



ASSURANT
Employee
benefits®

This document provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.

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Hypothetical Offset Illustration

H\Y'G\cfH HYfa '8]gUV]]hmK YY_ m6YbYU'h'a UmVY'UZZVWX'VmcbY'cf'a cfY'CZgYhg' FYXi V]cbg' @a]hU]cbg'cf'ch\Yf' HYfa g'' H\Y'Zc''ck]b[']g'Ub]''i g'fU]cb'cZ'\ck 'dchYbh]U' fYXi V]cbg'a UmVY'cZgYh'UbX'Udd'mhc'h\Y'VYbYU'h

FUHY'cZ'6YbYU'h'	I '* \$i
I bfYXi WX'GH'K YY_ m6YbYU'h'	~ () *
@Ygg GcV]U' 'G\W'f]hmX]gUV]]hmVYbYU'h'dYf'k YY_'	! ~ &&
@Ygg g'Uhy' X]gUV]]hm]bV'a Y'VYbYU'h'dYf'k YY_'	! ~ +)
Amount of Short-Term Disability benef t per week	\$156

hypothetical situation

VYbYU'h'cZgYh'fYXi V]cbg' 'h]g'bch]bhYbXYX'hc'fYU'V]Ub]bX]j]Xi U'g]h] U]cb'cf'h\Y'g]h] U]cb'cZ'Ubmdufh]W'Uf'

8]gUV]]hmK YY_ m6YbYU'h]b UXX]h]cb'hc'h\Y']''i g'fU]cb'UVcj Y'' H\YfYzcfYz'h]g]a dcfhUbh'hc'fYj]Yk 'W'FYZ' ``mh\Y']bZcfa U]cb'V'bhU]bYX]b'h\Y' [fci d'W'fh]U'U'hY' UbX' dc']V'h

State variations can exist; please contact Assurant Employee Benefits for additional information.

Q. What about coverage for my family?

A.

Q. When will my coverage become effective?

A.

Q. What is the Annual Wellness Screening Benefit?

A.



What benefits are payable for covered accidents?

Accident Insurance Schedule

Transportation: Assists when you or your covered dependent require medical care or treatment as prescribed by an attending doctor that is not available within 100 miles of the accident or your or your covered dependent's residence.

Transportation	\$600
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Lodging Assistance: If you or your covered dependent are hospital confined more than 100 miles from your or your covered dependent's residence due to an injury, the Accident policy can help with costs.

Lodging	\$100
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Accidental Death and Dismemberment: If injury results in death or dismemberment, a lump sum benefit is payable.

Accidental Death Benefit	\$25,000	\$25,000	\$5,000
Common Carrier Death Benefit	\$100,000	\$100,000	\$20,000
Dismemberment			\$750 \$15,000

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Q. What benefits are provided under this plan?

\$50,000

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Q. What is the Recurrence Benefit?

`Z`UZHf`%`a`cbh`g`c`Z`VY]b[`h`f`Y`U`h`a`Y`b`h`Z`F`Y`Z`f`c`a`h`Y`]`b`]`h`U``W`]`h`W`]`b`Y`g`g`nci`U`F`Y`X`]`U`[`b`c`g`Y`X`k`]`h`h`Y`g`]`a`Y`V`b`X`]`h`c`b`c`f`
 \Uj`Y`h`Y`g`]`a`Y`d`f`c`W`X`i`f`Y`U`[`U`]`b`z`k`Y`N`d`U`m`U`b`U`X`X`]`h`c`b`U`&)i`c`Z`h`Y`d`f`Y`]`c`i`g`m`d`U`X`V`Y`b`Y`Z`]`h`h`Y`f`Y`W`f`f`Y`b`W`V`Y`b`Y`Z`]`h`W`b`

Q. What is the Total Benefit I can receive?

Ndi`Vti`X`f`Y`W`]`j`Y`i`d`h`c`i`\$i`c`Z`nci`f`Y`Y`V`M`X`U`a`c`i`b`h`f`%\$\$i`c`Z`h`Y`Y`V`M`X`U`a`c`i`b`h`g`]`b`Y`U`W`W`U`H`Y`[`c`f`m`U`g`k`Y`U`g`h`Y`&)i`

