

SERFF Tracking Number: CAIC-125593737 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 38608
Company Tracking Number: 6796
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness 08
Project Name/Number: Arkansas/6796

Filing at a Glance

Company: Continental American Insurance Company

Product Name: Critical Illness 08 SERFF Tr Num: CAIC-125593737 State: ArkansasLH

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed State Tr Num: 38608

Limited Benefit

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: 6796

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Amanda King

Disposition Date: 05/13/2008

Date Submitted: 04/03/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Arkansas

Status of Filing in Domicile: Not Filed

Project Number: 6796

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The above captioned forms are being filed for your review and subsequent approval. This filing replaces our previous group critical illness filing, CI2000-MP (AK), et al, which were approved by your department on June 20, 2006.

The forms contained in this filing represent our new Group Critical Illness product which offers lump sum benefits to covered individuals upon diagnosis of covered specified critical illnesses. It also contains riders which provide

<i>SERFF Tracking Number:</i>	<i>CAIC-125593737</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>38608</i>
<i>Company Tracking Number:</i>	<i>6796</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness 08</i>		
<i>Project Name/Number:</i>	<i>Arkansas/6796</i>		

additional related benefits.

We will be market this product beyond employer/employee groups to include Union and Association groups in accordance with your state guidelines. If the group policy is issued to a Union, the terms “Employer” and “Employee” may be replaced with “Union” and “Member”. If the group policy is issued to an Association, the terms “Employer” and “Employee” may be replaced with “Association” and “Member”. Only at the request of the policyholder will we replace Employer / Employee throughout the policy and certificate with the terms, “Union / Member”, “Association / Member” or “Plan Sponsor / Plan Participant” (should there be a combination) as appropriate.

This product will be marketed on a voluntary, payroll deduction basis. It offers coverage to insured’s and their dependants. Bracketed items in this filing indicate variable information, and may be removed from some group plans developed. Any or all of the variables could be used in each plan, policy or certificate and the variable benefits will be selected according to the group’s specifications.

Thank you for your consideration in this matter. Please contact Amanda King at 888-730-2244, ext 4331 or by e-mail at CompanyCompliance@caicworksite.com if you have any questions.

Company and Contact

Filing Contact Information

Amanda King, Compliance Analyst
 2801 Devine Street
 Columbia, SC 29205

companycompliance@caicworksite.com
 (888) 730-2244 [Phone]
 (803) 929-4919[FAX]

Filing Company Information

Continental American Insurance Company
 2801 Devine Street
 Columbia, SC 29205

CoCode: 71730 State of Domicile: South Carolina
 Group Code: Company Type: LAH
 Group Name: Continental Amer Ins State ID Number:
 Co
 FEIN Number: 57-0514130

(803) 256-6265 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	04/03/2008	19257281

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/18/2008	04/18/2008	Amanda King	05/12/2008	05/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Marketing product to Association Groups	Note To Filer	Rosalind Minor	04/18/2008	04/18/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Resubmission Letter	Approved-Closed	Yes
Form (revised)	Master Policy	Approved-Closed	Yes
Form	Master Policy	Withdrawn	No
Form (revised)	Certificate	Approved-Closed	Yes
Form	Certificate	Withdrawn	No
Form	Master Application	Approved-Closed	Yes
Form	Enrollment Application	Approved-Closed	Yes
Form (revised)	Rider	Approved-Closed	Yes
Form	Rider	Withdrawn	No
Form (revised)	Rider	Approved-Closed	Yes
Form	Rider	Withdrawn	No
Form (revised)	Rider	Approved-Closed	Yes
Form	Rider	Withdrawn	No
Form (revised)	Rider	Approved-Closed	Yes
Form	Rider	Withdrawn	Yes
Form (revised)	Rider	Approved-Closed	Yes
Form	Rider	Withdrawn	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/18/2008
Submitted Date 04/18/2008

Respond By Date

Dear Amanda King,

This will acknowledge receipt of the captioned filing.

Objection 1

- Master Policy (Form)
- Certificate (Form)
- Rider (Form)

Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/12/2008
Submitted Date 05/12/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Please see attached resubmission letter.

Respectfully,

Amanda King

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Related Objection 1

Applies To:

- Master Policy (Form)
- Certificate (Form)
- Rider (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Resubmission Letter

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Master Policy	CAI2800A		Policy/Contract/Fraternal Certificate	Revised	CAI2800A R	42	CAI2800A R.pdf
Previous Version							
Master Policy	CAI2800A		Policy/Contract/Fraternal Certificate	Initial		42	CAI2800A R.pdf
Certificate	CAI2801A		Certificate	Revised	CAI2801A R	40	CAI2801A R.pdf
Previous Version							
Certificate	CAI2801A		Certificate	Initial		40	CAI2801A R.pdf
Rider	CAI2821A		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Revised	CAI2821A R	43	CAI2821A R.pdf
Previous Version							
Rider	CAI2821A		Policy/Contract/Fraternal	Initial		43	CAI2821A

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R Certificate: Amendment, R.pdf
 Insert Page, Endorsement
 or Rider

Rider CAI2826A Policy/Contract/Fraternal Revised CAI2826 40 CAI2826A
 R Certificate: Amendment, R
 Insert Page, Endorsement _ADL_.pdf
 or Rider

Previous Version

Rider CAI2826A Policy/Contract/Fraternal Initial 40 CAI2826A
 R Certificate: Amendment, R
 Insert Page, Endorsement _ADL_.pdf
 or Rider

Rider CAI2835A Policy/Contract/Fraternal Revised CAI2835 40 CAI2835A
 R Certificate: Amendment, R
 Insert Page, Endorsement _AB_.pdf
 or Rider

Previous Version

Rider CAI2835A Policy/Contract/Fraternal Initial 40 CAI2835A
 R Certificate: Amendment, R
 Insert Page, Endorsement _AB_.pdf
 or Rider

Rider CAI2836A Policy/Contract/Fraternal Revised CAI2836 42 CAI2836A
 R Certificate: Amendment, R
 Insert Page, Endorsement _HIV_.pdf
 or Rider

Previous Version

Rider CAI2836A Policy/Contract/Fraternal Initial 42 CAI2836A
 R Certificate: Amendment, R
 Insert Page, Endorsement _HIV_.pdf
 or Rider

Rider CAI2837A Policy/Contract/Fraternal Revised CAI2837 45 CAI2837A
 R Certificate: Amendment, R_AI_.pdf
 Insert Page, Endorsement
 or Rider

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Previous Version

Rider	CAI2837A R	Policy/Contract/Fraternal Initial Certificate: Amendment, Insert Page, Endorsement or Rider	45	CAI2837A R_AI_.pdf
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Form Schedule

Lead Form Number: CAI2800AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CAI2800AR	Policy/Cont ract/Fraternal Certificate	Master Policy	Revised	Replaced Form #: CAI2800AR Previous Filing #:	42	CAI2800AR.pdf
Approved-Closed	CAI2801AR	Certificate	Certificate	Revised	Replaced Form #: CAI2801AR Previous Filing #:	40	CAI2801AR.pdf
Approved-Closed	CAI2810	Application/Enrollment Form	Master Application	Initial		40	CAI2810.pdf
Approved-Closed	CAI2811	Application/Enrollment Form	Enrollment Application	Initial		42	CAI2811.pdf
Approved-Closed	CAI2821AR	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Revised	Replaced Form #: CAI2821AR Previous Filing #:	43	CAI2821AR.pdf
Approved-Closed	CAI2826AR	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Revised	Replaced Form #: CAI2826 Previous Filing #:	40	CAI2826AR_ADL_.pdf



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

GROUP CRITICAL ILLNESS POLICY

Based on the Application for this Group Insurance Policy (herein called the Plan) made by

[ABC COMPANY, INC.]
(herein called the Policyholder)

and based on the payment of the premium when due, the Company agrees to pay the benefits provided on the following pages.

**THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY
THIS POLICY PROVIDES BENEFITS FOR THE CRITICAL ILLNESSES LISTED.
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. "You" and "your" refer to the Insured or any other Insured under Family Coverage. "We", "us", and "our" refer to the Company. The Policyholder may add new Employees or Dependents from time to time in accordance with the terms of the Plan. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by the Company on the following pages forms a part of this Plan as if recited over the signature below. This Plan is a legal contract between the Company and the Policyholder. This Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof the Company has caused this Plan to be executed at our Home Office in Columbia, South Carolina on the Effective Date.

