



ASSURANT  
Health®

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NEW HAMPSHIRE



The information in this brochure applies to plans with effective dates January 1, 2013 and later.

Time Insurance Company  
John Alden Life Insurance Company

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

Health Plans for Individuals and Families



# W

When it comes to major medical insurance, you have hundreds of options. How do you know which insurance plan is best for you and your family?

At Assurant Health, we simply offer a **great value on individual medical insurance**. Our major medical plans are designed to help you fund your medical coverage effectively by providing the benefits and asset protection you need with customizable options, all at an affordable price.

Our plans can save you money on benefits that are of value to you, while giving you choices on benefits that you may not value. And that gives you more control over how you spend your health care dollars.

And while our individual medical plans offer outstanding, affordable coverage on their own, they can also be easily customized with supplemental coverage options that can really ramp up your protection while still keeping monthly payments under control.<sup>1</sup>

<sup>1</sup> Supplemental coverage products are available at an additional cost. Supplemental coverage products are not available for sale under the John Alden Life Insurance Company legal entity.

## A smarter way to fund your health care.

When you have insurance, you pay a premium *every month*, whether you need care or not – and that adds up. That’s why the biggest key to keeping health coverage affordable is keeping that **premium payment low**.

A plan that costs \$100 more every month will cost \$1,200 more in premiums each year. And once those premiums are paid, they’re gone. But if you could keep that \$1,200 a year, you would control how you spend it. And that’s what an Assurant Health individual medical plan can do for you.

### Higher deductible means lower premium

Generally, when you increase your deductible, you’ll pay a **lower premium**. And you can use the savings to set aside money for health-related expenses such as office visits or prescriptions – expenses that, in turn, would apply to your deductible.

You can also lessen the potential impact of a higher deductible by using a portion of that money for **optional coverage** that pays cash right to you to help you pay your deductible or other expenses if you have a costly accident or critical illness – or even if you have dental work done. *See page 8 for more information.*

### Preventive care: covered

A big reason people visit the doctor is **wellness care**, also known as preventive care – health care designed to *prevent* diseases and conditions – such as physicals, mammograms and immunizations for kids.

It’s much less expensive – and of course, much better for your well-being – to catch health conditions early. That’s why **your Assurant Health major medical plan pays**

**100% of preventive services recommended under the Affordable Care Act** when you use in-network doctors, meaning you don’t have to pay a copay, office visit charge or coinsurance.





## Do copays pay?

You may be used to paying a copay when you visit the doctor – a set amount per visit, generally less than a regular office visit charge. But guess what? You’re paying higher premiums for that copay plan. Essentially, you are **purchasing the privilege of paying a copay** when you go to the doctor.

## So is it worth it?

Actually, for most health care consumers, it’s not. Preventive care recommended under the Affordable Care Act is paid 100% when you use in-network doctors, and the average person visits the doctor for non-preventive reasons fewer than two times a year.\* That person will spend significantly less in the course of a year with **no-copay plan** with a **lower monthly premium** than with a higher-premium copay plan.

\*Average office visits based on actual experience of Assurant Health individual medical consumers in 2011. Actual average is 1.6 non-preventive office visits per year.

## Higher value. Lower cost.

Health care is expensive. But you can save money with an Assurant Health no-copay, higher deductible plan – and a bigger percentage of the health care dollars you do spend will go to services *you* actually use.

