



ASSURANT
Health®

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Agent Guide

for Small Employer Groups



Assurant Health

Assurant Health offers group health insurance plans designed to meet the varied needs of small employers. Assurant Health's extensive portfolio, along with its commitment to efficient and responsive service, can make your job easier.

Assurant Health is the brand name for products underwritten and issued by John Alden Life Insurance Company and Time Insurance Company and is the name used in this guide when referring to either insurance company.

Agent Guide and Supplements

The Agent Guide is a handy reference tool which includes general company guidelines. The electronic format of the guide provides you with access to the most up-to-date information. Since guidelines are subject to change without notice, contact your representative when a question arises.

There are state-specific supplements to this Agent Guide that cover variations to the general guidelines. The information in the state supplements override the guidelines in the Agent Guide. **The Agent Guide and the state supplements are for agent use only and are not intended for distribution to the general public.**

IMPORTANT NOTES:

No coverage is in effect until written approval is received from the underwriting company. Advise your client not to cancel existing coverage until approval of the plan is confirmed by Assurant Health.

If there is a conflict between the information contained in this guide or any state supplement and the contract/certificate, or any state and/or federal law or regulation, the contract/certificate or state/federal law or regulation will take precedence.

Manage Your Business with MyBook

Quick and convenient access to member, policy and billing information

MyBook provides you with online access to your client information for these lines of Assurant Health business – Individual, Group, and Short Term. Plus, MyBook keeps you up-to-date on the status of your business through alert notices. To receive e-mail alerts make sure your e-mail address is updated periodically in the Assurant Health Sales site. You can easily search for a particular client or sort and view business according to your management needs. To learn about MyBook, view the brief training module in the Agent Library at www.assuranthealthsales.com.

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Submitting Business

Assurant Health's group insurance plans are fee-for-service products offering numerous plan design choices and options. You can design a wide range of coverage, from the very richest protection to basic, catastrophic coverage, depending on the needs of your client.

Assurant Health offers the following group insurance coverage: Medical, Dental, Life and Short Term Disability.

Pre-Screen Process

The pre-screen process allows you to provide your customers with an estimated cost of obtaining medical coverage prior to actual enrollment. Assurant Health makes every effort to provide you with an accurate rating, however, medical ratings may change based on complete information and full medical underwriting at the time of enrollment.

Effective Dates – New Groups

Assurant Health will assign an effective date of the 1st or 15th of the month on or after the date complete enrollment materials are received in an approved underwriting office. A group may request an effective date that is no later than 60 days after the date enrollment materials are signed.

How to Submit a Case

Only Assurant Health's Underwriting Department has the authority to approve a case. Neither the agent nor the distribution partner has the authority, either expressed or implied, to approve coverage, waive requirements, assign effective dates, or change the terms of coverage.

Complete documentation must be submitted before the Underwriting Department can consider any group. They will work with you and your client to obtain appropriate information. Under some circumstances, the group's most current State Unemployment Wage and Tax statement may be required. Groups without Unemployment Wage and Tax contribution reports may be required to submit other documentation of employee compensation.

If information needed to finalize a case is not received by Underwriting in a reasonable timeframe, the case will be closed.

Submission Requirements

The following documentation is required:

1. A fully completed Employer Participation Agreement/Application, signed and dated by the employer and agent(s). Certain states require the use of a state-specific Employer Participation Agreement/Application.
2. A fully completed, signed and dated Employee Enrollment Form or Waiver of Coverage form for each eligible employee (including owners, partners, corporate officers) and dependents, including those in the employment waiting/affiliation period. Certain states require the use of a state-specific Employee Enrollment form.
3. A signed proposal/quote (must include all pages of the proposal/quote).
4. The most current prior billing statement if the group is replacing a previous employer plan.
5. A check from the firm (agent/agency checks are not accepted) for the amount of the first month's premium made payable to Assurant Health.
6. Completed New Business TEFRA survey for groups of 20 or fewer total employees where there is an employee or spouse age 64 or older.
7. Medical records are required upon submission for some conditions. Your marketing representative will inform you when medical records are required.