READ THIS POLICY CAREFULLY.

Signed for the Company at our Home Office.

President

Countersigned by _____
Licensed Resident Agent (if required by your state)

Any certificates issued in the State of Arkansas are governed by State of Arkansas.

Group Policy Number - [1234]
Effective Date - [March 1, 2008] **Anniversary Date -** [March 1, 2009]
Jurisdiction - [State Name] **Non-Participating**

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
- SECTION II** - Premium Provisions
- SECTION III** - General Definitions / Benefit Definitions
- SECTION IV** - Benefit Provisions
- SECTION V** - Limitations and Exclusions
- SECTION VI** - Claim Provisions
- SECTION VII** - General Provisions
- SECTION VIII** - Benefit Schedules
- SECTION IX** - Occupational Classifications
- SECTION X** - Schedule of Premiums

SECTION I - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

Employee as used in this Plan, means a person insured under this Plan who is:

1. an Employee of the Policyholder [a member of the Policyholder's group], or an eligible Spouse of the Employee;
2. under age 70; and
3. engaged in full-time work; and
4. included in the class of employees eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of this Plan is shown on Page 1 of this form.

The Effective Date for an Employee is as follows:

1. An Employee's insurance will be effective on the date shown on the Certificate Schedule provided the Employee is then actively at work.
2. If an Employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such Employee is first thereafter actively at work.

The Effective Date for a Spouse or Dependent Child is the date shown on the Schedule Page subject to the following:

1. The date the Employees insurance is effective for a Spouse or Dependent Child who is eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined.
2. At 12:00 a.m. Standard Time, on the day a Spouse or Dependent Child is no longer hospital confined if the Spouse or Dependent Child was otherwise eligible for coverage on the date the Employee's insurance became effective.
3. For a Spouse or Dependent Child eligible on or first acquired after the Employee's Effective Date, the Effective Date will be:
 - a. For newborn children, the Effective Date is the moment of birth (see Section III, Definitions, Insured).
 - b. For other than newborn children, the date we assign after approving the application for such coverage.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice. The Plan will terminate when the number of participating Employees is less than the number mutually agreed upon by the Policyholder and the Company in writing.

In these events, this Plan and all certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify Employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An Employee's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date he ceases to meet the definition of an Employee as defined in the Plan; or
4. on the date he is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Spouse or Dependent Child ceases to be a dependent;
4. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[Portability Privilege

When coverage would otherwise terminate under this Plan because an Employee ends employment with the Employer, they may elect to continue coverage. The coverage that may be continued is that which the Employee had on the date their employment terminated, including Dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the Employee failed to pay any required premium;
 - b. this Group Policy terminates.
2. To keep the Certificate in force the Employee must:
 - a. make written Application to the Company within 31 days after the date their insurance would otherwise terminate;
 - b. pay the required premium to the Company no later than 31 days after the date the Certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the Employee fails to pay any required premium;
 - b. the date this Group Policy is terminated.

If an Employee qualifies for this Portability Privilege as described, then the same Benefits, Plan Provisions, and Premium Rate as shown in their Certificate as previously issued will apply.]

SECTION II - PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance will be calculated in accordance with the Schedule of Premiums. [The rates shown in this Schedule can be changed [annually].] The Company will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid to the Company at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

This Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of discontinuance of the Plan.

SECTION III - GENERAL DEFINITIONS / BENEFIT DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

Actively at Work to be considered “actively at work”, an Employee must perform for a full normal workday the regular duties of his employment at the regular place of business or at a location to which he may be required to travel to perform the regular duties of his employment.

Critical Illness means such illness shown in the Schedule and as defined in this Plan.

Date of Diagnosis means for:

[**Cancer and/or carcinoma in situ:** The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.]

[**Heart attack:** The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.]

[**Stroke:** The date a stroke occurred based on documented neurological deficits and neuroimaging studies.]

[**Kidney failure:** The date that a doctor or physician recommends that an Insured begin renal dialysis.]

[**Major organ transplant surgery or coronary artery bypass surgery:** The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.]

Dependent Child(ren) means your natural children, step-children, legally adopted children or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his license in treating a Critical Illness. It doesn't include an Insured or their family member.

Employee means the Insured as shown in the Certificate Schedule.

Family Member means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Full-time Work means an Employee is spending at least [30] hours per week performing his occupational duties.

Illness means sickness or disease which first manifests while the Insured's coverage is in force [and after any applicable Waiting Period.] Any loss due to illness must begin while the Insured's coverage is in force.

Injury means bodily injury solely due to an accident. It includes all complications of and all injuries from the same accident.

Insured(s) -

1. If Employee coverage is shown in the Certificate Schedule, we insure the Employee.
2. If coverage is for the Spouse of an eligible Employee, we insure the Insured as shown on the Certificate Schedule.
3. Coverage for Dependent Children may be included in an attached rider (if applicable).
4. If any person who would otherwise be an Insured is specifically excluded from coverage by endorsement to the Certificate or by the application, then such person shall not be an Insured.
5. Any other additions to the Insured class must be added by endorsement after applying to the Company.

Pathologist means a doctor, other than an Insured or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Spouse means an Employee's legal wife or husband.

[**Successor Insured** - If an Employee dies while covered under a Certificate, then their surviving Spouse shall become the Insured if such Spouse is an Insured. If there is no surviving Spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.]

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Treatment free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

[**Waiting Period** means the number of days after the Effective Date before we will pay benefits for loss due to a Critical Illness. We won't pay benefits for a Critical Illness that begins during the Waiting Period.]

BENEFIT DEFINITIONS

[**Cancer (internal or invasive)** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are non-invasive such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ;
3. Any skin cancers except melanomas;
4. Basal cell carcinoma and squamous cell carcinoma of the skin; and
5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

1. **Pathological Diagnosis** - A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.
2. **Clinical Diagnosis** - A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms.

We will pay benefits for a Clinical Diagnosis only if:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and
2. there is medical evidence to support the diagnosis; and
3. a doctor is treating an Insured for Cancer and/or Carcinoma in Situ.]

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction;
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and
3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

[Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.]

[Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after an Insured's Effective Date. Stroke does not include Transient Ischemic Attacks and attacks of Vertebralbasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela following an initial diagnosis [made after any applicable Waiting Period]. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**]

[Kidney Failure (Renal Failure) means the end stage renal failure presenting as chronic, irreversible failure of both kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.]

SECTION IV - BENEFITS

Critical Illness Benefit

We will pay this benefit when an Insured is diagnosed with one of the Critical Illnesses shown on the Certificate Schedule if:

1. [The date of diagnosis is after the Waiting Period;]
2. The date of diagnosis is while the his coverage is in force; and
3. It is not excluded by name or specific description in the Certificate.

[If the date of diagnosis of a Critical Illness occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.]

The Certificate's Initial Maximum Benefit amount is shown in the Schedule. If the Schedule shows a Maximum Benefit Reduction Date, a Certificate's Maximum Benefit will be reduced to the Reduced Maximum Benefit Amount, also shown in the Schedule, on that date. Benefits will be based on the Maximum Benefit amount in effect on the Critical Illness Date of Diagnosis. Any partial benefits paid will be deducted from the appropriate Critical Illness.

Payment of benefits is subject to the following:

1. We will pay benefits for a Critical Illness in the order the events occur.
2. [No benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior different Critical Illness by at least [6] months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid.]]
3. Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least [12] months [or for cancer [12] months treatment free) Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for [12] months].]

[Health Screening Benefit (Calendar Year Limit)

We will pay the amount shown in the Benefit Schedule for Health Screening Tests performed [after the Waiting Period and] while an Insured's coverage is in force. This Benefit is payable once per calendar year up to the Maximum Benefit amount shown in the Benefit Schedule. Payment of this benefit will not reduce the benefit amount payable for Critical Illness.

Health Screening Tests include but are not limited to:

1. Stress test on a bicycle or treadmill,
2. Fasting blood glucose test,
3. Blood test for triglycerides,
4. Serum cholesterol test to determine level of HDL and LDL,
5. Bone marrow testing,
6. Breast ultrasound,
7. CA 15-3 (blood test for breast cancer),
8. CA 125 (blood test for ovarian cancer),
9. CEA (blood test for colon cancer),
10. Chest X-ray,
11. Colonoscopy,

12. Flexible sigmoidoscopy,
13. Hemocult stool analysis,
14. Mammography,
15. Pap smear,
16. PSA (blood test for prostate cancer),
17. Serum Protein Electrophoresis (blood test for myeloma),
18. Thermography.

