ASSURANT Health®

CoreMed℠

Individual Medical Insurance

You don't need a group to have a plan℠

Assurant Health

Staying power you can count on

An insurance plan is only as reliable as the company behind it. For health insurance you can depend on, insist on a track record of expertise, strength and commitment.

EXPERTISE

Long-term stability and success in any business takes expertise. Tracing its roots back to 1892, Assurant Health has been selling individual medical insurance longer than any company. And with almost one million customers nationwide, it has earned a solid reputation for health insurance know-how.

STRENGTH

A company's strength is most important when it's time to pay benefits. A.M. Best, the highly respected insurance rating source, consistently rates Assurant Health insurance companies[1] A- (Excellent)[2]—affirming their outstanding ability to meet claims-paying obligations.

COMMITMENT

Assurant Health specializes in you. While many health insurance companies focus on large businesses, Assurant Health's commitment is to individuals and families. This commitment makes it a leader and innovator in individual medical insurance—and the best choice for those who buy their own health insurance coverage.

Expertise, strength and commitment—together they mean staying power.

[1] Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

[2] Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, July 2008.

CoreMed℠ offers broad coverage and great value

When protecting your family and yourself is a priority, health insurance isn't optional—it's an essential part of your financial plan. Don't settle for less than the optimum blend of broad coverage and great value.

You'll find that in CoreMed. A cost-effective plan for both everyday and catastrophic needs, CoreMed offers you many options for controlling your premiums—without giving up benefits.

With CoreMed, you have the freedom to use any doctor or hospital—and when you use PPO network providers, you get advantages like discounts on covered services, no claim forms and fewer out-of-pocket expenses.

Starting with a quality framework of security, convenience and cost savings, CoreMed offers:

Speedy plan approval

Apply through our exclusive ***Express*YES℠** program and expect a response in less than 48 hours. Many applicants receive approval and can print an insurance card on the spot!*

Initial rate guarantees—up to 36 months available

You'll lock in your premium rate for at least the first 12 months. With many deductibles you have a 24-month rate guarantee—and the option to extend it to a full 36 months!*

Lifetime benefit maximum options up to $6 million

You choose the amount of protection you want.

Worldwide coverage, 24 hours a day

It doesn't matter whether you're nearby or far from home—you're covered.

Your choice of doctors and hospitals

You'll have access to some of the largest and best participating provider organization (PPO) networks in the nation.

No referrals necessary to see a specialist

You don't have to jump through hoops when you need a specialist's care—simply make an appointment.

24-hour access to doctors by telephone

You'll get FREE consultations—up to three per person each year—with doctors from **TelaDoc™ Medical Services***. This network of physicians provides medical consultation by telephone 24 hours a day, 365 days a year.

Single deductible for accidents

In the event there's an accident involving more than one person in your family, you'll pay only one deductible.

No limits on Intensive Care Unit (ICU)

With no daily dollar limit when confined in an ICU, you'll have the peace of mind you need at a critical time.

Healthy*Discount*

Healthy*Discount* rewards you for maintaining your good health by providing 10% off your renewal rate by extending the 24-month rate guarantee to your new renewal rate.*†

Ongoing coverage for your children

Regardless of age or student status, your covered children can remain under your plan until they marry.

Conversion privilege for your family

Should your spouse or child become ineligible for coverage under your plan, he or she may obtain a similar plan without having to provide proof of good health.

Health Advocates Alliance membership

Health Advocates Alliance is an association dedicated to the health and well being of its members. Membership is available in all states and 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 this health insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health may also realize some benefit from these fees.

** Availability varies by state.*
*Express*YES *is subject to full underwriting.*
† You must have the 24-month rate guarantee to choose the extension at renewal.

All the basics are here

Built-In Features

Your plan comes with coverage for the following medical services—subject to deductible and coinsurance, unless otherwise noted.

Prescription Drugs

You pay only $15 each time you fill a generic prescription at a participating pharmacy. Mail-order service is available.

Preventive Services

Includes mammograms, Pap tests and PSA screening—with no annual dollar limit—as well as benefits up to $500 for other preventive services including physical exams, laboratory tests, immunizations, tuberculosis tests and colonoscopies. Coverage begins after you have been insured for 6 months.

Office Visits

Includes evaluation, diagnosis and management of illness or injury, and allergy shots.

Imaging and Laboratory Services

Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and supplies.

Ground and Air Ambulance

You get coverage for emergency air or ground ambulance to the nearest facility equipped to provide appropriate care—not just the closest.

