



ASSURANT
Health®

Assurant. On your terms.®



Time Insurance Company

Assurant Health is the brand name for products underwritten
and issued by Time Insurance Company.

Major Medical Insurance for Individuals and Families

Delivering confidence — every step of the way

To find the right health insurance solution, you need a company you can rely on. You'll feel confident in your choice when you depend on Assurant Health's expertise and strength.

- Rated A- (Excellent) by the highly respected insurance industry analyst, A.M. Best Company[†]
- Part of Assurant, Inc., a Fortune 500 company
- 120 years[‡] in health insurance — experience and expertise you won't find anywhere else
- Health insurance solutions offered to small businesses and individuals across the U.S.

[†] Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2011.

[‡] Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892) and John Alden Life Insurance Company (est. 1961).

For reliable temporary (less than six months) insurance protection, ask about Assurant Health **Short Term Medical** plans.

Not available in CT, DE, MA, NJ, NM, NY, VT and WV.

Protection for your peace of mind

Assurant Health major medical plans always have delivered the **strong financial protection** you and your family need, and now they provide the benefits set forth in the health care reform law — the Patient Protection and Affordable Care Act (PPACA). Whether you choose a CoreMedSM or OneDeductible plan, you can count on **broad major medical coverage** with many preventive services paid at 100%, and no annual or lifetime dollar limits on hospitalization, emergency care, outpatient care, prescriptions and doctor visits.

All CoreMed and OneDeductible plans include the **personal assistance** you need to make the most of your coverage, and other features:

- Freedom to choose your own doctors and hospitals, with discounts for using PPO network providers
- Preventive services recommended under health care reform paid at 100%, even before you meet your deductible
- Preferred rates at time of purchase and through renewal¹
- Health care advocates provided by Patient Care help you navigate the health care system and compare costs among providers²

Ask how to increase the benefits, flexibility and value of your CoreMed or OneDeductible major medical plan with **supplemental products**.³ Added benefits that:

- Pay cash when you have dental care, treatment for an accidental injury or a critical illness
- Provide the cash you need to pay the expenses other plans don't pay
- Are easy to add to your CoreMed or OneDeductible major medical plan — **no additional application or underwriting required**

See page 6 for more information.

¹ Preferred risk class is subject to approval and is not available in OR.

² Patient Care advocates are not employees of Assurant Health. Patient Care service may be discontinued at any time.

³ Supplemental products are available at an additional cost.



CoreMed – flexible options and great value ★ HSA-compatible options

If you're looking for flexible major medical coverage that will fit your budget, check out CoreMed, Assurant Health's most popular major medical plan.

- Customize a plan from CoreMed's wide array of benefit options – including options that make your plan compatible with a money- and tax-saving Health Savings Account (HSA)
- Control your premiums by adjusting benefit levels
- Protect yourself from the unexpected and provide for your everyday health care needs

OneDeductible – simplicity and savings ★ All options HSA-compatible

Look to a OneDeductible major medical plan for simplicity, convenience and tax savings.

- Simplify your plan design with one common deductible for all family members and all covered expenses, even prescriptions
- Realize tax advantages with an HSA – available with all options

CoreMed and OneDeductible network plan benefits

Compare benefits to find the plan that best suits your needs.