There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Plan is in force.

We will pay this benefit regardless of the results of the test.]

SECTION V - LIMITATIONS AND EXCLUSIONS

[This Plan contains a 30-day "Waiting Period". This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force 30 days from their Effective Date. If an Insured is first diagnosed during the "Waiting Period", benefits for treatment of that Critical Illness will apply only to loss commencing after 12 months from their Effective Date; or, at the Employee's option, they may elect to void the Certificate from the beginning and receive a full refund of premium.]

[PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to an Insured's Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any Critical Illness starting within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A Critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War -declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

Diagnosis must be made and treatment received in the United States.

SECTION VI - CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at P.O. Box 427, Columbia, South Carolina 29202. Notice should include the name of the Insured and the Certificate number.

Claim Forms: When we receive a notice of claim, we will send the Claimant forms for filing proof of loss. If the forms are not given within 15 working days, proof of loss requirements can be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

Proof of Loss: Written Proof of Loss must be furnished to the Company at P.O. Box 427, Columbia, South Carolina 29202 within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under this Plan will be paid immediately upon receipt of acceptable Proof of Loss.

Payment of Claims: All benefits will be payable to the employee unless assigned by them or by operation of law. Any accrued benefit unpaid at the Insured's death may be paid to their estate.

Conformity with State Statutes: Any provision of this Plan which, on its Effective Date, is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of such statutes.

Additional Coverage with the Company: We will only pay benefits for covered Critical Illness under one Critical Illness Certificate if an Insured is covered by more than one of our Critical Illness Certificates. An Insured may choose which Certificate they wish to keep in force by sending us written notice of their choice. We will return the premiums paid for any of our other Critical Illness Certificates during the period there was more than one Certificate in force.

SECTION VII - GENERAL PROVISIONS

Questions or Comments: If you have any questions about this Plan, its benefits, the filing of claims, a complaint or a compliment, please call us at the toll free number listed on the front of this Plan.

Entire Contract, Changes: This Policy together with the application, endorsements, benefit agreements, certificates and riders, if any, is the Entire Contract of Insurance. No change in this Plan shall be valid until approved in writing by an Executive Officer of the Company. Any change must be noted on or attached hereto. No agent may change this Plan or waive any of its Provisions. Any Rider, Endorsement or Application that modifies, limits or excludes coverage under this Plan must be signed by the Employee to be valid.

Physical Examination and Autopsy: We, at our expense, have the right to have an Insured examined as often as reasonable necessary while a claim is pending. In the case of death, we may also have any autopsy done unless prohibited by law.

Legal Action: No legal action may be brought to recover on this Plan within 60 days after written Proof of Loss has been given as required by this Plan. No such action may be brought after 3 years from the time written Proof of Loss is required to be given.

Time Limit on Certain Defenses: (1) After two years from an Insured's effective date of coverage, no misstatements, except fraudulent misstatements, made by the applicant in the application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two-year period; (2) No claim for loss incurred commencing after two years from an Insured's Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

Clerical Error: Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Misstatement of Age: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

SECTION VIII - BENEFIT SCHEDULE

Initial Maximum Benefit:	See Certificates
Reduced Maximum Benefit Amount:	See Certificates
Reduced Benefit Date:	First Renewal Date after age 70
[Waiting Period:	30 Days]
Percentage for Partial Benefits:	25% of applicable Maximum Benefit

The applicable Maximum Benefit (Initial or Reduced) is payable for the following Critical Illnesses

[**Cancer (internal or invasive)**
[Stroke]
[Kidney Failure]
[Heart Attack]
[Major Organ Transplant]

PARTIAL BENEFITS

[**CANCER (internal or invasive)**
Carcinoma in situ - When this Partial Benefit is paid, it will reduce the cancer benefit by 25%.]

[**HEART ATTACK**
Coronary Artery Bypass Surgery - When this Partial Benefit is paid, it will reduce the Heart Attack Benefit by 25%.]

[**Maximum Health Screening Benefit Amount:** [\$50] per insured Employee and Spouse per calendar year.]

SECTION IX - OCCUPATIONAL CLASSIFICATIONS

[All Full-Time employees, who are actively at work, and have completed at least 6 months of continuous employment with the Policyholder.]

SECTION X - SCHEDULE OF PREMIUMS



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

CERTIFICATE OF INSURANCE FOR GROUP CRITICAL ILLNESS POLICY

**THIS CERTIFICATE PROVIDES BENEFITS FOR THE CRITICAL ILLNESSES LISTED.
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

PLEASE READ YOUR CERTIFICATE CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare.

Any certificates issued in the State of Arkansas are governed by State of Arkansas.

CERTIFICATE INDEX

Eligibility, Effective Date and Termination	Section I
Premium Provisions.....	Section II
General Definitions / Benefit Definitions.....	Section III
Benefit Provisions.....	Section IV
Limitations and Exclusions.....	Section V
Claim Provisions.....	Section VI
General Provisions.....	Section VII

We certify that you are insured under the Critical Illnesses Policy (herein called the Plan) issued to the Policyholder, subject to the definitions, exclusions and other provisions of the Plan against loss resulting from Critical Illness. Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

The Effective Date of your Certificate is as shown in the Certificate Schedule if you are on that date actively at work. If not, this Certificate will become effective on the next date you are actively at work as an eligible Employee. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate is issued in consideration of the payment of the required premium and of your statements and representations in the application. This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan. "You" and "your" refer to the Employee or any other Insured under Family Coverage. "We", "us", and "our" refer to the Company.

[NO RECOVERY FOR PRE-EXISTING CONDITIONS--READ CAREFULLY. No benefits will be provided during the first twelve months of this Certificate for conditions diagnosed within the 12-month period prior to the Effective Date shown in the Certificate Schedule.]

SECTION I - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

You as used in this Certificate, means a person insured under this Certificate who is:

1. an Employee of the Policyholder [a member of the Policyholder's group], or an eligible Spouse of the Employee;
2. under age 70;
3. engaged in full-time work; and
4. included in the class of Employees eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of the Plan is shown on Page 1 of the Master Policy.

The Effective Date for you is as follows:

1. Your insurance will be effective on the date shown on the Certificate Schedule provided you are actively at work.
2. If you are not actively at work on the date coverage would otherwise become effective, the Effective Date of your coverage will be the date on which you are first thereafter actively at work.

The Effective Date for a Spouse or Dependent Child is the date shown on the Certificate Schedule Page subject to the following:

1. The date your insurance is effective for a Spouse or Dependent Child who is eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined.
2. At 12:00 a.m. Standard Time, on the day a Spouse or Dependent Child is no longer hospital confined if the Spouse or Dependent Child was otherwise eligible for coverage on the date your insurance became effective.
3. For a Spouse or Dependent Child eligible on or first acquired after your Effective Date, the Effective Date will be:
 - a. For newborn children, the Effective Date is the moment of birth, but we must be given notice of the birth within 31 days for coverage to continue beyond 31 days (see Section III, Definitions, Insured).
 - b. For other than newborn children, the date we assign after approving the application for such coverage.

TERMINATION OF YOUR INSURANCE

Your insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date he ceases to meet the definition of an Employee as defined in the Plan; or
4. on the date he is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;

2. on the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Spouse or Dependent Child ceases to be a dependent;
4. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[Portability Privilege

When coverage would otherwise terminate under this Plan because an Employee ends employment with the Employer, they may elect to continue coverage. The coverage that may be continued is that which the Employee had on the date their employment terminated, including Dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the Employee failed to pay any required premium;
 - b. this Group Policy terminates.
2. To keep the Certificate in force the Employee must:
 - a. make written Application to the Company within 31 days after the date their insurance would otherwise terminate;
 - b. pay the required premium to the Company no later than 31 days after the date the Certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the Employee fails to pay any required premium;
 - b. the date this Group Policy is terminated.

If an Employee qualifies for this Portability Privilege as described, then the same Benefits, Plan Provisions, and Premium Rate as shown in their Certificate as previously issued will apply.]

SECTION II - PREMIUM PROVISIONS

PREMIUM PAYMENTS

Aggregate premiums for the Plan are to be paid to the Company our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, this Certificate will stay in force, unless the Policyholder has given the Company written notice of discontinuance of the Plan.