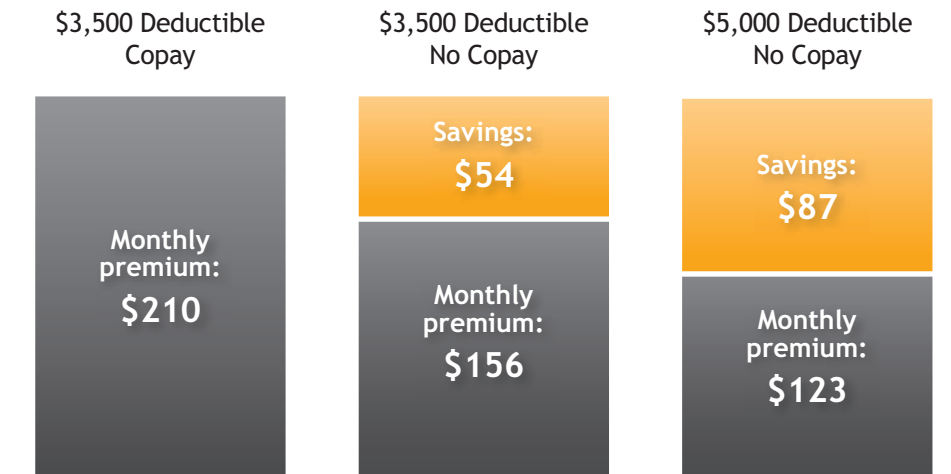
You’ll save money up front. You and your family will have the coverage and asset protection that a major medical insurance plan provides. And chances are you’ll still save money in the long run.

That’s why we believe Assurant Health plans provide a great value on major medical insurance for you and your family.

# Pay for the health care you use

An Assurant Health no-copay plan will cost significantly less in monthly premiums than a comparable plan with copays. That money you save on premiums is yours to use as you wish. And you can *really* maximize your premium savings with a higher deductible. Take a look at this example of a typical individual plan:

The money you save on premiums is yours.



Sample rates are for illustration only and are monthly premium rates for a male, age 30 (previously insured) in New Hampshire ZIP code 03301, CoreMed policy with 50/50 coinsurance, \$7,500 coinsurance out-of-pocket maximum and no facility copayment. Policy effective November 15, 2012. Rates are rounded to the nearest dollar.

## ► The savings can be put toward services you actually use!

Savvy health care consumers use premium savings to pay for the *health care their families are actually using*. It's a smarter way to fund your health care that can save you money in the long run.

## Assurant Health major medical insurance for individuals and families: CoreMed<sup>SM</sup> & OneDeductible

Most people look to major medical insurance to protect them from the financial loss that a catastrophic illness or injury can bring about. Our major medical plans for individuals and families do just that.

We offer two plan designs for value and savings: CoreMed offers a wide range of deductible levels and flexible options. OneDeductible's simplified design is easy to understand, and all covered expenses for all family members are applied to one single common deductible.

Ask your agent to explain the choices outlined in the benefits chart on the next page.

# Plan benefits

Compare benefits to find the plan that best suits your needs.

- 1 Choose a plan
  - CoreMed
  - OneDeductible
- 2 Choose in-network options to build your plan
- 3 Understand your plan benefits
- 4 Benefits if you go out of network

## Assurant Health major medical insurance for individuals and families includes, at no additional cost:

- **Retail Health Clinics** — Save with discounts at retail health clinics nationwide. Located in pharmacies and department stores, retail clinics can treat many common conditions with:
  - Discounted flat rate pricing, often from \$49 to \$69
  - Broader hours of access
  - No appointment necessary
- **Preventive Benefits** — Preventive services recommended by the Affordable Care Act are paid at 100% when using in-network doctors
- **Patient Care** — Personal assistance navigating the health care system is just a phone call away
 

Patient Care advocates are not employees of Assurant Health. Patient Care service may be discontinued at any time.
- **Registered Nurses** — On-staff nurses help you manage complex conditions, serving as liaisons between you and your provider

In-network options
Deductible
Benefit percentage (plan pays)/coinsurance (you pay)
Coinsurance out-of-pocket maximum
Outpatient and inpatient facility copayments
HSA-compatible options (Deductible/benefit percentage/coinsurance/coinsurance out-of-pocket maximum)
★ HSA-compatible options

In-network plan benefits
Office visits; prescription drugs; specialty pharmaceuticals; <sup>2</sup> health care practitioner services; diagnostic imaging and laboratory services; professional air and ground ambulance; inpatient hospital; outpatient hospital, surgical center and urgent care; outpatient physical medicine; transplants <i>(see page 10 for more information)</i>
Emergency room
Home health care
Inpatient rehabilitation facility, subacute rehabilitation and skilled nursing facilities
Behavioral health and substance abuse

Out-of-network plan benefits
Deductible
Benefit percentage (plan pays)
Coinsurance out-of-pocket maximum

Unless otherwise noted, all deductibles, maximums and benefit amounts are applied per person and are reset each January 1. Benefits are subject to the selected deductible and coinsurance unless otherwise noted. The amount of benefits depends upon the plan design components selected, and the premium varies with the amount of benefits. Plan design components are not available in all combinations. Additional provisions may apply. OneDeductible is also available without a PPO network.

