Assurity®

Voluntary Benefit Options

for Dodge County



- Accident Expense
- Critical Illness
- Hospital Indemnity
- Disability Income

ADVANTAGE GROUP GA LLC

246412



Group Accident Expense Insurance

for Dodge County

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 - Off-the-Job - Wisconsin

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is Off-the-Job. 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.

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
Telemedicine Treatment	**$40**
Ambulance Transport to or from hospital; pays one of the following	**$200** - Ground **$600** - Air
X-Rays After Initial Accident Treatment	**$200**
Diagnostic Exams CT, CAT, MRI or EEG; after Initial Accident Treatment	**$100**
Blood, Plasma or Platelets Processing or transfusion; after Initial Accident Treatment	**$600**
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	

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**
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	**$60**
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	**$60**
Epidural Pain Management*	**$100**
Prescription Medication* Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	**$10**
Medical Supplies* Over-the-counter; once per accident; up to three per calendar year	**$10**
Appliances* Rented or purchased, such as crutches or wheelchair	**$250**
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	**$1,000** - One devise **$2,000** - Mult. devices
Residence/Vehicle Modification	**$1,000**
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	**$200** - Ground **$500** - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	**$200** per day

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

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Group Accident Expense Benefits - Off-the-Job - Wisconsin

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.

Burns Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected. **Burns — Skin Graft** - Pays 50 percent of the burn benefit.	**$1,000**
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
Coma Not medically induced or the result of drug or alcohol use	**$20,000**
Concussion Not payable if traumatic brain injury benefit is paid	**$50**
Dental Emergency *(Initial Accident Treatment benefit not required to be paid)* Natural tooth treatment provided by a dentist	**$200** - Crown **$60** - Extraction
Dislocation Pays a percentage of the benefits 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
Ear Injury Resulting in hearing loss greater than 60 percent	**$200** once per lifetime
Eye Injury Requiring surgery or removal of foreign object	**$200**
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
Gunshot Wound Requiring hospitalization and surgery	**$1,000**
Lacerations Pays a percentage of the benefit based on the length of laceration	**$100**
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	**$15,000** - Paraplegia **$30,000** - Quadriplegia
Poisoning	**$50**
Post Traumatic Stress Disorder	**$400**
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	**$600**

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Group Accident Expense Benefits - Off-the-Job - Wisconsin

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	**$1,000**
Hospital Confinement Daily benefit paid up to 365 days per accident	**$200**
Intensive Care Daily benefit paid up to 30 days per accident	**$400**
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	**$300**
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	**$200**
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**

Surgical Care

Paid within 180 days of accident

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

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 - Off-the-Job - Wisconsin

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	**$10,000** - Employee **$5,000** - Spouse **$2,500** - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	**$100,000** - Employee **$50,000** - Spouse **$25,000** - 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 child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child

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Group Accident Expense Semi-Monthly Premiums - Off-the-Job - Wisconsin

Forms G H1708/G H1708C (HSA Compatible)

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$6.35	$11.05	$13.85	$20.32

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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 - Wisconsin

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;
- 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, 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;
- 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.



Group Critical Illness Insurance

for Dodge County

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered

Key Features

- **Pays a lump sum directly to you**
- Includes a **health screening benefit which pays $50 a year** for any number of common covered medical tests or procedures
- The **return of premium benefit** pays you back **100% of the premiums paid for the policy and riders** if you die from a cause other than a covered critical illness
- **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 Critical Illness Benefits – Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Sudden Cardiac Arrest	25%
Angioplasty	10%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Loss of Independent Living (30-day waiting period)	25%
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%
Advanced ALS	100%
Severe Burns	100%
Bone Marrow Transplant	100%
Multiple Sclerosis	50%
Schizophrenia	10%
Transient Ischemic Attack (TIA)	10%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

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Group Critical Illness Benefits – Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Return of Premium for Non-CI Death

Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders, if the covered employee dies from a cause other than a covered critical illness.

