



ASSURANT  
Health®

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DENTAL INSURANCE

# Product and Underwriting Guide

Dental

***Time Insurance Company***

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

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## Introduction

Dental insurance continues to be one of the most desired products in the marketplace. Many people find that their existing plans are becoming too expensive and are beginning to seek more cost effective alternatives.

Assurant Health is pleased to offer a simple fee-for-service plan that encourages early detection and prevention. There are three affordable plans, each with preventive and basic coverage, with the third level including major services such as crowns and oral surgery. The policy is guaranteed issue and renewable.

Your customers will appreciate that this plan can typically be issued in a day or two with no waiting period – the benefits can even be assigned to their dentist which removes them from the claims process! They also have the freedom to use any dentist without network restrictions. Because this is an individual policy it is also portable.

This competitively priced dental plan covering the most often used services will give everyone something to smile about.

The information in this guide is for agent use only. It should not be distributed to consumers.

## Contact Information

### Correspondence Addresses

#### *For regular delivery*

Assurant Supplemental Coverage  
P.O. Box 2848  
Milwaukee, WI 53201-2948

#### *For overnight or express delivery*

Assurant Supplemental Coverage  
501 West Michigan  
Milwaukee, WI 53203

### Claims Correspondence Addresses

#### *For regular delivery*

Assurant Supplemental Coverage  
P.O. Box 2829  
Clinton, IA 52733-2829

#### *For overnight or express delivery*

Data Dimensions  
Attn: SC-071302  
2001 Manufacturing Ct  
Clinton, IA 52732

Claims Fax ..... 608.373.9503

### Office Phone Numbers

Policyholder Customer Service..... 866.387.0484  
Fax ..... 414.299.8906

Claims.....866.387.0484  
Fax .....608.373.9503

New Business/Underwriting.....888.575.3421  
Fax ..... 414.299.6020

Commissions .....800.800.1212 ext. 8326  
Fax .....414.299.1126

Agent Licensing .....800.800.1212 ext. 8327  
Fax .....414.299.7516

### Accessing Marketing Materials and Form

Marketing materials, sales literature, forms, applications, state approval listings and much more can be found on [assuranthealthsales.com](http://assuranthealthsales.com).

To log in to the website, you will need an agent number and password. If you do not have an agent number please contact Agent Licensing at 800.800.1212 ext 8327.

### Ordering Printed Materials and Forms

Printed sales literature, forms, applications and other items for use in the sale of Supplemental Coverage products and available from your usual supply channel.

## General Guidelines

### Applicant Residence Requirements

Applicants are eligible for insurance if they are citizens of the United States, or are foreign residents living in the United States under a form of immigrant visa. Non-immigrant aliens or those U.S. citizens maintaining or anticipating residence outside the continental United States are not eligible for supplemental insurance.

### Outline of Coverage Guidelines

Some states have a legal requirement to provide the state-approved Outline of Coverage to the applicant at the point of sale. The following states require that an Outline of Coverage is delivered to the applicant. **Note: Dental is not approved in all states below. Please see the state approval listing located on [assuranthealthsales.com](http://assuranthealthsales.com).**

Georgia	Maine	Ohio	South Dakota
Idaho	Montana	Oklahoma	Texas
Illinois	Nevada	Oregon	West Virginia
Kentucky	New Hampshire	South Carolina	Wisconsin

### Effective Date Guidelines

A space is provided on the application for the requested effective date. The effective date will be the later of:

1. The date after the application is signed or the day after an electronic application is submitted.
2. The future date that the applicant requests; however, no policy will be dated on the 29th, 30th or 31st of any month. Applications completed on these days should have a requested effective date no earlier than the first of the following month.
3. The termination date of any insurance to be replaced.

The earliest effective date a policy may have is the day after the application is signed; backdating is not permitted. We will not date a policy more than 10 days prior to the date that the application is received at the Home Office, nor accept an application with a requested effective date more than 45 days in advance. Applications dated more than 45 days prior to the requested policy date will be closed out. In addition to the above dating rules, C.O.D rules will apply.

## Billing

### First Premium

The agent is responsible for collecting the full first premium. If the payment method of Electronic Funds Transfer (EFT) or Credit Card is requested, a check for first premium does not need to be submitted. If no premium is submitted, the policy will be considered Cash On Delivery (C.O.D) and the insured will be billed.

