Please Note: This administrative guide includes all products that are offered by Assurant Employee Benefits. Every product listed in this guide may not be applicable to your organization.

Products marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company or an affiliated prepaid dental company. This Administrative Guide is provided to assist you in the administration of your plan. Please see group policy or product for controlling plan features and benefits.
Table of Contents

Please Note: This administrative guide includes all products that are offered by Assurant Employee Benefits. Every product listed in this guide may not be applicable to your organization.

Enrollment Forms
Extended Employee Application .................................................................Page 3
Voluntary Indemnity Dental & Prepaid Applications .....................................Page 4
Voluntary Life Application ........................................................................Page 5
Voluntary LTD Application .......................................................................Page 6
HIPAA Authorization (use anytime medical questions are completed) ....Page 7

Where to Send Claims
Claim Addresses for all Benefits and Locations ......................................Page 8

Dental
Claims ........................................................................................................Page 9
Statement of Loss .....................................................................................Page 10
Sample Indemnity ID Card .....................................................................Page 11
Sample Prepaid ID Card .........................................................................Page 12

Life
Claims .......................................................................................................Page 13
Conversion ...............................................................................................Page 14
Portability .................................................................................................Page 15
Beneficiary Changes ..............................................................................Page 16

Long-Term Disability
Claims ......................................................................................................Page 17
Conversion .............................................................................................Page 18

Short-Term Disability
Claims ....................................................................................................Page 19
Frequently Asked Q & A for Pregnancy Claims .......................................Page 20

Billing
Schedule & Contacts .............................................................................Page 21

Online Advantage
Tips & Tools for Employers .................................................................Page 22
Online Advantage for Members ............................................................Page 23

Contacts
Who should I contact? ..........................................................................Page 24
Enrollment Form with Health Questions
Sample and Instructions

This form can be accessed on our website for employers: www.assurantemployebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.  

PLEASE NOTE: WHEN ACCESSING YOUR ENROLLMENT FORM, MAKE SURE YOU SELECT YOUR SITUS STATE FOR YOUR STATE SPECIFIC FILED FORM!

When to use this form:

1) This form can be used to enroll all lines of coverage with the exception of pre-paid dental.

2) The employee health questions found on the second page must be completed for life and disability coverage for any late enrollee or when applying for amounts over the guarantee issue. A late enrollee is anyone that is enrolling after 31 days of becoming eligible for that benefit. This includes anyone applying for coverage during any annual enrollment period. If any of these situations do not apply, you may utilize the basic employee application also found on our website.

3) You may also use this form for any submitted changes. Changes and terminations may also be emailed to your customer relations team or entered online. There are no specific change or termination forms. Please include policy number, employee name and employee termination date when sending in terminations.

Where to send additions, terminations and changes:

- Process your changes online at www.assurantemployebenefits.com
- Internet E-mail address: mailto:cr4kc@assurant.com
- Fax: 888.208.2323
- Mail: Assurant Employee Benefits
  Attention: Customer Relations
  P.O. Box 2939
  Clinton, IA 52733-2939
Dental Only Enrollment Application
Sample and Instructions

Prepaid Dental Enrollment Form

Voluntary Indemnity Dental Enrollment Form

These forms must be requested through Customer Service. Please call 800.456.9194 for an enrollment form.

PLEASE NOTE: WHEN REQUESTING YOUR ENROLLMENT FORM, MAKE SURE YOU INDICATE YOUR SITUS STATE FOR YOUR STATE SPECIFIC FILED FORM!

When to use this form:
1) Prepaid Dental Enrollments, must ALWAYS be on the Prepaid Enrollment Card.
2) Voluntary Indemnity Dental should be submitted on the Group Enrollment Form.
3) You may also use this form for any submitted changes. Changes and terminations may also be emailed to your customer relations team or entered online. There are no specific change or termination forms.

* Late entrant penalties may apply to non-prepaid dental plans when employees do not enroll within 31 days of becoming eligible for benefits. These penalties could be waiting periods for services or graduated co-payment schedules for services. If an employee is enrolling in a non-prepaid Assurant Employee Benefits’ dental plan after declining coverage that was initially offered to him/her, late entrant penalties or graduated co-payment schedules will apply. This applies during the annual enrollment period as well, but can be waived if the election is due to a loss of coverage from a life event.

If your plan contains waiting periods, those waiting periods will still apply.

Where to send additions, terminations and changes:
- Process your changes online at www.assurantemployebenefits.com
- Internet E-mail address – cr4kc@assurant.com
- Fax: 888.208.2323
- Mail: Assurant Employee Benefits
  Attention: Customer Relations
  P.O. Box 2939
  Clinton, IA 52733-2939
This form can be accessed on our website for employers: www.assurantemployeebenefits.com, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.  

