
Term 350 Plus Life Insurance

PRODUCT GUIDE

LifeScape[®]

For Agent use only.

Product availability, rates and features vary by state.



Assurity[®]

Life Insurance Company

Product Guide for LifeScape® Term 350 Plus Life Insurance

Important Notice

This is a generic product guide. Your state may require a state-specific contract. The contract, I L0760 (Term 350 Plus), or the optional benefits listed **may not be available in all states.**

The individual contract is your ultimate authority for any questions you may have about the requirements of this product. State-specific applications are available on AssureLINK.

Table of Contents

Quick Facts	3	Premium Rates	16
Product Description	3	Premium Calculation Worksheet.....	21
Underwriting Classes	3	Administrative Guidelines	22
Issue Ages.....	3	Assignments	22
Issue Amounts	3	Change of Beneficiary	22
Policy Fee	3	Change of Owner.....	22
Convertibility	3	Death Claim Processing.....	22
Premium	3	Disability Waiver of Premium Benefit	
Payment Modes and Factors.....	3	Rider Administration	22
Additional Benefit Rider	4	Dividends.....	22
Accelerated Benefit	4	Duplicate Policies	22
Optional Benefits and Riders	4	Grace Period	22
Disability Waiver of Premium Benefit	4	List Billing	22
Other Insured Term	4	Policy Additions	22
Monthly Disability Income	5	Premium Billing	22
Accident Only Disability Income	5	Reinstatement	23
Children's Term Insurance	6	Surrender	23
Critical Illness Benefit	7	Product Definitions	23
Return of Premium	8	Assignment	23
Non-Medical Limits and		Contestable Period.....	23
Exam Requirements.....	8	Misstatement of Age or Gender.....	23
Exam Limits Chart.....	10	Payment Option	23
Preferred Non-Tobacco Guidelines	11	Right to Cancel	23
Preferred+ Guidelines.....	12	Suicide	23
Additional Underwriting		About Assurity.....	24
Information.....	13	Revisions to this Guide	24
Additional Information -			
Examinations	13		

Policy Description

LifeScape® Term 350 Plus (Form No. I L0760) is a guaranteed premium term life insurance policy. Premiums are guaranteed level for the initial term period of 10, 15, 20 or 30 years. The policy may be renewed after the initial term period at annually increasing rates. Term 350 Plus is a fully underwritten product designed to meet a variety of planning needs.

Underwriting Classes

Preferred+ Non-tobacco, Preferred Non-tobacco, Standard Non-tobacco
Preferred Tobacco, Standard Tobacco

Issue Ages

Age last birthday

- 10-year level premium period, 18 through 74 NT, 18 through 70 T
- 15-year level premium period, 18 through 65 NT, T
- 20-year level premium period, 18 through 60 NT/T
- 30-year level premium period, 18 through 50 NT, 18 through 45 T

Issue Amounts

\$350,001 and over

\$100,001 and over, ages 66 through 74

Policy Fee

\$70, non-commissionable

Convertibility

LifeScape® Term 350 Plus is convertible during the conversion period, which begins on the issue date of this policy and ends on the earlier of:

- one year prior to the end of the level term period for the 10-year plan, or
- two years prior to the end of the level term period for the 15-, 20- and 30-year plans, or
- the policy anniversary on which the insured has attained age 65.

If the entire policy is converted, the policyowner will receive a non-commissionable conversion credit equal to the base premium paid during the first policy year. The conversion credit will be prorated for partial conversions.

Premium

Level and guaranteed for the initial term period of 10, 15, 20 or 30 years, based on insured's age last birthday, gender and tobacco use.

Payment Modes and Factors

PAC/credit card monthly	0.088
Quarterly	0.264
Semi-annual	0.510
Annual	1.000

NOTE: The state of California prohibits an employer from owning life insurance on an insured where the employer is the beneficiary.

Additional Benefit Riders

ACCELERATED BENEFITS RIDER (Form No. R 10761)

This rider provides an optional accelerated payment of life insurance proceeds to an insured who is terminally ill or expected to live in a nursing home until death.

The eligible life insurance proceeds are equal to a percentage of the policy face amount or up to a total of \$250,000 from all policies and riders on the insured issued by Assurity.

This rider will be attached only at the time of issue if approved in your state. There is no premium charged for this benefit. Certain states require the proposed insured to sign a disclosure form before the company can include the rider.

Optional Benefits and Riders (may vary by state)

DISABILITY WAIVER OF PREMIUM BENEFIT RIDER (Form No. R 10766)

The Disability Waiver of Premium Benefit Rider provides for waiver of premiums during a total disability of the insured occurring prior to the policy anniversary following the insured's 60th birthday. Premiums for Disability Waiver of Premium Benefit Rider are payable to the policy anniversary following the insured's 60th birthday. Available issue ages are 18-55 on an age-last-birthday basis.

The rider contains a six-month retroactive elimination period; that is, the disability must continue for six months before benefits are granted. Once the insured has qualified for benefits, Assurity will refund any premiums paid during disability and prior to approval of the claim. Benefits for a disability may be granted retroactively for no more than one year from the notice of claim to Assurity.

“Total disability” means the inability of the insured to engage in employment for which the insured is reasonably qualified by education, training or experience. Total disability must result solely from a covered accidental bodily injury received or a covered sickness which originates while the Disability Waiver of Premium Benefit Rider is in force and must require the regular care of a physician.

OTHER INSURED TERM INSURANCE BENEFIT RIDER (Form No. R 10765)

Term life insurance coverage is available as a rider for another individual, provided there is an insurable interest. Available issue ages for this rider are as indicated on the base policy. The premiums are based on the other insured's age last birthday, gender and underwriting class. The level premium period must match that of the base policy. Minimum face amount is \$350,000.

