

Primary Insured: Kenneth Sapon Riders Included: Spouse

Issue Age: 55 Total Monthly Premium: \$242.44

Class: Male, Select Non-Tobacco Daily Cost(DC): \$7.55/Day

Benefit Amount: \$100,000 (DC is calculated using the annual premium)

BENEFIT SUMMARY

Rider Coverage Summary

\$100,000 Spouse Rider (50, Female, Select Non-Tobacco)

Base Policy Benefit Summary

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for Each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer Carcinoma in Situ	100% 25% up to maximum of \$25,000	100%
Category 2	Heart Attack Major Organ Transplant – Heart or Combination Transplant including Heart Aortic Surgery Heart Valve Replacement/ Repair Surgery Stroke Coronary Bypass Surgery Angioplasty	100% 100% 100% 100% 100% 25% up to maximum of \$25,000 25% up to maximum of \$25,000	100%
Category 3	 Advanced Alzheimer's Disease Accidental Loss of Speech Benign Brain Tumor Blindness Coma – not as a result of Stroke Deafness Kidney (Renal) Failure Loss of Limbs Severe Burns Major Organ Transplant – other than Heart Motor Neuron Disease Occupational HIV Infection Paralysis – not as a result of Stroke 	100% 100% 100% 100% 100% 100% 100% 100%	100%

If insured dies of any cause, other than one of the specified critical illnesses, we will pay 100 percent of the premiums paid by the policy owner, less any benefits received, to the beneficiary. Waiting periods may apply to cancer benefits. Refer to your policy for details.

Premium Summary

Premium Modes:	Annual Premium	Semi-Annual Premium	Quarterly Premium	Monthly Premium
Base Policy	\$1,706.00	\$870.06	\$450.38	\$150.13
Spouse Rider	\$1,049.00	\$534.99	\$276.94	\$92.31
Total Premium	\$2,755.00	\$1,405.05	\$727.32	\$242.44

THIS IS ONLY AN ILLUSTRATION, NOT A CONTRACT. AMOUNTS, BENEFITS, TERMS AND CONDITIONS ARE GOVERNED ONLY BY THE ACTUAL CONTRACT, NOT BY THIS ILLUSTRATION.

Form I H0820

Prepared on 01/03/2013

Version 2.95.098



Primary Insured: Kenneth Sapon Riders Included: Spouse

Issue Age: 55 Total Monthly Premium: \$242.44 Class: Male, Select Non-Tobacco

Daily Cost(DC): \$7.55/Day Benefit Amount: \$100.000 (DC is calculated using the annual premium)

NARRATIVE SUMMARY

POLICY DESCRIPTION

Description

Policy AssurityBalance® Critical Illness Insurance will pay you a lump sum benefit payable for the first-ever diagnosis or procedure associated with a listed covered condition subject to the limitations, exclusions and conditions as defined by the contract. Definitions of covered conditions are provided below; see the contract for exact details.

First-Ever **Procedure**

First-ever diagnosis or procedure means that prior to the issue date, the insured has not been **Diagnosis or** diagnosed with a covered condition or treated with a procedure for a covered condition.

> The benefit amount is paid if a first-ever diagnosis is made following the issue date of the policy. For cancer benefits, a reduced benefit equal to 10% of the benefit amount for invasive cancer or 2.5% of the benefit amount for cancer in situ is payable if the first-ever diagnosis or procedure occurs within 90 days following the issue date.

Reduction of Beginning in the policy year immediately following the insured's 65th birthday or five years from the Benefit after age policy issue date, whichever is later, the benefit amount payable will be 50% of the then in-force 65 amount.

Limited Benefits for Certain amount. Covered **Procedures**

The benefit paid for cancer in situ, coronary bypass surgery and angioplasty is 25% of the benefit

The amount payable for each specified critical illness within a category is the percentage of the benefit amount listed in the Base Policy Benefit Summary chart multiplied by the benefit amount. The insured can receive up to 100% of the benefits for each category.

If the insured collects for an illness in one category, the policy remains in force to provide coverage against illness in other categories. Diagnosis for a subsequent illness must be separated by at least 180 days from the prior illness. If the insured receives partial payment for an illness in one category, the remaining percentage up to a total of 100% can still be collected for an other illness in that category.

The following benefits are each payable only once per lifetime: Coronary Bypass Surgery, Angioplasty and Carcinoma in Situ.

