

LifeScape® Simplified Whole Life Insurance

UNDERWRITING GUIDE



FOR AGENT USE ONLY. Not for use with consumers.
Product availability, features and rates may vary by state.



Underwriting Guide for LifeScape® Simplified Whole Life Insurance

Important Notice

This policy is underwritten by Assurity Life Insurance Company, Lincoln, Nebraska, and may contain reductions of benefits and limitations. For costs and complete details of the coverage, please contact Assurity Life Insurance Company or review the policy. **The specific policy is your ultimate authority for any questions about this product.**

This is a generic underwriting guide. **Product availability, features and rates may vary by state.** Your state may require a state-specific contract and/or application. State-specific applications are available on AssureLINK at <https://assurelink.assurity.com> by accessing the Applications/Service Forms option found in the QuickLinks section of the product page or the Forms/Supplies page.

This is an underwriting guide for policy Form No. I L601, I L602, I L603. Any prior guide does not apply to this product.

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General Underwriting Guidelines

Assurity will underwrite using the application, an MIB (Medical Information Bureau) report and prescription drug check. There are no mandatory medical requirements such as paramedical or medical examinations, home office specimens, electrocardiograms, etc. Personal history interviews are also ordered by the underwriting department for all applicants age 60 and above. If a preliminary underwriting decision at the time of sale is desired, a personal history interview is required and is available to applicants of all ages.

NON-U.S. CITIZENS

Applications may be taken for U.S. citizens who permanently reside in the U.S. or for permanent resident aliens who have lived in the U.S. for at least one year and do not plan to return to their native country on a permanent basis. The applicant's resident alien card number must be submitted with the application for a permanent resident alien. A photocopy of the resident alien card can be included in case it is required.

PERSONAL HISTORY INTERVIEWS

Personal history interviews are ordered by the underwriting department for all applicants age 60 and above. If a preliminary underwriting decision at the time of sale is desired, a personal history interview is required and is available to applicants of all ages. The agent is encouraged to call an interviewer at (877) 611-4701 with the applicant on the phone. Interviewers are available as follows:

- Monday through Tuesday – 7:00 a.m. to 9:00 p.m. CST
- Friday – 7:00 a.m. to 6:00 p.m. CST
- Saturday – 9:00 a.m. to 1:00 p.m. CST

Interviews not completed during these hours will be finished on the next business day.

When calling, advise the interviewer that you would like to complete an interview for Assurity's Simplified Life. The applicant should be on the phone directly answering all questions. It is important that the applicant be prepared to answer all questions regarding their medical history and medications. If calling outside the specified time periods, the agent should leave a voice mail - the interviewer will call the applicant the next business day.

The interviewer will verify application information and confirm that signature was in the presence of the agent. If information from the application and interview conflict, there could be a change in plan suggested.

BACKDATING POLICY ISSUE DATE

Assurity will backdate the policy issue date six months prior to application's signature date to "save age" (i.e. allow for a lesser age to qualify for a lesser rate). However, Assurity will not backdate the policy issue date to "save eligibility" (i.e. allow for a lesser age to meet eligibility requirements).

COMPLETING THE APPLICATION

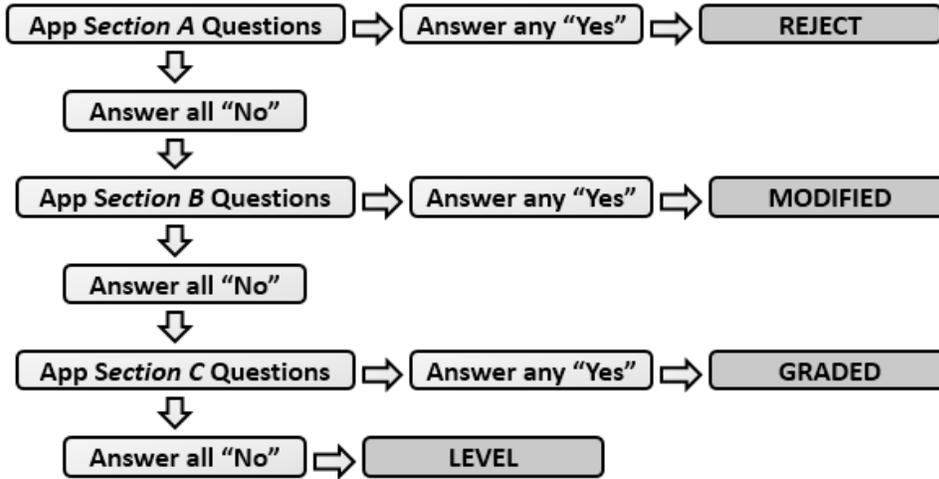
Completing the health section of the application will give the applicant an indication of which product they qualify. As an example, the health section from the Nebraska application form 75-300-01101 (R10-09) is provided below. Applications may vary by state. State-specific applications are available on AssureLINK at <https://assurelink.assurity.com> by accessing the Applications/Service Forms option found under the QuickLinks section of the product page or the Forms/Supplies page.