Rider fee: \$50, non-commissionable

Optional Benefits and Riders (continued) (may vary by state)

MONTHLY DISABILITY INCOME RIDER (Form No. R 10825-T) (Refer to the *Disability Income Product Guide and Occupation Guide for rules*)

This rider provides a monthly benefit if the insured becomes totally disabled as the result of a covered accident or sickness. This rider is guaranteed renewable through the earlier of the end of the initial level premium period of the base policy to which it is attached, or attained age 65 of the insured. The rider terminates at the earlier of the end of the initial level premium period of the base policy to which it is attached, or attained age 65 of the insured.

This rider is also available to another insured, provided there is an insurable interest, and the other insured has applied and been approved for the Other Insured Term Rider. The premiums are based on the other insured's age last birthday, gender and underwriting class. Disability riders are limited to one rider per insured, per policy.

Eligibility: Available only at the time of issue.

Elimination Period

90 days

Benefit Period

2 years

Underwriting

Simplified underwriting

Issue Ages

18 through 60 age last birthday

Monthly Benefit Amount

From \$300 to the lesser of \$3,000 per month or 1.5 percent of the base policy face amount. The benefit amount is limited to a maximum of 60 percent of the applicant's gross earned monthly income (40 percent in California). The maximum disability income benefit issued will also be based upon the total of all in-force individual and group disability income benefits.

ACCIDENT ONLY DISABILITY INCOME BENEFIT RIDER (Form No. R 10827-T) (Refer to the *Disability Income Product Guide and Occupation Guide for rules*)

Provides a monthly benefit if the insured becomes totally disabled as the result of a covered accident. This rider is guaranteed renewable through the earlier of the end of the initial level premium period of the base policy to which it is attached, or the insured's attained age 65. The rider terminates at the earlier of the end of the initial level premium period of the base policy to which it is attached, or the insured's attained age 65.

This rider is also available to another insured, provided there is an insurable interest, and the other insured has applied and been approved for the Other Insured Term Rider. The premiums are based on the other insured's age last birthday, gender and underwriting class. Disability riders are limited to one rider per insured, per policy.

Eligibility: Available only at the time of issue.

Optional Benefits and Riders (continued) (may vary by state)

ACCIDENT ONLY DISABILITY INCOME BENEFIT RIDER (continued)

Elimination Period

90 days

Benefit Period

2 years

Underwriting

Simplified underwriting

Issue Ages

18 through 60 age last birthday

Monthly Benefit Amount

From \$300 to the lesser of \$3,000 per month or 1.5 percent of the base policy face amount. The benefit amount is limited to a maximum of 60 percent of the applicant's gross earned monthly income (40 percent in California). The maximum disability income benefit issued will also be based upon the total of all in-force individual and group disability income benefits.

Exclusions *(may vary by state)*

Assurity will not pay the face amount if the death of the insured results from any of the following:

- Engaging in or attempting to commit a felony
- Engaging in an illegal occupation
- Intentionally causing a self-inflicted injury
- Committing or attempting to commit suicide, whether sane or insane
- Involvement in any period of armed conflict, whether declared or not
- Using drugs or alcohol except for prescribed drugs taken as prescribed
- Piloting a non-commercial aircraft more than 150 hours annually
- "Flying for pay" an aircraft outside of established air routes in the United States or Canada
- Involvement in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving and professional sports
- Traveling outside of the United States or Canada for more than 14 days
- Operating a motor vehicle while under the influence of alcohol or drugs

CHILDREN'S TERM INSURANCE RIDER (Form No. A-R M35)

Issue Ages Parent: 18 through 55 age last birthday
 Children: 15 days through 18 years

This rider provides level term coverage to age 25 on the insured's children listed on the original application and children born to or adopted by the insured while the base policy and this rider are in force. It also provides a purchase option, which allows an insured child to purchase permanent insurance of up to five times the original term coverage amount on the earlier of his or her 25th birthday or on the termination date of the rider.

This rider is sold in units, each of which provides \$1,000 of coverage for all eligible children. Up to one unit may be issued with each \$5,000 face amount of the base policy. The maximum number of units is 25 on the life of any child. The per-unit rate for the CTI Rider is \$5.70 with waiver of premium and \$5.50 without waiver of premium.

Optional Benefits and Riders (continued) (may vary by state)

CRITICAL ILLNESS BENEFIT RIDER (Form No. R I0762/ R I0763)

Available in lump-sum benefit amounts from \$20,000 to \$100,000 and may not exceed the term face amount for the base insured or other insured. Assurity will pay a benefit if an insured person receives a first-ever diagnosis or procedure for one of the specified critical illnesses shown in the chart below if:

- the date of diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description in this rider.

Maximum amounts are based on all critical illness coverage in force or pending.

The amount payable for each first-ever diagnosis or procedure of a specified critical illness per category is the percentage of the benefit amount multiplied by the benefit amount. The benefit amount is shown on the rider schedule. The percentage of the benefit amount payable for each specified critical illness is shown beside the illness in the following chart.

The maximum total percentage of the benefit amount payable per category of specified critical illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Major Organ Transplant – heart or combination transplant including heart	100%	
	Stroke	100%	
	Coronary Bypass Surgery	25%	
	Angioplasty	10%	
Category 2	Kidney (Renal) Failure	100%	100%
	Major Organ Transplant – not covered in Category 1	100%	
	Paralysis – not as a result of stroke	100%	
Category 3	Invasive Cancer	100%	100%
	Non-invasive Cancer	25%	

If an insured person receives a percentage of the benefit amount for one specified critical illness within a category in the chart above and then becomes eligible for benefits for another specified critical illness within the same category, the benefit amount payable for the subsequent illness within the same category is the lesser of the percentage amount payable or 100 percent minus the percentage of the benefit amount received for all previous specified critical illnesses within the same category.