Checks and/or money orders should be made payable to Assurant Health. Checks and/or money orders made payable to an agency will be returned.

Checks submitted with an application should have the same date the application was signed. If we receive a post-dated check, the application will be treated as C.O.D. Applications can be sent C.O.D. A bill will be sent with the policy. C.O.D. applications will not receive an effective date that is earlier than the date of issue.

In cases where the full premium is not paid at the time of application, a tolerance of 80% of the premium due (not to exceed \$100) will be applied. This means that if the payment falls within this tolerance, the premium will be applied to the policy, the agent's commission will be paid on the total amount due, and the balance will be billed to the insured at the next billing cycle.

If no premium or less than the tolerance amount is received, we will mail a bill along with the policy to the insured. No commissions will be paid until the premium is received.

## Payment Methods

- Electronic Funds Transfer (EFT)
- Credit Card
- Direct Billing/Paper Bill
- Worksite Billing

## Premium Modes

- *Monthly* – available with EFT, Credit Card and Worksite Billing payment methods
- *Quarterly* - available with Direct Bill, EFT and Credit Card payment methods
- *Semi-Annual* - available with Direct Bill, EFT and Credit Card payment methods
- *Annual* - available with Direct Bill, EFT and Credit Card payment methods

## Electronic Funds Transfer (EFT)

EFT is a convenient payment method by which premiums are automatically drawn from the payor's checking account. Premiums can be drawn on any day except the 29th, 30th and 31st.

Policies on EFT will draft as soon as the policy(ies) are released by the Underwriting Department. If EFT is requested, be sure to complete a Bank Draft Authorization, including routing, transit and account numbers. The authorization gives Assurant Health the authority to draft the premium payor's account for premium due. A copy of a voided check is helpful in verifying the appropriate information.

If the above requirements are not received when EFT is requested, we will issue on Direct Bill Quarterly frequency.

### EFT Draft Date

The EFT draft date and the policy effective date should coincide, if possible. This ensures that the premium is drafted on the same day of the month that the policy is effective. Premium to pay the policy to a current date will be drawn from the payor's checking account.

## Credit Card

Payment by credit card will be available to applicants for *recurrent premium payments*.

MasterCard® and VISA® will be the only cards accepted.

To set up Credit Card billing, we require the credit card information and authorization by the cardholder to draft their account.

### Required credit card information includes:

- Card type: Visa or MasterCard
- Expiration Date
- Name of cardholder as it appears on the credit card
- Signature of the cardholder
- Credit cardholder address, if different than the policyholder address

Premium to pay the policy to a current date will be charged to the credit card as soon as the policy is activated.

## Direct Billing

Quarterly, semi-annual and annual premium modes are available with the Direct Billing method. On Direct Bill policies, premium notices are mailed as early as 35 days prior to the due date and include adjustments for past due premiums, underpayments and overpayments, as well as additional charges or credits due to a policy change.

## Worksite Billing — Refer to the Worksite Billing Agent Administrative Guide for additional details (Form 30251)

Worksite billing enables an employer to payroll deduct premium for coverage purchased by their employees. Employers do not contribute any monies towards the payment of these supplemental insurance plans. Employees pay 100% of the premiums.

### The following are features of the Worksite Billing option:

- Worksite Billing Accounts are billed monthly to the Worksite Billing Account Holder (employer) on a combined bill.
- Employers will select their billing due date. The due date must be between the 1st and the 28th of the month.
- Employers will be able to submit one check that incorporates all of the employees' premiums that are due.

The employer must complete a Worksite Billing Account Agreement Form to establish a Worksite Billing account.

## Payment Method and Premium Mode Changes

Requests to change payment methods and premium modes following the issuance of a policy should be directed to Policyholder Customer Service, not the Underwriting Department.

## Product Guidelines

The product information provided in this guide may vary by state. Please refer to the state variations document or state-specific specimen policy posted in "Find a Form" at [assuranthealthsales.com](http://assuranthealthsales.com)

### Product Type

Individual guaranteed renewable fee-for-service dental policy providing coverage for preventive, basic and major services.

### Issue Ages

- 0 through 64
- Dependents are unmarried children through age 18 or through age 23 if a full-time student (may vary by state)
- A minor may be the primary insured when the parent or legal guardian provides their signature on the application.

### Premium Structure

Level; based on age as of last birthday and benefit level.