Click for Forms Page

PLEASE NOTE: WHEN ACCESSING YOUR ENROLLMENT FORM, MAKE SURE YOU SELECT YOUR SITUS STATE FOR YOUR STATE SPECIFIC FILED FORM!

When to use this form:
1) This form can be used to enroll voluntary life coverage.

2) The employee health questions found on the second page should be completed for any late enrollee or for any employee/dependent electing over the guarantee issue amount listed in your policy. A late enrollee is anyone that is enrolling after 31 days of becoming eligible for this benefit including any elections or changes made during your annual enrollment period.

Note: You will also receive forms during your annual enrollment period for any new elections, changes or terminations along with instructions on annual enrollment provisions.

Where to send additions, terminations and changes:
- Process your changes online at www.assurantemployeebenefits.com
- Internet E-mail address – cr4kc@assurant.com
- Fax: 888.208.2323
- Mail: Assurant Employee Benefits
  Attention: Customer Relations
  P.O. Box 2939
  Clinton, IA 52733-2939
Voluntary Long-Term Disability Enrollment Form
Sample and Instructions

This form can be accessed on our website for employers: [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com), then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form. **Click for Forms Page**

**PLEASE NOTE: WHEN ACCESSING YOUR ENROLLMENT FORM, MAKE SURE YOU SELECT YOUR SITUS STATE FOR YOUR STATE SPECIFIC FILED FORM!**

When to use this form:

1) This form can be used to enroll voluntary long-term disability coverage.

Note: You will also receive forms during your annual enrollment period for any new elections, changes or terminations along with instructions on annual enrollment provisions.

Where to send additions, terminations and changes:

- Process your changes online at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)
- Internet E-mail address – cr4kc@assurant.com
- Fax: 888.208.2323
- Mail: Assurant Employee Benefits
  Attention: Customer Relations
  P.O. Box 2939
  Clinton, IA 52739-2939
This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.
Claims Contact Information for All Benefits
By Location

**Dental Claims - All Locations:**
Assurant Employee Benefits  Toll Free Number: 1-800-442-7742  
Dental Claims  Fax Number: 563-242-0184  
P.O. Box 2940  
Clinton, IA 52733-2940

**Life Claims - All Locations:**
Assurant Employee Benefits  Toll Free Number: 1-800-451-4531  
Group Life Benefits  Fax Number: 816-881-8967  
P.O. Box 419876  
Kansas City, MO 64141

**Short-Term and Long-Term Disability Claims - IL, WI, CO, NM, MN, MI**
Assurant Employee Benefits  Toll Free Number: 1-800-325-8385  
Disability Claims  Fax Number: 317-205-2201  
P.O. Box 390844  
Minneapolis, MN 55439-0844

**Short-Term and Long-Term Disability Claims - OH, IN, DC, PA, NC**
Assurant Employee Benefits  Toll Free Number: 1-800-283-3636  
Disability Claims  Fax Number: 952-920-4577  
P.O. Box 40918  
Indianapolis, IN 46240-0918

**Short-Term and Long-Term Disability Claims - All Other States**
Assurant Employee Benefits  Toll Free Number: 1-800-451-4531  
Disability Claims  Fax Number: 816-881-8768  
P.O. Box 419568  
Kansas City, MO 64141-6568

**Please Note:** States noted above are based on the Assurant Employee Benefits sales office that services your account.
This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form. 

Additional Notes/Instructions:

1) A pre-estimate is recommended for dental treatments expected to exceed $300 so the claimant may understand his or her payment responsibility before treatment is rendered.

2) Claims data can be accessed at the member level by the member accessing our online site at www.assurantemployeebenefits.com/for members/online advantage. Members can register for an account or if they already have an account established, they can sign in and view their claims data. Signing up for an account takes only a few minutes.

3) Claims can be mailed to the following address or filed electronically using Payer ID #70408. Assurant Employee Benefits Dental Claims P.O. Box 2940 Clinton, IA 52733-2940

4) Our Claims Department can also be contacted at 800.442.7742
Dental Statement of Loss Due to Life Event Sample and Instructions

This form can be accessed on our website for employers: www.assurantemployeebenefits.com, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.

Additional Notes/Instructions:

1) This form only applies to non-voluntary dental plans.
2) Application for waiver of the Late Entrant Limitation must be made within 31 days of the Life Event.
3) Life Events include the following:
   a. Divorce
   b. Legal Separation
   c. Death of a spouse
   d. Loss of dependent status (e.g. child attains limiting age)
   e. Significant change in employment status (loss of job) or insurance coverage (loss of coverage) for the employee or dependent.
4) You must attach proof of prior coverage (ID card, Explanation of Benefits, etc.) to this Statement.