After 100 percent of the benefit amount shown on the rider schedule has been paid for an insured person within a category in the chart above, Assurity will not pay any additional benefits for any specified critical illness in that category for that insured person. Assurity will pay the benefit for coronary bypass surgery, non-invasive cancer and angioplasty only once per lifetime per insured person.

Optional Benefits and Riders (continued) (may vary by state)

CRITICAL ILLNESS BENEFIT RIDER (Continued)

If benefits have been paid for a specified critical illness within one category for an insured person, no benefits will be payable for a subsequent specified critical illness within a different category for that insured person unless the date of diagnosis of the subsequent specified critical illness is separated by at least 180 days from the date of diagnosis of the immediately preceding specified critical illness.

If the date of diagnosis of two or more specified critical illnesses is the same day, Assurity will pay only one specified critical illness benefit. Assurity will pay the larger of the specified critical illness benefits.

If the insured receives benefits for non-invasive cancer and is later diagnosed with invasive cancer, the remaining benefit amount will be paid.

The rider issue ages are the same as the base policy, and the rider expires at age 75.

This rider is also available to another insured, provided there is an insurable interest, and the other insured has applied and been approved for the Other Insured Term Rider. The premiums are based on the other insured's age last birthday, gender and underwriting class.

RETURN OF PREMIUM BENEFIT RIDER (Form No. I L0767)

Provides for a return of premium (ROP) benefit that is paid to the owner upon termination of the policy for any reason other than death of the insured. The policyholder is entitled to receive a percentage of the following premiums:

- Premiums paid for the term life base policy,
- Premiums paid for the ROP Benefit Rider,
- Premiums paid for any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider,
- Premiums waived under any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider.

Once the appropriate percentage has been applied to the premiums, benefits paid under any Accelerated Benefits Rider attached to the policy and premiums waived under any Waiver of Premium Rider attached to the base policy and to the ROP Benefit Rider will be subtracted to determine the return of premium benefit paid.

The Return of Premium Benefit Rider is not available for the 10- and 15- year plans.

Optional Benefits and Riders (continued) (may vary by state)

RETURN OF PREMIUM BENEFIT RIDER (Continued)

Return of Premium Benefit Schedule

The following table shows a **sample** Return of Premium Benefit schedule for a NonMed Term 350, 35-year-old Male, Select Non-Tobacco. **These percentages will vary by premium band, issue age, gender, and underwriting class.**

Policy Year	20-Year	30-Year		Policy Year	20-Year	30-Year
1-5	0%	0%		18	91%	57.1%
6	13%	2%		19	94.1%	58.7%
7	18.2%	4%		20	100%	59.7%
8	30.8%	8.1%		21	N/A	63%
9	40.7%	13.4%		22	N/A	65.9%
10	48.5%	17.3%		23	N/A	71%
11	61%	26%		24	N/A	75.2%
12	62.6%	29%		25	N/A	78.6%
13	69%	36.4%		26	N/A	83%
14	74.4%	42.5%		27	N/A	86.8%
15	78.9%	47.6%		28	N/A	91.9%
16	87%	56%		29	N/A	95.5%
17	87.3%	56.3%		30	N/A	100%

Eligibility: Available only at the time of issue.

Issue Ages

Age last birthday

- 20-year level premium period, 18 through 60 – Non-Tobacco/Tobacco
- 30-year level premium period, 18 through 50 – Non-Tobacco, 18 through 45 – Tobacco

Non-Medical Exam Limits and Exam Requirements

To determine the underwriting requirements, add up the total amount of coverage applied for on this application and/or pending coverage, including term riders, plus other insurance in force with Assurity Life within the past two years. Exclude group insurance, Acci-Flex Accidental insurance or Simplified Whole Life insurance.

When you conclude the proposed insured's application process, make arrangements to schedule the underwriting requirements.

Note: These limits are subject to change at any time. Assurity reserves the right to require a medical exam and/or other medical requirements on any proposed insured.

Exam Limits Chart (effective 2/1/2008)

Age	Amount	Non-Med or Exam	UA	BLD	EKG	TMT
18-35	\$350,001 to \$750,000	Exam*	Yes	Yes	No	No
	\$750,001 to 2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	Yes	No
36-45	\$350,001 to \$500,000	Exam*	Yes	Yes	No	No
	\$500,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
46-55	\$350,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
56-65	\$350,001 to \$2,000,000	Exam*	Yes	Yes	Yes	No
	\$2,000,001 and up	MD	Yes	Yes	No	Yes
66 and up	\$100,001 to \$500,000	Exam*	Yes	Yes	Yes	No
	\$500,001 to \$1,000,000	MD	Yes	Yes	Yes	No
	\$1,000,001 and up	MD	Yes	Yes	No	Yes

Preferred classes require a fasting full blood draw. Dried blood spot (DBS) is not acceptable. We reserve the right to request exam requirements on any amount and/or age. For ages 76 and older, the exam must be performed by an M.D. unless the proposed insured has an M.D. who can supply records in the last two years.

Non-Medical Limits and Exam Requirements *(continued)*

Preferred and Preferred+ Non-tobacco are defined as a non-user of tobacco products for the past three years.