### Rate Increases

Premiums may only be increased on a class basis.

### Premium Modal Factors

Premium Mode	Factor/Multiplier of Annual Premium
Monthly	0.0875
Quarterly	0.2625
Semi-Annual	0.5250
Annual	1.0000

### Renewability

This policy is guaranteed renewable to age 70. During this time the policy cannot be cancelled as long as required premiums are paid when due.

### Underwriting

This policy is guaranteed issue.

## Plan Designs

Three affordable and convenient plans to choose from; Basic, Intermediate and Plus.

	BASIC (Level I)	INTERMEDIATE (Level II)	PLUS (Level III)
Preventive (2 visits/ year)	\$75 per visit	\$100 per visit	\$100 per visit
Basic Services	\$25 - \$200 based on procedure	\$50 - \$400 based on procedure	\$50 - \$400 based on procedure
Major Services	None	None	\$20 - \$1000 based on procedure
Calendar- Year Maximum	\$500 for basic services	\$1000 for basic services	\$1500 for basic and major services combined

### Policy Provisions (may vary by state)

Dental Preventive Benefits

- Includes services such as preventive care, cleanings, x-rays
- Preventive benefits must be separated by at least 150 calendar days and are paid only once regardless of the number of dental preventive services provided during any one visit.
- Preventive benefits do not count toward the calendar-year maximum

### Basic Dental Services Benefits

- Includes services such as fillings, tooth extractions
- Basic Services are a per-service benefit and are paid at 50% in year one and at 100% of the scheduled benefit amount as shown in the policy schedule in year two and thereafter.
- All benefits for basic dental services in a calendar year are subject to the calendar year maximum
  - \$500 calendar year maximum for Level I – Basic
  - \$1000 calendar year maximum for Level II – Intermediate
  - \$1500 combined basic and major services maximum for Level III - Plus

### Major Services (only available on the Plus Plan)

- Includes services such as crowns, root canals, oral surgery
- Major Services are a per-service benefit and are paid at 50% in year one and at 100% of the scheduled benefit amount as shown in the policy schedule in year two and thereafter.
- All benefits for major dental services in a calendar year are subject to a \$1500 combined basic and major services maximum.

## Exclusions and Limitations

(may vary by state)

### Limited Benefits

The dental policy pays limited, fixed indemnity benefits for Dental Treatments only and is subject to the procedure codes and corresponding fees as listed in the policy schedule.

### Exclusions

The policy will not pay benefits for any of the following:

- any procedure or treatment not shown on the policy schedule
- any procedure rendered during an applicable benefit waiting period
- any amount in excess of a calendar year or lifetime maximum benefit limitation
- dental preventive benefits when there is less than 150 calendar days between the dates of service for dental preventive services
- all experimental or investigative services
- any procedure performed by a person other than a dentist or dental hygienist
- any procedure performed by a covered person's immediate family member
- all services that are not dentally necessary
- repairs to dental work less than 180 calendar days following completion of the initial procedure
- prosthetics replaced less than 5 years following the previous placement
- crowns replaced less than 5 years following the previous placement
- inlays or onlays replaced less than 5 years following the last placement
- dental implants or the removal of implants
- cosmetic services, unless performed to correct a functional disorder
- services performed outside the United States and, its territories and Canada except for services that are received for emergency dental treatment
- replacement of any tooth missing prior to the effective date
- placement of full or partial dentures, whether removable or fixed, including a Maryland Bridge, unless replacing a functioning natural tooth extracted after the effective date and not within a benefit waiting period
- for covered persons under age 16, inlays, onlays, bridgework or crowns except for stainless steel or plastic crowns
- any charge or procedure for treatment required because of dental injury or disease due to:
  - war or any act of war, whether declared or undeclared

- participation in the military service of any country or international organization, including non-military units supporting such forces
- charges for sickness or injury caused or aggravated by attempted suicide or self-inflicted sickness or injury, even if the covered person did not intend to cause the harm which resulted from the action which led to the self-inflicted sickness or injury
- taking part in a riot or insurrection, or an act of riot or insurrection
- participating in, voluntarily attempting to commit or commission of a felony, whether or not charged, or engaging in an illegal occupation or activity at the time of an accident
- voluntary use of any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner
- riding in any aircraft not licensed to carry passengers or not operated by a duly licensed pilot
- charges for treatment or services required due to an injury sustained in operating a motor vehicle while the covered person's blood alcohol level, as defined by law, was .08 or higher. This exclusion applies whether or not the covered person is charged with any violation in connection with the accident.
- procedures rendered before the effective date or after the termination date of coverage
- orthodontic treatment and services

## General Underwriting Guidelines

The policy is guaranteed issue; however applicants with the following occupations are not eligible for coverage.