Return of If insured dies of any cause, other than one of the specified critical illnesses, we will pay 100 percent of Premium Benefit the premiums paid by the policy owner, less any benefits received, to the beneficiary. Waiting periods may apply to cancer benefits. Refer to your policy for details.



Riders Included: Spouse

Primary Insured: Kenneth Sapon

Issue Age: 55 Total Monthly Premium: \$242.44

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NARRATIVE SUMMARY (continued)

POLICY DESCRIPTION (continued)

Subject to the limitations, exclusions and conditions as defined in the contract, the benefit amount will be paid for the following covered conditions or procedures:

Invasive Cancer

Full benefit is paid for types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, as diagnosed by a certified pathologist. Leukemias and lymphomas are included. The contract details conditions not considered invasive cancer.

Carcinoma in Situ Limited benefit of 25%, up to \$25,000, is paid for types of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue, as diagnosed by a certified pathologist. Included are early prostate cancer and melanoma not invading the dermis. Carcinoma in situ does not include other skin malignancies, pre-malignant lesions, or benign tumors or polyps.

Heart Attack

Full benefit is paid for an acute myocardial infarction resulting in the death of a portion of the heart muscle due to blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. Diagnosis must be by a certified cardiologist based on new clinical presentation and/or electrocardiographic changes consistent with an evolving heart attack, and elevation of cardiac biomarkers to a level consistent with a diagnosis of heart attack. Established myocardial infarction is excluded.

Stroke Full benefit is paid for any acute cerebrovascular accident producing neurological impairment that results in paralysis or other measurable, objective neurological deficit persisting for at least 96 hours and expected to be permanent as diagnosed by a certified neurologist. Transient ischemic attack (ministroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Transplant

Major Organ Full benefit is paid for major organ(s) failure of one of the following human organs or tissue: entire heart, lung, liver, kidney, small intestine, pancreas, pancreas-kidney or bone marrow. You must also be registered in the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

Kidney (Renal) | Full benefit is paid for the chronic irreversible failure of both kidneys requiring periodic and ongoing Failure dialysis as diagnosed by a certified nephrologist.

Bypass Surgery

Coronary | Limited benefit of 25%, up to \$25,000, is paid for undergoing coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries and performed by a cardiologist licensed in the United States. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

Angioplasty

Limited benefit of 25%, up to \$25,000, is paid for undergoing a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries and performed by a cardiologist licensed to practice in the United States. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures are excluded.

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NARRATIVE SUMMARY (continued)

POLICY DESCRIPTION (continued)

Advanced
Alzheimer's
Disease

Full benefit is paid for a progressive degenerative disease of the brain resulting in a significant reduction in mental and social functioning, such that the insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring, dressing, bathing, feeding, toileting and continence, as diagnosed by a certified neurologist. All other dementing organic brain disorders or psychiatric illnesses are excluded.

Severe Burns | Full benefit is paid for the diagnosis, by a certified general surgeon or plastic surgeon, that the insured has sustained third degree burns covering at least 20% of the surface area of the body.

Paralysis

Full benefit is paid for the complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a certified neurologist.

Full benefit is paid for the diagnosis, by a certified neurologist, that the insured is in a state of unconsciousness from which the insured cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

Aortic Surgery

Full benefit is paid for undergoing surgery, by a certified cardiologist, cardiovascular thoracic surgeon or vascular surgeon, for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Tumor

Benign Brain | Full benefit is paid for the diagnosis, by a certified neurologist, of a non-malignant tumor within the substance of the brain or meninges resulting in permanent deficit to the neurological system. Specifically excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumors of the cranial nerves, pituitary gland or spinal cord.

Blindness

Full benefit is paid for the diagnosis, by a certified ophthalmologist, of the permanent and uncorrectable loss of sight in each of your eyes. The insured's corrected visual acuity must either be worse than 20/200 in both eyes or the field of vision must be less than 20 degrees in both eyes.

Deafness

Full benefit is paid for the diagnosis, by a certified otolaryngologist, of the permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels in each ear.

Heart Valve Replacement/ **Repair Surgery**

Full benefit is paid for the actual undergoing of open heart surgery, by a certified cardiologist, to replace or repair one or more valves.

Loss of Limbs | Full benefit is paid for the diagnosis, by a physician board-certified as medically appropriate for this condition, of a total and irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

of Speech

Accidental Loss | Full benefit is paid for the diagnosis, by a physician board-certified as medically appropriate for this condition, of the total, permanent and irreversible loss of the ability to speak as a result of an accidental injury.