The Simplified Life application has ten health questions. All questions are phrased such that answering "no" represents favorable health – the more "no" answers, the better the offer for the applicant. This is best explained by walking through the flowchart below. The ten health questions are divided into three sections on the application – six questions in Section A, just one question Section B and three questions in Section C.

- Starting with Section A, any question answered "yes" would result in an underwriting decision of "reject." This application should not be submitted.
- If all questions in Section A are answered "no" then move on to application Section B questions. If Section B yields a "yes" response, the applicant would be considered for "Modified Benefit" coverage.

General Underwriting Guidelines *(continued)*

- Again, if the applicant answers all questions in Section B “no” then move on to application Section C questions. A “yes” response here means “Graded Benefit” would be the appropriate plan.
- Finally, if the applicant answers “no” to Section C questions, they would qualify for the “Level Benefit” option.



6. HEALTH SECTION	
Section A —If any question is answered YES, coverage cannot be issued.	
1. Has the Proposed Insured been medically diagnosed as having a life expectancy of 12 months or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past 12 months , has the Proposed Insured been medically diagnosed with diabetes or been treated for uncontrolled diabetes or any complications thereof, including numbness, amputation, circulation, eye or kidney disorder, coma or insulin shock; needed assistance or personal supervision to perform any activities of daily living (<i>toileting, transferring, continence, eating, bathing, dressing, grooming, walking, managing medications</i>); had or been advised to have brain, heart or circulatory surgery; had chronic respiratory disease such as chronic obstructive pulmonary disease (<i>COPD</i>) or emphysema; been treated with oxygen; been diagnosed with heart disease or had myocardial infarction (<i>heart attack</i>) or heart-related chest pain (<i>angina</i>); or been confined to a nursing facility or received inpatient services at a medical facility for more than 48 continuous hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Proposed Insured ever been medically diagnosed as having or been treated for (<i>including office visits, medication or surgery</i>): leukemia, Hodgkin's disease, a blood or bleeding disorder, connective tissue disorder, Parkinson's disease, systemic lupus erythematosus (<i>SLE</i>), amyotrophic lateral sclerosis (<i>ALS</i>), cirrhosis, chronic hepatitis B, C or D, liver disease, kidney disease with dialysis treatment, Alzheimer's disease, dementia, lymphoma, lymph node enlargement or malignant melanoma; or received or been advised to receive an organ or tissue transplant; or in the past 5 years been medically diagnosed with or been treated for internal cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the Proposed Insured been medically diagnosed as having cerebral palsy, muscular dystrophy, cystic fibrosis, sickle cell anemia, Down's syndrome or congenital heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the Proposed Insured had a medical test and not yet received the results, or been advised to have surgery or receive medical treatment? ..	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the Proposed Insured ever been medically diagnosed as having or been treated by a medical professional for acquired immune deficiency syndrome (<i>AIDS</i>), AIDS-related complex (<i>ARC</i>) or antibodies to human T-lymphotropic virus type III (<i>HTLV</i>), or had a positive test for human immunodeficiency virus (<i>HIV</i>) antibodies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section B —If this question is answered YES, the Proposed Insured will be considered for the Modified Benefit Whole Life coverage.	
1. In the past 90 days , has the Proposed Insured been, or are they now, confined to a psychiatric facility or receiving home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section C —Complete only if all answers in Sections A were NO. Any YES answers in Section C limit consideration to Graded Benefit Whole Life coverage.	
1. In the past 12 months , has the Proposed Insured been medically diagnosed as having or been treated for: congestive heart failure or cardiomyopathy, stroke, aneurysm or sleep apnea; or had or been advised to have treatment for any drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past 5 years , has the Proposed Insured had heart disease requiring bypass surgery, angioplasty or placement of stents or cardiac defibrillator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Proposed Insured ever been treated for (<i>including office visits, medication or surgery</i>): diabetes requiring insulin injections combined with a medical history of stroke, transient ischemic attack (<i>TIA</i>) or heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If all questions in Sections A, B and C are answered NO, the Proposed Insured will be considered for Level Benefit Whole Life coverage.	