PREFERRED NON-TOBACCO GUIDELINES

- Preferred Non-Tobacco not using tobacco products for three years;
- Preferred Tobacco currently using tobacco;
- Non-user of tobacco products for three years.
- No death of a parent, brother or sister under the age of 60 from cancer or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- No DUI or “reckless driving” convictions within the last five years; no more than one moving violation in the past five years.
- Stable, mild anxiety or depression – individual consideration.
- No personal history of vascular disease or life-threatening cancer; must be a standard risk.
- No treatment or counseling regarding drug or alcohol use within the last seven years.
- Blood pressure, treated or untreated, must be no higher than 140/90.
- Total cholesterol, treated or untreated, not to exceed 250 mg/dl, Chol/HDL ratio of 5.0 or less.
- Body build not to exceed limits set forth in the chart below.

Preferred Height/Build Table		
Height	MALE Max Wgt. (lbs.)	FEMALE Max Wgt. (lbs.)
4'10"	145	136
4'11"	151	141
5'0"	156	145
5'1"	161	150
5'2"	166	155
5'3"	172	160
5'4"	177	166
5'5"	183	171
5'6"	188	176
5'7"	194	181
5'8"	200	187
5'9"	206	192
5'10"	212	198
5'11"	218	204
6'0"	224	210
6'1"	231	216
6'2"	237	221
6'3"	244	228
6'4"	250	234
6'5"	257	240
6'6"	263	246

PREFERRED+ GUIDELINES

- Non-user of tobacco products for five years.
- No death of a parent, brother or sister under the age of 60 from cancer, diabetes or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- No DUI or “reckless driving” convictions within the last seven years; no more than one moving violation in the past five years.
- No treatment for anxiety or depression.
- No personal history of vascular disease, life-threatening cancer or diabetes; must be a standard risk.
- Never been treated or received counseling for alcohol or drug use.
- Blood pressure must be no higher than 130/80; treatment disqualifies for Preferred+.
- Total cholesterol (untreated) not to exceed 210 mg/dl, Chol/HDL ratio of 4.5 or less.
- Body build not to exceed limits set forth in the chart below.

Preferred+ Height/Build Table		
Height	MALE Max Wgt. (lbs.)	FEMALE Max Wgt. (lbs.)
4'10"	136	126
4'11"	141	131
5'0"	145	135
5'1"	150	140
5'2"	155	144
5'3"	160	149
5'4"	166	154
5'5"	171	159
5'6"	176	164
5'7"	181	169
5'8"	187	174
5'9"	192	179
5'10"	198	184
5'11"	204	190
6'0"	210	195
6'1"	216	200
6'2"	221	206
6'3"	228	212
6'4"	234	217
6'5"	240	223
6'6"	246	229

Additional Underwriting Information

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
- 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

Additional Underwriting Information (continued)

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

Additional Underwriting Information (continued)

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

Additional Information Regarding Examinations

Our authorized paramedical firms have the examination forms, containers and blood draw kits in stock.

To qualify for any of Assurity's preferred underwriting classifications, the full blood profile must be completed.

Authorized Paramedical Firms:

American Paraprofessional Systems, Inc. (APPS)	(800) 635-1677
Examination Management Services (EMSI)	(800) 872-3674
ExamOne Worldwide	(800) 873-8845
Portamedic Hooper Holmes	(800) 765-1010

For significant medical health histories or if the applicant has been declined previously, contact the Underwriting department prior to scheduling an examination.

Assurity reserves the right to require a medical examination or other medical requirements on *any* proposed insured.