SECTION III - GENERAL DEFINITIONS / BENEFIT DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

Actively at Work to be considered “actively at work”, an Employee must perform for a full normal workday the regular duties of his employment at the regular place of business or at a location to which he may be required to travel to perform the regular duties of his employment.

Critical Illness means such illness shown in the Schedule and as defined in this Plan.

Date of Diagnosis means for:

[**Cancer and/or carcinoma in situ:** The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.]

[**Heart attack:** The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.]

[**Stroke:** The date a stroke occurred based on documented neurological deficits and neuroimaging studies.]

[**Kidney failure:** The date that a doctor or physician recommends that an Insured begin renal dialysis.]

[**Major organ transplant surgery or coronary artery bypass surgery:** The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.]

Dependent Child(ren) means your natural children, step-children, legally adopted children or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his license in treating a Critical Illness. It doesn't include an Insured or their family member.

Employee means the Insured as shown in the Certificate Schedule.

Family Member means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Illness means sickness or disease which first manifests while the Insured's coverage is in force [and after any applicable Waiting Period.] Any loss due to illness must begin while the Insured's coverage is in force.

Injury means bodily injury solely due to an accident. It includes all complications of and all injuries from the same accident.

Insured(s) -

1. If Employee coverage is shown in the Certificate Schedule, we insure the Employee.
2. If coverage is for the Spouse of an eligible Employee, we insure the Insured as shown on the Certificate Schedule.
3. Coverage for Dependent Children may be included in an attached rider (if applicable).
4. If any person who would otherwise be an Insured is specifically excluded from coverage by endorsement to the Certificate or by the application, then such person shall not be an Insured.

5. Any other additions to the Insured class must be added by endorsement after applying to the Company.

Pathologist means a doctor, other than an Insured or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Spouse means an Employee's legal wife or husband.

[**Successor Insured** - If an Employee dies while covered under a Certificate, then their surviving Spouse shall become the Insured if such Spouse is an Insured. If there is no surviving Spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.]

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Treatment free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

[**Waiting Period** means the number of days after the Effective Date before we will pay benefits for loss due to a Critical Illness. We won't pay benefits for a Critical Illness that begins during the Waiting Period.]

BENEFIT DEFINITIONS

[**Cancer (internal or invasive)** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are non-invasive such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ;
3. Any skin cancers except melanomas;
4. Basal cell carcinoma and squamous cell carcinoma of the skin; and
5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

1. **Pathological Diagnosis** - A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.
2. **Clinical Diagnosis** - A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms.

We will pay benefits for a Clinical Diagnosis only if:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and

2. there is medical evidence to support the diagnosis; and
3. a doctor is treating an Insured for Cancer and/or Carcinoma in Situ.]

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction;
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and
3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

[Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.]

[Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after an Insured's Effective Date. Stroke does not include Transient Ischemic Attacks and attacks of Verterbrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela following an initial diagnosis [made after any applicable Waiting Period]. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**]

[Kidney Failure (Renal Failure) means the end stage renal failure presenting as chronic, irreversible failure of both kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.]

SECTION IV - BENEFITS

Critical Illness Benefit

We will pay this benefit when an Insured is diagnosed with one of the Critical Illnesses shown on the Certificate Schedule if:

1. [The date of diagnosis is after the Waiting Period;][
2.]The date of diagnosis is while the his coverage is in force; and[
3.]It is not excluded by name or specific description in the Certificate.

[If the date of diagnosis of a Critical Illness occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.]

The Certificate's Initial Maximum Benefit amount is shown in the Schedule. If the Schedule shows a Maximum Benefit Reduction Date, a Certificate's Maximum Benefit will be reduced to the Reduced Maximum Benefit Amount, also shown in the Schedule, on that date. Benefits will be based on the Maximum Benefit amount in effect on the Critical Illness Date of Diagnosis. Any partial benefits paid will be deducted from the appropriate Critical Illness.

Payment of benefits is subject to the following:

1. We will pay benefits for a Critical Illness in the order the events occur.[]
2.][No benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior different Critical Illness by at least [6] months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid.]][]
3.]Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least [12] months [or for cancer [12] months treatment free) Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for [12] months].]

[Health Screening Benefit (Calendar Year Limit)

We will pay the amount shown in the Benefit Schedule for Health Screening Tests performed [after the Waiting Period and] while an Insured's coverage is in force. This Benefit is payable once per calendar year up to the Maximum Benefit amount shown in the Benefit Schedule. Payment of this benefit will not reduce the Critical Illness benefit available under this Certificate.

Health Screening Tests include but are not limited to:

1. Stress test on a bicycle or treadmill,
2. Fasting blood glucose test,
3. Blood test for triglycerides,
4. Serum cholesterol test to determine level of HDL and LDL,
5. Bone marrow testing,
6. Breast ultrasound,
7. CA 15-3 (blood test for breast cancer),
8. CA 125 (blood test for ovarian cancer),
9. CEA (blood test for colon cancer),
10. Chest X-ray,
11. Colonoscopy,
12. Flexible sigmoidoscopy,
13. Hemocult stool analysis,
14. Mammography,
15. Pap smear,
16. PSA (blood test for prostate cancer),
17. Serum Protein Electrophoresis (blood test for myeloma),
18. Thermography.

There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Plan is in force.

We will pay this benefit regardless of the results of the test.]

SECTION V – [LIMITATIONS AND] EXCLUSIONS

[This Certificate contains a 30-day "Waiting Period". This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force for 30 days from their Effective Date. If an Insured is first diagnosed during the "Waiting Period", benefits for treatment of that Critical Illness will apply only to loss commencing after 12 months from their Effective Date; or, at your option, you may elect to void the Certificate from the beginning and receive a full refund of premium.]

[PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to an Insured's Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any Critical Illness starting within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A Critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

Diagnosis must be made and treatment received in the United States.

SECTION VI - CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at P.O. Box 427, Columbia, South Carolina 29202. Notice should include the name of the Insured and the Certificate number.

Claim Forms: When we receive a notice of claim, we will send the claimant forms for filing proof of loss. If the forms are not given within 15 working days, proof of loss requirements can be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

Proof of Loss: Written Proof of Loss must be furnished to the Company at P.O. Box 427, Columbia, South Carolina 29202 within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under this Plan will be paid immediately upon receipt of acceptable Proof of Loss.

Payment of Claims: All benefits will be payable to you unless assigned by them or by operation of law. Any accrued benefit unpaid at the Insured's death may be paid to their estate.

Conformity with State Statutes: Any provision of the Plan which, on its Effective Date, is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of such statutes.

[Additional Coverage with the Company: We will only pay benefits for covered Critical Illness under one

Critical Illness Certificate if an Insured is covered by more than one of our Critical Illness Certificates. You may choose which Certificate you wish to keep in force by sending us written notice of your choice. We will return the premiums paid for any of our other Critical Illness Certificates during the period there was more than one Certificate in force.]

SECTION VII - GENERAL PROVISIONS

Questions or Comments: If you have any questions about this Plan, its benefits, the filing of claims, a complaint or a compliment, please call us at the toll free number listed on the front of this Plan.

Entire Contract, Changes: The Policy together with the application, endorsements, benefit agreements, certificates and riders, if any, is the Entire Contract of Insurance. No change in the Plan shall be valid until approved in writing by an Executive Officer of the Company. Any change must be noted on or attached hereto. No agent may change the Plan or waive any of its Provisions. Any Rider, Endorsement or Application that modifies, limits or excludes coverage under the Plan must be signed by the Employee to be valid.

Physical Examination and Autopsy: We, at our expense, have the right to have an Insured examined as often as reasonable necessary while a claim is pending. In the case of death, we may also have any autopsy done unless prohibited by law.

Legal Action: No legal action may be brought to recover on this Plan within 60 days after written Proof of Loss has been given as required by the Plan. No such action may be brought after 3 years from the time written Proof of Loss is required to be given.