	CoreMed	OneDeductible	
<p>Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.</p>			
MAKE CHOICES TO BUILD YOUR PLAN	Deductible⁴	<ul style="list-style-type: none"> Individual: \$2,000; \$3,500; \$5,000; \$7,500; \$10,000; \$15,000 or \$25,000 Family: 2x the deductible, met collectively by 2 or more people 	<ul style="list-style-type: none"> Individual: \$2,850; \$3,750 or \$5,000 Family: \$5,700; \$7,500 or \$10,000
	Benefit Percentage/Coinsurance⁴	100%/0%, 80%/20%, 70%/30% or 50%/50% (GA: 60%/40% instead of 50%/50%)	100%/0%, 80%/20% or 50%/50% (GA PPO plans: 60%/40% instead of 50%/50%)
	Coinsurance Out-of-Pocket Maximum⁴	<ul style="list-style-type: none"> Individual: \$0 to \$7,500 depending on coinsurance Family: 2x the coinsurance out-of-pocket maximum, met collectively by 2 or more people 	<ul style="list-style-type: none"> Individual: \$0 to \$2,500 depending on coinsurance Family: 2x the coinsurance out-of-pocket maximum (GA: \$0 to \$2,000)
	Outpatient and Inpatient Facility Fees⁴	<ul style="list-style-type: none"> Option 1: \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery Option 2: No inpatient or outpatient facility fees <p>Facility fees apply first, then charges subject to deductible and coinsurance</p>	None
	HSA-Compatible Options⁵ (Deductible/Benefit Percentage/Coinsurance/Coinsurance Out-of-Pocket Maximum)	1) Choose one option <ul style="list-style-type: none"> \$3,500/50%/50%/ \$2,000 \$5,000/100%/0%/ \$0 2) Choose Facility Fees Option 2	All options are HSA-compatible
	<div style="border: 1px solid orange; border-radius: 15px; padding: 2px 10px; display: inline-block;"> HSA-compatible options </div>		
NETWORK PLAN BENEFITS	Office Visits,⁶ Prescription Drugs,⁷ Health Care Practitioner Services, Diagnostic Imaging and Laboratory Services, Professional Air and Ground Ambulance, Inpatient Hospital, Outpatient Hospital, Surgical Center and Urgent Care, Outpatient Physical Medicine	Covered, subject to plan deductible and coinsurance	
	Preventive Services⁴	Immediate coverage paid at 100% for preventive services mandated by the Patient Protection and Affordable Care Act (go to uspreventiveservicestaskforce.org , click on Recommendations and then the Affordable Care Act link for more information); additional preventive services paid subject to deductible and coinsurance	
	Emergency Room	Covered, subject to plan deductible and coinsurance; \$75 emergency room fee, waived if admitted to hospital ⁸	
	Home Health Care	Up to 160 hours	
	Inpatient Rehabilitation Facility, Subacute Rehabilitation and Skilled Nursing Facilities	Up to 90 days	
	Transplants (see page 10 for more information)	Covered, subject to plan deductible and coinsurance	
	Behavioral Health and Substance Abuse⁴	Not covered	Covered, subject to plan deductible and 50% coinsurance

The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Additional provisions may apply. OneDeductible is also available without a PPO network.

⁴ Varies by state.

⁵ HSA-compatible options vary by state and are not available in ID, KY, LA, MN, MT, NH, NV, OR, SD or UT.

⁶ Office visit copay options vary by state and are available in IN, MT, NV, OR, SD, and UT.

⁷ Prescription drug deductible/copay options vary by state and are available in IN, LA, MT, NV, OR, SD and UT.

⁸ No emergency room fee in IL.

CoreMed and OneDeductible network information

Network Discounts

You'll maximize your preferred provider organization (PPO) plan's benefits by using network providers, who offer negotiated discounts to Assurant Health and minimize your out-of-pocket expenses.

Assurant Health understands that when you're faced with an emergency, you don't have time to ensure providers are in network before seeking care. Therefore, **in emergency situations, benefits are paid at the network benefit percentage regardless of where services are performed.** All benefits are subject to the maximum allowable amount.

Out-of-Network Services

If you choose to use out-of-network providers for routine and non-emergency care, you will not receive Assurant Health's PPO discounts and you may incur additional charges. Covered services are subject to the maximum allowable amount provision, out-of-network deductible, out-of-network benefit percentage and out-of-network coinsurance out-of-pocket maximum.