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NARRATIVE SUMMARY (continued)

POLICY DESCRIPTION (continued)

Disease

Motor Neuron | Full benefit is paid for the unequivocal diagnosis, by a certified neurologist, of one of the following motor neuron diseases: amyotrophic lateral sclerosis (A.L.S. or Lou Gehrig's Disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy or pseudo bulbar palsy. Coverage is limited to these conditions and all other variations of motor neuron disease are excluded.

Occupational Full benefit is paid for the infection with the human immunodeficiency virus (HIV) resulting from an HIV Infection accidental injury which occurred in the United States after the issue date of the policy, and which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. See the contract for conditions and exclusions.

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Total Monthly Premium: \$242.44 Issue Age: 55

Daily Cost(DC): \$7.55/Day Class: Male, Select Non-Tobacco

Benefit Amount: \$100,000 (DC is calculated using the annual premium)

NARRATIVE SUMMARY

RIDER DESCRIPTION

Spouse Rider | Pays a lump sum benefit payable for the first-ever diagnosis or procedure on the specified spouse associated with a listed covered condition subject to the limitations, exclusions and conditions as defined by the contract. Definitions of covered conditions are provided above; see the contract for exact details.

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Primary Insured: Kenneth Sapon Riders Included: Spouse

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Benefit Amount: \$100,000 (DC is calculated using the annual premium)

LIMITATIONS AND EXCLUSIONS

Assurity will not pay benefits for a specified covered condition or procedure resulting from any of the following:

Felony

A condition or procedure resulting from participation in or attempt to commit a felony.

Illegal Occupation

A condition or procedure resulting from engagement in an illegal occupation.

Self-Inflicted Injury

A condition or procedure resulting from a self-inflicted sickness or injury.

Suicide

A condition or procedure resulting from committing or attempting to commit suicide, while sane or insane.

War

A condition or procedure resulting from being exposed to war or any act of war, declared or undeclared.

Drugs and Alcohol

A condition or procedure resulting from being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where the loss or cause of loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the insured by a physician).

Armed Forces

A condition or procedure resulting from actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days.



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HOME OFFICE INFORMATION

New Business-ID Units

> I H0820 100.000 R I0821 100.000

State: NM

Benefit Amount: \$100,000



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ACKNOWLEDGEMENT OF DECISION NOT TO APPLY

I hereby certify that the features of the critical illness plan offered by Assurity Life Insurance Company have been explained to me, and I have elected not to apply for coverage at this time.

It is also my understanding that this coverage may not be available to me in the future if there are changes to my occupation, health or income.

Signature	Date

Surviving a Critical Illness

Good News - Survival

Medical advances have increased the chances of you surviving a heart attack, cancer, stroke, or other serious illness.

The Bad News - Price Tag

The cost of survival can create aftershocks that shake your financial life.



AssurityBalance® Critical Illness Insurance pays a lump sum benefit upon first diagnosis of life threatening cancer, heart attack, stroke, major organ transplant, and end-stage renal failure; or, first treatment by coronary bypass surgery or angioplasty.

What would it mean to you?

This protection gives you the luxury of focusing on your recovery. You can use your cash benefit for anything you wish. You may choose to pay your mortgage, auto and credit card obligations, medical costs and deductibles, child care, or train for a new occupation. Money in your pocket gives you the freedom to choose if you want a second opinion or a medical center outside of your health care plan. It gives you a key ingredient for recovery – peace of mind.

Life can change in a heartbeat – don't let a medical crisis become a financial one. Get AssurityBalance Critical Illness Insurance today.

It's all about surviving.

Policy form Nos. I H0820

Policy, rates, benefits, provisions and availability may vary by state and are subject to state approval. Critical illness insurance is not a substitute for health insurance. This policy may not be appropriate for Medicaid recipients.





Critical Illness Insurance Illustration

Proposal for: Client Prepared by: Kenneth Sapon

Age: 55

Gender: M Phone Number: 505-265-8511

Plan Coverage: Individual **State:** New Mexico

Total Monthly Level Premium \$179.64

(Premium includes annual policy fee)

Daily Cost \$5.62/Day

(Daily Cost is calculated using the annual premium)

\$100,000 Base Policy Benefit Amount \$100,000 Disability Benefit Amount

Total benefits payable under the base policy and the disability benefit will not be greater than the original base policy maximum amount.

