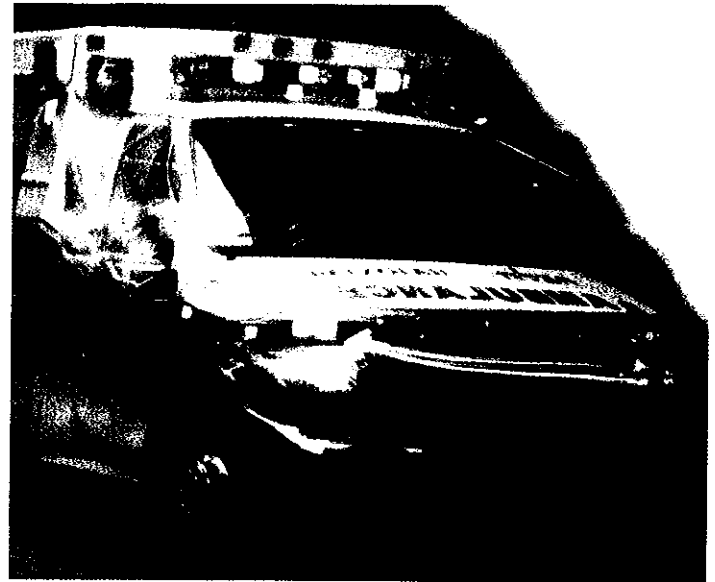


# Accident Expense+

## Pays cash benefits directly to you for covered accidental injuries...

Can you remember the last time you planned to get hurt? Many believe "it won't happen" to them, but statistics tell a different story.

What is *your* plan if you get hurt?



### Accidents happen...

Not just to people in cars or on slippery sidewalks — but to cooks in the kitchen, weekend athletes, do-it-yourselfers on ladders, and kids with footballs and bikes. Some injuries can be handled with a bandage and an ice pack, but one out of 12 people sought medical attention for an injury in 2004.†

### You're careful...

Seatbelts, air bags, car seats, bike helmets and shin guards provide a level of protection for you and your family. You follow safety procedures at work. But, unfortunately, accidents can still result in injuries and unexpected expenses regardless of your precautions.

### Disabling Injuries 2004 †

On-the-job ..... 1 every 9 seconds  
Off-the-job ..... 1 every 5 seconds  
At home ..... 1 every 4 seconds

### Costs are crippling...

Recovering from an injury is tough enough, but out-of-pocket expenses for the emergency room, ambulance, hospital stay

and doctors' bills can cause a separate financial crisis. And, remember, while you're laid-up — your monthly bills and expenses don't stop!

### The Accident Expense+ Policy solution...

Assurity at Work, through Assurity Life Insurance Company, offers you the opportunity to protect your family and yourself from the cost of accidental injuries with the Accident Expense+ Policy. This plan pays you a fixed cash benefit for medical treatments associated with a covered accident (see reverse for a partial list). The benefits are paid regardless of any other insurance coverage.‡

Here's the great news — you can extend this affordable protection to cover your spouse and children. This policy's cash benefits will be handy for your child's next trip to the emergency room for a playground or sports-related injury.

† National Safety Council *Injury Facts 2006*.

‡ Assurity at Work offers two Accident Expense+ policies. Your employer may choose to offer the 24-hour coverage or the off-the-job only coverage.

### Accident Expense+ Benefit Highlights...

- *Accidental Death*
- *Accidental Death – Common Carrier*  
(plane, bus, train, etc.)
- *Hospital Admission*
- *Hospital Confinement*
- *Hospital Intensive Care Unit*
- *Major Diagnostic Exams*
- *Physician's Office and Urgent Care*

### Also included:

Benefits for ambulance, emergency room, burns, dislocations, fractures, dismemberment, skin grafts, unintentional gunshot wounds, emergency dental work, eye injuries, prosthetic devices, medical appliances, blood products, ruptured disc surgery, rotator cuff surgery, abdominal or thoracic surgery, exploratory surgery, lodging and transportation.

### Optional Rider...

#### Short-Term Disability Income Rider (Employee only)

Pays a monthly benefit amount of \$600 for six months or one year, when the insured employee is totally disabled due to an accident.

#### Assurity at Work's Accident Expense+ Policy protects your lifestyle from life's unexpected events.

This policy is underwritten by Assurity Life Insurance Company. This flyer provides an abbreviated explanation of the policy's qualifications, limitations and exclusions. For specific details, please review the policy or contact your insurance representative or Assurity Life Insurance Company.

Assurity at Work is the worksite sales division of Assurity Life Insurance Company, located in Lincoln, Nebraska.

This policy's availability — along with its rates, benefits and provisions — may vary by state and are subject to state approval.