Emergency Room

Includes the services of the facility and supplies. Benefits for covered emergency services are always paid at the higher network benefit percentage—even if you are out of network.

Health Care Practitioner Services

Includes doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

TelaDoc™ Medical Services

Includes FREE consultations—up to three per person each year—with doctors from TelaDoc Medical Services*. TelaDoc physicians diagnose non-emergency medical issues, recommend treatment, and prescribe medication when appropriate—all by telephone—24 hours a day, 365 days a year. This service is available for patients 10 years of age and older.

Outpatient Physical Medicine

Includes physical, speech and occupational therapies, chiropractic services, cardiac and pulmonary rehabilitation and treatment of developmental delay.

Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac) and supplies.

Transplants

Includes:

- Kidney, cornea and skin transplants covered as any other service.
- Transplants such as bone marrow, heart, liver and lung covered as any other service when performed at a designated transplant provider.
- Up to $10,000 toward travel expenses to a designated transplant provider.
- Up to $10,000 toward donor expenses.
- Transplants other than kidney, cornea or skin that are not performed at a designated provider—up to a lifetime benefit maximum of $100,000 per person.

Complications of Pregnancy

Includes emergency Caesarean section and any sickness associated with pregnancy except hyperemesis gravidarum.

Other covered services include:

- Dental injuries
- Diabetic services
- Durable and personal medical equipment
- Home health care
- Hospice care and related counseling services (inpatient or home care)
- Inpatient rehabilitation
- Parenteral drug therapy
- Reconstructive surgery
- Skilled nursing and subacute rehabilitation facilities
- Sterilization (12-month waiting period and $500 lifetime maximum)
- Treatment of TMJ/CMJ ($1,000 lifetime maximum)

For information on optional coverages—dental, maternity, accident and more—see pages 6 and 7.

Add valuable protection—affordably and conveniently:

- No additional application or underwriting required.
- One bill covers your total premium.

** Availability varies by state.*

This brochure provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the certificate of insurance. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

Build Your CoreMed℠ Plan

Plan Design

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1.

Deductible *Amount you pay toward covered expenses before the plan pays benefits* **Choose any underlined deductible — You'll receive a 24-month rate guarantee with the option to extend it to 36 months!***	$500, $1,000, $1,500, $2,000, **$3,500, $5,000, $10,000, $15,000, or $25,000** *(Family deductible maximum is two times the deductible and is met collectively by two or more persons.)* $2,000 options: Extend your 12-month rate guarantee to 24 or 36 months! **Choose $15,000 or $25,000 — Your deductible won't reset until 1/1/11!***
Benefit Percentage *Percentage of covered expenses the plan pays after the deductible*	100%, 80%, 70% or 50% *(Georgia: 60% instead of 50%)*
Coinsurance *Percentage of covered expenses you pay after the deductible*	0%, 20%, 30% or 50% *(Georgia: 40% instead of 50%)*
Coinsurance Out-Of-Pocket Maximum *After this maximum is met, the plan pays 100% of covered expenses*	$0 to $7,500 depending on coinsurance *(Family coinsurance out-of-pocket maximum is two times the coinsurance out-of-pocket maximum and is met collectively by two or more persons.)*
Office Visit Copay *With this optional benefit, you pay your copay and the plan pays 100% of the remaining cost of an eligible network office visit including examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. See page 8 for details.*	$35 copay Copay applies to each of four network office visits per person Additional visits are covered subject to the deductible and coinsurance
Lifetime Benefit Maximum *The total maximum amount the plan pays*	$2 million or $6 million

Outpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Prescription Drugs – Generic	$15 copay (no deductible or coinsurance)
Prescription Drugs – Brand name	$500 deductible / $25 copay + 50% coinsurance *(Family deductible maximum is $1,000 and is met collectively by two or more persons.)*
Preventive Services	*Benefits for preventive services, as for all covered services, are subject to deductible and coinsurance unless otherwise noted.*
Mammograms, Pap tests and PSA screening	Covered – with no special limits – after you have been insured for 6 months*
Other covered preventive services	Up to $500 in benefits – after you have been insured for 6 months* • If selecting the Office Visit Copay, see page 8 for details
Office Visits	Covered • If selecting the Office Visit Copay, see page 8 for details
Diagnostic Imaging and Laboratory Services	Covered
Outpatient Hospital, Surgical Center or Urgent Care Facility	Covered • Outpatient facility fee: $0 or $200 per outpatient surgery
Professional Ground and Air Ambulance	Covered
Emergency Room	Covered • $75 emergency room fee — waived if admitted to the hospital
Health Care Practitioner Services	Covered
TelaDoc™ Medical Services*	Up to three FREE physician consultations by telephone* • Additional consultations are covered subject to deductible and coinsurance* and cost only $35 each • This service is not covered on plans designed with an Office Visit Copay option
Outpatient Physical Medicine	Up to $3,000 in benefits
Home Health Care	Up to 160 hours

Inpatient Benefits

Benefits are subject to the selected deductible and coinsurance unless otherwise noted.