<sup>2</sup> Please refer to your State Variations document for state-specific specialty pharmaceutical benefits information.

CoreMed	OneDeductible
<b>In-network options</b>	<b>In-network options</b>
<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$2,000; \$3,500; \$5,000; \$7,500; \$10,000; \$15,000 or \$25,000</li> <li>• <b>Family:</b> 2x the individual deductible, met collectively by 2 or more people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$2,850; \$3,750 or \$5,000</li> <li>• <b>Family:</b> \$5,700; \$7,500 or \$10,000</li> </ul>
100%/0%, 80%/20%, 70%/30% or 50%/50%	100%/0%, 80%/20% or 50%/50%
<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$0 to \$7,500 depending on coinsurance</li> <li>• <b>Family:</b> 2x the individual coinsurance out-of-pocket maximum, met collectively by 2 or more people</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$0 to \$2,500 depending on coinsurance</li> <li>• <b>Family:</b> 2x the individual coinsurance out-of-pocket maximum</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Option 1:</b> \$750 per day for first 3 days as inpatient, \$200 per outpatient surgery</li> <li>• <b>Option 2:</b> No inpatient or outpatient facility copayments</li> </ul> <p>Facility copayments apply first, then charges subject to deductible and coinsurance (facility copayments do not apply to deductible or coinsurance)</p>	None
1) Choose one option <ul style="list-style-type: none"> <li>• \$3,500/50%/50%/ \$2,000</li> <li>• \$5,000/100%/0%/ \$0</li> </ul> 2) Choose facility copayments option 2	All options are HSA-compatible

In-network plan benefits	In-network plan benefits
Covered, subject to plan deductible and coinsurance	
Covered, subject to plan deductible and coinsurance; \$75 emergency room access copayments (does not apply to deductible or coinsurance), waived if admitted to hospital	
Covered, subject to plan deductible and coinsurance, up to 160 hours	
Covered, subject to plan deductible and coinsurance, up to 90 days	
Not covered	Covered, subject to plan deductible and 50% coinsurance

Out-of-network plan benefits	Out-of-network plan benefits
<ul style="list-style-type: none"> <li>• <b>Individual:</b> For deductibles from \$2,000 to \$15,000: 2x selected deductible. For \$25,000 deductible: + \$1,000</li> <li>• <b>Family:</b> 2x individual out-of-network deductible, met collectively by 2 or more people</li> </ul>	2x selected plan deductible
Selected benefit percentage less 20%	<ul style="list-style-type: none"> <li>• For 100% and 80% benefit percentages: 50%<sup>3</sup></li> <li>• For 50% benefit percentage: 30%<sup>3</sup></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$10,000</li> <li>• <b>Family:</b> \$20,000</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individual:</b> \$6,000</li> <li>• <b>Family:</b> \$12,000</li> </ul>

<sup>3</sup> Behavioral health/substance abuse coinsurance is (you pay) 50% for out-of-network providers.

# Optional coverage

## Term Life-Critical Illness Coverage

The cost of fighting a critical illness goes beyond medical bills. Our Term Life-Critical Illness coverage pays cash right to you – over and above any benefits you receive from other plans – upon diagnosis or treatment of one of 15 covered illnesses, such as cancer, heart attack and stroke. Choose a cash amount to fit your needs and budget: \$10,000, \$20,000 or \$30,000. The coverage also pays a term life benefit equal to half your selected critical illness cash amount.