## Assurity at Work • Accident Expense+ Benefits — paid once per accident

This individual policy provides a variety of benefits — some of which are listed below. You may choose basic coverage with a one-unit plan, or higher benefits with a two-unit plan. Our Accident Expense+ rate structure has the same premium regardless of your age or gender.

Benefit		One-Unit Plan	Two-Unit Plan
<b>Accidental death</b>	Within 90 days of accident	\$25,000 employee \$10,000 spouse \$ 5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child
<b>Accidental death — common carrier</b> (plane, bus, train, etc.)	Within 90 days of accident — not paid in addition to accidental death benefit	\$50,000 employee \$20,000 spouse \$10,000 child	\$100,000 employee \$ 40,000 spouse \$ 20,000 child
<b>Dismemberment</b> (loss of toes, fingers, hands, feet, eyesight)	Within 90 days of accident	\$750-\$15,000 employee \$500-\$10,000 spouse/child	\$1,500-\$30,000 employee \$1,000-\$20,000 spouse/child
<b>Ambulance</b>	To or from hospital or between medical facilities within 48 hours of accident for air and 90 days for ground	\$500 air/\$100 ground any insured	\$500 air/\$100 ground any insured
<b>Emergency room treatment</b>	Within 72 hours of accident	\$200 any insured	\$200 any insured
<b>Hospital admission</b>	Within 180 days of accident — not included: treatment in emergency room, outpatient treatment, a stay of less than 20 hours	\$500 any insured	\$1,000 any insured
<b>Hospital confinement</b> (including Sub-Acute ICU)	Within 180 days of accident — not included: treatment in emergency room, outpatient treatment, a stay of less than 20 hours. (Not paid concurrent to ICU benefit)	\$100 per day for up to 90 days any insured	\$200 per day for up to 180 days any insured
<b>Hospital ICU confinement</b>	Within 30 days of accident — if patient is in ICU for more than 15 days, the hospital confinement benefit begins on 16th day	\$200 per day for up to 15 days any insured	\$400 per day for up to 15 days any insured
<b>Burns</b>	Second- and third-degree burns treated within 72 hours of accident	\$375-\$5,000 employee \$150-\$2,000 spouse/child	\$750-\$10,000 employee \$300-\$4,000 spouse/child
<b>Dislocations</b>	Requiring correction with anesthesia diagnosed by a physician within 90 days of accident	\$50-\$2,000 any insured	\$100-\$4,000 any insured
<b>Fractures</b>	Fracture requiring surgical or non-surgical realignment diagnosed by a physician within 90 days of accident	\$25-\$2,500 any insured	\$50-\$5,000 any insured
<b>Gunshot wound</b> (unintentional)	Requires hospital confinement within 24 hours and surgery within 72 hours for one or more wounds	\$500 employee	\$1,000 employee
<b>Lacerations</b>	Requiring stitches, staples or glue within 72 hours of accident	\$50-\$400 any insured	\$100-\$800 any insured
<b>Emergency dental work</b>	Paid once per accident, regardless of the number of teeth involved	\$150 for any and all broken teeth requiring crown \$50 for any and all broken teeth requiring extractions any insured	\$300 for any and all broken teeth requiring crown \$100 for any and all broken teeth requiring extractions any insured
<b>Major diagnostic exams</b>	CT Scan, MRI, EEG	\$100 per calendar year any insured	\$200 per calendar year any insured
<b>Physician's office or urgent care</b>	Within 60 days of accident for treatment in physician's office or urgent care facility	\$50 any insured	\$50 any insured
<b>Lodging</b>	When insured is hospitalized more than 100 miles from home	\$100 per day for up to 30 days	\$100 per day for up to 30 days
<b>Benefits also paid for:</b> Skin grafts, eye injuries, prosthetic devices, medical appliances, blood products, ruptured disc surgery, rotator cuff surgery, abdominal or thoracic surgery, exploratory surgery and transportation.			

Please see policy for benefit details.

Policy form(s) W A200 (24-hour) and W A205 (off-the-job only) and rider form(s) R WA201 (short term disability income 24-hour rider) and R WA251 (short term disability income off-the-job only rider) underwritten by Assurity Life Insurance Company of Lincoln, Nebraska.



*"Your best friend for employee benefits."*

1526 K Street • Lincoln, NE 68508  
866-289-7337 • [www.assurityatwork.com](http://www.assurityatwork.com)

For more information call  
Minnesota Benefit Association  
800.360.6117



6701 Upper Afton Road  
Woodbury, MN 55125-2154  
651.735.9874 Fax 651.739.3260  
[www.MinnesotaBenefitAssociation.org](http://www.MinnesotaBenefitAssociation.org)  
Toll-free 800.360.6117

## Enrollment Instructions for Accident Expense+ Policy

All Minnesota township officers (and township employees working at least 20 hours/wk for the township) between the ages of 18 and 69, are eligible to apply for group Accident Expense coverage, sponsored by Minnesota Benefit Association and endorsed by Minnesota Association of Townships.