Inpatient Hospital	Covered • Inpatient facility fee: $0, $200 or $750 per day for first three days of each confinement
Inpatient Rehabilitation Facility	Up to 90 days
Subacute Rehabilitation and Skilled Nursing Facilities	Up to 90 days
Transplants	Covered

**Varies by state.*

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. Out-of-network provisions may apply. See page 8 for details.

Optional coverages make it yours

Take CoreMed℠ and make it your own with these optional features and supplemental products.

Office Visit Copay

With an office visit copay, you have the convenience of knowing what you'll spend when you visit a network doctor. Your copay is your only cost for an eligible network office visit, including immunizations and allergy shots.

Accident Medical Expense Benefit *(Riders 4014 and 4017)*

This benefit pays first in the event of an injury—before you pay any copay, access fee, deductible or coinsurance. You select the benefit amount: $500, $1,000 or $2,500.

Maternity Benefit

This benefit pays 100% of covered routine maternity services after you meet your maternity deductible—for any pregnancy that begins after a 90-day benefit waiting period. Maternity deductible options are $1,000, $2,500, $5,000 and $10,000.

If you select a lower deductible, you'll get more in paid benefits—meaning you'll pay fewer bills out of your pocket. Or, choose a high deductible and still get access to significant network discounts. The high deductible option pays for itself with the savings on doctor and hospital bills.

Covered complications of pregnancy remain subject to the plan deductible and coinsurance.

Life Insurance

This term life insurance product is available to everyone on your individual medical plan—you decide who will be covered. The options are: primary insured only, spouse only, primary insured and spouse only, dependents and primary insured and/or spouse.

Life Insurance face amount options are:

- $50,000, $75,000, $100,000, $150,000 or $200,000 for primary insured or spouse
- $10,000 or $25,000 for dependents ages one year to eighteen years
- $2,000 for dependents ages two months to one year

An accidental death benefit equal to two times the face amount is included. And, an accelerated benefit equal to 50% of the face amount of the policy is paid if a covered person is diagnosed with a terminal illness and has a life expectancy of 12 months or less.

Dental Insurance

This fee-for-service plan pays cash benefits that offset the cost of routine, basic and major dental services. With Assurant Health Dental Insurance, you:

- Choose a plan — Basic or Plus
- Visit any dentist
- Receive quick cash benefits — sent directly to you, or to your provider if you prefer
- Can retain the coverage even if you choose to discontinue your individual medical coverage

Here are a few benefit examples:

	BASIC	PLUS
Wellness Services		
Two visits per person each policy year.		
• Exams, x-rays, cleanings	$25/visit	$75/visit
Basic Services*		
Payments are 50% of the listed benefit in the first policy year.		
• Deep sedation/general anesthesia – first 30 minutes	$ 50	$ 100
• Amalgam filling – three surfaces	$ 40	$ 90
• Extraction – erupted tooth or exposed root	$ 20	$ 60
• Reline complete denture (laboratory)	$ 50	$ 145
Major Services*		
Payments are 20% of the listed benefit in the first policy year, and 50% in the second year.		
• Inlay – metallic – two surfaces	$ 125	$ 330
• Crown – resin	$ 125	$ 450
• Retreatment of previous root canal therapy – bicuspid	$ 105	$ 250
• Clinical crown lengthening – hard tissue	$ 150	$ 300
• Complete denture	$ 135	$ 375
• Crown	$ 125	$ 375
• Maxillary sinusotomy	$ 335	$ 825
Temporomandibular Joint (TMJ) Services		
A lifetime benefit of up to $500 is available for each person beginning in the third policy year.		
• Temporomandibular joint arthrogram	$ 90	$ 275
Combined Annual Benefit The maximum calendar year benefit for Basic and Major Services combined is:	$1,000	$1,500

Dental-Vision Discount Plan

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

Actual costs and savings may vary by provider and geographical area.