Critical Illness coverage is renewable to age 65 provided there is compliance with plan provisions, including dependent eligibility requirements. Life coverage is renewable to the earlier of the death of the Policyholder, age 85, or the 20th annual anniversary following the effective date, provided there is compliance with plan provisions, including dependent eligibility requirements. Customers should consult their tax advisor if they intend to purchase a critical illness plan and fund a Health Savings Account (HSA) as there may be negative tax consequences. Assurant Health has the right to change premium rates upon providing appropriate notice. For more information about benefits, limitations and exclusions, please see the Term Life-Critical Illness coverage insert, Form series 30246.

## Dental Coverage

Regular dental care can lead to both a great smile and better overall health. Dental coverage pays set cash benefits when you have dental checkups and treatment from any dentist. Choose from two benefit levels, Basic or Plus.

For more information about benefits, limitations and exclusions, please see a Dental coverage insert. In NH, use Form 29998. Coverage is renewable provided you have not moved to a state where we do not offer this plan or no longer qualify as a dependent. Assurant Health has the right to change premium rates upon providing appropriate notice.

## SuiteSolutions

Available through membership in Health Advocates Alliance, SuiteSolutions is another option to help you pay some or all of your deductible and coinsurance in the event of an accident. Cash benefits are sent directly to you, no matter what doctor or hospital you use. There are two membership levels available, starting at around \$35 per month for individuals.

- **SecureSolutions** – Benefits for accidents
- **SelectSolutions** – Benefits for accidents, critical illnesses and more

Sample membership fee is for a plan with a \$2,500 benefit for an individual. Availability varies by state. SuiteSolutions accident medical expense benefits are reduced by benefits payable under any other insurance plan. Customers should consult their tax advisor if they intend to purchase a critical illness plan and fund a Health Savings Account (HSA) as there may be negative tax consequences. SuiteSolutions accident and critical illness benefits are underwritten by ACE American Insurance Company.

Membership in Health Advocates Alliance is required in order to buy SuiteSolutions. Health Advocates Alliance is an association dedicated to the health and well-being of its members. Membership includes access to a 24-hour nurse helpline, a scholarship program for qualified students studying in a health-related field and a number of additional benefits as well as discounts. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health also realizes some benefit from these fees.

Supplemental products are separate contracts available at an additional cost. Additional provisions may apply. Availability varies by state.

# Plan provisions

## Medically necessary care

To be covered, treatment, services and supplies must be medically necessary, defined as health care services or products provided to a covered person for the purpose of preventing, stabilizing, diagnosing, or treating a sickness or injury or the symptoms of a sickness or injury in a manner that is:

1. Consistent with generally accepted standards of medical practice; and



2. Clinically appropriate in terms of type, frequency, extent, site, and duration; and
3. Demonstrated through scientific evidence to be effective in improving health outcomes; and
4. Representative of “best practices” in the medical profession; and
5. Not primarily for the convenience of the covered person or the health care practitioner.

Prescription by a health care practitioner does not automatically make treatment medically necessary.

### Maximum allowable amount

The maximum allowable amount is the most the plan pays for covered services. If you have a non-PPO plan, or if you have a PPO plan and use an out-of-network provider, you are responsible for any balance in excess of the maximum allowable amount.

### Utilization review

Authorization is required before receiving inpatient treatment and certain types of outpatient treatment. Unauthorized services will result in a penalty of 25% of the charge (up to \$1,000). Unauthorized transplants are not covered. Benefits will not be paid for any Specialty Pharmaceuticals that are not authorized by the Medical Review Manager.

### Transplants

Kidney, cornea, skin, bone marrow, heart, liver and lung transplants are covered as any other service. All transplants include the following:

- Up to \$10,000 toward travel expenses
- Up to \$10,000 toward donor expenses

### Pre-existing conditions

A pre-existing condition is defined as a sickness or an injury, and related complications, not fully disclosed on the application, for which medical advice, diagnosis, care or treatment was received or recommended from a provider, including where prescription drugs were prescribed, during the 3-month period immediately prior to the covered person’s Effective Date, regardless of whether the condition was diagnosed, misdiagnosed or not diagnosed. A pregnancy that exists on the day before the covered person’s Effective Date will be considered a pre-existing condition.

