurity receives the certificate.

Right to Cancel - After the 30-day period specified in the Right to Examine section, the primary insured person (employee) may cancel the certificate by notifying Assurity in writing that they wish to do so. The certificate will be canceled effective as of the end of the period for which premiums have been paid unless notice specifies a later date. Cancellation of the certificate will be without prejudice to any claim made prior to termination.

Renewal - Coverage will terminate and no benefits will be payable under the policy, any certificate or any attached riders when either the policyholder or Assurity cancels this policy upon giving at least 61 days' written notice to the other. Assurity will not cancel the policy prior to the end of the first year following the policy effective date.

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 primary insured person (employee) no longer meets the definition of employee, unless coverage is continued as described in the Portability section; the date the primary insured's class is no longer eligible; the date Assurity receives from the employee or the policyholder written notice to terminate this certificate unless the notice specifies a later date; or upon the primary insured person's death.

Pre-existing Conditions - A sickness or physical condition for which, during the 12 months before the issue date, an insured person received medical consultation, diagnosis, advice or treatment from a physician or had taken prescribed medication.

Elimination Period - The 180 consecutive days an insured person must be unable to perform two or more activities of daily living. The elimination period begins after the waiting period.

Waiting Period - The 30 days following the certificate issue date or ten days following the certificate last reinstatement date.

Portability - Coverage may continue when the primary insured person (employee) is no longer an employee of an eligible class and coverage would otherwise end. The certificate must be in force for at least six consecutive months before coverage terminates. A written request and first premium payment for the portable coverage must be received by Assurity within 90 days of the certificate termination date.

Exclusions - Assurity will not pay benefits for conditions that are caused by or are the result of any insured person: being exposed to war or any act of war, declared or undeclared; actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days; being addicted to drugs or suffering from alcoholism; being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured person by a physician); committing or attempting to commit a felony; being incarcerated in a penal institution or government detention facility; engaging in an illegal occupation; intentionally self-inflicting an injury; or committing or attempting to commit suicide, while sane or insane.

Group Critical Illness insurance is not a substitute for major medical insurance, and 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 benefits descriptions and conditions, see the policy/certificate. Group Critical Illness insurance may not be appropriate for Medicaid recipients.

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A company you can count on . . .

Assurity has long lived our mission of helping people through difficult times, with a heritage dating back to 1890. As a mutual organization owned by our policyholders, we provide life insurance, disability and critical illness insurance, and voluntary employee benefits through independent brokers nationwide. Our unrelenting commitment to financial strength and stability has consistently earned us excellent industry ratings. Assurity is a certified B Corporation, demonstrating we meet rigorous standards of social and environmental responsibility.

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, 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.



ASSURITY®LIFE INSURANCE COMPANY

Post Office Box 82533, Lincoln, NE 68501-2533 (402)476-6500 • (866) 289-7337 • www.assurity.com

GROUP PARTICIPANT ENROLLMENT FORM

PLEASE PRINT WITH BLACK INK

| | Group Name Don H | lummer Trucl | king | Loca | tion | | Requested Issue Date | (MM/DD/YYYY) |
|-----------------------------|---------------------------------------|------------------|---------|---------------------------|---------------|-----------------------------|----------------------------|------------------|
| A. Participant Informat | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | First, Middle, Last | | | | | | <i>(I</i> Date of Birth | MM/DD/YYYY) |
| | Street Address | City | | Sta | ate | ZIP+4 | | |
| Address | | | | | | | | |
| Applicant's Email | | | | | | | Personal | |
| Address | | | | | | | Phone Number (|) |
| ☐ Male ☐ Female | Social Security No. | T | | Birth State | e/Country | | | |
| Date of Employment | (MM/DD/YYYY) I I | Hours per weel | k | | | Annual | Salary \$ | |
| | | | | .1.1. (| . (() (| l e | | l v |
| If YES, please explain | e you been working less than 2 | u nours per week | or un | able to perform any | y of the duti | es of your prin | nary occupation? L | Yes No |
| During the past 12 mon | ths, has any Proposed Insure | d used any form | of tob | nacco or nicotine-h | ased nrodi | icts or | Applicant | ☐ Yes ☐ No |
| substitutes such as patc | | d doed any lonn | OI LOD | acco of fileotifie-b | aseu prout | 1013 01 | Spouse | ☐ Yes ☐ No |
| odbolitatoo odon do pato | First, Middle, Last | | | | | | | MM/DD/YYYY) |
| Spouse's Legal Name | .,, | | | | | | Date of Birth | 1 1 |
| opodoo o Logar Hamo | | | | | | | Bato of Birti | , , |
| ☐ Male ☐ Female | Social Security No. | | | Birth State | e/Country | | | |
| CHILD INFORMATION: | If additional space is neede | ed, please attac | h a se | eparate sheet of p | oaper. | | | |
| Child's First, Mi | ddle, Last | | | Ī | | | (1 | MM/DD/YYYY) |
| Legal Name | | | | | | ☐ Female | Date of Birth | 1 1 |
| | ddle, Last | | | | | | (1 | MM/DD/YYYY) |
| Legal Name | | | | | ☐ Male | ☐ Female | Date of Birth | 1 1 |
| Child's First, Middle, Last | | | | | | · · | MM/DD/YYYY) | |
| Legal Name | | | | | ☐ Male | ☐ Female | Date of Birth | <i>l l</i> |
| Office | ddle, Last | | | | | | · · | MM/DD/YYYY) |
| Legal Name | | | | | ☐ Male | ☐ Female | Date of Birth | <i>1 1</i> |
| | ection—Completion of a Stat | | | | | m may be red | quired for coverage to | be approved. |
| Note: Coverage not el | ected will be considered ref | used even if no | t spec | cifically declined | | | | |
| Accident Expense | ☐ Yes ☐ No | | | Applicant Only | Applicant/0 | Child Appl | icant/Spouse 🗌 Fam | ily |
| Critical Illness | ☐ Yes ☐ No | | | Applicant Only | Applicant/0 | Child Appl | icant/Spouse 🗌 Fam | ily |
| | Applicant Benefit: | | | | | | | |
| | | | | | | | | |
| | \$ | | | | | | | |
| C. Beneficiaries—Unle | ess shown differently below, s | urvivors share e | qually. | · | e is needed | d, attach a se _l | parate sheet of paper. | |
| Legal Name | (First, Middle, Last) | Relationsh | ip | P=Primary C=Contingent | Date | e of Birth | Social Security No. | Share % |
| | | | | | | | | |
| | | | | | , | 1 | | |
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| b. Octanoanon and Admonization |
|--|
| I certify that the statements and answers provided in this enrollment form were made by me, are complete and true, and have been correctly and fully recorded. I agree that this enrollment form constitutes my application and shall form a part of the certificate if attached thereto. My statements and answers are offered as an inducement to grant insurance, and I understand that Assurity may use misstatements or misrepresentations in the application to contest the validity of any coverage provided. I further understand that the insurance applied for shall be in force as of the certificate issue date shown on the certificate schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the certificate are pre-paid premiums and will be applied to coverage beginning on the issue date. If the certificate is not issued, Assurity will refund any premium deductions it receives. I further authorize my employer to deduct from my salary or wages the necessary premium for the coverage(s) requested (including dependents' coverage). |
| Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by |

on

state law.

Signature of Primary Proposed Insured