Now it's time to calculate your premium and complete the enrollment form.

Few things to remember:

- The $250 and the $3,500 deductible options are only available with the 6 month plan.
- The $5,000 deductible is only available with the 12 month plan.

Chart 1 - Primary Insured/Spouse Daily Rate

AGE	Deductible					
	$250	$500	$1,000	$2,500	$3,500	$5,000
0-14	2.21	1.45	1.25	0.95	0.80	0.68
15-19	2.81	1.90	1.55	1.25	1.10	1.03
20-24	2.51	1.70	1.50	1.10	0.95	0.88
25-29	2.66	1.69	1.38	0.97	0.95	0.78
30-34	2.86	1.90	1.35	1.05	1.00	0.78
35-39	3.31	2.26	1.70	1.20	1.10	1.03
40-44	3.81	2.51	2.01	1.45	1.25	1.13
45-49	4.42	2.96	2.51	1.75	1.50	1.43
50-54	6.03	4.02	3.36	2.51	2.16	1.98
55-59	7.83	5.47	4.42	3.26	2.81	2.59
60-64	12.81	8.59	7.08	5.07	4.37	4.10

Chart 2 - Dependent Child Daily Rate

AGE	Deductible					
	$250	$500	$1,000	$2,500	$3,500	$5,000
Per Child	1.40	0.90	0.80	0.50	0.50	0.45

Zip Code

850, 852-853	1.17
All other	1.30

Chart 4 - Deductible and Rate of Payment Factor Table

	Deductible					
	$250	$500	$1,000	$2,500	$3,500	$5,000
50%	.80	.88	.80	.80	N/A	.80
80%	1.10	1.10	1.00	1.00	N/A	.80
100%	N/A	N/A	1.34	1.22	1.22	N/A

Premium Calculation Instructions

Refer to charts on the left when figuring the premium

	Single Payment	Monthly Payment
Step 1. Choose a payment option - single or monthly		
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible*. a) Primary insured rate .... b) Spouse rate .... (see Chart 1) SUBTOTAL =	+ ____	+ ____
Step 3. List the per child rate (Chart 2). Enter the number of dependent Child(ren). Multiply the rate by the number of children. SUBTOTAL =	× ____	× ____
Step 4. Add the subtotal from Step 2 & 3. =	____	____
Step 5. Monthly factor. Multiply by the subtotal in Step 4. SUBTOTAL =	× 1.00	× 1.28
Step 6. Enter Zip Code Factor (Chart 3). Multiply by subtotal in Step 5. SUBTOTAL =	× ____	× ____
Step 7. Plan Type - 6 month plan (30-180 days) enter 1.00. - 12 month plan (181-360 days) enter 1.30. Multiply by the subtotal in Step 6. SUBTOTAL =	____	____
Step 8. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 7. SUBTOTAL =	× ____ Minimum 30 Maximum 360	× 30
Step 9. Rate of Payment. Enter the rate of Payment Factor (Chart 4). Multiply by the subtotal in step 8. The 100% is available with the 6 month plan for policies 30-180 days. SUBTOTAL =	× ____	× ____
Step 10. Application Fee** (Non refundable) Add fee to subtotal in Step 9. TOTAL =	+ $25.00	+ $25.00

Enter this amount on the enrollment form in the box marked TOTAL

*Choose one deductible amount per policy

**Application fee is added to first month's premium only

Tips and Additional Information

Submitting Your Enrollment Form and Payment

Please check that you have:

- answered all questions on the enrollment form
- included necessary signatures
- enclosed your payment

When Your Coverage Begins

Your coverage will begin at 12:01 a.m. on your approved effective date as long as your enrollment form is complete, meets the requirements for acceptance, and includes the initial premium. Your requested effective date must fall within 45 days of the date you signed the enrollment form.

Upon enrollment, you will receive a welcome kit containing your insurance card and coverage details.

For more information, or for help applying for coverage, contact your insurance agent.

Agent Name

Address

Address

Phone

Fax

Email

OR if you would like to submit your enrollment form directly to Assurant Health you can mail it to:

Assurant Health
P.O. BOX 3175
Milwaukee WI 53201-3175

OR Fax your enrollment form to: **414-299-1137**

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. The Assurant Health Web site is www.assuranthealth.com.