Premium Rates

Term 350 Plus 10-Year Term Primary and Other Insured - Premiums per \$1,000										
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee										
Issue Age	MALE					FEMALE				
	NON-TOBACCO			TOBACCO		NON-TOBACCO			TOBACCO	
	Preferred+	Preferred	Standard	Preferred	Standard	Preferred+	Preferred	Standard	Preferred	Standard
18	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
19	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
20	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.32	0.62	0.69
21	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
22	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.33	0.62	0.69
23	0.44	0.53	0.61	1.21	1.36	0.22	0.25	0.34	0.63	0.69
24	0.44	0.53	0.61	1.21	1.36	0.22	0.26	0.36	0.65	0.71
25	0.44	0.53	0.61	1.21	1.36	0.23	0.27	0.37	0.67	0.74
26	0.44	0.53	0.61	1.21	1.36	0.25	0.28	0.39	0.70	0.78
27	0.44	0.53	0.61	1.21	1.36	0.27	0.30	0.41	0.75	0.82
28	0.44	0.53	0.61	1.21	1.36	0.29	0.31	0.43	0.80	0.88
29	0.44	0.53	0.61	1.21	1.36	0.32	0.33	0.45	0.85	0.94
30	0.44	0.53	0.61	1.21	1.36	0.34	0.36	0.48	0.90	1.00
31	0.46	0.55	0.64	1.25	1.41	0.36	0.39	0.51	0.95	1.06
32	0.48	0.58	0.69	1.31	1.47	0.38	0.43	0.55	1.00	1.13
33	0.50	0.62	0.75	1.38	1.55	0.39	0.47	0.58	1.05	1.20
34	0.53	0.66	0.81	1.47	1.64	0.41	0.51	0.62	1.11	1.28
35	0.57	0.71	0.87	1.57	1.76	0.44	0.55	0.67	1.19	1.38
36	0.61	0.76	0.93	1.69	1.90	0.47	0.59	0.72	1.29	1.50
37	0.66	0.81	0.99	1.83	2.05	0.51	0.63	0.77	1.41	1.63
38	0.72	0.86	1.06	1.99	2.22	0.56	0.68	0.82	1.53	1.77
39	0.77	0.93	1.13	2.16	2.42	0.60	0.73	0.88	1.67	1.92
40	0.84	1.00	1.22	2.35	2.64	0.65	0.78	0.95	1.80	2.08
41	0.91	1.08	1.32	2.56	2.88	0.70	0.84	1.02	1.93	2.25
42	0.99	1.18	1.44	2.79	3.15	0.76	0.90	1.10	2.06	2.43
43	1.07	1.28	1.56	3.04	3.44	0.81	0.97	1.19	2.20	2.62
44	1.16	1.39	1.70	3.29	3.76	0.87	1.04	1.27	2.34	2.82
45	1.25	1.50	1.84	3.56	4.09	0.93	1.11	1.36	2.49	3.01
46	1.34	1.61	1.99	3.83	4.44	0.99	1.18	1.44	2.65	3.20
47	1.43	1.72	2.16	4.09	4.81	1.04	1.25	1.53	2.82	3.38
48	1.53	1.84	2.33	4.38	5.21	1.09	1.32	1.61	2.99	3.57
49	1.64	1.97	2.52	4.69	5.63	1.15	1.39	1.70	3.18	3.78
50	1.76	2.12	2.72	5.04	6.09	1.22	1.47	1.80	3.38	4.00
51	1.89	2.28	2.93	5.43	6.58	1.29	1.56	1.91	3.59	4.24
52	2.04	2.45	3.16	5.84	7.08	1.37	1.65	2.02	3.80	4.49
53	2.20	2.64	3.40	6.29	7.63	1.45	1.74	2.14	4.03	4.76
54	2.37	2.85	3.66	6.79	8.23	1.54	1.85	2.27	4.28	5.05
55	2.56	3.08	3.96	7.35	8.90	1.63	1.96	2.41	4.55	5.37
56	2.76	3.33	4.28	7.94	9.62	1.73	2.08	2.56	4.84	5.71
57	2.97	3.58	4.61	8.56	10.37	1.84	2.22	2.72	5.15	6.08
58	3.21	3.86	4.97	9.25	11.20	1.95	2.36	2.89	5.47	6.47
59	3.47	4.19	5.39	10.03	12.14	2.08	2.51	3.07	5.82	6.88
60	3.79	4.57	5.88	10.96	13.26	2.21	2.67	3.27	6.20	7.33
61	4.15	5.00	6.43	12.00	14.51	2.34	2.83	3.47	6.58	7.77

62	4.53	5.47	7.02	13.12	15.85		2.48	2.99	3.66	6.95	8.21
63	4.96	5.98	7.69	14.37	17.35		2.62	3.16	3.88	7.36	8.69
64	5.45	6.57	8.44	15.79	19.06		2.80	3.37	4.14	7.85	9.28
65	6.01	7.25	9.31	17.42	21.03		3.02	3.63	4.47	8.47	10.01
66	6.38	7.70	9.88	18.43	22.23		3.08	3.70	4.55	8.61	10.17
67	6.56	7.90	10.13	18.80	22.64		3.19	3.81	4.69	8.86	10.46
68	6.92	8.34	10.69	19.76	23.78		3.31	3.96	4.88	9.17	10.79
69	7.87	9.49	12.18	22.56	27.20		3.46	4.15	5.11	9.60	11.34
70	9.79	11.82	15.21	28.42	34.41		4.69	5.64	6.95	13.16	15.60
71	12.21	14.75	19.01				6.08	7.32	9.02		
72	14.86	17.96	23.16				7.43	8.94	11.02		
73	18.46	22.34	28.83				9.63	11.59	14.30		
74	23.72	28.76	37.20				13.58	16.36	20.22		

Term 350 Plus 15-Year Term Primary and Other Insured - Premiums per \$1,000											
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee											
Issue Age	MALE					FEMALE					
	NON-TOBACCO			TOBACCO		NON-TOBACCO			TOBACCO		
	Preferred+	Preferred	Standard	Preferred	Standard	Preferred+	Preferred	Standard	Preferred	Standard	
18	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72	
19	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72	
20	0.45	0.54	0.63	1.25	1.41	0.24	0.28	0.34	0.65	0.72	
21	0.45	0.54	0.63	1.25	1.41	0.24	0.29	0.34	0.65	0.72	
22	0.45	0.54	0.63	1.25	1.41	0.25	0.31	0.35	0.65	0.72	
23	0.45	0.54	0.63	1.25	1.41	0.25	0.32	0.36	0.66	0.74	
24	0.45	0.54	0.63	1.25	1.41	0.27	0.34	0.38	0.68	0.77	
25	0.45	0.54	0.63	1.25	1.41	0.28	0.36	0.40	0.72	0.81	
26	0.46	0.55	0.65	1.27	1.43	0.30	0.38	0.43	0.77	0.87	
27	0.47	0.57	0.67	1.29	1.45	0.32	0.40	0.47	0.84	0.94	
28	0.48	0.58	0.70	1.32	1.48	0.35	0.43	0.51	0.91	1.03	
29	0.50	0.60	0.74	1.36	1.53	0.37	0.45	0.55	1.00	1.12	
30	0.52	0.63	0.78	1.42	1.60	0.40	0.48	0.59	1.08	1.21	
31	0.54	0.66	0.82	1.49	1.70	0.42	0.51	0.63	1.16	1.30	
32	0.56	0.68	0.87	1.58	1.81	0.44	0.53	0.67	1.24	1.40	
33	0.59	0.72	0.92	1.68	1.95	0.46	0.56	0.71	1.33	1.50	
34	0.63	0.76	0.98	1.79	2.10	0.49	0.59	0.75	1.43	1.62	
35	0.67	0.81	1.05	1.93	2.28	0.52	0.63	0.81	1.54	1.75	
36	0.73	0.88	1.13	2.09	2.48	0.56	0.68	0.88	1.67	1.90	
37	0.79	0.96	1.23	2.26	2.70	0.61	0.73	0.95	1.81	2.06	
38	0.87	1.05	1.33	2.45	2.95	0.66	0.79	1.03	1.96	2.23	
39	0.95	1.14	1.44	2.67	3.21	0.71	0.85	1.11	2.12	2.41	
40	1.03	1.24	1.57	2.90	3.50	0.77	0.92	1.20	2.28	2.60	
41	1.11	1.34	1.70	3.16	3.81	0.83	0.99	1.29	2.45	2.79	
42	1.19	1.43	1.85	3.43	4.13	0.90	1.07	1.38	2.63	2.99	
43	1.28	1.53	2.00	3.73	4.48	0.96	1.15	1.48	2.81	3.20	
44	1.37	1.65	2.17	4.05	4.87	1.03	1.24	1.58	3.01	3.42	
45	1.49	1.79	2.36	4.39	5.29	1.11	1.33	1.68	3.21	3.66	
46	1.62	1.95	2.56	4.75	5.75	1.19	1.43	1.79	3.42	3.91	
47	1.77	2.13	2.78	5.12	6.23	1.27	1.53	1.89	3.64	4.17	