Optional coverages are available at an additional cost. The dental insurance is a separate contract. Discount programs are not insurance. Additional provisions may apply. See page 8 for details.

SuiteSolutions®

Join thousands of Assurant Health customers who have employed SuiteSolutions to pay deductible and coinsurance expenses.

Available through membership in Health Advocates Alliance, SuiteSolutions is most popular for its cash benefits that can protect you financially should sudden, serious medical needs bring sudden, significant medical bills your way.

Two membership levels are available. With both, you:

- Can select a benefit option that covers some or all of your upfront deductible or total out-of-pocket amount
- Receive cash benefits—sent directly to you, or to your provider if you prefer
- Get the same full benefit no matter what doctor or hospital you use
- Can retain the coverage even if you choose to discontinue your individual medical coverage

SecureSolution—*benefits for accidents*

SecureSolution can cover the amount you would otherwise pay out of your pocket toward injury expenses, and also provides additional accident benefits.

Accident Medical Expense Benefit

- Benefit options: $2,500, $5,000 or $10,000 per insured, per accident
- $250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to $10,000 for the primary insured and up to $1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of $250 per week, for up to 52 weeks for the primary insured only

SelectSolution—*benefits for accidents, critical illnesses and more*

SelectSolution can cover the amount you would otherwise pay out of your pocket toward injury and/or critical illness expenses. Additional benefits, services and discounts are also provided.

Accident Medical Expense Benefit

- Benefit options: $2,500, $5,000 or $10,000 per insured, per accident
- $250 deductible per insured, per accident

Accidental Death and Dismemberment Benefit

Up to $25,000 for the primary insured and up to $1,000 for the spouse and each child

Weekly Accident Indemnity Benefit

70% of basic weekly salary to a maximum of $250 per week, for up to 52 weeks for the primary insured only

Critical Illness Expense Benefit

Benefit options: $2,500, $5,000 or $10,000 for the primary insured and spouse. Covers life-threatening cancer, heart attack, stroke, renal failure, coma, major organ transplant, loss of sight/speech/hearing, and paralysis – as each is defined in the insurance certificate.

(Selected benefit option must be the same as Accident Medical Expense)

Identity Network Child Safety Services

Pre-registry of children using photos and descriptions

Identity Theft Benefit

Up to $2,500 in financial relief, including reimbursement for related costs, lost wages, legal fees and expenses

Travel Assistance

Emergency medical, financial, legal and communication assistance, plus a multilingual information service available before and during travel, for members who are traveling 100 or more miles from home

Discounts

Up to 60% off items such as health club dues, hearing aids, hotel reservations and travel packages

(Not all discounts are available in all states)

With SuiteSolutions, you can feel more sure about selecting a higher deductible and/or total out-of-pocket amount – and taking advantage of the lower resulting premium. Ask your agent to use the chart below to show you how SuiteSolutions can help you plan financially for unplanned medical expenses.

PLAN WITHOUT SUITESOLUTIONS			
Deductible amount		$	
Coinsurance out-of-pocket amount	+	$	
Total out-of-pocket amount		$	
Premium		$	/year
Total out-of-pocket amount	+	$	
Total cost to you		$	/year

PLAN WITH SUITESOLUTIONS			
Deductible amount		$	
Coinsurance out-of-pocket amount	+	$	
Total out-of-pocket amount		$	
SuiteSolutions benefit amount	–	$	
Remaining out-of-pocket amount*		$	
Premium with SuiteSolutions fee		$	/year
Remaining out-of-pocket amount	+	$	
Total cost to you		$	/year

**Add $250 deductible for an accident.*

AGENT: Sample cost comparison charts are available in Find A Form on the Assurant Health Sales Web site: http://www.assuranthealthsales.com.

Accident Medical Expense benefits are reduced by benefits payable under any other insurance plan. Critical Illness Expense benefits are not available with child-only plans. Accident and critical illness benefits are underwritten by National Union Fire Insurance Company of Pittsburgh, a member of American International Group, Inc. (AIG). Supplemental products are available at an additional cost. SuiteSolutions plans are separate contracts. Discount programs are not insurance. Additional provisions may apply.

Plan Provisions

State Variations

Plan design, benefits, features, provisions, definitions and exclusions may vary by state. See the quote summary or the proposal for available features. Refer to the State Variations sheet for state-specific benefits, provisions and exclusions.