Misstatement of Facts

If Assurant Health discovers that relevant facts about a group, employee or dependent have been omitted or misstated, the following actions may occur:

1. Once obtained, the correct facts will determine whether insurance is valid and in what amount. If Assurant Health would not have issued coverage if the correct facts were known, coverage may be terminated.
2. If the relevant facts affect the amount of premium, and if coverage is not terminated, an adjustment of premium back to the effective date may be made on the employer's bill. In general, Assurant Health may re-underwrite the condition/applicant, using the facts not known at the time of original underwriting.
3. Agents who knowingly withhold information or misrepresent any product or service offered through Assurant Health may be subject to disciplinary action, as outlined in the agent sales agreement.

Underwriting Guidelines

Eligibility Requirements

Group Eligibility

A business must be a viable business at the time of application, providing a product or service to the public, on a regular, full-time basis while operating under a legal status as a proprietorship, partnership or corporation. The business must continue to meet this requirement in order to continue coverage. Companies cannot continue to offer other similar group insurance (HMO or indemnity) once they are covered under an Assurant Health plan.

In all states, Assurant Health is able to decline any size group that does not meet eligibility and/or participation guidelines. Additionally, Assurant Health is able to decline certain size groups (generally those outside of small group reform laws) based on the combined health history of all enrollees.

Employee Eligibility

An eligible employee is any person who performs services on a full-time basis (defined as at least 30 hours per week) at any of the employer's business establishments and is considered an employee for federal employment tax purposes.

A partner, proprietor or corporate officer of the employer is eligible if he/she performs services for the employer on a full-time basis (defined as at least 30 hours per week), at any of the employer's business establishments.

The term "Employee" does not include: a) retirees or persons who are not expected to perform any duties, responsibilities or services for the employer; b) "part-time" employees; or c) any "seasonal" or "temporary" employees who work only part of the calendar year on the basis of natural or suitable times or circumstances.

Several states allow independent contractors to enroll if they meet the requirements outlined above. The independent contractor must work exclusively for the employer insured through Assurant Health.

Husband and Wife Employment

Husbands and wives working for the same employer on a full-time basis may elect to enroll EITHER as two employees or as an employee and dependent spouse. If the husband and wife are the only eligible employees and they enroll under one medical certificate, they meet the requirements for consideration as a small employer group.

When an individual enrolls as a dependent spouse, only the dependent ancillary products are available to that person.

Dependent Eligibility

Eligible dependents include the insured employee's lawful spouse and their naturally born children, adopted children or children placed for adoption with the insured employee, stepchildren, or children for which the insured employee is the legal guardian.

Eligible dependent children must be unmarried and age 25 or younger.

Coverage under the plan for an unmarried dependent, age 26 or older, may continue until the dependent is no longer a full time student in an accredited institution of postsecondary education.

A dependent on a medically certified leave of absence from a postsecondary institution may continue coverage until the date that is one year following the first date of the medical leave, or the date coverage would otherwise terminate under the terms of the plan.

A child incapable of self-sustaining employment or engaging in the normal and customary activities of a person of like age because of mental incapacity or physical handicap is eligible if chiefly dependent on the insured employee for financial support and claimed as an exemption on the insured employee's most recent federal income tax return. Proof of eligibility must be provided.

Adopted Dependents

An adopted child is eligible as a dependent when the certificate holder has agreed to assume total or partial responsibility of support for a child in anticipation of adoption or legal physical placement of the child in the home. Appropriate documentation must be provided.

Participation Requirements

Medical

The group must meet, and continue to meet, two sets of participation requirements to be eligible. Noncompliance may result in termination of coverage.

1. 50% of all full-time, eligible employees must enroll, regardless of waivers; and
2. In groups of three or fewer eligible employees, all full-time, eligible employees without valid waivers must enroll. In groups of four or more eligible employees, 75% (100% if the employer pays 100% of the employee's premium) of all full-time, eligible employees without valid waivers must enroll.

Valid Waivers

When medical coverage is waived because an employee has existing comprehensive major medical coverage, the waiver is considered to be a valid waiver. Valid waivers are:

- Coverage under a spouse's employer group major medical plan
- Coverage under an individual major medical plan
- Medicare
- Medicaid
- TRICARE
- Coverage under an Indian Health Services Program
- State health benefits risk pool
- COBRA coverage

Dental

Dental plans are available to all size groups enrolling for major medical coverage. The dental plan may also be written as a stand-alone product with a minimum of three covered employees. Optional orthodontia is available for groups with at least 10 covered employees.