Financial Underwriting Guidelines

BANKRUPTCY

Consideration of financial stability is an important part of the underwriting process. No coverage will be considered if bankruptcy is ongoing or pending, and until bankruptcy is discharged.

All other financial underwriting guidelines are available on AssureLINK at <https://assurelink.assurity.com> by accessing the Financial UW Guidelines option found in the QuickLinks section of the product page.

Medical Underwriting Guidelines

HEIGHT / WEIGHT BUILD CHARTS

Adult Height / Weight Build Charts

An adult proposed insured must be within the minimum and maximum weight for their height to be eligible for coverage.

ADULT HEIGHT / WEIGHT BUILD CHART		
Height	Minimum Weight	Maximum Weight
4'10"	78	214
4'11"	81	221
5'0"	84	230
5'1"	86	237
5'2"	90	246
5'3"	93	254
5'4"	96	262
5'5"	98	269
5'6"	101	278
5'7"	104	285
5'8"	107	294
5'9"	110	303
5'10"	113	310
5'11"	116	319
6'0"	120	328
6'1"	124	336
6'2"	127	345
6'3"	131	354
6'4"	134	363
6'5"	137	369
6'6"	141	380
6'7"	145	388
6'8"	148	394
6'9"	152	402

Medical Underwriting Guidelines

Infant and Child Height / Weight Build Charts

An infant or child proposed insured must be within the minimum and maximum weight and height for their age to be eligible for coverage. If outside of that range, they may still be eligible for coverage.

For a proposed insured’s height or weight below the minimum, use that height or weight as the listed minimum in the chart to find the acceptable range. For example, a 12-month infant 24 inches in height would need to be 13 to 32 pounds in weight to be eligible for coverage.

For a proposed insured’s height or weight above the maximum, use that height or weight as the listed maximum in the chart to find the acceptable range. For example, a 12-month infant 45 pounds in weight would need to be 29 to 33 inches in height to be eligible for coverage.

CHILD BUILD HEIGHT / WEIGHT CHART US Standard (effective Sept. 8, 2009)				
Age- Yrs.	Height		Weight	
	Min	Max	Min	Max
2	2'8"	3'0"	23	54
3	2'11"	3'4"	26	59
4	3'1"	3'7"	30	65
5	3'4"	3'10"	33	76
6	3'6"	4'1"	37	83
7	3'8"	4'3"	41	91
8	3'11"	4'6"	45	109
9	4'1"	4'9"	50	115
10	4'2"	4'11"	54	125
11	4'4"	5'1"	60	135
12	4'6"	5'4"	67	145
13	4'8"	5'6"	75	155
14	4'11"	5'9"	84	165
15	5'2"	6'0"	94	185
16	5'3"	6'1"	103	197

INFANT BUILD HEIGHT / WEIGHT BUILD CHART US Standard (effective Sept. 8, 2009)				
Age – Mons.	Height		Weight	
	Min	Max	Min	Max
0	18"	21"	6	15
1	19"	22"	7	18
2	21"	24"	8	22
3	22"	25"	10	26
4	23"	26"	11	28
5	24"	27"	13	30
6	24"	28"	14	32
7	25"	29"	14	35
8	26"	29"	14	35
9	26"	30"	14	37
10	27"	30"	16	37
11	27"	31"	16	40
12	28"	31"	17	40
13	28"	32"	17	42
14	29"	32"	18	42
15	29"	33"	18	45
16	29"	33"	18	45
17	30"	34"	19	48
18	30"	34"	19	48
19	30"	35"	19	51
20	31"	35"	20	51
21	31"	35"	20	51
22	31"	36"	20	54
23	32"	36"	21	54
24	32"	36"	21	54

Medical Underwriting Guidelines *(continued)*

CONCERNING CONDITIONS

The following represents underwriting guidelines for some conditions that may affect coverage offered.