Cardiopulmonary Rider
(Form R G1717C)

Pays a lump sum benefit upon diagnosis of the additional covered cardiopulmonary illnesses, conditions or procedures listed below. The amount payable is equal to the policy benefit amount times the applicable percentage shown below.

Open Heart Category (50% all procedures below)

- Mitral Valve Replacement or Repair
- Aortic Valve Replacement or Repair
- Surgical Treatment of Abdominal Aortic Aneurysm

Pulmonary Category (25% all procedures below)

- Pulmonary Embolism
- Idiopathic Pulmonary Fibrosis

Invasive Procedure Category (10% all procedures below)

- AngioJet Clot Busting
- Atherectomy
- Stent Implementation
- Cardiac Catheterization
- Automatic Implantable Cardioverter Defibrillator
- Pacemaker Placement
- Valvuloplasty

Health Screening Rider
(Form R G1720C)

Pays a **$50** benefit per calendar year per insured person for specified screening services listed below.

- Biopsy for skin cancer
- Bone marrow biopsy and aspiration
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 19-9 (blood test for pancreatic cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon and cervical cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for Myeloma)
- Stress test (bicycle or treadmill)
- Thermography

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Group Critical Illness Semi-Monthly Premiums - Wisconsin

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over $30,000 require underwriting of all covered persons)
Child benefit is equal to 25% of employee benefit.

Non-Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-24	$1.57	$2.56	$3.54	$4.53	$5.50	$6.49
25-29	$2.06	$3.37	$4.69	$6.01	$7.32	$8.63
30-34	$2.61	$4.35	$6.10	$7.85	$9.59	$11.34
35-39	$3.61	$6.05	$8.51	$10.97	$13.42	$15.87
40-44	$4.73	$7.99	$11.24	$14.49	$17.74	$21.01
45-49	$6.19	$10.70	$15.25	$19.76	$24.30	$28.83
50-54	$8.39	$14.91	$21.44	$27.97	$34.49	$41.01
55-59	$11.12	$20.27	$29.42	$38.58	$47.74	$56.88
60-64	$14.04	$26.23	$38.39	$50.58	$62.75	$74.94
65-69	$19.41	$36.96	$54.49	$72.02	$89.55	$107.10
70+	$37.03	$71.73	$106.41	$141.11	$175.78	$210.46

Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25000	$30,000
18-24	$2.00	$3.40	$4.80	$6.22	$7.61	$9.03
25-29	$2.69	$4.64	$6.57	$8.51	$10.45	$12.39
30-34	$3.56	$6.24	$8.90	$11.58	$14.26	$16.93
35-39	$5.09	$8.98	$12.85	$16.74	$20.63	$24.52
40-44	$6.81	$12.12	$17.40	$22.70	$27.99	$33.29
45-49	$9.24	$16.79	$24.32	$31.84	$39.37	$46.90
50-54	$12.99	$24.00	$35.01	$46.01	$57.03	$68.04
55-59	$17.74	$33.35	$48.97	$64.60	$80.23	$95.84
60-64	$22.85	$43.66	$64.49	$85.31	$106.13	$126.95
65-69	$31.88	$61.70	$91.53	$121.36	$151.18	$181.01
70+	$58.24	$113.84	$169.45	$225.07	$280.66	$336.27

Employee & Spouse or Family (rates based on employee's age; employee benefit amount over $30,000 requires underwriting for all covered)
Spouse benefit is equal to 50% of employee benefit.
Child benefit is equal to 25% of employee benefit.

Non-Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-24	$2.56	$4.01	$5.45	$6.91	$8.37	$9.83
25-29	$3.31	$5.25	$7.18	$9.10	$11.04	$12.96
30-34	$4.19	$6.77	$9.35	$11.92	$14.50	$17.07
35-39	$5.84	$9.48	$13.11	$16.75	$20.38	$24.01
40-44	$7.70	$12.52	$17.37	$22.20	$27.05	$31.89
45-49	$9.96	$16.73	$23.48	$30.25	$37.02	$43.78
50-54	$13.45	$23.20	$32.96	$42.71	$52.47	$62.23
55-59	$17.63	$31.35	$45.06	$58.77	$72.48	$86.20
60-64	$21.99	$40.25	$58.50	$76.76	$95.01	$113.28
65-69	$30.07	$56.37	$82.68	$108.98	$135.29	$161.60
70+	$56.73	$108.76	$160.80	$212.82	$264.85	$316.89

Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25000	$30,000
18-24	$3.20	$5.28	$7.36	$9.44	$11.53	$13.62
25-29	$4.27	$7.13	$10.00	$12.86	$15.74	$18.60
30-34	$5.64	$9.60	$13.57	$17.53	$21.51	$25.48
35-39	$8.07	$13.86	$19.66	$25.45	$31.23	$37.03
40-44	$10.83	$18.73	$26.62	$34.53	$42.43	$50.33
45-49	$14.62	$25.88	$37.14	$48.40	$59.68	$70.94
50-54	$20.38	$36.86	$53.35	$69.85	$86.33	$102.82
55-59	$27.61	$51.03	$74.44	$97.87	$121.30	$144.71
60-64	$35.25	$66.47	$97.71	$128.93	$160.15	$191.38
65-69	$48.85	$93.58	$138.33	$183.06	$227.81	$272.54
70+	$88.66	$172.06	$255.48	$338.88	$422.31	$505.71

*Premium rates shown are for the combined group Critical Illness 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 Critical Illness - Wisconsin

Forms G H1715/G H1715C

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 CRITICAL ILLNESS 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 for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

Waiting period: The benefits payable for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Elimination period: The benefit payable for Loss of Independent Living has an elimination period. Assurity will not pay benefits during the elimination period.

Special Endorsement

The pre-existing condition clause 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 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 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):

- 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 Hospital Indemnity Insurance

for Dodge County

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 - Wisconsin

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 - **$100** per day up to 30 days ● Intensive Care Unit Confinement – **$200** per day of confinement, up to 10 days ● Sub-Acute ICU - Pays a daily benefit of **$150** for confinment in a sub-acute intensive care unit, 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.
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** ● Short-Stay Observation - up to the maximum of two times per insured in a calendar year, 4-19 hours - **$50**

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THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Hospital Indemnity insurance is not a substitute for major medical insurance, and may not be appropriate for Medicaid recipients. It is not comprehensive major medical insurance and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The policy/certificate may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage.

Group Hospital Indemnity Semi-Monthly Premiums - Wisconsin*

Forms G H1730/G H1730C (HSA Compatible)

Coverage Tiers

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$10.06	$20.47	$18.57	$28.98

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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 - Wisconsin

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;
- 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;
- 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;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;

Limitations, Conditions and Exclusion (continued)

- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.



Group Short Term Disability

for Dodge County

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 - Wisconsin

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 - Wisconsin

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 Semi-Monthly Premiums - Class 2 - Wisconsin

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 14/14 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	$2.7	$3.38	$4.06	$4.74	$5.41	$6.09	$6.77	$7.44
50 - 59	$3.21	$4.02	$4.81	$5.62	$6.41	$7.23	$8.02	$8.83
60 - 69	$4.22	$5.27	$6.33	$7.38	$8.43	$9.49	$10.55	$11.60
70+	$5.59	$6.99	$8.38	$9.78	$11.18	$12.58	$13.97	$15.37

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	$8.11	$8.8	$9.46	$10.14	$10.83	$11.5	$12.17	$12.86
50 - 59	$9.63	$10.44	$11.23	$12.04	$12.84	$13.64	$14.45	$15.25
60 - 69	$12.66	$13.71	$14.77	$15.82	$16.88	$17.93	$18.99	$20.04
70+	$16.76	$18.16	$19.56	$20.96	$22.36	$23.75	$25.15	$26.55

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	$13.53	$14.2	$14.88	$15.57	$16.24	$16.91	$17.59	$18.27
50 - 59	$16.04	$16.85	$17.65	$18.45	$19.25	$20.07	$20.87	$21.67
60 - 69	$21.10	$22.15	$23.21	$24.26	$25.31	$26.39	$27.44	$28.50
70+	$27.95	$29.34	$30.74	$32.14	$33.54	$34.94	$36.33	$37.73