Time Limit on Certain Defenses: (1) After two years from an Insured's effective date of coverage, no misstatements, except fraudulent misstatements, made by the applicant in the application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two-year period (2) No claim for loss incurred commencing after two years from an Insured's Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

Misstatement of Age: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

**SAMPLE
CERTIFICATE SCHEDULE**

Insured -	[John A. Doe]	Group Policy Number - [895]
Effective Date -	[May 29, 2008]	Certificate Number - [51491]
[Premium Date -	June 1, 2008]	First Renewal Date - [July 1, 2008]
*Initial Premium -	[\$19.75 Monthly]	

Plan – [Family]

Initial Maximum Benefit:	\$
Reduced Maximum Benefit Amount:	\$
Reduced Benefit Date:	First Renewal Date after age 70
[Waiting Period:	30 Days]
Percentage for Partial Benefits:	25% of applicable Maximum Benefit

The applicable Maximum Benefit (Initial or Reduced) is payable for the following Critical Illnesses

- [Cancer]
- [Stroke]
- [Kidney Failure]
- [Heart Attack]
- [Major Organ Transplant]

PARTIAL BENEFITS

[CANCER

Carcinoma in situ - When this Partial Benefit is paid, it will reduce the cancer benefit by 25%.]

[HEART ATTACK

Coronary Artery Bypass Surgery - When this Partial Benefit is paid, it will reduce the Heart Attack Benefit by 25%.]

[Maximum Health Screening Benefit Amount: [\$50] per insured Employee and Spouse per calendar year.]

APPLICATION FOR GROUP CRITICAL ILLNESS INSURANCE

Application is hereby made to:



Continental American
INSURANCE COMPANY

P.O. Box 427 Columbia, SC 29202

By _____ ABC Company _____
(Employer, Union)

of _____ Columbia, South Carolina _____
(City, State)

for a Plan of Group Critical Illness Insurance, and representations are made as follows:

1. Class of Employees Eligible for Coverage:

Regular full-time employees under age 70

Regular full-time employees under age 70 except _____

Other: _____

Full-time employee is one who works 30 hours or more per week. An employee must be Actively at Work on the date he applies and on the date his Group Accidental Injury Insurance is to become effective. An employee must have completed 6 months of continuous service before being eligible.

2. The minimum number of enrolled employees necessary to keep the Group Policy in force is xx

3. Effective Date: 6-1-2008

The requested effective date of the Group Policy is 7-1-2008

4. Optional Features: _____

5. Will this Group Critical Illness Policy replace any existing Group Critical Illness Policy? Yes No

6. General Agreement:

[The applicant agrees to transmit the total premiums under the group policy to Continental American Insurance Company at its Home Office when due.] No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

By Steve Smith	Date 4-3-2008
Title HR Director	



ENROLLMENT FORM

Please Mail: Post Office Box 427
Columbia, South Carolina 29202
(800) 433-3036

FOR HOME OFFICE USE ONLY		
PLAN	PLAN CODE	ID NUMBER
Critical Illness		
Endorsement:		
EFFECTIVE DATE:		

Employee Name/Owner (First, MI, Last) John Q. Doe		S.S.N./ ID Number xxx-xx-xxxx	Gender M	Date of Birth 6-12-70
Street Address 123 Any Street		City Columbia	State SC	Zip 29222
Employer ABC Company	Job Class Healthcare	Location Columbia	Date of Hire 11-4-2004	
Hours Worked 30	Daytime Phone No. (888) 555-4214	Beneficiary Name / Relationship (estate unless designated otherwise) Jane Doe/ Mother		
Spouse's Name (if coverage is requested)		Gender	Spouse Date of Birth	
		Employee	Spouse	
Are you actively at work?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Are you now hospitalized or unable to perform your normal duties and activities?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you used tobacco products in the last 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CRITICAL ILLNESS Employee [Employee & Spouse] [Section 125: Yes No]

Employee Face Amount: \$ _____ **Employee Cost per pay period:** \$ _____ ADL Rider Add-a-buck

Spouse Face Amount: \$ _____ **Spouse Cost per pay period:** \$ _____ ADL Rider

		Employee	Spouse
1	Have you ever been treated for or diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" Related Complex (ARC) or ever tested positive for antigens or antibodies to an "AIDS" virus?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	In the last 7 years have you been treated for or diagnosed with cancer or any malignancy, which includes carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, or malignant tumor? Cancer does not include basal cell or squamous cell carcinoma.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you ever been treated for a) a stroke, a heart attack, a heart condition, heart trouble, or any abnormality of the heart (including artery disease), diabetes, or any liver disorder; b) kidney (renal) failure or end stage kidney (renal) disease; c) organ transplant; d) emphysema or e) now taking 3 or more medications for high blood pressure?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

- Does this coverage replace or change any existing insurance? YES NO
- If "Yes," provide carrier and policy number: _____

CERTIFICATION: I have read the completed application and I realize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved.

Coverage will not become effective unless you are actively at work on the date of the enrollment and the effective date of coverage.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize my employer to deduct the appropriate dollar amount from my earnings and to deduct and pay Continental American Insurance Company the premium required thereafter each pay period for my insurance.

Deduction start date 6-1-2008

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date 4-3-08 Signature of Applicant John Doe

Date 4-3-08 Signature of Agent Any Agent State of Enrollment SC



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

**DEPENDENT CHILDREN BENEFIT RIDER
TO CERTIFICATE OF INSURANCE
FOR CRITICAL ILLNESS**

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Certificate Schedule. The insurance of a Dependent Child will become effective on the Rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes active.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply:

YOU, YOUR means the person named in the Certificate Schedule.

DEPENDENT CHILD(REN) means your natural Children, step-Children, legally adopted Children or Children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company.

ACTIVE means a Dependent Child who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a Dependent Child contracts a Specified Critical Illness [after any applicable Waiting Period and] while this Rider is in force, we will provide the benefits contained in the Certificate under the Benefits Section. The appropriate benefit amounts we will pay for the Dependent are shown in the Certificate Schedule.

[LIMITATIONS AND] EXCLUSIONS

[This Rider contains a 30-day "Waiting Period". This means no benefits are payable for any covered Dependent Child who has been diagnosed before coverage has been in force 30 days from his "Effective Date." If a Dependent Child is first diagnosed during the "waiting period", benefits for treatment of that Critical Illness or Specified Procedure will apply only to loss commencing after 12 months from the "Effective Date" of his coverage; or, at your option, you may elect to void his coverage from the beginning and receive a full refund of any applicable premium.]

[LIMITATIONS

PRE-EXISTING CONDITIONS

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to a Dependent Child's Effective Date resulted in him receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12 months of a Dependent Child's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from a Dependent Child's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after a Dependent Child's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

GENERAL PROVISIONS

If your Dependent Child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered condition that was diagnosed while the Dependent was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES

After this Rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at our Home Office.

A handwritten signature in cursive script that reads "Eugene C. Smith". The signature is written in black ink and is centered on the page.

President



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

ACTIVITIES OF DAILY LIVING / SKILLED NURSING RIDER TO CERTIFICATE OF INSURANCE FOR CRITICAL ILLNESS

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

ELIGIBILITY

For You to be eligible for the Benefits provided by this rider We must have both:

1. A Current Eligibility Certification; and
2. Ongoing proof which demonstrates that you continue to be a Chronically Ill Individual. The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Once We determine that You are eligible for benefits, Your eligibility for benefits will continue for as long as You continue to be a Chronically Ill Individual, and have not exhausted the Lifetime Maximum Benefit Period. We reserve the right to perform periodic reassessments of Your eligibility.

EXTENDED BENEFITS FOR ACTIVITIES OF DAILY LIVING AND SKILLED NURSING FACILITY

Activities of Daily Living Benefit

We will pay the Activities of Daily Living Benefit monthly for the Maximum Benefit Period shown on the Rider Schedule when you meet the eligibility requirements above.

The ADL benefit is an extension of the Critical Illness benefits payable to you under your Critical Illness Certificate.

This benefit is payable as long as you are unable to perform 2 or more of the Activities of Daily Living for a benefit period of up to [60 months]. **You must continue to be under the regular and appropriate care of a Physician.**

This benefit will **not** be paid concurrently with other benefits you may be receiving under your Certificate. This benefit is **not** payable in addition to the Skilled Nursing Facility Benefit. Activities of Daily Living that you are not able to perform prior to the effective date of your coverage will not be covered.

Skilled Nursing Facility Benefit

If you are confined to a Skilled Nursing Facility, we will pay the Skilled Nursing Facility Benefit monthly for the Maximum Benefit Period shown on the Rider Schedule when you meet the eligibility requirements above.

This benefit will **not** be paid concurrently with other benefits you may be receiving under your Certificate. This benefit is **not** payable in addition to the Activities of Daily Living Benefit. Confinement must be within the territorial limits of the United States.