### Accident Expense+ policy highlights:

- Policy is guaranteed renewable for life
- Policy is portable if/when the insured leaves the township board or resigns from township employment, as long as premiums continue to be paid.
- Benefits are paid directly to the insured for covered accidental injuries
- Coverage is available for the officer's/employee's spouse and/or children
- The 24-hour plan covers accidents that occurred any time of day, regardless of whether you are working for the township at the time of the accident.
- Pays on top of any Workmen's Compensation benefits you may receive
- Issue ages: 18-69
- Premiums will be billed to the township or policy holder on an annual basis

The attached application must be completed to apply for Accident Expense+ coverage. Please complete the application from the perspective of your township position. Some fields have been pre-filled to assist you.

1. Several fields on the application do not need to be completed. These fields have been marked "N/A" or "NA." The fields are: Height, Weight, Monthly Income & Dept No.
2. Employer – fill in the name of your township
3. Occupation/Title – circle either "Township officer" or "Township employee"
4. Full-Time Hire Date – fill in the date when you were sworn in as a township officer or the date you were hired as an employee of the township. Part-time township employees are eligible for Accident coverage if they work at least 20 hours per week for the township.
5. Question #1 in the bottom section of the first page of the application asks if you have worked less than {30} hours per week in your primary occupation. Please answer this question based on the number of hours that you work as a township officer or township employee.
6. Complete all remaining fields.
7. Sign and date the appropriate places on the 3<sup>rd</sup> and 4<sup>th</sup> pages. The Agent's section will be completed by an agent with the Minnesota Benefit Association.

Mail the completed application and a check (payable to Minnesota Benefit Association) for the first year's premium to:

Minnesota Benefit Association  
6701 Upper Afton Road  
Woodbury, MN 55125

**Questions:**

Contact Minnesota Benefit Association at 800-360-6117.

**Accident Expense+ 24-hour plan policy rates:**

Coverage	Annual premium	
	One Unit	Two Units
Employee	149.88	184.92
Employee / Spouse	265.32	330.36
Employee / Child	230.16	288.12
Family	359.76	452.64

Accident Expense+ Policy Form W A200 Exclusions:

Assurity Life Insurance Company will not pay benefits for losses that are caused by or are the result of any Insured Person(s):

- Operating, learning to operate or serving as a crew member of any aircraft;
- Engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- Who has any sickness or condition caused by a sickness independent of the Covered Accident, including physical or mental infirmity. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- Suffering from mental or nervous disorders;
- Being addicted to drugs or suffering from alcoholism;
- Being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- Receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- Who is a Dependent Child and who receives Injuries during birth;
- Having cosmetic surgery or other elective procedures that are not medically necessary;
- Having dental treatment except as a result of an Injury;
- Having a hernia;
- Participating in or attempting to commit a felony;
- Being incarcerated in a penal institution or government detention facility;
- Driving any taxi for wage, compensation or profit;
- Engaging in an illegal activity or occupation;
- Self-inflicting an Injury intentionally;
- Committing or attempting to commit suicide, while sane or insane; or
- Traveling outside the United States, except for those Injuries that require emergency care in a Hospital.

Policy availability – along with its rates, benefits and provisions – may vary by state and are subject to state approval.

Assurity at Work is the worksite sales division of Assurity Life Insurance Company, located in Lincoln, Nebraska.

Accident Expense Insurance Policy Form No. W A200 underwritten by Assurity Life Insurance Company, Lincoln, Neb.

This policy may contain reductions of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity Life Insurance Company or ask to review the policy for more information.

PLEASE PRINT WITH BLACK INK

APPLICATION FOR INSURANCE

<b>ASSURITY LIFE INSURANCE COMPANY</b> 1526 K Street, PO Box 80926, Lincoln NE 68501-0926	<input checked="" type="checkbox"/> New application <input type="checkbox"/> Takeover <input type="checkbox"/> Addition, increase or change to existing coverage; existing Policy No. _____
--	---

**Primary Proposed Insured - Employee**

Name (First MI Last)		Date of Birth (MM/DD/YYYY) / /	
Social Security No. - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	Issue Age
Residential Address			
City		State	ZIP -
Personal Phone No. ( ) -	Birth State/Country	Height N/Aft. N/Ain.	Weight N/A lbs.
Employer _____	Township	Occupation/Title Township officer/Township employee (Circle one)	
Duties			
Monthly Income \$ N/A	Full-Time Hire Date (MM/DD/YYYY) / /	Dept No. N/A	

**Other Proposed Insured(s) - Dependent(s)** (If additional space is needed, attach a separate sheet of paper.)

Name (First MI Last)	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Issue Age
Height NAft.NA in. Weight N/A lbs.	Spouse	/ /	
	Child	/ /	
	Child	/ /	
	Child	/ /	
	Child	/ /	