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	$18.95	$19.62	$20.3	$20.98	$21.65	$22.33	$23.01	$23.68
50 - 59	$22.48	$23.27	$24.08	$24.88	$25.69	$26.48	$27.29	$28.09
60 - 69	$29.55	$30.60	$31.66	$32.71	$33.77	$34.82	$35.88	$36.93
70+	$39.13	$40.53	$41.92	$43.32	$44.71	$46.11	$47.51	$48.91

Annual Income	$78,000	$80,250	$82,500	$84,500	$86,750			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$24.35	$25.04	$25.71	$26.39	$27.07			
50 - 59	$28.89	$29.69	$30.50	$31.30	$32.10			
60 - 69	$37.99	$39.05	$40.10	$41.15	$42.21			
70+	$50.30	$51.70	$53.10	$54.50	$55.90			

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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 Semi-Monthly Premiums - Class 2 - Wisconsin

Forms G H1808/G H1808C

Benefit Period: 13 Weeks

Elimination Period: 30/30 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	$2.05	$2.56	$3.07	$3.58	$4.09	$4.61	$5.12	$5.63
50 - 59	$2.68	$3.35	$4.02	$4.70	$5.36	$6.03	$6.71	$7.38
60 - 69	$3.66	$4.58	$5.48	$6.40	$7.32	$8.24	$9.15	$10.06
70+	$5.05	$6.31	$7.57	$8.84	$10.09	$11.36	$12.62	$13.89

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	$6.13	$6.64	$7.16	$7.67	$8.18	$8.69	$9.2	$9.72
50 - 59	$8.04	$8.72	$9.39	$10.06	$10.73	$11.41	$12.07	$12.75
60 - 69	$10.98	$11.90	$12.80	$13.72	$14.64	$15.56	$16.47	$17.39
70+	$15.16	$16.41	$17.68	$18.94	$20.21	$21.47	$22.73	$23.99

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	$10.23	$10.74	$11.25	$11.77	$12.26	$12.78	$13.29	$13.8
50 - 59	$13.41	$14.09	$14.76	$15.43	$16.09	$16.77	$17.44	$18.11
60 - 69	$18.30	$19.22	$20.13	$21.04	$21.95	$22.88	$23.79	$24.71
70+	$25.25	$26.52	$27.79	$29.05	$30.30	$31.57	$32.83	$34.09

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	$14.31	$14.82	$15.34	$15.85	$16.36	$16.87	$17.39	$17.9
50 - 59	$18.79	$19.46	$20.12	$20.79	$21.47	$22.14	$22.81	$23.48
60 - 69	$25.63	$26.54	$27.45	$28.37	$29.28	$30.20	$31.11	$32.03
70+	$35.37	$36.63	$37.87	$39.15	$40.41	$41.68	$42.94	$44.20

Annual Income	$78,000	$80,250	$82,500	$84,500	$86,750			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$18.4	$18.92	$19.43	$19.94	$20.45			
50 - 59	$24.15	$24.82	$25.49	$26.17	$26.84			
60 - 69	$32.95	$33.87	$34.77	$35.69	$36.61			
70+	$45.46	$46.73	$47.99	$49.25	$50.51			

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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 Semi-Monthly Premiums - Class 2 - Wisconsin

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 14/14 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	$3.94	$4.94	$5.93	$6.92	$7.91	$8.9	$9.89	$10.88
50 - 59	$5.30	$6.62	$7.94	$9.26	$10.59	$11.92	$13.24	$14.56
60 - 69	$7.20	$8.99	$10.79	$12.60	$14.39	$16.20	$17.99	$19.80
70+	$9.78	$12.22	$14.67	$17.12	$19.55	$22.01	$24.45	$26.89

