Critical Illness insurance from Assurant Employee Benefits is designed to pay a fixed benefit at the first diagnosis of a critical illness, including heart attack, stroke, paralysis and more. The benefit paid can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Employees can customize their coverage by selecting the benefit amount, with dependent coverage options available.

**Employers choose from:**
- Plan 1: Group Critical Illness (HSA Compliant)
- Plan 2: Group Critical Illness with Cancer (HSA Compliant)

**A benefit that is easy to offer**
- 100% employee-paid
- Policies issued with a minimum of only 5 enrolled employees
- Benefits payable regardless of other coverages
- Coverage is portable
- Issue-age rating makes the plan easy to administer
- Guaranteed issue is available
- Full enrollment support available
- Flexible enrollment options

This critical illness only insurance policy provides limited benefits. This limited policy has some specific benefit limits and is not a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. Please refer to the issued insurance policy for complete details and all benefit requirements, including all limitations, exclusions, restrictions and reductions. We reserve the right to cancel the policy with advance written notice to the policyholder. Insurance policies and certain policy benefits are subject to state variations and may not be available in all states. Issued insurance contracts determine all plan features and benefits. Contact Assurant Employee Benefits for additional details.

Assurant Employee Benefits is the brand name for insurance products underwritten and issued by Union Security Insurance Company.
### Group Critical Illness Covered Conditions:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1</strong></td>
<td>Heart attack, heart failure, stroke — 100%; Coronary bypass surgery — 25%*</td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td>Blindness, major organ failure (excluding heart failure), end-stage kidney disease, paralysis (excluding paralysis from stroke), coma — 100%*</td>
</tr>
<tr>
<td><strong>Category 3 (Optional)</strong></td>
<td>Invasive cancer — 100%; Cancer in situ — 25%*</td>
</tr>
</tbody>
</table>

#### Second Occurrence Benefit
- Included. Pays for an illness or procedure in a different category if there are at least 6 consecutive months between the diagnosis or procedure dates.

#### Recurrence Benefit
- Included for Category 1 and 2 illnesses and procedures. Pays 25% of the previously paid benefit for a subsequent diagnosis of the same critical illness or procedure. (The recurrence diagnosis must occur more than 18 months after the previous diagnosis and must follow a treatment free period of at least 18 months for the same critical illness or procedure.)

*The percentages shown reflect the applicable percentage of the benefit amount elected. Note: The covered employee or dependent will not receive more than 100% of the schedule amount in any one category unless eligible for the Recurrence Benefit.

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### Group Critical Illness Insurance Schedule:

<table>
<thead>
<tr>
<th>Employee Amount Options</th>
<th>Units of $5,000, up to a maximum of $50,000.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Amount</td>
<td>Units of $2,500, up to the lesser of 50% of the employee’s amount or $25,000.</td>
</tr>
<tr>
<td>Child Amount</td>
<td>Live birth to less than 19 years** (25 years if a full-time student) — $2,500 or $5,000. The dependent child amount cannot exceed 50% of the employee amount.</td>
</tr>
<tr>
<td>Age Reductions</td>
<td>For a covered employee, at age 70, amounts are reduced by 50% and are rounded to the next higher $1,000. Dependent amounts cannot exceed 50% of the employee amount.</td>
</tr>
</tbody>
</table>

**State variations exist."
Underwriting Guidelines:

Minimum Lives: 5 employee enrolled lives

Participation Requirement: Greater of 20% or 10 enrolled lives for Guarantee Issue (otherwise minimum lives only and proof of good health required for all amounts)

Pre-existing Conditions Limitation: 12/12; Applies to all amounts (See limitations for details)

Guarantee Issue amounts apply to timely eligible applicants. A timely applicant is one who applies for coverage within 90 days from the date that all eligibility requirements are met. Late applicants will be required to provide proof of good health if they elect coverage during a subsequent annual enrollment period.

Issue age rating applies — premiums will not increase due to age increases. The employee’s age is used to determine both the employee and spouse rates. Rates are tobacco-distinct, based on employee and spouse tobacco use separately.

The Wellness Screening Benefit

- Available for employee and spouse coverage.
- Pays $50 per benefit year for one covered wellness screening test performed while covered under the policy. To receive this benefit the covered employee or spouse must submit documentation from their doctor.
- Nearly 20 tests are covered, including the following:
  - Blood test for lipids including total cholesterol, LDL, HDL and triglycerides
  - Breast ultrasound or mammography
  - Chest x-ray
  - Colonoscopy
  - Pap smear
  - PSA (blood test for prostate cancer)
  - Electrocardiogram (EKG)
  - Echocardiogram (Echo)

See back page for important contract provisions, including limitations and exclusions.
Limitations
All benefit amounts are subject to a pre-existing conditions limitation. A pre-existing condition means an injury, sickness, symptom or physical finding, or any related injury, sickness, symptom or physical finding, for which the covered employee or dependent consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment or services, including taking drugs, medicine, insulin or similar substances in the 12 months that end on the day before the covered employee or dependent became insured under the policy. We will not pay benefits for any claim resulting directly or indirectly from a pre-existing condition unless the covered employee or dependent is initially diagnosed with a critical illness or undergoes a procedure after 12 consecutive months during which the covered employee or dependent is continuously insured under this plan.

Exclusions
We will not pay benefits for the covered employee or dependent if the critical illness or procedure is related to or resulting directly or indirectly from: services or treatment not included in the Schedule; services or treatment for which the covered employee or dependent is not charged, unless there is no charge because the facility is a United States government facility; services or treatment provided by a family member; any critical illness that is diagnosed outside the United States; services or treatment provided primarily for cosmetic purposes; treatment or complications of treatment not related to a critical illness or procedure; an autologous bone marrow transplant, one in which the covered employee’s or dependent’s own bone marrow is used; service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not; war or any act of war, whether declared or not; taking part in a riot or insurrection, or an act of riot or insurrection; committing or attempting to commit an assault or felony; incarceration in a penal institution of any kind; intoxication (intoxication means the covered employee’s or dependent’s blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the injury occurs); use of any drugs, unless the drugs were used as prescribed or directed by a doctor; intentionally self-inflicted injury while sane or insane; or suicide or attempted suicide while sane or insane.

3Comment from David Himmelstein, lead author of Harvard Study on Bankruptcies, February 3, 2005.