DEFINITIONS

A **Chronically Ill Individual** is a person who has been certified by a Licensed Health Care Practitioner as:

1. Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; or
2. Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

Substantial Assistance is either:

1. **Hands-on Assistance** which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
2. **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

1. Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
2. Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
 - Short-term or long term memory;
 - Orientation as to people, places, or time;
 - Deductive or abstract reasoning; and
 - Judgment as it relates to safety awareness.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for support services for You that:

1. been developed as a result of an assessment and incorporates any information provided by Your personal Physician; and
2. Has been prescribed by a licensed Health Care Practitioner; and
3. Fairly, accurately and appropriately addresses Your support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the kinds of providers appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it's updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

Activities Of Daily Living (ADL's) means:

1. **bathing** – the ability to wash oneself in either a tub or shower, or by sponge bath; including the tasks of getting into and out of the tub or shower with or without the assistance of equipment;
2. **dressing** – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
3. **toileting** – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
4. **transferring** – the ability to move in and out of bed, chair or wheelchair with or without the assistance of equipment; mobility, the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
5. **eating** – the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the assistance of equipment; and
6. **continence** – the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

Skilled Nursing Facility means a facility which:

1. is licensed and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;
2. provides skilled nursing care under the supervision of a physician;
3. provides continuous 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (RN); and
4. maintains a daily medical record of each patient.

You means the person shown on the Rider Schedule as the Insured.

GENERAL PROVISIONS

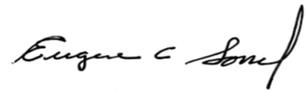
This rider is part of your Critical Illness certificate and will terminate when that certificate terminates, [at attained age 80,] or when premiums are no longer paid for this rider.

The premium for this rider is shown in the Rider Schedule.

This rider is subject to all of the terms of the Critical Illness Certificate to which it is attached.

These changes will not affect your certificate, or any prior riders, except as stated above.

Signed for the Company at its Home Office.

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

President

RIDER SCHEDULE

Insured - SAMPLE
Effective Date - SAMPLE
***Initial Premium - SAMPLE**

Group Policy Number - SAMPLE
Certificate Number - SAMPLE
First Renewal Date - SAMPLE

ACTIVITY OF DAILY LIVING

Lifetime Maximum Benefit Period [60 months]
Benefit Amount [\$1,000/month]

[SKILLED NURSING FACILITY BENEFIT

Lifetime Maximum Benefit Period [60 months]
Skilled Nursing Facility Benefit [\$1,000/month]]



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

**ADDITIONAL BENEFITS RIDER
TO CERTIFICATE OF INSURANCE FOR CRITICAL ILLNESS**

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Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

DEFINITIONS

Specified Critical Illness means such illness shown in the Rider Schedule and as defined in this Rider.

Waiting Period means the number of days after the Effective Date before we will pay benefits for loss due to Specified Critical Illness. We won't pay benefits for a Specified Critical Illness which begins during the Waiting Period.

Diagnosed/Diagnosis means a definitive and unequivocal diagnosis made by a Physician: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured's medical records; and (2) meeting any Diagnostic Requirements set forth in this Rider for the particular Specified Critical Illness being diagnosed.

Actively At Work Requirement

If you are not Actively at Work on the last scheduled work day coincident with or preceding the date your insurance would otherwise become effective, insurance will not be effective until the date you return to and remain Actively at Work.

If an eligible Spouse or Dependent Child is unable to engage in the normal activities of a person in good health of like age and sex on the date this Rider would otherwise become effective, coverage will not be effective until the date such person is able to engage in the normal activities of a person in good health of like age and sex. [This will not apply to an eligible Dependant Child who is incapable of self-sustaining employment by reason of mental or physical incapacity, and who is primarily dependent on the Insured for support and maintenance.]

BENEFIT DEFINITIONS

[Coma means a state of unconsciousness for 30 consecutive days with:

1. no reaction to external stimuli;
2. no reaction to internal needs; and
3. the use of life support systems.]

[Paralysis/Paralyzed means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.]

[Severe Burn/Severely Burned means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity or radiation that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possible into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation.)

[Loss of Sight, Speech or Hearing means:

1. Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury.
2. Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss.
3. Loss of Sight means the total and irreversible loss of all sight in both eyes]

[ALS and other motor neuron diseases means an Insured has received a definite diagnosis of one of the following diseases:

1. Primary lateral sclerosis
2. Progressive spinal muscular atrophy
3. Progressive bulbar palsy
4. Pseudo bulbar palsy.]

[Alzheimer's Disease means a definite clinical diagnosis of a progressive degenerative disease of the brain where an Insured has a significant reduction in mental and social functioning as demonstrated by:

1. a loss of intellectual capacity and cognitive impairment
2. impaired memory and sense of judgment, and
3. requiring continuous adult supervision (cannot be left alone) for health and safety, whether medicated or not.]

[Bacterial meningitis means a definite diagnosis confirmed by laboratory analysis of cerebrospinal fluid which shows growth of pathogenic bacteria in culture. There must be permanent neurological deficit which persists for a continuous period of at least 90 days from the date of diagnosis.

A permanent neurological deficit is a measurable objective impairment supported by medical investigation and testing.]

[Multiple Sclerosis means a definite diagnosis of having either:

1. clinically documented episodes; or

2. one episode persisting for at least 6 months

of well-defined neurological abnormalities with objective evidence of a least 2 areas of demyelization confirmed by MRI scanning or imaging techniques.]

[Aortic Surgery means valve repair or valve replacement of the large artery leaving the heart. This is an open-heart procedure in which the damaged valve is repaired or replaced with an artificial valve.]

[Heart Valve Repair means an open heart surgery where the damaged heart valve is repaired by reshaping the valve, adding support to the valve ring or attaching the valve to nearby heart tissues (chordal transposition).]

[Heart Valve Replacement means an open heart surgery where the damaged heart valve is removed and replaced with a plastic or metal mechanical valve, or a bioprosthetic valve.]

[Angioplasty means a non-surgical procedure that can be used to open blocked heart arteries.]

[Stint means a small metal mesh tube that acts as a scaffold to provide support inside the coronary artery.]

Diagnosis based on the appropriate test which includes:

- EKG or ECG
- Stress Test
- Tilt Table Test
- Echocardiogram
- Cardiac Catheterization
- Electrophysiology Test
- CT Heart Scan or
- Heart MRI]

BENEFITS

Specified Critical Illness Benefit

We will pay this benefit if an Insured diagnosed with one of the Specified Critical Illnesses shown on the Rider Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while this Rider is in force; and
3. It is not excluded by name or specific description in this Rider.

This Rider pays the indicated percentages of the applicable Maximum Benefit Amount shown in the Certificate Schedule that occurs while this Rider is in force. Benefits are not payable under this Rider for Loss if these conditions result from another Specified Critical Illness. [The Dates of Loss for Specified Critical Illnesses must be separated by at least [12 months] for benefits to be payable for multiple Specified Critical Illnesses.]

[Benefits under this rider are only payable once and once the benefit is paid, coverage for that individual will terminate.]

[Coma

If an Insured is Diagnosed as being Comatose after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Coma shown in the Schedule of Benefits.

The Diagnosis of Coma must indicate that permanent neurological deficit is present.]

[Paralysis

If an Insured is first Diagnosed as being Paralyzed after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Paralysis shown in the Schedule of Benefits.

The Diagnosis of Paralysis must include documented evidence of the illness or injury that caused the Paralysis.]

[Severe Burn

If an Insured is first Diagnosed as having suffered a Severe Burn after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Severe Burn shown in the Schedule of Benefits.]

[Loss of Sight, Speech or Hearing

If an Insured is first Diagnosed as having suffered Loss of Sight, Speech, or Hearing after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Loss of Sight, Speech or Hearing shown in the Schedule of Benefits.]

[ALS and other Motor Neuron Diseases

If an Insured is first diagnosed as having ALS or another Motor Neuron Disease after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for ALS shown in the Schedule of Benefits.

The diagnosis must be made by a certified neurologist licensed and practicing in the United States.]

[Alzheimer's Disease

If an Insured is first diagnosed as having Alzheimer's Disease after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Alzheimer's shown in the Schedule of Benefits.

The diagnosis must be made by a certified neurologist or psychiatrist licensed and practicing in the United States.]

[Bacterial meningitis

If an Insured is first diagnosed as having Bacterial meningitis after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Bacterial meningitis shown in the Schedule of Benefits.