**Beneficiary(ies)** (If additional space is needed, attach a separate sheet of paper.)

	Name (First MI Last)	Relationship to Insured	Date of Birth (MM/DD/YYYY)
Primary			/ /
Contingent			/ /

**For ALL COVERAGES, please answer the following questions.**

1. During the past 90 days, have you worked less than {30} hours per week in your primary occupation? .....  Yes  No
2. During the past 90 days, have you been unable to perform any of the duties of your primary occupation? .....  Yes  No
3. Has any Proposed Insured ever been treated or diagnosed by a medical professional for Acquired Immune Deficiency (AIDS), AIDS Related Complex (ARC) or Antibodies to Human T-lymphotropic Virus Type III (HTLV); or had a positive test for HIV (Human Immunodeficiency Virus) antibodies? .....  Yes  No  
 If YES, identify name(s) of person(s) \_\_\_\_\_
4. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? .....  Yes  No  
 If YES, complete replacement form provided by your agent if required by your state.
5. Is there any other life, cancer, heart/stroke, disability, hospital indemnity, critical illness or accident insurance in force or applied for on any Proposed Insureds? .....  Yes  No  
 If YES, list person, company name, policy number, year issued, type of coverage and amount of benefit.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Primary Proposed Insured Name \_\_\_\_\_

**ACCIDENT EXPENSE**

Plans	Insured Options	Benefit Options	Riders	Premium Amt
<input checked="" type="checkbox"/> 24-hour Accident Exp <input type="checkbox"/> Off-the-job Accident Exp	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Family	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	<input type="checkbox"/> Short-Term DI Rider <input type="checkbox"/> 6 month benefit <input type="checkbox"/> 12 month benefit <input type="checkbox"/> Other (specify) _____	

Please answer the following questions (only if applying for Short-Term Disability Income Rider).

1. During the past 6 months, have you missed work for more than 5 consecutive days due to personal injury or illness (except pregnancy)? .....  Yes  No



Primary Proposed Insured Name \_\_\_\_\_

**Primary Proposed Insured's Agreement**

I have read the answers and statements written in this application, and represent each and all of them to be true and complete to the best of my knowledge and belief. In the absence of fraud, my answers in this application shall be deemed representations and not warranties. I agree that a copy of this application and any supplement shall be attached to and form a part of any policy issued. Acceptance of any insurance policy issued on this application as evidenced by the payment of premiums, will constitute a ratification of any corrections or additions to the application noted by Assurity in the space headed "HOME OFFICE CORRECTIONS OR ADDITIONS ONLY" for administrative purposes. A photocopy of the amended application attached to the policy will be sufficient notice to me of such corrections or additions.

The insurance applied for shall be in force as of the policy issue date as shown on the policy schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the policy(ies) are pre-paid premiums and will be applied to coverage beginning on the issue date. If the policy(ies) is(are) not issued, Assurity will refund any premium deductions it receives.

**HOME OFFICE CORRECTIONS AND ADDITIONS ONLY**

**Any solicitor, agent, examining physician, or other person who knowingly and willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.**

**For Disability Income applicants-** I understand there is a Pre-existing Condition Limitation in the Policy I am applying for. I further understand that if I submit a claim for Total Disability within 12 months from the Date of Issue of the Policy and the Total Disability is due to a Preexisting Condition, no Monthly Benefits will be paid unless the condition was disclosed and not misrepresented on this Application and was not excluded by a Policy amendment rider.

Issue Date \_\_\_\_\_

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City / State) (Date MM/DD/YYYY)

Primary Proposed Insured's Signature \_\_\_\_\_

Payor's Signature (for Term Life only) \_\_\_\_\_

**Agent's Statement and Agreement**

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured. The Proposed Insured has read the completed application, or has had the completed application read to them. I also certify that this insurance  does  does not replace or change any existing life, health or annuity coverage.

Agent's Printed Name \_\_\_\_\_ Agent No. \_\_\_\_\_ Agent's Telephone No. \_\_\_\_\_

Agent's Signature \_\_\_\_\_ on \_\_\_\_\_  
(Date MM/DD/YYYY)

Group No. \_\_\_\_\_



**ASSURITY LIFE INSURANCE COMPANY**  
1526 K Street - PO Box 82533  
Lincoln, NE 68501-2533  
Toll Free (800) 276-7619, Ext. 4264

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER  
THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW**

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer.

The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance Guaranty Association  
4760 White Bear Parkway  
Saint Paul, MN 55110  
(651) 407-3149

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value.

Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts.

Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

**THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.**

**THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.**

I have read the foregoing notice and received a copy for my records this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

LA/U-03 (11/03)

MN Guaranty Form

Signed form to be returned to Home Office  
Applicant to receive a copy of signed form at time the Application is taken