



Use this supplement in conjunction with the Agent Guide. This document contains state-specific information that is materially different than that presented in the guide.

**Adding Newborn or Adopted Children**

Insurance for a newborn or adopted child will become effective on the date of birth, adoption or placement if an enrollment request or call to Customer Service is received within 31 days of the birth, adoption or placement. Any later enrollment request will require online submission through *myaccount* or submission of a fully completed, signed and dated Employee Enrollment Form and will be considered a Late Entrant. Assurant Health reserves the right to request proof of legal dependence for acquired dependents.

If an enrollment request or call to Customer Service and the required premium are not received within the first 31 days from the child's birth, adoption or placement, the child will only be covered for the first 31 days from birth, adoption or placement.

**Continuity of Coverage - Medical**

The Pre-existing Conditions Limitation is reduced by the amount of time a person was covered under prior creditable coverage, provided there was no more than a 63-day gap between coverages. For timely enrollees and dependents enrolling with them, the group's employment waiting/affiliation period is not counted as part of the gap.

The continuity of coverage provision applies to medical coverage only. For continuity of coverage benefits to be considered, the following information should be submitted with the original enrollment request:

- Completed Prior Insurance Coverage Information section on the Employee Enrollment Form or
- The Certificate of Creditable Coverage letter from the prior carrier.

Creditable Coverage includes the following:

- A group health plan
- A health benefit plan
- Medicare Part A or part B
- Medicaid
- TRICARE
- A medical care program of the Indian health service or of a tribal organization
- A state health benefits risk pool
- Federal Employees Health Benefit Program
- A public health plan
- A health benefit plan under the Peace Corps Act
- Any public health plan established by the U.S. government or a foreign country (or by any political subdivision)
- Any public health plan coverage, regardless of whether it meets the definition of health insurance coverage (i.e. Veteran's Administration)
- Any State Children's Health Insurance program, regardless of its' mechanism.

### **Effective Dates - Additions to Existing Groups**

Effective dates for timely enrollees cannot exceed a 90-day waiting/affiliation period. Timely enrollees on groups choosing a 90-day waiting/affiliation period will become effective on their 90<sup>th</sup> day of employment.

### **Eligible Employee**

An eligible employee is any person who performs services on a full-time basis (defined as at least 25 hours per week) at any of the employer's business establishments and is considered an employee for federal employment tax purposes.

A partner, proprietor or corporate officer of the employer is eligible if he/she performs services for the employer on a full-time basis (defined as at least 25 hours per week) at any of the employer's business establishments.

The term "Employee" does not include: a) retirees or persons who are not expected to perform any duties, responsibilities or services for the employer; b) "part-time" employees; or c) any "seasonal" or "temporary" employees who work only part of the calendar year on the basis of natural or suitable times or circumstances.

### **Employment Waiting/Affiliation Period**

The employment waiting/affiliation period cannot exceed 90 days.

### **Group Eligibility**

A business must be a viable business at the time of application, providing a product or service to the public, on a regular basis while operating under a legal status as a proprietorship, partnership or corporation.

### **Life Insurance Coverage**

Life insurance coverage is an optional group level benefit.

### **Misstatement of Facts**

Action may only be taken for fraud or an intentional misrepresentation of a material fact.

### **Termination Provisions**

Assurant Health does not terminate a participating group's coverage because of the group's claim experience or the health status of a covered member. A group may be terminated for the following reasons:

- Premium payment is not received by Assurant Health on the date it is due or by the end of the grace period.
- There is evidence of fraud or intentional misrepresentation of a material fact.
- There is noncompliance with plan provisions, including the group failing to meet participation requirements.
- The business ceases to be a viable business.
- The business moves to a state where Assurant Health no longer writes business.
- The group Master Policy terminates.
- The group submits a voluntary request for termination.