There must be permanent neurological deficit which persists for a continuous period of at least 90 days from the date of diagnosis. A permanent neurological deficit is a measurable objective impairment supported by medical investigation and testing.]

[Multiple Sclerosis

If an Insured is first diagnosed as having Multiple Sclerosis after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Multiple Sclerosis shown in the Schedule of Benefits.

The diagnosis must be made by a neurologist licensed and practicing in the United States, be confirmed by MRI or modern imaging techniques, and eliminate other potential causes of neurological symptoms.]

[We will pay a [10%] [25%] benefit for the following:

Aortic Surgery
Heart Valve Replacement
Angioplasty
Stint
Aortic valve replacement]

LIMITATIONS AND EXCLUSIONS

[This Rider contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed before coverage has been in force 30 days from the Insured's Effective Date shown in the Rider Schedule. If an Insured is first diagnosed during the Waiting Period, benefits for treatment of that Specified Critical Illness will apply only to loss commencing after twelve months from the Insured's Effective Date; or, at your option, you may elect to void this rider from the beginning and receive a full refund of premium.]

EXCLUSIONS

1. No benefits will be paid if the Specified Critical Illness is a result of:
 - a. Intentionally self inflicted injury or action;
 - b. Suicide or attempted suicide while sane or insane;
 - c. Illegal activities or participation in an illegal occupation;
 - d. War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
 - e. Substance abuse.
2. No benefits will be paid for loss which occurred prior to the effective date of this Rider.
3. No benefits will be paid for diagnosis made outside the United States.

GENERAL PROVISIONS

This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.



President

**SAMPLE
RIDER SCHEDULE**

Insured -	John A. Doe	Group Policy Number -	XXXX
Effective Date -	December 1, 1999	Certificate Number -	XXXX
*Initial Premium -	\$00.00 Monthly	First Renewal Date -	January 1, 2000

BENEFITS

[Coma	[100]% of applicable Maximum Benefit]
[Paralysis	[100]% of applicable Maximum Benefit]
[Severe Burn	[100]% of applicable Maximum Benefit]
[Loss of Sight, Speech or Hearing	
Loss of Speech	[100]% of applicable Maximum Benefit
Loss of Hearing	[100]% of applicable Maximum Benefit
Loss of Sight	[100]% of applicable Maximum Benefit]
[ALS and other Motor Neuron Diseases	[100]% of applicable Maximum Benefit]
[Alzheimer's Disease	[100]% of applicable Maximum Benefit]
[Bacterial meningitis	[100]% of applicable Maximum Benefit]
[Multiple Sclerosis	[100]% of applicable Maximum Benefit]
[Aortic Surgery	
Heart Valve Replacement	
Angioplasty	
Stint	
Aortic valve replacement	[10%, 25]% of applicable Maximum Benefit]



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

OCCUPATIONAL HIV RIDER TO CERTIFICATE OF INSURANCE FOR SPECIFIED CRITICAL ILLNESS

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and/or (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

BENEFITS

This Rider pays the indicated percentages of the applicable Maximum Benefit Amount for the initial Positive Diagnosis of Occupational HIV as the result of a Covered Injury. Occupational HIV Injuries are only payable once and once the benefit is paid, coverage for that individual will terminate.

DEFINITIONS

Covered Injury means an accidental:

1. cutaneous exposure through abraded skin;
2. percutaneous exposure; or
3. mucocutaneous exposure;

that occurs while the Insured is covered by this rider, actively-at-work and performing all the regular duties of his occupation on a full-time basis.

HIV means Human Immunodeficiency virus.

HIV Positive means the presence of HIV antibodies in the blood of an Insured as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as the Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

Occupational HIV means an Insured, as a direct result of a Covered Injury, tests HIV Positive, subject to the following:

1. an incident report (notice of exposure) on a form acceptable to the Company, which describes the nature of the exposure to HIV, must be filed with the Insured's employer within 48 hours and be sent to the Company, as soon as reasonably possible, after the Covered Injury;
2. the Insured must not have previously tested positive for HIV, or if he had previously tested positive for HIV, the Insured subsequently tested negative for HIV prior to the date of the Covered Injury;
3. the Insured must have a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing), for HIV within 14 days of the Covered Injury at an authorized laboratory other than the laboratory of his employer. We must receive notification:
 - a. of the results of that test as soon as reasonably possible; and
 - b. that the results are negative; and
 - c. thereafter, the Insured must test HIV positive within 26 weeks of the date of the Covered Injury reported in Item 1. above. We must receive notification of HIV Positive test results as soon as reasonably possible.

EXCLUSIONS

1. No benefits will be paid for Occupational HIV resulting from a needle stick or sharp injury or a mucous membrane exposure to blood or bloodstained bodily fluid, which occurred prior to the effective date of this rider.
2. We will not pay for any cost incurred for HIV tests or any related testing.
3. No benefits will be paid for HIV contracted outside the United States.

GENERAL PROVISIONS

This Rider is part of your Critical Illness certificate and will terminate when that certificate terminates, at attained age 70, or when premiums are no longer paid for this rider.

The premium for this rider is shown in the Rider Schedule.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached.

These changes will not affect your certificate, or any prior riders, except as stated above.

Signed for the Company at its Home Office.



President

RIDER SCHEDULE

Insured -	SAMPLE	Group Policy Number -	SAMPLE
Effective Date -	SAMPLE	Certificate Number -	SAMPLE
*Initial Premium -	SAMPLE	First Renewal Date -	SAMPLE

OCCUPATIONAL HIV

Percentage of the Applicable Maximum Benefit Amount

Occupational HIV

[100] %



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

AUTOMATIC INCREASE RIDER

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

BENEFIT

We will automatically increase the Initial Maximum Benefit of your Certificate on each Effective Date for [3] years subject to the "Notification of Automatic Increase" provision.

NOTIFICATION OF AUTOMATIC INCREASE

Prior to each certificate Effective Date, We will send You a new Certificate Schedule showing your new Maximum Benefit amount. You may refuse an automatic increase by sending Us written notice within 31 days after You receive your new Certificate Schedule. However, if You refuse an automatic increase: (1) this Rider will automatically stop; (2) you will not be eligible for any further automatic increases; and (3) You cannot reinstate this Rider at a future date.

GENERAL PROVISIONS

This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable until the Rider terminates.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.

President

RIDER SCHEDULE

Insured -	SAMPLE	Group Policy Number -	SAMPLE
Effective Date -	SAMPLE	Certificate Number -	SAMPLE
*Initial Premium -	[\$1.00 weekly]	First Renewal Date -	SAMPLE

SERFF Tracking Number: CAIC-125593737 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 38608
Company Tracking Number: 6796
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness 08
Project Name/Number: Arkansas/6796

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 05/13/2008
Comments:
Attachments:
CAICCertComp.pdf
CAIC ReadabilityCert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/13/2008
Bypass Reason: Applications are forms and submitted under the form schedule tab.
Comments:

Satisfied -Name: Resubmission Letter **Review Status:** Approved-Closed 05/13/2008
Comments:
Attachment:
resubmission letter.pdf



Continental American
INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the form contained in the filing and hereby certify that to the best of my knowledge and belief they are in compliance with the applicable statues, regulations and bulletins of the State of Arkansas. I further certify that they will be revised and/or discontinued in the event of future changes in the statues, regulations, or bulletins which would prohibit the use of such forms.

A handwritten signature in black ink, appearing to read "James J. Hennessy".

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance

April 3, 2008
Date

READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms has the following readability score as calculated by the Flesch Reading Ease Test:

<u>Form</u>	<u>Readability Score</u>
CAI2800AR	42
CAI2801AR	40
CAI2810	40
CAI2811	42
CAI2821AR	43
CAI2826AR	40
CAI2835AR	40
CAI2836AR	42
CAI2837AR	45

April 3, 2008

Date

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance



**2801 Devine Street
Columbia, South Carolina 29205**

May 12, 2008

Ms. Rosalind Minor
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: CONTINENTAL AMERICAN INSURANCE COMPANY NAIC 71730

CAI2800AR Group Master Policy
CAI2801AR Certificate of Insurance
CAI2821AR Dependent Children Rider
CAI2810 Master Application
CAI2811 Enrollment Application
CAI2826AR Activities of Daily Living / Skilled Nursing Rider
CAI2835AR Additional Benefits Rider
CAI2836AR Occupational HIV Rider
CAI2837AR Automatic Increase Rider

Dear Ms. Minor:

Pursuant to your letter dated April 18, 2008, we have made the following revision:

1. We have removed the time limit in which we had set for furnishing proof of incapacity for handicapped dependents.
2. Furthermore, I noticed that on forms CAI2826, CAI2835, CAI2836, CAI2837, that the actual forms did not have the state specific "AR" at the end of the form numbers. I have attached the forms with the correct form numbers.

