



*Applies to plans issued with effective dates December 1, 2011, and later*

If more than one adult is applying, choose the youngest adult as the primary applicant.

For child-only plans, the youngest is the primary applicant.

**Find your level of benefits, the applicants and the age of the primary applicant:**



<b>VALUE — Assurant Health Access Monthly Rates</b>					
AGE	0-17	18-30	31-40	41-50	51-63
Primary	\$54.00	\$67.00	\$74.00	\$94.00	\$144.00
Primary and Spouse	\$108.00	\$134.00	\$148.00	\$188.00	\$288.00
Primary with 1 child	\$108.00	\$121.00	\$128.00	\$148.00	\$198.00
Primary with 2 or more children	\$184.00	\$197.00	\$204.00	\$224.00	\$274.00
Primary and Spouse with 1 child	\$162.00	\$188.00	\$202.00	\$242.00	\$342.00
Primary and Spouse with 2 or more children	\$246.00	\$272.00	\$286.00	\$326.00	\$426.00

<b>FUNDAMENTALS — Assurant Health Access Monthly Rates</b>					
AGE	0-17	18-30	31-40	41-50	51-63
Primary	\$89.00	\$109.00	\$119.00	\$159.00	\$249.00
Primary and Spouse	\$178.00	\$218.00	\$238.00	\$318.00	\$498.00
Primary with 1 child	\$178.00	\$198.00	\$208.00	\$248.00	\$338.00
Primary with 2 or more children	\$303.00	\$323.00	\$333.00	\$373.00	\$463.00
Primary and Spouse with 1 child	\$267.00	\$307.00	\$327.00	\$407.00	\$587.00
Primary and Spouse with 2 or more children	\$405.00	\$445.00	\$465.00	\$545.00	\$725.00

<b>ENHANCED — Assurant Health Access Monthly Rates</b>					
AGE	0-17	18-30	31-40	41-50	51-63
Primary	\$139.00	\$169.00	\$189.00	\$249.00	\$386.00
Primary and Spouse	\$278.00	\$338.00	\$378.00	\$498.00	\$772.00
Primary with 1 child	\$278.00	\$308.00	\$328.00	\$388.00	\$525.00
Primary with 2 or more children	\$473.00	\$503.00	\$523.00	\$583.00	\$720.00
Primary and Spouse with 1 child	\$417.00	\$477.00	\$517.00	\$637.00	\$911.00
Primary and Spouse with 2 or more children	\$632.00	\$692.00	\$732.00	\$852.00	\$1,126.00

This Rate Sheet is for use with product brochures and state variations which contain details of Assurant Health Access plans and the optional benefits.

The rates for this fixed-indemnity plan with limited benefits are only valid for plans issued with effective dates December 1, 2011, and later. Rates quoted more than 30 days in advance of the requested effective date are subject to change and are not guaranteed. Issuance of coverage is subject to approval. This proposal is not an insurance contract. Only the actual contract provisions apply. The effective date of the quote does not guarantee coverage and is subject to change. Rates are based on primary applicant's age as of the effective date of the plan. Final rates may vary. All rates are subject to underwriting approval.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

Form 49913-ME (New 10/2011) © 2011 Assurant, Inc. All rights reserved.

# Assurant Health Access Rate Sheet

**ONE-TIME PROCESSING FEE**

Please include the one-time processing fee, which is non-refundable regardless of application outcome.

\$25

Need extra coverage? Look at some of the additional options available to you, then talk to your agent.

**Make your plan even more valuable with supplemental options:**

**Assurant Supplemental Coverage Accident Medical Expense – Plan for the unexpected with an Accident Medical Expense plan, which can help you pay out-of-pocket medical bills in the event of an accident.**

Maximum per accident AME benefit	Per accident deductible	Individual	Family
\$2,500	\$250	\$25.00	\$38.00
\$5,000	\$250	\$36.00	\$58.00
\$7,500	\$250	\$41.00	\$66.00
\$10,000	\$250	\$48.00	\$78.00

Ask your agent if additional Assurant Supplemental Coverage plans including Accident fixed-benefit, Critical Illness and Dental coverage are available in your state.