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	$11.85	$12.85	$13.84	$14.83	$15.82	$16.81	$17.8	$18.79
50 - 59	$15.88	$17.22	$18.54	$19.86	$21.18	$22.51	$23.83	$25.16
60 - 69	$21.59	$23.40	$25.19	$27.00	$28.80	$30.60	$32.39	$34.19
70+	$29.34	$31.79	$34.23	$36.68	$39.13	$41.57	$44.02	$46.47

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	$19.76	$20.76	$21.75	$22.75	$23.73	$24.72	$25.72	$26.7
50 - 59	$26.48	$27.81	$29.13	$30.46	$31.77	$33.10	$34.43	$35.75
60 - 69	$36.00	$37.79	$39.59	$41.39	$43.18	$44.99	$46.79	$48.59
70+	$48.90	$51.35	$53.81	$56.24	$58.69	$61.14	$63.57	$66.02

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	$27.68	$28.67	$29.66	$30.66	$31.64	$32.63	$33.63	$34.61
50 - 59	$37.08	$38.40	$39.73	$41.05	$42.38	$43.70	$45.02	$46.34
60 - 69	$50.39	$52.20	$53.99	$55.79	$57.59	$59.39	$61.19	$62.99
70+	$68.47	$70.91	$73.36	$75.81	$78.25	$80.70	$83.15	$85.59

Annual Income	**$78,000**	**$80,250**	**$82,500**	**$84,500**	**$86,750**			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$35.59	$36.58	$37.57	$38.57	$39.56			
50 - 59	$47.67	$49.00	$50.33	$51.64	$52.97			
60 - 69	$64.80	$66.59	$68.39	$70.19	$71.98			
70+	$88.03	$90.49	$92.93	$95.37	$97.82			

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Group Disability Income Semi-Monthly Premiums - Class 2 - Wisconsin

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 30/30 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	$3.13	$3.92	$4.71	$5.49	$6.28	$7.06	$7.85	$8.63
50 - 59	$4.50	$5.62	$6.75	$7.87	$8.99	$10.12	$11.24	$12.38
60 - 69	$6.22	$7.78	$9.33	$10.90	$12.45	$14.00	$15.56	$17.11
70+	$8.65	$10.83	$13.00	$15.17	$17.33	$19.49	$21.66	$23.83

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	$9.41	$10.2	$10.99	$11.77	$12.57	$13.34	$14.13	$14.92
50 - 59	$13.50	$14.63	$15.75	$16.87	$18.00	$19.11	$20.25	$21.37
60 - 69	$18.66	$20.22	$21.77	$23.33	$24.88	$26.45	$28.00	$29.56
70+	$25.99	$28.16	$30.33	$32.50	$34.66	$36.82	$38.99	$41.16

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	$15.7	$16.49	$17.27	$18.06	$18.85	$19.63	$20.42	$21.19
50 - 59	$22.50	$23.62	$24.75	$25.87	$26.99	$28.13	$29.25	$30.38
60 - 69	$31.12	$32.67	$34.23	$35.78	$37.33	$38.89	$40.44	$42.01
70+	$43.32	$45.49	$47.65	$49.83	$51.99	$54.16	$56.33	$58.49

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	$21.98	$22.77	$23.56	$24.34	$25.13	$25.91	$26.7	$27.48
50 - 59	$31.49	$32.62	$33.74	$34.88	$36.00	$37.13	$38.25	$39.37
60 - 69	$43.56	$45.12	$46.67	$48.23	$49.79	$51.34	$52.90	$54.45
70+	$60.65	$62.83	$64.99	$67.16	$69.32	$71.48	$73.65	$75.82

Annual Income	**$78,000**	**$80,250**	**$82,500**	**$84,500**	**$86,750**			
Weekly Benefit	**$900**	**$925**	**$950**	**$975**	**$1,000**			
Issue Age								
18 - 49	$28.26	$29.05	$29.84	$30.62	$31.42			
50 - 59	$40.50	$41.62	$42.76	$43.88	$45.00			
60 - 69	$56.00	$57.56	$59.12	$60.67	$62.22			
70+	$77.98	$80.16	$82.33	$84.49	$86.66			

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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 – Wisconsin

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.

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;
- 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;
- 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.

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.