The above form along with proper documentation can be submitted to the following:
Assurant Employee Benefits
Customer Relations
P.O. Box 419262
Kansas City, MO 64141-6262
Indemnity Dental ID Card
Sample and Instructions

Below is a sample of your dental ID card. You should have also received a supply in the mail. These are generic cards sent directly to you for distribution. If you need to order additional cards, you may do so online or by calling our Customer Relations Department at 1.800.733.7879.

Your Dental Health Alliance, L.L.C.® (DHA®) PPO network is supplemented with dentists from the Aetna Dental Access network. By providing you with an expanded network, our goal is to significantly increase your ability to choose a conveniently located network dentist.

Employees always have the freedom to choose any dentist, however, when using the dental PPO networks listed on your ID card, you may save on out of pocket costs. To search online for a PPO network dentist near you, go to www.assurantemployeebenefits.com, select “Find a dentist”, and then select the DHA logo listed on your ID card. The online provider search results automatically include the dentists from all the PPO networks that meet the search criteria.

Please Note: The following states do not offer a PPO network – ME, MT, NC, ND, RI, VT, WY. Also, the following states only offer the PPO network in certain counties: PA, MA.

Employees should verify a dentist's participation in the network when scheduling an appointment and again prior to receiving any treatment.

Employees can also view benefit information online at his/her convenience through Online Advantage for Members. To register for Online Advantage, go to www.assurantemployeebenefits.com, select “For Members”.

You may order additional cards by contacting our Customer Relations Department at 800.733.7879.

Dental Membership Cards
“Sample”

Group ID Number
0000000

Issued to
ABC Company “Sample”

PPO Network
DHA® and Aetna Dental Administrators

Member Signature _____________________________

www.assurantemployeebenefits.com
Welcome,

Thank you for selecting us for your dental coverage. We are pleased to provide you with the attached dental identification cards. If you have any questions or need to request a provider directory, please call the appropriate toll-free number printed on your card.

Remember to schedule a dental checkup for you and your family.

Sample Card

Assurant Employee Benefits
Union Security Insurance Company

Group ID
Prepaid Plan
Issued To

________________________
Member Signature

Assurant Employee Benefits
Union Security Insurance Company

Group ID
Prepaid Plan
Issued To

________________________
Member Signature
This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.

Instructions for filing a life claim:

1) Complete the above form found on our website – Sections A through E along with beneficiary sections F through H will all need to be completed. Section C2 will also need to be completed if the claim is a dependent of an employee.

2) Include with your employee/dependent life claim the following items:
   - Group Policyholder Statement and Beneficiary Statement(s)
   - A certified copy of the death certificate
   - A copy of the employee’s enrollment card, if available
   - A copy of all beneficiary changes, if applicable

3) If filing an Accidental Death and Dismemberment claim, please also include the following items if possible:
   - Police Report
   - Medical Examiners Report
   - Newspaper Clippings

Please send life claim statements and beneficiary statement along with any other required documentation noted above to any of the following. If you are faxing or emailing in your claim, we will require an original certified copy of the death certificate in the mail.

**Postal Address:**
Assurant Employee Benefits
Group Life Benefits
P.O. Box 419876
Kansas City, MO 64141

**Street Address:**
Assurant Employee Benefits
Group Life Benefits
2323 Grand Boulevard
Kansas City, MO 64108

**FAX/Email:**
816.881.8967
LifeClaims@Assurant.com
Life Conversion Notification
Sample and Instructions

This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form. 

Please note the following:

1) Application must be completed and sent to Assurant Employee Benefits along with the first full premium within 31 days after the termination date indicated on the conversion form.

2) Our Conversion Department will supply the applicant with a conversion enrollment form and a conversion rate grid.

3) Our Conversion Department can also be contacted at 866.909.6065 for conversion information instead of utilizing the above form.

4) No medical examination is required to convert coverage currently in-force.

5) This notice, once completed, can be mailed to the following address:
   Assurant Employee Benefits
   Life Conversion Department
   P.O. Box 830607
   Birmingham, AL 35283
Life Portability Notification
Sample and Instructions

This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.

Please note the following:

1) Application must be completed and sent to Assurant Employee Benefits along with the first full premium within 31 days after the termination date indicated on the portability form.

2) Our Portability Department will supply the applicant with a portability enrollment form and portability rates.

3) Our Portability Department can also be contacted at 866.909.6065 for portability information instead of utilizing the above form.