When dental coverage is purchased with medical, the dental participation requirement is the same as for the medical coverage.

Participation requirements for the stand-alone dental product are:

Groups of four or less – 100% of all full-time, eligible employees must enroll – no waivers are allowed.

Groups of five or more – 75% (100% if the employer pays 100% of the employee's premium) of all full-time, eligible employees without valid waivers must enroll.

The only valid waiver for dental coverage is under a spouse's comprehensive employer dental plan.

Dental offices and dental labs are ineligible for dental coverage.

Participation and Eligibility Review Process

The group must maintain participation requirements throughout the life of the contract. Assurant Health may send renewal questionnaires, call groups or

request payroll records to verify participation and eligibility information at any time. Groups that fail to maintain participation requirements or supply the requested information to verify continued compliance with eligibility and participation requirements may be terminated.

Contribution Requirements

The employer must pay at least 50% of the employee's premium. The employer determines whether employees are responsible for paying all or part of their dependents' premiums.

Employment Waiting/Affiliation Periods

Employment waiting/affiliation periods of 0, 30, 60, 90 and 180 days for future employees are available in most states. Only one employment waiting/affiliation period is available for all classes of employees. If a group does not select an employment waiting/affiliation period at time of application, a default period of 30 days is assigned.

Health History Underwriting

Assurant Health reserves the right to investigate medical conditions as it deems necessary, including, but not limited to, requiring a blood or urine profile and/or an attending physician's statement.

A telephone call may be conducted at the underwriter's discretion. These calls entail a short interview with the employer or employee. The focus of this interview is to clarify information reported in the Employer or Employee Enrollment Forms or to obtain missing information.

Assurant Health does not use or collect genetic information for any Underwriting purpose. Genetic information includes information related to genetic tests, genetic counseling, and any family history of a disease or disorder. Any such information should not be included on an application or communicated to Assurant Health in any manner.

Applicants are required to disclose information regarding any disease or condition for which they or any person applying for coverage has:

- been diagnosed or treated by any health care provider
- been confined in a hospital, residential treatment center, mental health, or medical facility
- been seen by any health care provider for emergency services, routine follow-up or ongoing medical care
- received consultation, treatment, therapy, advice or undergone any testing
- been advised of the necessity or possibility of any future for diagnostic testing, consultation, treatment, follow up, or surgery for
- for which the applicant has taken or been advised to take any prescription medication

If the whole group cannot be issued as applied for, you will be contacted before any coverage is issued. The coverage offered may include an additional premium.

Pre-Existing Conditions and Continuity of Coverage

Pre-Existing Conditions Limitation

Pre-existing conditions are those for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to the effective date for new group members and late enrollees, or the date of hire for timely enrollees. Pre-existing conditions are not covered for 12 months. Late enrollees are subject to an 18-month pre-existing conditions limitation. This provision applies to medical and prescription drug coverage only.

This limitation does not apply to maternity. Newborn and adopted children are not subject to the Pre-Existing Conditions Limitation when an enrollment request is received within 31 days of birth, adoption or placement.

Continuity of Coverage

The Pre-Existing Conditions Limitation is reduced by the amount of time a person was covered under prior creditable coverage, provided there was no more than a 63-day gap between coverages. For timely enrollees and dependents enrolling with them, the group's employment waiting/affiliation period is not counted as part of the gap.

Creditable Coverage includes the following:

- A group major medical plan
- An individual major medical plan
- Medicare
- Medicaid
- TRICARE or other governmental plan
- Indian Health Service or tribal organization medical care program
- State risk pool
- Federal Employee Health Benefit Program
- Public health plan
- Peace Corp health plan
- Short Term or Limited duration health plan
- State Children's Health Insurance Program
- TAA qualified individuals

Cancer-only, hospital-only and other non-major medical limited benefit plans are not prior creditable coverage.

Continuity of Coverage – Dental

The waiting period for timely applicants for certain dental services is waived when the applicant is replacing prior major dental coverage, provided there was no more than a 31-day gap between coverages, exclusive of any employment waiting/affiliation period.

