

How to calculate Additional Premiums for this Rider

Refer to the Rate Chart below. Locate the rate opposite the deductible chosen on your Student Select Plan.

Rate Chart

\$ 250 deductible	\$1,080
\$ 500 deductible	\$1,040
\$1,000 deductible	\$ 965
\$2,500 deductible	\$ 735



ASSURANT
Health

Optional Maternity Rider

Student Select

from Time Insurance Company

Assurant Health

501 West Michigan
Milwaukee, WI 53203

Student Select is underwritten and issued by
Time Insurance Company.

Form 2343 (Rev. 8/2005)



Maternity Rider 2343 Purchase Form

I have elected to purchase Maternity Rider 2343.

I understand the additional annual Premium
required is \$_____.*

* For semi-annual premium multiply the rate by .52.

APPLICANT'S SIGNATURE

DATE

Rider 2343

Optional Maternity Rider

The consideration for this rider is the additional premium shown in the endorsement to the policy or certificate. The policy or certificate to which this rider is attached is amended to provide the following benefits.

Benefits will be paid for Covered Charges Incurred due to a pregnancy of a Covered Person. Benefits will be paid on the same basis as benefits for an illness and subject to all policy provisions.

You should contact Our Benefit Management Staff within 12 weeks of medical confirmation of the pregnancy by a Physician. In addition, you must call within the first 24 hours of an admission for delivery, or as soon as is reasonably possible. Any other admissions during a pregnancy must be authorized in accordance with the Benefit Management Program described in the policy or certificate.

Covered Charges include only:

1. Pre-natal services normally associated with a pregnancy. Pre-natal services include the following when Medically Necessary: pre-natal profile, pregnancy test and blood tests including immunoglobulin, hemoglobin and glucose tolerance tests; ultrasound/ echography; urinalysis; vaginal culture; chlamydia study; pelvimetry; fetal non-stress or stress tests; rhogam injection; and cerclage.
2. Medically Necessary delivery services normally associated with a vaginal delivery or cesarean section, including the use of pitocin and other labor inducing drugs; stillbirth after 26 weeks.

3. Routine well child newborn nursery care from the moment of birth until the child is discharged from the hospital.
4. Medically Necessary postpartum care for the mother including Inpatient Hospital care and two visits following Hospital charges.

In addition to the Exclusions in the Policy or Certificate, the following are NOT covered:

1. Charges for educational materials.
2. Charges for non-Medically Necessary or therapeutic abortion.
3. Complications of Pregnancy, as defined, are covered under the policy or certificate and not under this rider.
4. Charges for a dependent, except for routine well child newborn nursery care from the moment of birth until the child is discharged from the Hospital.

Nothing contained in this rider will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or certificate other than as stated above.

The Effective Date of this rider is the Effective Date of the policy or certificate to which it is attached, or the endorsement date, whichever is later.