Condition	Criteria	Possible Decision
-A-		
ADL's (Activities of Daily Living)	<ul style="list-style-type: none"> If unable to do toileting, transferring in and out of a chair or bed, continence, eating, bathing, dressing, grooming, walking, and managing medications without assistance. 	<ul style="list-style-type: none"> No coverage offered
Alcoholism	<ul style="list-style-type: none"> If treated for alcoholism anytime in the past and still drinks. 	<ul style="list-style-type: none"> No coverage offered
Anemia	<ul style="list-style-type: none"> For anemia (other than iron deficiency) if diagnosed or treated ever. For iron deficiency if hospitalized or had a blood transfusion within last 12 months. 	<ul style="list-style-type: none"> No coverage offered No coverage offered
Aneurysm	<ul style="list-style-type: none"> If diagnosed or treated within the last 12 months. If no treatment over 12 months. 	<ul style="list-style-type: none"> Graded Level
Angina	<ul style="list-style-type: none"> If had any angina within the last 12 months. 	<ul style="list-style-type: none"> No coverage offered
-B-		
Brain Surgery	<ul style="list-style-type: none"> If had or been advised to have brain surgery in the past 12 months. If had brain surgery greater than 12 months ago, was non-cancerous, and able to do all ADL's without assistance. 	<ul style="list-style-type: none"> No coverage offered Level
-C-		
Cancer	<ul style="list-style-type: none"> If within 2 years or 5 years from date of last treatment, depending on the state. If over 5 years from date of last treatment and taking preventative cancer medications: Proscar, Arimidex, Tamoxifen. If taking any preventative cancer medications not listed above If taking any medications defined as cancer treating medications All carcinomas other than basal cell or squamous cell. 	<ul style="list-style-type: none"> No coverage offered Level Additional review No coverage offered No coverage offered
Cardiomyopathy	<ul style="list-style-type: none"> If diagnosed or treated within the past 12 months. If diagnosed over 12 months ago and no treatment within past 12 months. 	<ul style="list-style-type: none"> Graded Level
Chronic bronchitis, emphysema or COPD	<ul style="list-style-type: none"> If using oxygen and/or a smoker. If using a nebulizer 	<ul style="list-style-type: none"> No coverage offered Level
Circulatory Surgery	<ul style="list-style-type: none"> If in the past 12 months, had any circulatory surgery (includes placement of stents). 	<ul style="list-style-type: none"> No coverage offered

Medical Underwriting Guidelines *(continued)*

Condition	Criteria	Possible Decision
Congestive Heart Failure	<ul style="list-style-type: none"> If in the past 12 months, diagnosed or treated for congestive heart failure. 	<ul style="list-style-type: none"> Graded
Criminal Activity	<ul style="list-style-type: none"> If charges are pending or on parole or probation. If convicted over 2 years ago, not on probation or incarcerated. 	<ul style="list-style-type: none"> No coverage offered Level
-D-		
Diabetes	<ul style="list-style-type: none"> If diagnosed within 12 months. If blood sugar readings (fasting) are greater or equal to 200 numerous times. If A1C reading are equal to or greater than 9.0 If A1C readings are greater than or equal to 10.0, then considered uncontrolled. If changing medications from insulin to tablet in the last 12 months. If changing medication from tablet to insulin within the last 12 months. If any complications including numbness, amputation, circulation, eye or kidney disorder, coma or insulin shock and neuropathy. If any amputation related to diabetes. 	<ul style="list-style-type: none"> No coverage offered No coverage offered Additional review No coverage offered Level No coverage offered No coverage offered No coverage offered
-H-		
Heart Attack	<ul style="list-style-type: none"> If heart attack within the last 12 months. 	<ul style="list-style-type: none"> No coverage offered
Heart Surgery	<ul style="list-style-type: none"> If in the past 12 months, had any heart surgery (including bypass surgery, cardiac ablation, open-heart surgery or placement of stents). If had bypass surgery, angioplasty or placement of stents or defibrillator great than 12 months but in the past 5 years. Heart catheterization with intervention (stent, angioplasty). Heart catheterization with no intervention 	<ul style="list-style-type: none"> No coverage offered Graded No coverage offered Level
Heart Valve Replacement	<ul style="list-style-type: none"> Heart valve replacement is considered tissue transplant. 	<ul style="list-style-type: none"> No coverage offered
Height/Weight Chart	<ul style="list-style-type: none"> If outside height weight chart. 	<ul style="list-style-type: none"> No coverage offered
Hepatitis	<ul style="list-style-type: none"> Chronic Hepatitis B or D, meaning being treated for greater than 2 continuous months or having multiple episodes. Hepatitis C 	<ul style="list-style-type: none"> No coverage offered No coverage offered