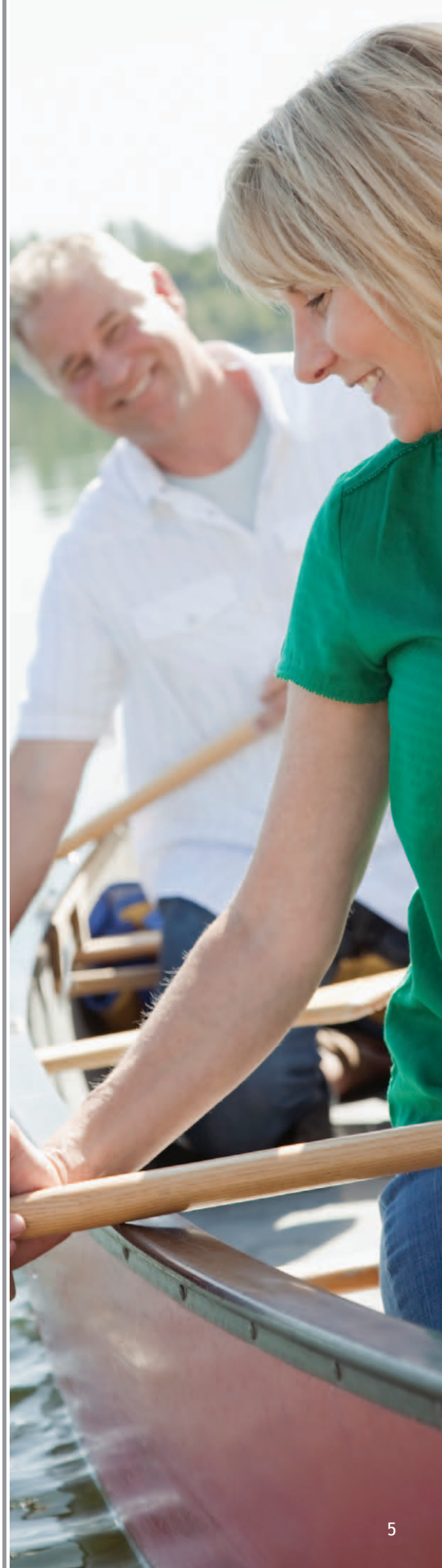
The chart below outlines these costs, which may vary by state.⁹

Out-of-Network Cost

	CoreMed	OneDeductible PPO
Out-of-Network Deductible	<p>Individual:</p> <ul style="list-style-type: none"> For deductibles from \$2,000 to \$15,000: 2x selected deductible For \$25,000 deductible: + \$2,000 <p>Family:</p> <ul style="list-style-type: none"> 2x individual out-of-network deductible met collectively by 2 or more people 	2x selected plan deductible
Out-of-Network Coinsurance Out-of-Pocket Maximum	<ul style="list-style-type: none"> Individual: \$10,000 Family: \$20,000 	<ul style="list-style-type: none"> Individual: \$6,000¹⁰ Family: \$12,000¹⁰
Out-of-Network Benefit Percentage	Selected benefit percentage less 20%	<ul style="list-style-type: none"> For 100% and 80% benefit percentages: 50% For 50% benefit percentage: 30%

⁹ Out-of-network costs vary in FL, GA, KS, LA, MT, NV, OK, OR, TX and WI.

¹⁰ Behavioral health/substance abuse coinsurance is 70% for out-of-network providers (varies by state).



Supplemental products increase your benefits and the value of your plan

Expand your major medical coverage with Assurant Health's supplemental products and get cash benefits that help you pay the expenses other plans don't pay. It's easy to add these plans to your CoreMed or OneDeductible plan — no additional application or underwriting is required.

Choose from:

Dental Coverage

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Accident Coverage

- Accident Medical Expense
- Accident Fixed-Benefit

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Term Life-Critical Illness Coverage

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Cancer and Heart/Stroke Coverage

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SuiteSolutions

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Dental-Vision Discount Plan

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Dental Coverage

Regular dental care can mean more than a brighter smile and a better quality of life — it could also mean better overall health. Dental Coverage pays cash benefits when you have dental checkups and treatment — making it easier to keep up with regular visits to the dentist and lead a healthier life.

- No waiting period for checkups — you get a set cash amount for a visit every six months
- Get a set cash amount for each dental treatment such as a filling or crown
- Visit any dentist — no network restrictions
- Receive cash benefits directly, or have benefits paid to your dentist

You choose from three plans:

BASIC

- ✓ Benefits for preventive
- ✓ Benefits for basic services like fillings

INTERMEDIATE

- ✓ Higher-level benefits for preventive
- ✓ Higher-level benefits for basic services like fillings

PLUS

- ✓ Higher-level benefits for preventive
- ✓ Higher-level benefits for basic services like fillings
- ✓ Benefits for major services like crowns¹¹

Sample premium rates are for Dental Coverage plans that cover an adult, age 30, residing in North Carolina, and are purchased along with an Assurant Health Individual Major Medical plan.