4) This notice, once completed, can be mailed to the following address:
   Assurant Employee Benefits
   Life Portability Department
   P.O. Box 830607
   Birmingham, AL 35283
Life Beneficiary Change Form
Sample and Instructions

Beneficiary information can be updated at any time during the year - an employee does not need to wait until the annual enrollment period.

It is always a good idea to remind your employees to update their beneficiary information if they have any kind of life status change throughout the year.

This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.  

General Provisions:

1) Beneficiary information can be kept on file with you. We do not need copies of this information unless there is a claim filed.

2) If there is no beneficiary entitled to payment in accordance with the designation, payment will be made in the following order:
   - spouse of the insured if living; otherwise,
   - in equal shares to the then living children of the insured, if any; or, if none,
   - to the parents of the insured, in equal shares or to the survivor of them; or if none,
   - to the executors or administrators of the insured’s estate.

3) If any Primary or Secondary Beneficiary dies before the insured, then that beneficiary’s share will be distributed equally among the other surviving beneficiaries within the same Primary or Secondary designation, unless the insured indicates otherwise in writing.
Long-Term Disability Claim Form
Sample and Instructions

This form can be accessed on our website for employers: www.assurantemployeebenefits.com, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form.  

Instructions for filing a long-term disability claim:

1) There are three sections of this form that will need to be completed.

- **Employer Claim Statements – Parts 1 and 2.** The questions contained in this section go over the employee’s last day worked, current income and current job duties. This will need to be completed by you as the employer.

- **Claimant Statements – Parts 1 and 2.** The questions contained in this section go over basic employee information, questions regarding the disability, income from other sources and current education, experience and training. This section will need to be completed by the employee.

- **Attending Physician’s Initial Statement of Disability** – This will need to be completed by the employee’s attending physician. This section includes detailed questions regarding the disability.

- **Please collect all parts of claim including Physician’s Statement to submit to Assurant Employee Benefits at one time. This will help to speed up the processing of the claim.**

Note: The employee should also complete the DISABILITY-HIPAA Authorization for Release of Health Information. This will be necessary for us to obtain any further medical data to determine claim eligibility. If this is not completed, processing of the long-term disability claim can be delayed.

Please see “where to send claims” found on page 8 for details on the claims office location for your state.
This form can be accessed on our website for employers: www.assurantemployeebenefits.com/, then select For Employers to open the Employer Page and on the left navigation select Forms. This will then allow you to scroll to the correct form. **Click for Forms Page**

Please note the following:

1) Application must be completed and sent to Assurant Employee Benefits along with the first full premium within 31 days after the termination date indicated on the conversion form. The conversion coverage is effective on the day following the date the person’s Long-Term Disability Insurance terminates.

2) The conversion rate of benefit will match the in force rate of benefit under the group policy, subject to a maximum rate of benefit of 60%.

3) The benefit will be based upon the monthly earnings from the group policyholder immediately prior to termination of employment.

4) The conversion privilege is provided without proof of good health, but is subject to a pre-existing conditions limitation.

3) Our Conversion Department can also be contacted at 866.909.6065 for conversion information instead of utilizing the above form.

4) This notice, once completed, can be mailed to the following address:

**Assurant Employee Benefits**  
**LTD Portability Department**  
P.O. Box 830607  
Birmingham, AL 35283
Short-Term Disability Claim Form
Sample and Instructions

1) There are three sections of this form that will need to be completed. They are as follows:

- **Employer Claim Statement – Part 1.** The questions contained in this section of the claim form address the employee’s last day worked, current income and tax information. This will need to be completed by you as the employer.

- **Claimant Statement – Part 1.** The questions contained in this section go over basic employee information, questions regarding the disability, income from other sources and physician information. This section will need to be completed by the employee.

- **Attending Physician’s Initial Statement of Disability –** This will need to be completed by the employee’s attending physician. This section includes detailed questions regarding the disability.

- **Please collect all parts of claim including Physician’s Statement to submit to Assurant Employee Benefits at one time. This will help to speed up the processing of the claim.**

Note: The employee should also complete the DISABILITY-HIPAA Authorization for Release of Health Information. This will be necessary for us to obtain any further medical data to determine claim eligibility. If this is not completed, processing of the long-term disability claim can be delayed.

Please see “where to send claims” found on page 8 for details on the claims office location for your state.
Frequently Asked Questions & Answers
Short-Term Disability Claims Process for Pregnancy Claims

Who is responsible for completing/filing the disability claim? Three parties are responsible for completing the short-term disability claims statement. One section is the responsibility of the employer, the second is the responsibility of the claimant and the third is the responsibility of the claimant’s physician. The claimant is responsible for getting the physician’s portion to their office to be completed. All three portions can then be mailed or faxed to Assurant Employee Benefits’ disability claims center by either the claimant or employer.