Plan Options

Employee Choice

This feature allows small employers the flexibility to offer multiple plan designs and networks. Assurant Health offers Network Choice, Plan Choice and options for branch locations.

Network Choice is available to groups with two or more covered employees. Wherever possible, Assurant Health offers a choice of provider networks, which enables most covered employees to select a network that includes their current providers.

Plan Choice is available to groups with the following number of enrolling employees:

- 3 - 24 enrolling employees qualify for 2 plans
- 25 or more enrolling employees qualify for up to 3 plans

Employers can offer multiple plan options so that employees can select the one that best suits their needs.

The Main Business location is always where the "headquarters" is located unless there is a majority of eligible employees working elsewhere at another location. In that case, the employer is allowed to choose the "main location" (between the headquarters location or the majority of eligible employees location).

Branch locations are business locations with a different address than the main business location. A branch location with more than five enrolling employees may select a different plan than the main location.

Health Savings Account (HSA)

An HSA is a federally authorized tax-free savings account that can be used to pay current and future qualified medical expenses. Either the employer, employee, or both may fund an HSA. Participants must enroll in a qualified high deductible health insurance plan and then set up an HSA. Assurant Health offers a variety of specially designed plans that can be coupled with a Health Savings Account.

Assurant Health offers a comprehensive account administration program called HSA Tools. This program provides the convenience of an integrated approach to service both the health insurance plan and the Health Savings Account - all at no added cost. Your client has the option of choosing his/her own HSA administrator.

Every year the Department of Labor reviews the qualified HSA deductibles and out-of-pocket maximums based on the Consumer Price Index (CPI) and may make cost of living adjustments (COLA) to them. As a result, all insurance companies selling HSAs are required to re-evaluate their HSA deductibles and out-of-pocket maximums to make sure they are within the new range. If an adjustment is required, all groups with the HSA deductible and out-of-pocket maximums that are no longer qualified will be automatically changed to ones that are within the new range. The change will be made effective January 1st and the group will be notified once the change has been made.

For more information, please refer to the Real Choices HSA and HRA brochure, Form 51686 and HSA Tools brochure, Form 50501.

Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement is a tax-favored program set up and paid for by the employer. Under the HRA, the employer reimburses a portion of each employee's qualified medical expenses.

The advantages of an HRA include a reduction in the premiums when the HRA is coupled with a high deductible health insurance plan. Premium savings are often enough to cover any medical expense reimbursements. HRA reimbursements are also 100% tax deductible.

Assurant Health offers specially designed plans, with a wide range of options, to meet the varied needs of small employers.

For your clients' convenience, Assurant Health recommends Employee Benefits Corporation (EBC) for HRA administration. When EBC is selected, your clients have the convenience of electronic claims submission from Assurant Health directly to EBC. Your client may choose his/her own HRA Administrator.

For additional information, refer to the Real Choices HSA and HRA brochure, Form 51686.

Premium Only Plan (POP - Section 125)

A POP enables employees to pay their portion of group insurance premiums on a pre-tax basis. It also reduces the payroll taxes paid by the employer.

POPs are available to groups of all sizes. POP fees are waived for all new business groups.

Assurant Health offers a comprehensive Premium Only Plan through its chosen vendor.

Once Assurant Health has processed the POP application, your client receives a POP installation kit. Everything your client needs is in the installation kit. It is the employer's responsibility to administer the POP.

For more information, please refer to POP brochure, Form 50514.

Coverage Options

Maternity Coverage

Maternity benefits are optional. If elected, maternity coverage must remain on the group plan for a minimum of 12 months.

Under the Federal Pregnancy Discrimination Act, employers with 15 or more employees must cover expenses for routine maternity costs (including for spouses of male employees) on the same basis as costs for other medical conditions.

Life Insurance and AD&D Coverage

Life and Accidental Death & Dismemberment (AD&D) coverage is optional. However, when elected by the employer, all enrolling employees must elect Life/AD&D coverage.

Assurant Health offers dependent life insurance coverage. When elected, this coverage is included for all enrolling dependents.

Life insurance coverage is medically underwritten and may be declined or offered at an adjusted amount or premium.

Short Term Disability (STD) Coverage

STD coverage is designed to provide employees with weekly income if a disability caused by injury or illness occurs while covered by an Assurant Health major medical plan.