We will not pay benefits for covered charges incurred due to a pre-existing condition until you have been continuously insured under this plan for nine months. After this nine month period, benefits will be paid for a pre-existing condition on the same basis as any other condition unless the condition has been specifically excluded from coverage.

Enrollees under the age of 19 are not subject to the pre-existing condition limitation.

### Maternity

Maternity is an optional benefit with a \$10,000 deductible. The maternity benefit covers prenatal care, delivery, postpartum care and routine well newborn care.

# CoreMed and OneDeductible exclusions summary

*No benefits are provided for the following, except where state mandates apply:*

- Routine hearing care, except as provided in the Hearing Services and Instruments provision of the Medical Benefits section; routine vision care; vision therapy; surgery to correct vision; routine foot care or foot orthotics
- Routine dental care, unless you choose the Dental Insurance option
- Cosmetic services including chemical peels, plastic surgery and medications
- Any correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws
- Cranial orthotic devices, except following cranial surgery
- Male contraceptive procedures, drugs or devices
- Diagnosis and treatment of infertility
- Maternity and routine nursery charges, unless the optional maternity benefit is purchased
- Pregnancy, maternity and other expenses related to surrogate pregnancy
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Charges for sex transformation, treatment of sexual dysfunction or inadequacy or to restore or enhance sexual performance or desire
- Treatment of “quality of life” or “lifestyle” concerns, including, but not limited to: hair loss; sexual function, dysfunction, inadequacy or desire or cognitive enhancement unless otherwise required by law
- Charges for any diagnosis, supplies, treatment or regimen, whether medical or surgical, for purposes of controlling or reducing the Covered Person’s weight or related to obesity or morbid obesity, except as otherwise covered under the Obesity and Morbid Obesity provision in the Medical Benefits section, whether or not weight reduction is medically necessary or appropriate or regardless of potential benefits for co-morbid conditions; suction lipectomy; physical fitness programs, exercise equipment or exercise therapy, including health club membership fees or services; nutritional counseling, except as otherwise covered in the Diabetic Services provision in the Medical Benefits section.
- Prophylactic treatment
- Chelation therapy
- Charges for non-medical items
- Charges for medical devices designed to be used at home, except as otherwise covered in the Durable Medical Equipment and Personal Medical Equipment provision or the Diabetic Services provision in the Medical Benefits section of the contract
- Charges for devices or supplies, except as described under a prescription order
- Charges for alternative medicine, including acupuncture and naturopathic medicine
- Experimental or investigational services
- Over-the-counter products
- Charges for Retin-A (tretinoin) and other drugs used in the treatment or prevention of acne, rosacea or related conditions for anyone age 30 or older
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- The difference in cost between a generic and brand name drug when the generic is available
- Illness or injury caused by war, commission of a felony, influence of an illegal substance or a hazardous activity for which compensation is received
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established
- Treatment used to improve memory or to slow the normal process of aging
- Custodial care
- Charges reimbursable by Medicare, Workers’ Compensation or automobile insurance carriers
- Charges for testing and treatment related to the diagnosis of behavioral conduct or developmental problems, educational testing or training, vocational or work hardening programs, transitional living or services provided through a school system
- Charges related to health care practitioner-assisted suicide
- Growth hormone stimulation treatment to promote or delay growth
- Non-surgical treatment for TMJ or CMJ other than that described in the contract, or any related surgical treatment that is not preauthorized
- Phone consultations, internet consultations or email consultations, except as otherwise covered in the Telehealth Services provision in the Medical Benefits section; Health Care Practitioner initiated medical inquiries for the purpose of assistance with a patient’s assessment, diagnosis, consultation, treatment or the transfer of medical data that requires the use of modern telecommunications technology.
- For policyholders age 19 and older, charges incurred due to a pre-existing condition until you have been continuously insured for 12 months unless the condition was fully disclosed on the application
- Charges in excess of any stated benefit maximum
- Charges for treatment, services, supplies or drugs provided by or through any employer of a Covered Person or the employer of a Covered Person’s family member. For purposes of this exclusion, “employer” includes but is not limited to any corporation, partnership, sole-proprietorship, self-employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer.
- Charges for treatment, services, supplies or drugs provided by or through any entity in which a Covered Person or their family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity. For purposes of this exclusion, “entity” includes but is not limited to any corporation, organization, partnership, sole-proprietorship, self-employment, or similar business arrangement, regardless of whether any such arrangement is a for-profit or not-for-profit employer.
- Prescription Drugs previously classified with non-prescription status.
- Charges for particular treatment, services, supplies or drugs that are billed by a Non-Participating Provider that waives the Covered Person’s payment obligation of any copayment, coinsurance and/or deductible amounts for such treatment, services, supplies or drugs, except as provided for under contract or agreement with us.