48	1.93	2.32	3.01	5.51	6.76		1.35	1.63	2.01	3.87	4.45
49	2.10	2.53	3.27	5.95	7.33		1.44	1.74	2.13	4.12	4.74
50	2.29	2.76	3.55	6.45	7.97		1.54	1.86	2.26	4.38	5.05
51	2.49	3.00	3.86	7.01	8.66		1.64	1.98	2.40	4.65	5.37
52	2.71	3.26	4.19	7.61	9.41		1.75	2.11	2.54	4.94	5.70
53	2.94	3.54	4.55	8.26	10.21		1.86	2.24	2.70	5.24	6.05
54	3.18	3.84	4.94	8.96	11.07		1.98	2.39	2.87	5.57	6.43
55	3.45	4.16	5.35	9.71	11.99		2.12	2.55	3.06	5.94	6.86
56	3.72	4.49	5.77	10.48	12.93		2.27	2.73	3.27	6.35	7.33
57	4.00	4.82	6.20	11.26	13.90		2.42	2.91	3.49	6.78	7.83
58	4.31	5.19	6.67	12.10	14.94		2.59	3.11	3.73	7.25	8.37
59	4.65	5.60	7.20	13.06	16.12		2.77	3.34	4.00	7.76	8.96
60	5.05	6.08	7.82	14.18	17.50		2.97	3.58	4.29	8.33	9.61
61	5.50	6.63	8.52	15.44	19.06		3.19	3.85	4.61	8.95	10.32
62	6.00	7.22	9.28	16.82	20.75		3.43	4.13	4.95	9.61	11.08
63	6.54	7.87	10.12	18.32	22.61		3.68	4.44	5.32	10.32	11.89
64	7.14	8.60	11.05	19.99	24.67		3.96	4.77	5.72	11.08	12.78
65	7.80	9.40	12.08	21.84	26.95		4.26	5.13	6.16	11.92	13.74