STD coverage is available to eligible groups enrolling three or more employees for major medical coverage. If elected, STD coverage is included when an employee enrolls for major medical coverage. Assurant Health's Underwriting Department may require additional health history in the form of questionnaires, inspection reports or medical reports in order to issue STD coverage. Assurant Health reserves the right to decline or offer different coverage to any employee.

Ineligible STD groups

The following are not eligible for STD coverage:

- Airports, flying fields, and services
- Amusement enterprises, entertainers, professional sports
- Animal and veterinary services
- Automotive repair, service, or parking
- Barber and beauty shops
- Bars, clubs and saloons
- Bowling centers
- Chemical and asbestos handling
- Chemical dependency counselors
- Child daycare services
- Cleaning and maid services
- Construction - buildings, roads, roofing
- Dance studios, schools and halls
- Direct home sales or any business operating strictly out of the home
- Employment and personnel services
- Explosives or firework manufacturers and handlers
- Farming/ranching and services
- Fishing - commercial and hatcheries
- Garbage and recycling
- Gas, petroleum, and electric production, service, and distribution
- Gas stations
- Government groups
- Hospitals, clinics, and nursing services

- Home health and residential care
- Hotels and motels
- Investigative & security agencies
- Landscaping and irrigation
- Laundry, cleaning and garment services
- Logging and millwork
- Mining, foundries, and quarries
- Motorcycle, snowmobile, and ATV dealers
- Public warehousing and storage
- Real estate agents and developers
- Religious organizations
- Repossession firms, subpoena and process servers
- Restaurants - fast food
- Retailers - antique, catalog, pawn shops, used merchandise, and vending
- Rooming and boarding houses
- Transportation services - air, water, bus, taxi, and trucking
- U.S. Postal Service
- Water supply and treatment service
- Wholesale durable goods

Workers' Compensation Coverage

Major medical coverage is not intended to replace Workers' Compensation Insurance.

Covered medical charges do not include those for the treatment of any illness or injury that arises out of, or is a result of, any work for wage or profit for the employer. This exclusion will not apply to any of the following:

1. The sole proprietor, if the employer is a sole proprietorship.
2. A partner of the employer, if the employer is a partnership.
3. An executive officer of the covered person's employer, if the employer is a corporation.

Rates

The premium rate charged to a group depends primarily on the specific benefits requested by the group, the characteristics of the group and applicable state insurance regulations.

Factors in determining rates may include:

- Age and gender of the employees and spouses
- The number of children
- Eligibility of members for Medicare coverage
- Medical history of members
- Geographic location of the business
- Group size
- Employer's nature of business
- Mandated state benefits
- Network selection

Rates for new groups are guaranteed for 12 months, however, during this 12-month period the total monthly premium can change if:

- A new employee/spouse/dependent is added to the group
- A member is terminated
- The business moves to a new address
- An employee/spouse moves into a new age bracket
- An employee makes changes to the coverage selected
- Changes are made to the plan benefits

Rating procedures are designed to treat all groups fairly and consistently.

Adding Employees and/or Dependents

An employee or dependent that meets the eligibility requirements can enroll for coverage by submitting an enrollment request. All requests for enrollment are subject to underwriting approval.

Enrollment requests can be made by using Assurant Health's online resource, *myaccount*, (see information on page 10) or by submitting a fully completed, signed and dated Employee Enrollment Form to the appropriate underwriting office.

Adding Newborn or Adopted Dependents

Insurance for a newborn or adopted child will become effective on the child's date of birth, adoption or placement, provided an enrollment request or call to Customer Service is received within 31 days of the birth, adoption or placement. Any later request will require enrollment through *myaccount* or submission of a completed, signed and dated Enrollment Form, and will be considered a Late Entrant.

Enrollment Periods

Timely Enrollment

A timely enrollee is:

1. An employee whose enrollment request is received by Assurant Health no more than 31 days after satisfying the employment waiting/affiliation period.
2. A dependent who enrolls with a timely employee.