# Exclusions for CoreMed Only:

- Charges for the treatment of behavioral health (mental/nervous disorders) and substance abuse
- Charges for drugs used for inpatient or outpatient treatment of behavioral health or substance abuse

# Individual Medical markets rating and renewal provisions:

## **Your rates are guaranteed**

We offer a twelve-month, first-year rate guarantee for all new individual policies. Your rates may be subject to change during this period if any one of the following situations occur:

- You move to another ZIP code
- There is a change in benefits
- Dependents are added or deleted

## **What factors are considered in the calculation of my premium?**

Our rating procedures are designed to treat you fairly and consistently with policies similar to yours. We comply with the guidelines set forth by your state to set the levels of renewal rate increases. The premium rate charged to your policy depends primarily on the specific benefit plans you have selected and your case characteristics.

*Case characteristics include:*

- Age and gender of covered individuals and dependents
- Geographic location of residence
- Underwriting class of covered individuals and dependents
- Number of lives on the policy with medical coverage
- Any applicable administration fee

## **Renewability of health coverage**

We can refuse to renew a policy if one of the following situations occur:

- If we receive a request from you in writing to terminate coverage
- If no further premium is received
- If there is fraud or intentional misrepresentation made by or with the knowledge of any insured applying for coverage or filing a claim for benefits
- If all policies with the same form number or class are non-renewed or cancelled in the state in which your policy was issued or the state in which you presently reside
- If we terminate or non-renew health insurance coverage in the individual market in the state in which your policy was issued or the state in which you presently reside
- If you move to a state where we do not provide individual medical insurance coverage
- If you move outside of the service area if you have a PPO plan
- If you become eligible for Medicare, if allowed by federal law
- If you cease to be a covered dependent

Rates and practices are in compliance with New Hampshire law.



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Health®

Assurant. On your terms.®

## Reliability. Experience. Value.

To find the right health insurance solution, you need a company you can rely on. You'll feel confident in your choice when you depend on Assurant Health's expertise and strength.

- Rated A- (Excellent) by the highly respected insurance industry analyst, A.M. Best Company†
- Part of Assurant, Inc., a Fortune 500 company
- 120 years‡ in health insurance — experience and expertise you won't find anywhere else
- Health insurance solutions offered to small businesses and individuals across the U.S.

† Source: A.M. Best Ratings and Analysis of Time Insurance Company and John Alden Life Insurance Company, December 2011.

‡ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892) and John Alden Life Insurance Company (est. 1961).

This policy has terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or the company.

Coverage is renewable provided: there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

This brochure contains a general summary of benefits, exclusions and limitations. Please refer to the plan document for the actual terms and conditions. In the event there are discrepancies with the information given here, the terms and conditions of the coverage documents will govern.

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### About Assurant Health

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892), John Alden Life Insurance Company (est. 1961) and Union Security Insurance Company (est. 1910) ("Assurant Health"). Together, these three underwriting companies provide health insurance coverage for people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual, small employer group and short-term limited-duration 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 website is [assuranthealth.com](http://assuranthealth.com).

Assurant is a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health and Assurant Employee Benefits — partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments. Assurant provides debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; solar project insurance; lender-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

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 approximately \$27 billion in assets and \$8 billion in annual revenue. Assurant has approximately 14,000 employees worldwide and is headquartered in New York's financial district. [www.assurant.com](http://www.assurant.com).

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This brochure is for use in NH.

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Product forms TIM.POL.NH, JIM.POL.NH, 8059.POL.NH and 035.NH.

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