Term 350 Plus 20-Year Term Primary and Other Insured - Premiums per \$1,000										
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee										
Issue Age	MALE					FEMALE				
	NON-TOBACCO			TOBACCO		NON-TOBACCO			TOBACCO	
	Preferred+	Preferred	Standard	Preferred	Standard	Preferred+	Preferred	Standard	Preferred	Standard
18	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
19	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
20	0.46	0.55	0.64	1.27	1.43	0.26	0.30	0.35	0.68	0.76
21	0.46	0.55	0.64	1.27	1.43	0.27	0.31	0.36	0.70	0.78
22	0.46	0.55	0.64	1.27	1.43	0.28	0.32	0.38	0.73	0.82
23	0.46	0.55	0.64	1.27	1.43	0.29	0.34	0.40	0.77	0.86
24	0.46	0.55	0.64	1.27	1.43	0.30	0.36	0.42	0.82	0.92
25	0.46	0.55	0.64	1.27	1.43	0.32	0.38	0.45	0.87	0.98
26	0.48	0.57	0.67	1.32	1.49	0.34	0.41	0.48	0.93	1.05
27	0.50	0.59	0.70	1.39	1.57	0.36	0.43	0.52	1.00	1.14
28	0.52	0.62	0.75	1.47	1.66	0.39	0.46	0.56	1.07	1.24
29	0.55	0.66	0.80	1.57	1.78	0.42	0.50	0.61	1.15	1.34
30	0.59	0.70	0.86	1.69	1.91	0.45	0.54	0.66	1.24	1.45
31	0.63	0.75	0.93	1.82	2.06	0.49	0.59	0.72	1.34	1.57
32	0.68	0.82	1.00	1.97	2.21	0.53	0.64	0.78	1.44	1.69
33	0.74	0.89	1.08	2.14	2.39	0.58	0.69	0.85	1.55	1.82
34	0.80	0.96	1.17	2.32	2.60	0.63	0.75	0.92	1.67	1.96
35	0.86	1.04	1.27	2.52	2.83	0.68	0.81	0.99	1.81	2.12
36	0.92	1.11	1.39	2.73	3.09	0.73	0.87	1.07	1.96	2.30
37	0.98	1.18	1.51	2.96	3.38	0.77	0.92	1.14	2.13	2.49
38	1.04	1.26	1.65	3.20	3.69	0.82	0.98	1.22	2.32	2.70
39	1.12	1.35	1.80	3.47	4.03	0.87	1.05	1.31	2.51	2.92
40	1.21	1.46	1.97	3.78	4.41	0.93	1.12	1.41	2.71	3.16
41	1.32	1.59	2.15	4.12	4.82	1.00	1.20	1.52	2.92	3.41
42	1.44	1.74	2.34	4.50	5.26	1.07	1.29	1.63	3.14	3.67
43	1.57	1.90	2.55	4.90	5.73	1.15	1.39	1.76	3.37	3.94
44	1.71	2.07	2.78	5.34	6.24	1.24	1.49	1.88	3.61	4.23
45	1.87	2.26	3.03	5.82	6.79	1.33	1.60	2.02	3.87	4.53
46	2.03	2.46	3.29	6.32	7.38	1.42	1.71	2.16	4.13	4.84
47	2.21	2.66	3.57	6.85	7.99	1.51	1.82	2.30	4.41	5.15
48	2.39	2.88	3.87	7.41	8.65	1.61	1.94	2.45	4.69	5.48
49	2.60	3.13	4.21	8.04	9.38	1.72	2.07	2.61	5.00	5.84
50	2.83	3.41	4.58	8.74	10.19	1.84	2.22	2.79	5.35	6.24
51	3.09	3.72	4.99	9.51	11.09	1.97	2.37	2.98	5.72	6.67
52	3.36	4.05	5.44	10.35	12.06	2.10	2.54	3.18	6.10	7.11
53	3.66	4.42	5.92	11.25	13.10	2.25	2.71	3.40	6.51	7.60
54	3.99	4.81	6.44	12.22	14.23	2.41	2.91	3.65	6.98	8.14
55	4.34	5.23	7.00	13.26	15.43	2.60	3.14	3.94	7.52	8.77
56	4.71	5.67	7.59	14.35	16.69	2.82	3.40	4.26	8.12	9.47
57	5.10	6.14	8.21	15.49	18.01	3.05	3.68	4.61	8.78	10.23
58	5.52	6.64	8.87	16.71	19.41	3.31	3.98	5.00	9.50	11.06
59	5.97	7.19	9.60	18.04	20.94	3.59	4.32	5.42	10.28	11.97
60	6.48	7.79	10.40	19.50	22.63	3.90	4.69	5.88	11.14	12.96

Term 350 Plus 30-Year Term and Other Insured - Premiums per \$1,000											
Primary: Add \$70 Policy Fee – Other Insured: Add \$50 Policy Fee											
Issue Age	MALE					FEMALE					
	NON-TOBACCO			TOBACCO		NON-TOBACCO			TOBACCO		
	Preferred+	Preferred	Standard	Preferred	Standard	Preferred+	Preferred	Standard	Preferred	Standard	
18	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05	
19	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05	
20	0.57	0.71	0.84	1.59	1.83	0.34	0.42	0.49	0.92	1.05	
21	0.57	0.71	0.84	1.59	1.83	0.35	0.44	0.51	0.96	1.10	
22	0.57	0.71	0.84	1.60	1.84	0.37	0.46	0.54	1.02	1.16	
23	0.58	0.72	0.86	1.64	1.88	0.40	0.48	0.58	1.08	1.24	
24	0.60	0.75	0.89	1.70	1.95	0.42	0.51	0.62	1.16	1.33	
25	0.63	0.78	0.93	1.79	2.05	0.45	0.55	0.66	1.25	1.43	
26	0.67	0.83	0.99	1.90	2.18	0.48	0.59	0.71	1.35	1.55	
27	0.71	0.89	1.06	2.04	2.33	0.52	0.64	0.77	1.47	1.68	
28	0.77	0.96	1.14	2.19	2.51	0.56	0.70	0.83	1.59	1.82	
29	0.83	1.03	1.23	2.37	2.71	0.61	0.75	0.90	1.72	1.97	
30	0.89	1.11	1.32	2.56	2.93	0.61	0.75	0.90	1.86	2.13	
31	0.95	1.18	1.41	2.76	3.16	0.69	0.86	1.02	2.00	2.28	
32	1.00	1.25	1.49	2.97	3.40	0.72	0.90	1.07	2.13	2.44	
33	1.07	1.33	1.59	3.20	3.66	0.76	0.95	1.13	2.28	2.61	
34	1.15	1.42	1.71	3.47	3.97	0.81	1.01	1.21	2.44	2.79	
35	1.25	1.55	1.86	3.78	4.32	0.87	1.09	1.30	2.63	3.01	
36	1.39	1.72	2.06	4.13	4.72	0.95	1.19	1.42	2.85	3.26	
37	1.55	1.93	2.29	4.52	5.16	1.05	1.31	1.56	3.09	3.53	
38	1.72	2.15	2.55	4.95	5.64	1.15	1.44	1.72	3.34	3.83	
39	1.91	2.38	2.82	5.42	6.17	1.27	1.58	1.88	3.62	4.15	
40	2.09	2.59	3.09	5.93	6.75	1.38	1.71	2.05	3.92	4.49	
41	2.26	2.75	3.35	6.48	7.37	1.49	1.83	2.22	4.23	4.85	
42	2.43	2.88	3.59	7.07	8.04	1.61	1.94	2.39	4.56	5.22	
43	2.60	3.02	3.86	7.71	8.75	1.73	2.05	2.56	4.91	5.62	
44	2.81	3.22	4.16	8.39	9.52	1.87	2.18	2.76	5.29	6.04	
45	3.06	3.50	4.53	9.14	10.30	2.01	2.35	2.97	5.70	6.51	
46	3.36	3.88	4.96			2.17	2.55	3.20			
47	3.68	4.31	5.43			2.33	2.77	3.44			
48	4.05	4.82	5.95			2.50	3.02	3.71			
49	4.45	5.39	6.54			2.69	3.30	3.99			
50	4.91	6.05	7.19			2.90	3.60	4.30			

Administrative Guidelines

ASSIGNMENTS

Assurity accepts collateral assignments of life insurance. An assignment form can be requested from Client Services. The form is to be returned to the assignee and a copy retained by Assurity.