- Dentist, dental hygienist, or employed in a dental office or clinic

## Application Guidelines

Supplemental Coverage provides two enrollment choices; electronic enrollment via *EASE* or paper submissions.

*EASE* - Electronic Agent Sales Experience

*EASE* is a set of online resources which are available on the Agent Sales Web site at [assuranthealthsales.com](http://assuranthealthsales.com).

*EASE* makes selling and managing your supplemental insurance products easier than ever before.

*EASE* expedites your overall sales cycle. With *EASE*, you'll be able to obtain a quote online and submit your business electronically. You will have access to the most current rates with no software to download.

You'll have the capability to check underwriting status online for all policies you sell. All instructions are available online.

## Paper submissions

Paper submissions are available for those that do not choose to submit their business electronically via *EASE*. A quote must accompany the paper application. Paper applications can be downloaded from the Find a Form section of [assuranthealthsales.com](http://assuranthealthsales.com).

## Quoting

You can generate a quote using *EASE* (see above). Paper rate sheets may be available; however, final rates may vary slightly due to rounding.

## Interpreters

We will allow interpreters based on the following guidelines:

- An agent cannot act as an interpreter.
- A spouse, a child age 12 or older or family friend may interpret for the family.

The interpreter should not answer the questions for the applicant. The applicant should answer with the interpretation following.

## Claims

To receive benefits, either the provider or customer must complete and submit the appropriate claim form, 30037. Policyholders can find claim forms on the Supplemental Coverage section of [assuranthealth.com](http://assuranthealth.com). Dental benefits may be assigned to the provider.

**Please Mail or Fax completed claim form to:**

Assurant Supplemental Coverage  
P.O. Box 2829  
Clinton, IA 52733-2829

Fax: 608.373.9503

As an agent you have access to information such as claim status and, if applicable, the paid date. Please understand that certain information about your client's claim is protected by law.

## Policyholder Service and Administrative Guidelines

### Policy Changes/Inforce Underwriting

Inforce Underwriting handles requests for changes on existing policies that require underwriting. Changes Inforce Underwriting handle are:

- Changing of benefits that result in an increase in premium
- Addition of spouse, dependent(s), and/or newborns

- A newborn child or adopted child being added while the policy is in force, will be covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond the first 60 days, Assurant Health must be notified by phone or in writing within 60 days of the newborn's date of birth, or the adopted child's date of placement. If the request for coverage is received more than 60 days, an application should be completed and submitted to Inforce Underwriting for consideration of coverage
- Reinstatements

### Submissions for Inforce Underwriting Requests

A fully completed application submitted via mail to: Inforce Underwriting, P.O. Box 551, Milwaukee, WI 53201-0551 or Fax to: 414.299.8811.

Premiums should not be sent as they do not bind coverage.

### What you can expect:

- Coverage will take effect upon approval from the Inforce Underwriting area and will not be backdated
- We will bill for additional premium if the requested change is approved
- Adding a spouse or dependent does not earn additional commissions

### Address Changes

If calling in an insured's address change, please have the following information:

- Insured's name
- Policy number
- Old address
- New address, including ZIP code
- Telephone number
- Temporary or permanent address change

It is important that you remember to list ALL policies involved in an address change, especially if there is EFT or Worksite Billing.

**NOTE:** Be especially careful of EFT billing where the payor's address is different than the insured's.

### Bank Changes for EFT

#### *In Writing:*

Obtain a new, signed EFT Authorization and voided check for the new bank account. Allow 30 days advance notice on all changes to an existing EFT account. On a bank change, it is important that the client leaves his/her account open for 30 days and leaves one month's premium on deposit for each policy in the old account.

#### *Over The Phone:*

The caller must be the checking account owner or an authorized signatory on the account. If the account routing number begins with a 5 or 9, the account holder must contact the bank to verify the correct routing number for Automated Clearing House (ACH) transactions.

