



Save customers money – with easy qualification for preferred rates!

Preferred rates are available for your customers with Assurant Health Individual Medical portfolio plans – even if they have a plan with a condition-specific Special Exception Rider (SER) or Condition Specific Deductible (CSD). Now, it's easier than ever for your clients to qualify!

How to apply

- Submit a quote with preferred rates included
- Paper submissions should include the enclosed Preferred Rating Questionnaire
- The Preferred Rating Questionnaire form is not required with the EASE or Tele-App processes. Preferred Rating class eligibility will be verified during the personal health history interview.

Customer qualifications

- 1) 18 or older and not a dependent
- 2) Tobacco free for 3 or more years
- 3) Without DUI citations in the past 2 years
- 4) Blood pressure under 141/91
- 5) Cholesterol under 221 (see questionnaire for more details)
- 6) Build falls into the preferred range

CSDs and SERs are not available in ID. Preferred rates are not available with general SERs. Refer to the Underwriting Field Guide for the complete list of general and condition specific SERs.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.
Form 26566-PKT (7/2010) © 2010 Assurant, Inc. All rights reserved.

BUILD CHART

| Male | | Female | |
|-----------------|--------------|-----------------|--------------|
| Height (ft, in) | Weight (lbs) | Height (ft, in) | Weight (lbs) |
| 5'0" | 98 - 152 | 4'10" | 90 - 138 |
| 5'1" | 101 - 155 | 4'11" | 92 - 140 |
| 5'2" | 103 - 159 | 5'0" | 94 - 143 |
| 5'3" | 105 - 162 | 5'1" | 96 - 146 |
| 5'4" | 107 - 166 | 5'2" | 98 - 150 |
| 5'5" | 110 - 171 | 5'3" | 101 - 153 |
| 5'6" | 112 - 175 | 5'4" | 104 - 158 |
| 5'7" | 115 - 181 | 5'5" | 107 - 163 |
| 5'8" | 118 - 186 | 5'6" | 109 - 168 |
| 5'9" | 121 - 191 | 5'7" | 112 - 173 |
| 5'10" | 124 - 197 | 5'8" | 115 - 178 |
| 5'11" | 126 - 203 | 5'9" | 117 - 185 |
| 6'0" | 129 - 208 | 5'10" | 119 - 192 |
| 6'1" | 132 - 215 | 5'11" | 122 - 197 |
| 6'2" | 135 - 220 | 6'0" | 123 - 202 |
| 6'3" | 139 - 226 | 6'1" | 126 - 207 |
| 6'4" | 143 - 232 | 6'2" | 130 - 213 |
| 6'5" | 146 - 240 | 6'3" | 134 - 219 |

Preferred Rating Questionnaire

Time Insurance Company
 501 W. Michigan Street
 P.O. Box 624
 Milwaukee, WI 53201-0624

Complete this questionnaire to determine eligibility for the **Preferred** or **Preferred Smoker** rating classes.

Primary Proposed Insured's Name (please print)

*Note: A proposed insured *may* be eligible for a Preferred Smoker rating if he or she is able to truthfully answer questions 2, 3 and 4 "No." Underwriting reserves the right to apply tobacco ratings based upon lab results, phone verification or medical records.

Each proposed insured must complete and sign the appropriate sections. Spouses/Other Insured are considered separately for preferred rating eligibility and must also answer this questionnaire. This information is not required for dependents.

| | PRIMARY | SPOUSE /OTHER INSURED |
|--|--|--|
| 1. Has the proposed insured used tobacco products at any time during the past 3 years? (If NO, go to question 5.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did the proposed insured previously smoke or do they currently smoke 10 or more cigarettes per day? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did the proposed insured previously smoke or do they currently smoke more than 1 cigar or pipe per day? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did the proposed insured previously use or do they currently use chewing tobacco? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is the proposed insured currently outside the weight range listed in the build chart? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the proposed insured had blood pressure readings in excess of 140/90 or been treated for elevated blood pressure in the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has the proposed insured had cholesterol readings above 220 or a cholesterol/HDL ratio above 3.5 or been treated for elevated cholesterol or triglycerides within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has the proposed insured had any citations for DUI or more than 1 moving violation including speeding ticket(s) within the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has the proposed insured had a complete physical exam within the past 3 years?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

** Individuals age 40 and over must have had a physical exam in the past 3 years to qualify for preferred rates.

Primary Proposed Insured Signature *Date*

Spouse or Other Insured Signature *Date*

Driver's License Number

Driver's License Number

Licensed Agent Signature *Date*

Agent Number