See a Dental Coverage insert for more information about benefits, limitations and exclusions. In NH, use Form 29998. For all other states, use Form series 30244. Dental Coverage not available in MN or NV.

¹¹ In most states, there's a 180-day waiting period on major services.

Individual rates start around

\$9/month

\$16/month

\$20/month

Accident Coverage

Accidental injuries catch you off guard and throw you into worry, uncertainty, inconvenience and, sometimes, a lot of expense you hadn't exactly planned for. But the expense can be less of a concern if your plan includes Accident Medical Expense or Accident Fixed-Benefit Coverage.

- Pays cash right to you
- Helps you pay the expenses other plans don't pay, like medical deductibles and coinsurance
- Pays no matter what doctor or hospital you choose
- No overall annual or lifetime limits — no matter how many accidents you have

Supplemental products are separate contracts available at an additional cost. Additional provisions may apply.

Accident Coverage, cont.

You choose from two plans:

ACCIDENT MEDICAL EXPENSE

- Select the benefit amount you need to cover your deductible and coinsurance: \$2,500, \$5,000, \$7,500 or \$10,000 per accident (\$250 deductible per accident)
- Accidental Death and Dismemberment — based on the benefit amount you select, you receive \$2,500 to \$10,000 per accident for dismemberment and death benefits combined

Sample premium rate is for Accident Medical Expense with a \$2,500 benefit for an individual residing in Wisconsin. See the Accident Medical Expense Coverage insert, Form 30422, for more information about benefits, limitations and exclusions. Accident Medical Expense is not available in CA, CO, FL, GA, ID, IN, KS, MD, MN, ND, NH, NV, OH, PA, SD, TN, or VA.

ACCIDENT FIXED-BENEFIT

- Set cash benefit for each injury and service — multiple benefits that really add up
- Accidental Death and Dismemberment benefits per injury up to \$20,000 for a child and \$50,000 for an adult

Sample premium rate is for Accident Fixed-Benefit, level 2, 24-hour coverage, industry class C, for an adult residing in Wisconsin. See the Accident Fixed-Benefit Coverage insert, Form 30245, for more information about benefits, limitations and exclusions. Accident Fixed-Benefit is not available in MN, NH or VA.

Term Life—Critical Illness Coverage

The costs of fighting and surviving a critical illness can go beyond what other plans are meant to cover. That's why Critical Illness Coverage pays cash right to you, to help you pay expenses other plans don't pay — like deductibles/coinsurance, lost income or everyday bills.

When you choose Critical Illness Coverage, you reduce the potential financial impact of critical illness on your family and future. You get:

- Coverage for 15 critical illnesses¹²
- Lump-sum cash benefits upon diagnosis, over and above benefits you receive from any other plan
- Choice of critical illness cash benefit amounts to fit your needs and budget
- Choice of term life benefit levels (not available in Ohio)
- Freedom to use the cash any way you choose

Sample premium rate is for Term Life — Critical Illness Coverage with a \$10,000 critical illness benefit for a 46-year-old male residing in Wisconsin. See the Term Life — Critical Illness Coverage insert, Form series 30246, for more information about benefits, limitations and exclusions. Customers should consult their tax advisor if they intend to purchase this plan and fund a Health Savings Account (HSA) as there may be negative tax consequences. Critical Illness Coverage not available in CA, DE, MN, PA or VA. In Ohio, Critical Illness Coverage is not term life. Supplemental products are separate contracts available at an additional cost. Additional provisions may apply.

¹² In MD, 12 critical illnesses are covered.

Cancer and Heart/Stroke Coverage

With Cancer and Heart/Stroke coverage, you'll receive a cash benefit to use any way you want — like deductibles/coinsurance from another insurance plan, lost income or everyday bills — if a covered condition is diagnosed.

- **Simple** — Lump-sum benefit in the event of cancer, a covered heart condition or stroke
- **Flexible** — Pay only for the conditions you're most worried about by selecting the plan you need: cancer only, heart/stroke only, or both
- **Affordable** — Choose the benefit amount that best meets your needs and budget

Sample rate is for Cancer and Heart/Stroke Coverage, \$10,000 benefit level for a 30-year-old female, non tobacco user residing in Michigan. See the Cancer and Heart/Stroke Coverage insert, Form 30484, for more information on benefits, limitations and exclusions. Cancer and Heart/Stroke Coverage is available in AL, AR, LA, MI, MO, MS, WV and WI.