How early can a pregnancy claim be filed? The pregnancy claim may be filed prior to the claimant’s actual delivery date but once the claimant delivers, we will need to obtain that delivery date from the physician in order to complete the processing of the claim. We are unable to process the claim without the actual delivery date.

How many weeks of benefits are paid for a pregnancy claim? Up to six weeks of postpartum disability is allowed for routine pregnancies. Up to six weeks is also allowed on C-section deliveries for claimants working in sedentary occupations. An eight-week recovery period is allowed on C-section deliveries for claimants working occupations in the light to heavy range. Disability periods of lesser or greater length may be warranted by the medical and vocational factors specific to a given claim. Please note: The qualifying period will always be deducted from the benefit duration periods stated above.

How often are benefits paid? Benefits are calculated on a weekly basis but are paid bi-weekly. Please also note, however, if we have the return to work date when the disability benefit is paid, we can pay that benefit in one lump sum payment.

Where will the disability check(s) be mailed? Checks will be mailed directly to the address you provide on the claim form – either directly to the employee or to the employer.
**Billing Schedule**

<table>
<thead>
<tr>
<th>Date Bill is Mailed</th>
<th>Billing Date</th>
<th>Bill Due Date</th>
<th>Bill Grace Period Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 21</td>
<td>January 1</td>
<td>January 1</td>
<td>January 31</td>
</tr>
</tbody>
</table>

*Note:* The above assumes a billing date of January 1, in most instances your bill is mailed 10 days prior to the billing date / due date. Please see your first statement for your specific schedule.

**Additional Notes:**

1) You may view your bills and make changes online at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) using Online Advantage for Employers. As a registered user of Online Advantage you will receive an email alert 5 days before your bill is created for you to make changes. You will also receive an email alert that your bill is ready to view and can make changes and regenerate your bill for 10 days.

2) Please pay as billed. Changes made via Online Advantage, email, fax, phone or mail after you have received your bill will appear on in the adjustment section of your next premium statement.

3) Please refer to the front page of your billing statement for remittance address.

4) If you have any questions on your billing statement, you may contact Assurant Employee Benefits Customer Relations at 800.733.7879.

5) If you would like to discontinue the generation of a paper bill, please contact Assurant Employee Benefits Customer Relations at 800.733.7879.
Online Advantage
Quick. Smart. Convenient.

With Online Advantage for Employers you can save time by managing your policy online. It’s an e-service solution for employers to make administering your policy easier and at your convenience.

Eligibility and Maintenance
• Process employee enrollments
• Enter terminations
• Enter salary and certificate changes

Billing
• View bills as far back as 36 months
• Bill comparison
• Bill regeneration

Reporting
• Download member details to Excel
• Census uploads for records comparison

Contracts and Forms
• View policy contract(s)
• Download policy specific forms

Features and Support
• Easy registration
• Secured site
• Customer Service support online and by phone
• Demo available
• Online services available for dental members

View Demo
• Select “View a demo of Online Advantage” under For Employers

Easy Registration
• Go to www.assurantemployeebenefits.com
• Select “Register Now” in the Online Advantage Login area
• To register by phone call 800.733.7879 ext. 7600

Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company.
Online Advantage for Members

Assurant Employee Benefits offers you online service capability to help manage your dental care! With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.

Features at your fingertips:

- View eligibility
- View benefit details*
- View claims status
- Find a dentist and/or specialist
- Request ID card
- Change facility for prepaid members
- Dental fee cost estimator
- Ask a dentist
- Dental health center
- Contact customer service

Registering for Online Advantage

To register go to www.assurantemployeebenefits.com, in the Online Advantage Login go to Register Now. All you will need is your Member ID# and date of birth, it’s that easy! You can login anytime to view your plan information.

For more information about how Online Advantage can work for you please visit the online demo, call customer service at 800.442.7742 or email claims.dental@assurant.com.

Online Advantage is quick, smart, and convenient!
www.assurantemployeebenefits.com

Products and services marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company or an affiliated prepaid company.

*not available for prepaid members.
Who Should I contact?

**Dedicated Customer Relations Team**
- Eligibility Questions/Changes
- Contract Questions
- Billing Questions/Changes
- Rate Calculations
- Proof of Good Health Status/Questions

**Account Manager – Sales Office**
- Interest in New Coverages Coordinated through Broker
- Renewal Questions
- Enrollment Meetings/Benefit Fairs
- Enrollment Material
- Contract Amendments