Medical Underwriting Guidelines *(continued)*

Condition	Criteria	Possible Decision
Home Health Care	<ul style="list-style-type: none"> • If receiving home health care (assistance with medication, bathing, dressing, eating, grooming) and if allowed by applicable state. • If receiving home health care (assistance with medication, bathing, dressing, eating, grooming) and if not allowed by applicable state. • If receiving home health care (assistance with cooking and cleaning). 	<ul style="list-style-type: none"> • Modified • No coverage offered • Level
Hospitalization/Medical Facility	<ul style="list-style-type: none"> • If in the past 12 months, was an inpatient at a medical facility for more than 48 continuous hours. • If hospitalized over 3 months ago for knee or hip replacement or a musculoskeletal condition. • If hospitalized within last 3 months for knee or hip replacement or a musculoskeletal condition. 	<ul style="list-style-type: none"> • No coverage offered • Level • No coverage offered
-K-		
Kidney Disease	<ul style="list-style-type: none"> • If ever had dialysis treatment. • If no dialysis treatment. • If kidney disease is the result of a complication from diabetes. • If no dialysis and not Diabetes related. 	<ul style="list-style-type: none"> • No coverage offered • Level • No coverage offered • Level
-L-		
Life Expectancy	<ul style="list-style-type: none"> • If less than or equal to 12 months. 	<ul style="list-style-type: none"> • No coverage offered
Liver Disease	<ul style="list-style-type: none"> • If ever been diagnosed or treated. 	<ul style="list-style-type: none"> • No coverage offered
-M-		
Memory Loss	<ul style="list-style-type: none"> • If suffering from memory loss (not including Alzheimer's or dementia) 	<ul style="list-style-type: none"> • Level
Mental/Nervous Illness	<ul style="list-style-type: none"> • If confined to a psychiatric facility within the past 90 days and allowable by state. ***If modified benefit plan is not available in applicant's state *** • If hospitalized within the last 12 months, for more than 48 hours, for any mental/nervous condition. 	<ul style="list-style-type: none"> • Modified • No coverage offered
Mental Retardation	<ul style="list-style-type: none"> • If unable to do ADL's. • If over 18 and not able to do interview. 	<ul style="list-style-type: none"> • No coverage offered • No coverage offered
-O-		
Oxygen	<ul style="list-style-type: none"> • If using oxygen in the home for any condition. 	<ul style="list-style-type: none"> • No coverage offered

Medical Underwriting Guidelines *(continued)*

Condition	Criteria	Possible Decision
-P-		
Pacemaker/Defibrillators	<ul style="list-style-type: none"> If defibrillator has been placed within the last five years (but over 12 months). Pacemaker over 12 months ago. Battery change (unless defibrillator placed within the past 5 years). 	<ul style="list-style-type: none"> Graded Level Level
Plavix	<ul style="list-style-type: none"> If taking Plavix, then need to know specifically for which condition. 	<ul style="list-style-type: none"> Additional review
-R-		
Rheumatoid Arthritis	<ul style="list-style-type: none"> If taking Methotrexate, Plaquenil, Hydroxychloroquine. If not taking Methotrexate, Plaquenil, Hydroxychloroquine and can do all ADLs. 	<ul style="list-style-type: none"> Additional review Level
-S-		
Sarcoidosis	<ul style="list-style-type: none"> If no surgery or Oxygen. If surgery greater than 12 months ago and no oxygen. 	<ul style="list-style-type: none"> Level Level
Sleep Apnea	<ul style="list-style-type: none"> If no treatment or diagnosis within the past 12 months. If using oxygen on the CPAP machine. If prescribed a CPAP machine but not using. 	<ul style="list-style-type: none"> Graded No coverage offered No coverage offered
Stroke	<ul style="list-style-type: none"> If had a stroke within the last 6 months. If had a stroke within 6-12 months. If receiving treatment within the last 12 months. If unable to do all ADL's without assistance or receiving home health care. 	<ul style="list-style-type: none"> No coverage offered Graded Graded No coverage offered
-T-		
Tissue Transplant	<ul style="list-style-type: none"> Any significant transplant such as heart valve, liver, Kidney or Bone Marrow. A skin transplant or graft (non-cancerous) is not considered as significant if recovered. 	<ul style="list-style-type: none"> No coverage offered Level
-U-		
US Citizen or Permanent Resident	<ul style="list-style-type: none"> If not a US citizen or permanent resident for at least one year. 	<ul style="list-style-type: none"> No coverage offered
-W-		
Wheelchair bound	<ul style="list-style-type: none"> If able to do all ADL's without assistance (walking excluded). 	<ul style="list-style-type: none"> Level

Medical Underwriting Guidelines *(continued)*

ADDITIONAL UNDERWRITING INFORMATION TO EXPEDITE PROCESSING

Underwriting action often depends on answers to a number of basic questions specific to the condition or situation. In addition to information provided in the application, the underwriting process can be expedited by providing such additional underwriting information as outlined below. On a separate sheet of paper attached to the application, give the information as specified for conditions or situations listed 1 through 13. For any condition or situations not listed, please give information according to section 14.