Individual rates start around
\$27/month

Individual rates start around
\$23/month

Individual rates start around
\$20/month

Individual rates start around
\$8/month

More supplemental and discount plan options

SuiteSolutions

Available through membership in Health Advocates Alliance, SuiteSolutions is another option for added protection to help you pay some or all of your deductible and coinsurance in the event of an accident or critical illness.

- Cash benefits sent directly to you
- Pays no matter what doctor or hospital you use
- You choose from two membership levels:

Level 1 – SecureSolution – benefits for accidents

- Accident Medical Expense – \$2,500; \$5,000 or \$10,000 per accident (\$250 deductible per accident)
- Accidental Death and Dismemberment - Up to \$10,000 for the primary insured and up to \$1,000 for the spouse and each child
- Weekly Accident Indemnity – 70% of basic weekly salary to a maximum of \$250 per week, for up to 52 weeks for the primary insured only

Level 2 – SelectSolution – benefits for accidents, critical illnesses and more

Includes all the benefits of SecureSolution, plus:

- Critical Illness Expense – \$2,500; \$5,000 or \$10,000 for the primary insured and spouse. (Must be the same as Accident Medical Expense.) Covers 10 critical illnesses such as cancer, heart attack and stroke – as defined in the insurance certificate – once per person
- Additional Benefits
 - > Identity network child safety services
 - > Financial relief for identity fraud
 - > Travel assistance
 - > Discounts on hearing aids and more

SuiteSolutions accident medical expense benefits are reduced by benefits payable under any other insurance plan. Customers should consult their tax advisor if they intend to purchase this plan and fund a Health Savings Account (HSA) as there may be negative tax consequences. SuiteSolutions accident and critical illness benefits are underwritten by ACE American Insurance Company.

SuiteSolutions is available through Health Advocates Alliance, an association dedicated to the health and well-being of its members. Membership includes access to a 24-hour nurse helpline, a scholarship program for qualified students studying in a health-related field and a number of additional benefits as well as discounts. In certain states, membership in Health Advocates Alliance is required in order to buy Assurant Health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health also benefits from these fees.

SuiteSolutions sample membership fees are for plans with a \$2,500 benefit for an individual.

SecureSolution is not available in AK, AL, AR, DC, DE, IA, IL, KY, LA, MD, MI, MO, MS, MT, NE, OK, OR, SC, SD, TX, UT, WI, WV or WY. SelectSolution is not available in IN, MD, OR or SD.

Dental-Vision Discount Plan

This plan provides discounts from a nationwide network of dental and eyewear providers. Save 15% to 50% on dental services and 10% to 60% on eyewear.

Discount Plan is not insurance. Actual costs and savings may vary by provider and geographic area. Not available in AK, FL, MT, ND, NH, NV, SD or WY.

Individual rates start around

\$35/month

Individual rates start around

\$51/month

Just
\$9.95 month

Health Savings Account information

Maximize your savings by pairing your HSA-compatible plan with a tax-favored Health Savings Account.

A Health Savings Account (HSA) is an account where you can deposit pre-tax money. You can use the funds to pay for out-of-pocket medical expenses or let them accumulate to supplement your retirement income.

- HSA contributions are tax deductible, or pre-tax if made through payroll deduction
- Interest paid on the account balance is tax free, as are withdrawals for qualified medical expenses
- Unused balances are yours to keep and roll over year to year
- At age 65, you may withdraw money for non-medical expenses with no penalty, paying only retirement-level (typically lower) income taxes

Medical expenses payable with HSA dollars

Following are examples of medical expenses you can pay for with your tax-sheltered HSA funds.¹³ For the complete list, see IRS Publication 502 at [irs.gov](https://www.irs.gov).

- Acupuncture
- Alcoholism treatment
- Birth control pills
- Chiropractic treatment
- Contact lenses
- Dental treatment
- Drug addiction treatment
- Eyeglasses
- Fertility enhancement
- Hearing aids
- Long-term care insurance
- Medications
- Nursing home fees
- Psychiatric care
- Smoking cessation program
- Special education
- Sterilization
- Surgery
- Vision correction surgery
- Weight loss program

¹³ Depending on the plan you choose, these services may not be covered by your health benefit plan.