Office Visit Copay *(optional feature)*

With this benefit, a copay is your only cost for an eligible network office visit. Any associated imaging and laboratory services, such as x-rays and blood tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

After the preventive services waiting period, preventive services performed by a network provider during an office visit, such as immunizations and annual examinations, are covered by the office visit copay. Any associated imaging and laboratory services, such as mammograms and PSA tests, are covered subject to deductible and coinsurance, but are not eligible for benefits under the office visit copay.

Other services that are subject to deductible and coinsurance, but not eligible for benefits under the office visit copay, are: office visits with non-participating providers, surgical procedures, allergy tests, treatment of behavioral health or substance abuse and maternity-related visits.

Maternity Benefit *(optional feature)*

The maternity deductible is separate from the plan deductible. Once the maternity deductible is met, the plan pays for covered maternity services (whether or not the plan deductible has been satisfied).

Prescription drugs are covered under the plan prescription drug benefit. If conception occurs during the first 90 days of coverage, routine maternity charges will be excluded. Facility fees do not apply.

Medically Necessary Care

Treatment must be medically necessary to be covered. Medically necessary services or supplies must be:

- 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 use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

Network Services

When you use network providers, covered charges are discounted and never exceed the maximum allowable amount.

Out-of-Network Services

Emergencies: Covered services are always paid at the network benefit percentage—even if you are out of network—subject to the maximum allowable amount.

Non-emergencies: Covered services are subject to the out-of-network deductible, the maximum allowable amount provision, a 20% benefit percentage reduction, and the increased out-of-network coinsurance out-of-pocket maximum. See chart below.

COREMED – OUT-OF-NETWORK COSTS*	
OUT-OF-NETWORK DEDUCTIBLE	
Individual	Family
Individual Plan Deductible + $1,000	2x individual out-of-network deductible met collectively by 2 or more persons
OUT-OF-NETWORK COINSURANCE OUT-OF-POCKET MAXIMUM	
Individual	Family
$10,000	$20,000

**Varies by state*

Utilization Review

Authorization is required before inpatient treatment and certain types of outpatient procedures. Unauthorized services will result in a penalty of 25% of the charge (up to $1,000). Unauthorized transplants are not covered.

Pre-Existing Conditions

A pre-existing condition is an illness or injury and related complications for which, during the 12-month period immediately prior to the effective date of your health insurance coverage: 1) you sought, received or were recommended medical advice, consultation, diagnosis, care or treatment, 2) prescription drugs were prescribed, 3) symptoms were produced, or 4) diagnosis was possible. No benefits are 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 the condition is specifically excluded from coverage.

Exclusions Summary

No benefits are provided for the following, except where state mandates apply:

- 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
- 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
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics
- Cosmetic services including chemical peels, plastic surgery and medications
- 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
- Custodial care
- Charges reimbursable by Medicare, Workers' Compensation or automobile insurance carriers
- Growth hormone stimulation treatment to promote or delay growth
- Routine dental care, unless you choose the dental insurance option
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges unless you choose the maternity option
- 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
- Over-the-counter products
- Contraceptive drugs or devices
- Drugs not approved by the FDA
- Drugs obtained outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- Treatment of "quality of life" or "lifestyle" concerns, including, but not limited to: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement
- Treatment used to improve memory or to slow the normal process of aging
- Testing related to the diagnosis of behavioral conduct or developmental problems
- Chelation therapy
- Prophylactic treatment
- Cranial orthotic devices, except following cranial surgery
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Experimental or investigational services
- Charges in excess of the lifetime maximum or any other benefit maximum
- Charges for non-medical items
- Charges for alternative medicine including acupuncture and naturopathic medicine
- Charges related to health care practitioner-assisted suicide
- Treatment of behavioral health (mental/nervous disorders) and substance abuse, including related prescription drugs

State Notices

COLORADO

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

ASSURANT Health®

For more information, or to apply for coverage, contact:

Assurant Health
501 W. Michigan
Milwaukee, WI 53203

About Assurant Health

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. Together, these three underwriting companies provide health insurance coverage for almost one million people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group, short-term and student health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. With almost 3,000 employees, Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is www.assuranthealth.com.

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and selected international markets. Its four key businesses – Assurant Employee Benefits, Assurant Health, Assurant Solutions and Assurant Specialty Property – have partnered with clients who are leaders in their industries and have built leadership positions in a number of specialty insurance market segments worldwide.

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 more than $26 billion in assets and $8 billion in annual revenue. Assurant has more than 14,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

For coverage beginning on and after January 1, 2009.

Product forms Series TIM and Series JIM

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