Q. What is the Annual Wellness Screening Benefit?

Q. Do I need to answer any medical questions to enroll?

Mfg`nci`k`]`b`Y`Y`h`c`V`t`a`d`Y`h`U`g`]`a`d`Y`Y`U`h`ei`Y`g`]`c`b`b`U`]`f`Y`Z`c`f`nci`f`g`Z`U`b`X`U`b`m`i`X`Y`d`Y`b`X`Y`b`h`g`nci`k`]`g`h`c`V`t`j`Y`f`C`b`W`

5`d`f`Y`!`Y`I`]`g`]`b`[`V`b`X`]`h`c`b`a`Y`U`b`g`U`b`]`b`i`f`r`a`g`]`W`b`Y`g`g`nci`g`n`a`d`h`c`a`c`f`d`n`g`]`W`U`b`X`]`b`[`z`c`f`U`b`m`f`Y`U`h`Y`X`]`b`i`f`r`a`g`]`W`b`Y`g`g`nci`
 g`n`a`d`h`c`a`c`f`d`n`g`]`W`U`b`X`]`b`[`z`c`f`k`]`W`nci`c`f`nci`f`V`t`j`Y`f`Y`X`Y`d`Y`b`X`Y`b`h`V`t`b`g`h`Y`X`k`]`h`c`f`Y`W`]`j`Y`X`U`X`]`W`Z`f`c`a`U`

X`Y`d`Y`b`X`Y`b`h`V`Y`W`]`a`Y`]`b`g`f`Y`X`i`b`X`Y`f`h`Y`d`c`]`W`h`K`Y`k`]`b`c`h`d`U`m`i`V`Y`b`U`h`g`Z`c`f`W`U`]`a`g`f`Y`g`]`h`b`[`z`X`]`f`Y`W`m`c`f`]`b`X`]`f`Y`W`m`a`Z`f`c`a`

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2		%\$\$i
3		



*Choosing to focus on
winning the battle*



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<p>Cancer Screening</p> <p>This benefit is limited to once per benefit year.</p>	<p>\$50</p>	<p>\$75</p>
<p>Second Surgical Opinion</p>	<p>\$200</p>	<p>\$200</p>
<p>Surgery and General Anesthesia</p> <p>Combined maximum for any one surgery is \$2,000 for Level 1 and \$7,500 for Level 2. Surgery for skin cancer and reconstruction is not covered under this benefit.</p>	<p>Anesthesia - \$50 to \$1,815 Surgical - \$150 to \$5,500</p>	<p>Anesthesia - \$50 to \$1,815 Surgical - \$150 to \$5,500</p>
<p>Hospital Confinement</p> <p>90 days per period of hospital confinement.</p> <p>Limited to</p>	<p>\$200 Daily</p>	<p>\$400 Daily</p>
<p>In-hospital Blood and Plasma</p>	<p>\$50 Daily</p>	<p>\$50 Daily</p>
<p>Outpatient Blood and Plasma</p>		

Prosthesis		
<p>\UjfdjYW`cf`fYa cj UV`Y`VfYUgh`dfcgh\YgUgU`X]fYVh`fYg`hcf`VtbgYei YbW`</p> <p>Lifetime maximum for surgically implanted prosthesis is \$4,000 for Level 1 and \$6,000 for Level 2. Lifetime maximum for other devices is \$400 for Level 1 and \$600 for Level 2. Excludes coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) flap procedure.</p>	<p>Surgically Implanted - \$2,000</p> <p>Other Devices - \$200</p>	<p>Surgically Implanted - \$3,000</p> <p>Other Devices - \$300</p>
Skin Cancer		
	<p>\$100</p> <p>\$250</p> <p>\$375</p> <p>\$600</p>	<p>\$100</p> <p>\$250</p> <p>\$375</p> <p>\$600</p>
Radiation and Chemotherapy		

Extended-care Facility		





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