

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

Chart 2 - Dependent Child Daily Rate					
AGE	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$3,500
Per Child	1.40	0.90	0.80	0.50	0.50

Chart 3 - Zip Code Factor	
Zip Code	
430-432,450-452	1.33
All other OH	1.54

Chart 4 - Deductible and Coinsurance Factor Table					
	Deductible				
	\$250	\$500	\$1,000	\$2,500	\$3,500
50%	.80	.80	.80	.80	N/A
80%	1.10	1.07	1.00	1.00	N/A
100%	N/A	N/A	1.48	1.25	1.25

Premium Calculation Instructions		
Refer to charts on the left when figuring the premium		
Step 1. Choose a payment option - single or monthly	Single Payment	Monthly Payment
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.	x _____	x _____
SUBTOTAL =	_____	_____
Step 4. Add the subtotal from Step 2 & 3.	= _____	_____
Step 5. Monthly factor. Multiply by the subtotal in Step 4.	x 1.00	x 1.28
SUBTOTAL =	_____	_____
Step 6. Enter Zip Code Factor (Chart 3). Multiply by subtotal in Step 5.	x _____	x _____
SUBTOTAL =	_____	_____
Step 7. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 6.	x _____ <small>Minimum 30 Maximum 180</small>	x 30
SUBTOTAL =	_____	_____
Step 8. Coinsurance Enter the Coinsurance Factor (Chart 4) Multiply by the subtotal in step 7.	x _____	x _____
SUBTOTAL =	_____	_____
Step 9. Application Fee** (Non refundable) Add fee to subtotal in Step 8.	+ \$25.00	+ \$25.00
TOTAL =	_____	_____
*Choose one deductible amount per policy ** Application fee is added to first month's premium only	Enter this amount on the enrollment form in the box marked TOTAL	

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.

[Name]
[Phone]
[Email]
[Fax]

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
800.800.5453

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 AssurantHealth.com.