CHANGE OF BENEFICIARY

To change the beneficiary on an in-force policy, a Beneficiary Designation form must be completed. This form may be requested from and then returned to Client Services. The return of the policy is not required.

CHANGE OF OWNER

The owner of an in-force policy may be changed while the insured is alive. An Ownership Transfer form may be requested and returned to Client Services. The return of the policy is not required.

DEATH CLAIM PROCESSING

Please contact the Claims department to request an Application for Individual Life Benefits, and provide the insured's date of death. Return the completed application to Claims along with a certified copy of the insured's death certificate and the policy.

DISABILITY WAIVER OF PREMIUM BENEFIT RIDER ADMINISTRATION

Contact the Claims department to obtain the appropriate proof forms for the Disability Waiver of Premium Benefit Rider. The forms must be completed by the policyowner and his or her physician, then returned to Claims.

The policyowner must continue to pay all premiums until the waiver of premium claim is approved. When the claim is approved, premiums paid after the date of disability will be refunded. However, no premium will be waived if its due date is more than one year prior to the notice of claim.

DIVIDENDS

This is a nonparticipating policy. Dividends will not be paid.

DUPLICATE POLICIES

A duplicate policy is available upon receipt of the owner's signed request. A \$20 fee may apply for subsequent requests.

GRACE PERIOD

A 31-day grace period is included in the policy for premiums not paid on or before the due date.

LIST BILLING

If you need to establish a list billing, contact Client Services at (800) 869-0390, ext. 4279. Policy premiums arranged on a list bill are billed to a policyowner's place of employment.

POLICY ADDITIONS

When an addition to a policy is requested by a policyowner, please contact Client Services for an Application for Policy Change. The return of the policy with the form is not required.

PREMIUM BILLING

The original premium notice for the direct premium mode is mailed 20 days prior to the due date. If unpaid, a reminder notice is mailed five days after the due date. If a remittance is still not received at the end of the 31-day grace period, lapse/nonforfeiture processing will be initiated.

Administrative Guidelines (continued)

PREMIUM BILLING (continued)

Preauthorized premium payments may be drafted on any day falling between the 1st and 28th of each month. If a preauthorized payment is returned, Assurity will notify the policyowner and send a copy of the notification to you, the agent. If a remittance is not received prior to the expiration of the grace period, lapse/nonforfeiture processing will be initiated.

Please contact Client Services for authorization forms needed to indicate a change in banks or to deduct a premium from a policyowner's bank account.

REINSTATEMENT

A lapsed policy may be reinstated within three years of the lapse date if: (1) Assurity agrees the insured is insurable, and (2) all unpaid premiums are received, including the compound interest of 6 percent from each due date.

SURRENDER

To surrender a policy, the policyowner must send a written request to Client Services and return the original policy.

Product Definitions

ASSIGNMENT

The policy may be transferred, or assigned, to another person or organization.

CONTESTABLE PERIOD

This policy cannot be contested after it has been in force during the insured's lifetime for two consecutive years from the date of issue.

MISSTATEMENT OF AGE OR GENDER

If the insured's age or gender is misstated in the application, the proceeds will be adjusted to the amount the premium paid would have purchased for the correct age or gender.

PAYMENT OPTION

The policyowner may elect a payout option while living or a beneficiary may elect a payout option upon the insured's death. Payment options include: payment for a fixed period; payment of fixed amount; left at interest; or alternate payment for life.

RIGHT TO CANCEL

After examining the policy, the policyowner may cancel the policy within 30 days of delivery for a full premium refund. (The number of days may vary by state; refer to the policy for state-specific information.) Cancellation is effective on the date the policy is returned to the home office or the representative from whom it was purchased. We will refund the full premium paid, and the policy will be treated as if it were never issued.

SUICIDE

If the insured dies by suicide within two years of the issue date, Assurity's liability is limited to a refund of premiums paid. After two years, death by suicide is paid in full.

About Assurity

Assurity Life Insurance Company's origins are rooted in a century-long 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, long-term care, accident and life insurance, annuities and specialty insurance plans through our representatives, worksite distribution and direct mail.

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 Product Guide

Date	Page	Update
3/25/10	10	First paragraph updated
3/25/2010	5,8	Eligibility information added to three of the riders
1/19/2010	12-14	Added the "Additional Underwriting Information to Expedite Processing" section
12/1/2009	8	Return of Premium Rider updated
8/04/2009	4	Added Minimum face amount to Other Insured Term Rider
8/04/2009	21	About Assurity paragraph updated
1/23/2009	10	First bullet point changed and another one added beneath it
11/18/2008	All	Added "For Agent Use Only"
11/18/2008	5	"(Refer to the Disability Income Product Guide and Occupation Guide for rules)" text added to the Monthly DI Rider and Accident Only DI Rider.
7/22/2008	3	Added the word "base" to the Convertibility paragraph. (...equal to the base premium paid during the first policy year.)
7/22/2008	22	Added the "Revisions" page