Special Enrollment

Special Enrollment refers to a period of time during which eligible employees may apply for coverage for themselves and their eligible dependents without being considered a Late Entrant. A Special Enrollment Period begins when:

1. An employee, spouse or dependent child who waived coverage when previously offered because of other health insurance loses that coverage due to one of the following reasons:
 - a. Legal separation

- b. Divorce
- c. Death
- d. Termination of employment
- e. Reduction in the number of hours of employment
- f. Employer contributions toward the other coverage has terminated
- g. Any loss of eligibility
- h. No longer resides or works in service area and no other benefit package is available
- i. Cessation of dependent status (employee is also entitled to special enrollment period)
- j. Meeting or exceeding lifetime maximum on benefits (qualifying event starts from the date a claim is denied due to reaching lifetime maximum)
- k. Plan no longer offers benefits to the class of similarly situated individuals that includes the individual.

(Nonpayment of premiums or termination of coverage for cause do not allow special enrollment.)

- 2. An employee, spouse or dependent child who waived coverage when previously offered because of COBRA continuation or mandated state continuation and that coverage has been exhausted.
- 3. One of the following life events occur:
 - a. Marriage
 - b. Birth
 - c. Adoption or legal guardianship
 - d. A court orders coverage to be provided for a dependent spouse or child

An enrollment request must be received by Assurant Health no later than 31 days following the loss of other coverage, date of marriage, birth, adoption, legal guardianship or court order.

- 4. Becomes an eligible employee due to a change in status and submitted a completed enrollment form within 63 days after the date of the change in status.

In addition, an employee or dependent who is eligible, but not enrolled, for coverage under the plan may enroll for coverage if either of the following conditions are met:

- 1. The employee or dependent is covered under a Medicaid plan or under a state child health plan and coverage of the employee or dependent under that plan is terminated due to loss of eligibility.
- 2. The employee or dependent becomes eligible for assistance under a Medicaid or state child health plan.

An enrollment request for the employee and dependent must be received by Assurant Health no later than 60 days following the loss of, or eligibility for, Medicaid or a state child health plan. The employee must enroll along with any eligible dependents.

Late Enrollment

Late employees and dependents are those:

- 1. Whose enrollment request is received by Assurant Health more than 31 days after the end of the employment waiting/affiliation period
- 2. Who do not meet the qualifications for enrollment under the Timely or Special Enrollment Periods
- 3. Who request an effective date that is beyond the date for which they are eligible, or
- 4. Whose prior health insurance coverage was lost because of nonpayment of premiums or termination of coverage for cause.

Effective Dates – Additions to Existing Groups

A specific effective date may be requested when adding an employee or dependent, however, an effective date cannot be more than 60 days (90 days for groups with a 90-day or greater employment waiting/affiliation period) after the date of online submission through *myaccount* or date of signature on the enrollment form.

The assigned effective date for an applicant depends on the date the enrollment request is received in our office and is subject to underwriting approval.

Below are samples of how effective dates are assigned.

Timely Employee and Dependent(s)

- 1. Enrollments received on or prior to the expiration of the employment waiting/affiliation period will be effective on the date following the expiration date, or if requested, on the first of the month following the expiration date.
- 2. Enrollments received no more than 31 days after the expiration of the employment waiting/affiliation period will be effective on the first of the month following the date the enrollment request is received.

For Groups with a Zero-Day Employment Waiting/Affiliation Period

Enrollments received no more than 31 days after the date of hire will be effective on the date of hire, or if requested, the first of the month following the date of hire.

Special Enrollment Employee and/or Dependent(s)

Enrollments received no more than 31 days after the qualifying event will be effective on the date of the qualifying event, or if requested, the first of the month following the qualifying event.

Late Employee and/or Dependent(s)

Enrollments received more than 31 days after any of the following will be effective on the first of the month following the date the enrollment request is received.

- The expiration of the employment waiting/affiliation period
- The beginning of a Special Enrollment Period
- A dependent's date of birth, adoption or placement

Coverage Changes

Medical

Changes can be made to plan designs on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle).

Network changes are allowed on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle). Such changes can also be considered when a new network becomes available or is discontinued in a marketed area.

All plan changes are subject to underwriting review and approval. When the change involves an increase in benefits, new Enrollment Forms, including current health history, may be required for underwriting review. Plan changes are subject to the application of a group rating.

Maternity

When elected, maternity coverage must be maintained for a minimum of 12 months.