**Both:**

If we drafted the old account, prior to receiving the new account information, and the draft is returned unpaid, we will automatically redraw for the premium due at the new bank.

If a draft on a new account is returned unpaid, a letter is generated stating that the premium should be submitted within 20 days or a call should be made to the Assurant Health Policyholder Service Desk to request that the account be redrawn.

**Draft Dates**

Draft dates can be any date between the 1st and the 28th of the month. Premiums are drafted in the month they are due.

**Balance Due**

Additional premium due for a change to an EFT policy will be drafted on the next available draft date (1st to the 28th).

**Premium Change**

Whenever there is a change in the payor’s bank information, or in the premium amount from the prior draft, the Federal Reserve Board requires that the draft be warehoused for 10 days. Assurant Health will send the agent and the premium payor a letter when the draft amount is changed. In these situations, the draft from the premium payor’s account will not be processed until approximately 10 days from the date of the letter.

**Terminations**

Requests to terminate coverage should be provided in writing or phone call by the primary insured or agent. Do not stop payment on an EFT draft or close an account in an attempt to cancel a policy. Payors, (other than primary insured) paying the premiums via EFT are not authorized to terminate a policy; however, they are authorized to discontinue premium payments from their account. The policy will automatically be placed on Direct Bill quarterly.

**Reinstatement**

If the policy is more that 31 days past due, but less than 6 months since it has lapsed, then it is necessary to submit a fully completed application form to our Inforce Underwriting Department. The form should include type of activity. Inforce Underwriting will determine eligibility for reinstatements. Normal underwriting guidelines apply.

**Policy Changes/Limits/Requirements**

POLICY CHANGES	LIMITS/REQUIREMENTS
Guaranteed conversion due to divorce	60 days from date of divorce
Addition of newborn	60 days from date of birth (see In Force Policy Changes in previous section)
Reinstating after military call-up without evidence of insurability	30 days from discharge, or date that extended military coverage ends. (63 days for Illinois)
Return a policy to mark “NOT TAKEN”	30 days from receipt of policy
Terminating with proof of other coverage (backdating a termination date due to other coverage)	30 days limited for backdating. Proof of other coverage must be submitted within 20 days from the date we request proof of other coverage
To stop a termination	Written notice or phone call must be received at Assurant Health before the termination date that was specified. If notice is received after the specified termination date, an Application/Enrollment Form is required.

## Signature/Form Requirements

POLICY CHANGE REQUIREMENTS	FORMS REQUIRED	SIGNATURE
Addition of newborn (can also be phoned in by Agent)	Written notification or phone request	Primary Insured (can also be phoned in by Agent)
Any plan change that results in a decreased premium	Written notification or phone call	Primary Insured (adult) or agent
Remove dependent	Written notification or phone request	Primary Insured or agent
Remove spouse	Written notification or phone request	Primary Insured, spouse or agent
Remove primary insured	Written notification or phone request	Primary Insured
Bank or Account Change or Place on EFT Policyholder Service Department)	EFT Authorization Form (contact Policyholder Service Department)	Primary Insured and, if Payor is other than the Insured, the Payor's signature
Termination (See Terminations in previous section)	Written notification or phone request	Written notification or phone request Agent/Primary Insured
Payment method/premium mode changes	Written notification or phone request	Agent/Primary Insured
Address change	Written notification or phone request	Agent/Primary Insured
Guaranteed conversion requesting same/similar benefits	Manually submitted application and credit card or EFT authorization form, signature of eligible conversion applicant if over 18 years of age and only the height/weight and tobacco questions answered.	Primary Insured*
Reinstatements (See Reinstatements in previous section)	Application/Enrollment Form	Primary Insured*
Addition of spouse and/or dependents	Application/Enrollment Form	Primary Insured and/or Spouse or Dependent if 18 or older
Any plan change that results in an increase in premium due	Application/Enrollment Form	Primary Insured*

\*Additional signatures are required for any dependent 18 years or older and affected by the change.



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**Assurant Health**  
501 W. Michigan  
Milwaukee, WI 53203

***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. Together, these three underwriting companies provide health insurance coverage to people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual medical, small group and short-term health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health Web site is [www.assuranthealth.com](http://www.assuranthealth.com).

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and select worldwide markets. Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has more than \$26 billion in assets and \$8 billion in annual revenue. [www.assurant.com](http://www.assurant.com).