1. Arthritis

- Applicant's name
- Type of arthritis
- Joints and areas involved
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

2. Asthma, emphysema, or bronchitis

- Applicant's name
- Number of attacks in the past 12 months
- Date of last attack
- Hospitalizations due to respiratory condition
- Date of last hospitalization (if any)
- Currently prescribed medications and treatment
- Name, address and phone number of all physicians and medical facilities

3. Back or neck pain or problems

- Applicant's name
- Diagnosis (sprain, strain, herniated disc, etc.)
- Area of the back or neck affected
- Date of last symptom
- Currently prescribed medications and treatment
- Date of last treatment
- Name, address and phone number of physician and medical facilities

4. Diabetes or glucose metabolism abnormalities

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Currently prescribed medications and treatment
- Date(s) of any hospitalizations
- Related conditions – eye disorders, kidney disorders, heart disorders, recurrent infections, circulatory problems, amputations, skin ulcers
- Other conditions/symptoms due to diabetes
- Name, address and phone number of physician and medical facilities

5. Epilepsy or seizure

- Applicant's name
- Type of epilepsy or seizure

Medical Underwriting Guidelines *(continued)*

- Date of onset or diagnosis
- Date of last seizure
- Currently prescribed medications or treatment
- Name, address and phone number of all physicians and medical facilities

6. Heart attack, angina or coronary artery disease

- Date of onset or diagnosis
- Diagnosis
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications and treatment
- **Name, address and phone numbers of all physicians and medical facilities**

7. Heart murmur

- Applicant's name
- Date of onset or diagnosis
- Type of murmur
- Restrictions to activities
- Currently prescribed medications and treatments
- Name, address and phone number of physician and medical facilities

8. High blood pressure

- Applicant's name
- Date of onset or diagnosis
- Currently prescribed medications or treatment
- Name, address and phone number of physicians and medical facilities

9. Kidney or urinary tract disease or disorder

- Applicant's name
- Disease or disorder
- Currently prescribed medications and treatments
- Tests completed
- Name, address and phone number of physician and medical facilities

10. Stomach and/or digestive tract disorders

- Applicant's name
- Diagnosis
- Date of onset
- Date of last symptoms
- Currently prescribed medications and treatment
- Name, address and phone number of physicians and medical facilities

11. Tumor, polyp or cyst

- Applicant's name
- Diagnosis
- Location of growth

Medical Underwriting Guidelines *(continued)*

- Date of removal
- Currently prescribed medications and treatment
- Follow-ups planned
- Name, address and phone number of physician and medical facilities

12. **Driving under the Influence (DUI)**

- Applicant's name
- Date of offense
- Number of DUI offenses
- License currently suspended
- Current employment

13. **Drug or alcohol abuse**

- Applicant's name
- Types of drugs or alcohol used
- Dates of last drug or alcohol use
- Treatment dates
- Current affiliation in support group - Alcoholics Anonymous (AA), Narcotics Anonymous (NA)

14. **All other medical conditions**

- Applicant's name
- Diagnosis
- Date of onset or diagnosis
- Residual or ongoing symptoms
- Date of last symptoms
- Tests completed or prescribed
- Currently prescribed medications or treatment
- Names, addresses and phone numbers of all physicians and medical facilities

About Assurity

Assurity Life Insurance Company's origins are rooted in a 120-year legacy of providing long-term security to policyholders that has earned generations of customers' confidence and trust.

Assurity Life serves customers across the nation, offering disability income, critical illness, accident and life insurance, annuities and specialty insurance plans through our representatives and worksite distribution.

With assets exceeding \$2 billion, Assurity Life has built a reputation for "best in class" service and sound, conservative business practices with a disciplined approach to financial management. Headquartered in Lincoln, Neb., Assurity Life has earned a high rating from A.M. Best Company, one of the insurance industry's leading independent analysts. For more information about this rating, please visit www.ambest.com or www.assurity.com.

We're proud of our history of integrity, financial accountability...and helping people through difficult times.

Revisions to this Underwriting Guide

Date	Section	Update
6/16/14	All	Moved underwriting information to this separate underwriting guide