Dental

A group can request to add dental coverage at any time. Changes can be made to plan designs, including the addition of orthodontia coverage (provided the group meets the qualifications for such coverage), on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle).

Employee Choice

A group may only add Employee Choice to their plan on either the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle).

An employee may only switch between medical plans on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle), unless the switch is due to a physical relocation of an employee. Changes can be made by completing Section D of the Employee Enrollment Form.

Life/AD&D

To add or increase benefits, a fully completed, signed and dated Employee Enrollment Form must be submitted to Assurant Health. All requests are subject to underwriting review and approval. Requests to add or increase benefits can be made on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle).

Short Term Disability (STD)

To add or increase benefits, a fully completed, signed and dated Employee Enrollment Form must be submitted to Assurant Health. Payroll records are required to verify employee salaries (minimum of 90 days). All requests are subject to underwriting review and approval. Requests to add or increase benefits can be made on the group's renewal date or January 1 or 15 (date is dependent on the group's billing cycle).

Termination Provisions

Assurant Health does not terminate a participating group's coverage because of the group's claim experience or the health status of a covered member. A group may be terminated for the following reasons:

- Premium payment is not received by Assurant Health on the date it is due or by the end of the grace period.
- There is evidence of fraud or misrepresentation.
- There is noncompliance with plan provisions.
- The group fails to meet participation requirements.
- The business ceases to operate or loses its identity by means of liquidation, merger or otherwise.
- All plans in the state in which the group is located are terminated.
- The business moves to a state where Assurant Health no longer writes business.
- The group submits a voluntary request for termination.

Employee Terminations

The employer may terminate coverage for a person no longer employed by submitting written notice to Assurant Health, calling Customer Service at 800-328-4316, or using the *myaccount* online resource (see information on page 10).

Backdated terminations are not allowed.

Other Services

Employer Kit

Once a group is approved and coverage is in effect, an Employer Kit will be sent to the appropriate distribution partner or writing agent for delivery to the employer. The kit contains:

1. Group Insurance Certificates for each insured employee that reflects the employee's coverage.
2. Identification (ID) Cards for each insured employee.
3. A supply of the following forms:
 - a. COBRA notices.
 - b. Enrollment Forms for new employees (state-specific where applicable).
4. Other notices or forms that may apply because of state or federal requirements.
5. First billing statement.

The participating employer must be aware of his/her responsibilities as the plan administrator under ERISA. The Employer Kit should be reviewed in detail with the person who will be handling the plan's administration.

Premium Payment and Billing

The Employer Kit includes the group's first billing statement. The employer should review this bill carefully to ensure all of the information is accurate. Subsequent monthly billing statements are mailed approximately 15 days prior to the bill due date. Each covered employee is listed with his/her coverages in force and premium amounts.

Assurant Health offers direct monthly billing. The employer is responsible for remitting all premiums when due. Agents are not authorized to collect renewal premium.

Grace Periods

There is a 31-day grace period for payment of premiums in most states. If Assurant Health does not receive payment within 31 days of the due date, all coverage for all employees terminates as of the due date. No claims are paid during the grace period. A notice is sent informing the employer that coverage has terminated.

Claim Submission and Service

Assurant Health does not require medical claim forms, but does require itemized bills reflecting standard ICD-9 and CPT codes, patient and insured names, patient's date of birth, and the group number.

All claims should be submitted as soon as reasonably possible after an expense is incurred.

Prior authorization may be required for certain services. The insured will find the instructions for authorization in his/her Group Insurance Certificate. Penalties may be incurred if authorization is not obtained when required.

Dental claims may be submitted on the dentist's own claim form with proper dental service codes.

In order to provide quality service, Assurant Health must be made aware of changes to an insured's name, address and dependent status. Certificate holders should notify Customer Service at 800-328-4316 with any such changes.

Myaccount for Online Convenience

Myaccount is a valuable online resource providing employers with the opportunity to make changes to their plan quickly and easily. *Myaccount* is accessed at www.assuranthealth.com and selecting the Tools for Small Employers link.



ASSURANT
Health®

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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 to 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. 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 \$25 billion in assets and \$8 billion in annual revenue. Assurant has approximately 15,000 employees worldwide and is headquartered in New York's financial district. The Assurant Web site is www.assurant.com.

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