Assurant Health and its legal entities are not engaged in rendering tax advice. Please consult a qualified tax professional for tax advice.



CoreMed and OneDeductible plan provisions

Medically Necessary Care

To be covered, treatment, services and supplies must be medically necessary:

- Appropriate and consistent with the diagnosis
- Commonly accepted as proper treatment
- Reasonably expected to result in improvement of the condition
- Provided in the least intensive setting without affecting the quality of medical care provided

Maximum Allowable Amount

The maximum allowable amount is the most the plan pays for covered services. If you have a PPO plan and use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

Utilization Review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered. Benefits will not be paid for any Specialty Pharmaceuticals that are not authorized by the Medical Review Manager.¹⁴

Transplants¹⁴

Kidney, cornea, skin, bone marrow, heart, liver and lung transplants are covered as any other service. All transplants include the following:

- Up to \$10,000 toward travel expenses
- Up to \$10,000 toward donor expenses

Pre-Existing Conditions¹⁵

A pre-existing condition is an illness or injury and related complications for which any of the following occurred during the 12-month period immediately prior to the effective date of your health insurance coverage:

- You sought, received or were recommended medical advice, consultation, diagnosis, care or treatment;
- Prescription drugs were prescribed;
- Symptoms were produced; or
- Diagnosis was possible

Benefits are not paid for charges incurred due to a pre-existing condition until you have been continuously insured under the plan for 12 months, unless the condition was fully disclosed on the application. After the 12-month period, benefits are paid for a pre-existing condition unless it is specifically excluded from coverage.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

¹⁴ Varies by state.

¹⁵ Definition varies by state.

CoreMed and OneDeductible exclusions summary

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer the following summary of what is not covered by your CoreMed or OneDeductible plan. Complete details are included in your insurance contract. No benefits are provided for the following, except where state mandates apply:

- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care or foot orthotics
- Routine dental care, unless you choose the dental insurance option
- Cosmetic services including chemical peels, plastic surgery and medications
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Cranial orthotic devices, except following cranial surgery
- Contraceptive procedures, drugs or devices
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy or to restore or enhance sexual performance or desire
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: obesity; hair loss; sexual function, dysfunction, inadequacy or desire or cognitive enhancement unless otherwise required by law
- Prophylactic treatment
- Chelation therapy
- Charges for non-medical items
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section of the contract
- Charges for devices or supplies, except as described under a prescription order
- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Experimental or investigational services
- Over-the-counter products
- Charges for Retin-A (tretinoin) and other drugs used in the treatment or prevention of acne, rosacea or related conditions for anyone age 30 or older
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- Illness or injury caused by war, commission of a felony, attempted suicide, influence of an illegal substance or a hazardous activity for which compensation is received

Exclusions cont.

- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established
- Treatment used to improve memory or to slow the normal process of aging
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Charges for testing and treatment related to the diagnosis of behavioral conduct or developmental problems, educational testing or training, vocational or work hardening programs, transitional living or services provided through a school system
- Charges related to health care practitioner-assisted suicide
- Growth hormone stimulation treatment to promote or delay growth
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- For policyholders age 19 and older, charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition was fully disclosed on the application
- Charges in excess of any stated benefit maximum

Additional exclusion for CoreMed

- Behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs

This policy has terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or the company.

Coverage is renewable provided: there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

About Assurant Health

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Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health and Assurant Employee Benefits — partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments. Assurant provides debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; solar project insurance; lender-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has approximately \$27 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,000 employees worldwide and is headquartered in New York's financial district. www.assurant.com.

This brochure is for use in AL, AK, AR, DC, DE, FL, GA, IA, IL, IN, KY, LA, MD, MI, MO, MS, MT, ND, NE, NV, OH, OR, PA, SC, SD, TN, UT, WI, WV and WY.

The information in this brochure applies to individual medical plans with effective dates June 1, 2012, and later.

Product forms Series TIM, 8032, 8059, 8079, 8227 and 8230

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