Base policy benefits:

Heart Attack	100%
Stroke	100%
Cancer (Life Threatening)	100%*
Major Organ Transplant	100%
Renal (Kidney) Failure	100%
Alzheimer's Disease	100%
Paralysis	100%
Blindness	100%
Deafness	100%
First Cancer-in-Situ	25%*
First Ever Coronary Angioplasty	25%
First Ever Coronary Artery Bypass	25%

^{*} Waiting periods may apply to cancer benefits. Refer to your policy for details.

Return of Premium- Paid upon death, minus any benefits paid.

Guaranteed Renewable - Benefit reduces 50% @ age 65 but no sooner than 5 years after issue.

This is a proposal for critical illness insurance, not an offer, and is subject to regular underwriting. This proposal is not a contract. The rates illustrated in this proposal are estimates based on the date submitted and are subject to change upon final underwriting review. An outline of coverage must be presented with this proposal.

V2.23 01/03/2013 Policy Form: CI1



Critical Illness Insurance Illustration

Proposal for: Anne Sapon Prepared by: Kenneth Sapon

Age: 50

Gender: F Phone Number: 505-265-8511

Plan Coverage: Individual **State:** New Mexico

Total Monthly Level Premium \$101.94

(Premium includes annual policy fee)

Daily Cost \$3.19/Day

(Daily Cost is calculated using the annual premium)

\$100,000 Base Policy Benefit Amount \$100,000 Disability Benefit Amount

Total benefits payable under the base policy and the disability benefit will not be greater than the original base policy maximum amount.

Base policy benefits:

Heart Attack	100%
Stroke	100%
Cancer (Life Threatening)	100%*
Major Organ Transplant	100%
Renal (Kidney) Failure	100%
Alzheimer's Disease	100%
Paralysis	100%
Blindness	100%
Deafness	100%
First Cancer-in-Situ	25%*
First Ever Coronary Angioplasty	25%
First Ever Coronary Artery Bypass	25%

^{*} Waiting periods may apply to cancer benefits. Refer to your policy for details.

Return of Premium- Paid upon death, minus any benefits paid.

Guaranteed Renewable - Benefit reduces 50% @ age 65 but no sooner than 5 years after issue.

This is a proposal for critical illness insurance, not an offer, and is subject to regular underwriting. This proposal is not a contract. The rates illustrated in this proposal are estimates based on the date submitted and are subject to change upon final underwriting review. An outline of coverage must be presented with this proposal.

V2.23 01/03/2013 Policy Form: CI1

Client Input Summary

Company: Mutual of Omaha - Health	January 3, 2013
Product: Critical Illness - Individual v2.23	2.51.00, 6.36.32

Client Info

Client's Name	Client
Client's Sex	Male
Client's Age	55
Client's Date of Birth	11/08/1957
State	New Mexico
Does Client Use Tobacco?	No
Client's Risk Class	ST - Band 2
Premium Mode	Monthly
Base Policy Benefit Amount	100000

Client Addl.

Additional Benefits	Yes
Disability Benefit Rider	Yes
AD&D Benefit Rider	No
AD&D Benefit Amount	
Assoc. Marketing Rider	No

Spouse Info

Married?	Yes
Spouse's Name	Anne Sapon
Spouse's Sex	Female
Spouse's Age	50
Spouse's Date of Birth	09/02/1962
Does Spouse Use Tobacco?	No
Spouse's Risk Class	ST - Band 2
Base Policy Benefit Amount	100000

Spouse Addl.

Spouse Additional Benefits	Yes
Disability Benefit Rider	Yes
AD&D Benefit Rider	No
AD&D Benefit Amount	
Assoc. Marketing Rider	No

Alt Bene Amount

Client Alternate Policy Benefit Amount?

Base Policy Benefit Amount #1 Base Policy Benefit Amount #2 Base Policy Benefit Amount #3 No

Client Input Summary

Company: Mutual of Omaha - Health

Product: Critical Illness - Individual v2.23

January 3, 2013
2.51.00, 6.36.32

Alt Bene Amount - Cont'd

Spouse Alternate Policy Benefit Amount?

No

Spouse Policy Benefit Amount #1 Spouse Policy Benefit Amount #2 Spouse Policy Benefit Amount #3

Agent Info

Agent Name Kenneth Sapon
Agent Phone Number 505-265-8511