Thank you for your consideration in this matter. Please contact me at 888-730-2244, ext 4331 or by e-mail at CompanyCompliance@caicworksites.com if you have any questions.

Respectfully,

Amanda King
Compliance Analyst

SERFF Tracking Number: CAIC-125593737 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 38608
 Company Tracking Number: 6796
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness 08
 Project Name/Number: Arkansas/6796

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Rider	04/03/2008	CAI2836AR_HIV_.pdf
No original date	Form	Master Policy	04/03/2008	CAI2800AR.pdf
No original date	Form	Certificate	04/03/2008	CAI2801AR.pdf
No original date	Form	Rider	04/03/2008	CAI2821AR.pdf
No original date	Form	Rider	04/03/2008	CAI2826AR_ADL_.pdf
No original date	Form	Rider	04/03/2008	CAI2835AR_AB_.pdf
No original date	Form	Rider	04/03/2008	CAI2837AR_AI_.pdf



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

OCCUPATIONAL HIV RIDER TO CERTIFICATE OF INSURANCE FOR SPECIFIED CRITICAL ILLNESS

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and/or (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

BENEFITS

This Rider pays the indicated percentages of the applicable Maximum Benefit Amount for the initial Positive Diagnosis of Occupational HIV as the result of a Covered Injury. Occupational HIV Injuries are only payable once and once the benefit is paid, coverage for that individual will terminate.

DEFINITIONS

Covered Injury means an accidental:

1. cutaneous exposure through abraded skin;
2. percutaneous exposure; or
3. mucocutaneous exposure;

that occurs while the Insured is covered by this rider, actively-at-work and performing all the regular duties of his occupation on a full-time basis.

HIV means Human Immunodeficiency virus.

HIV Positive means the presence of HIV antibodies in the blood of an Insured as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as the Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

Occupational HIV means an Insured, as a direct result of a Covered Injury, tests HIV Positive, subject to the following:

1. an incident report (notice of exposure) on a form acceptable to the Company, which describes the nature of the exposure to HIV, must be filed with the Insured's employer within 48 hours and be sent to the Company, as soon as reasonably possible, after the Covered Injury;
2. the Insured must not have previously tested positive for HIV, or if he had previously tested positive for HIV, the Insured subsequently tested negative for HIV prior to the date of the Covered Injury;
3. the Insured must have a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing), for HIV within 14 days of the Covered Injury at an authorized laboratory other than the laboratory of his employer. We must receive notification:
 - a. of the results of that test as soon as reasonably possible; and
 - b. that the results are negative; and
 - c. thereafter, the Insured must test HIV positive within 26 weeks of the date of the Covered Injury reported in Item 1. above. We must receive notification of HIV Positive test results as soon as reasonably possible.

EXCLUSIONS

1. No benefits will be paid for Occupational HIV resulting from a needle stick or sharp injury or a mucous membrane exposure to blood or bloodstained bodily fluid, which occurred prior to the effective date of this rider.
2. We will not pay for any cost incurred for HIV tests or any related testing.
3. No benefits will be paid for HIV contracted outside the United States.

GENERAL PROVISIONS

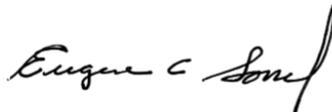
This Rider is part of your Critical Illness certificate and will terminate when that certificate terminates, at attained age 70, or when premiums are no longer paid for this rider.

The premium for this rider is shown in the Rider Schedule.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached.

These changes will not affect your certificate, or any prior riders, except as stated above.

Signed for the Company at its Home Office.



President

RIDER SCHEDULE

Insured -	SAMPLE	Group Policy Number -	SAMPLE
Effective Date -	SAMPLE	Certificate Number -	SAMPLE
*Initial Premium -	SAMPLE	First Renewal Date -	SAMPLE

OCCUPATIONAL HIV

Percentage of the Applicable Maximum Benefit Amount

Occupational HIV

[100] %



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

GROUP CRITICAL ILLNESS POLICY

Based on the Application for this Group Insurance Policy (herein called the Plan) made by

[ABC COMPANY, INC.]
(herein called the Policyholder)

and based on the payment of the premium when due, the Company agrees to pay the benefits provided on the following pages.

**THIS IS A LIMITED POLICY. PLEASE READ IT CAREFULLY
THIS POLICY PROVIDES BENEFITS FOR THE CRITICAL ILLNESSES LISTED.
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

This Plan becomes effective at 12:01 a.m. Standard Time at the Policyholder's address on the Effective Date shown below. It may be continued in effect by the payment of premiums as provided in Section II. The Plan will terminate as provided in the provision titled "Termination of the Plan" in Section I.

The first anniversary of this Plan will be the Anniversary Date shown below. "You" and "your" refer to the Insured or any other Insured under Family Coverage. "We", "us", and "our" refer to the Company. The Policyholder may add new Employees or Dependents from time to time in accordance with the terms of the Plan. Subsequent anniversaries of the Plan will be the same date each year thereafter.

All matter printed or written by the Company on the following pages forms a part of this Plan as if recited over the signature below. This Plan is a legal contract between the Company and the Policyholder. This Plan is delivered in and is governed by the laws of the jurisdiction shown below.

In witness whereof the Company has caused this Plan to be executed at our Home Office in Columbia, South Carolina on the Effective Date.

READ THIS POLICY CAREFULLY.

Signed for the Company at our Home Office.

President

Countersigned by _____
Licensed Resident Agent (if required by your state)

Any certificates issued in the State of Arkansas are governed by State of Arkansas

Group Policy Number - [1234]
Effective Date - [March 1, 2008] **Anniversary Date -** [March 1, 2009]
Jurisdiction - [State Name] **Non-Participating**

GROUP POLICY PROVISIONS

- SECTION I** - Eligibility, Effective Date and Termination
- SECTION II** - Premium Provisions
- SECTION III** - General Definitions / Benefit Definitions
- SECTION IV** - Benefit Provisions
- SECTION V** - Limitations and Exclusions
- SECTION VI** - Claim Provisions
- SECTION VII** - General Provisions
- SECTION VIII** - Benefit Schedules
- SECTION IX** - Occupational Classifications
- SECTION X** - Schedule of Premiums

SECTION I - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

Employee as used in this Plan, means a person insured under this Plan who is:

1. an Employee of the Policyholder [a member of the Policyholder's group], or an eligible Spouse of the Employee;
2. under age 70; and
3. engaged in full-time work; and
4. included in the class of employees eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of this Plan is shown on Page 1 of this form.

The Effective Date for an Employee is as follows:

1. An Employee's insurance will be effective on the date shown on the Certificate Schedule provided the Employee is then actively at work.
2. If an Employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such Employee is first thereafter actively at work.

The Effective Date for a Spouse or Dependent Child is the date shown on the Schedule Page subject to the following:

1. The date the Employees insurance is effective for a Spouse or Dependent Child who is eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined.
2. At 12:00 a.m. Standard Time, on the day a Spouse or Dependent Child is no longer hospital confined if the Spouse or Dependent Child was otherwise eligible for coverage on the date the Employee's insurance became effective.
3. For a Spouse or Dependent Child eligible on or first acquired after the Employee's Effective Date, the Effective Date will be:
 - a. For newborn children, the Effective Date is the moment of birth (see Section III, Definitions, Insured).
 - b. For other than newborn children, the date we assign after approving the application for such coverage.

TERMINATION OF THE PLAN

The Plan will cease if the premium is not paid before the end of the Grace Period.

After the end of the first Plan year, the Company has the right to cancel the Plan on the day prior to the date any premium is due by giving 31 days written notice. The Plan will terminate when the number of participating Employees is less than the number mutually agreed upon by the Policyholder and the Company in writing.

In these events, this Plan and all certificates issued hereunder will terminate on such date at 12:01 a.m. Standard Time at the Policyholder's address. This will be without prejudice to the rights of any Insured as respects any claim arising during the period the Plan is in force.

The Policyholder has the sole responsibility to notify Employees of such termination.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An Employee's insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date he ceases to meet the definition of an Employee as defined in the Plan; or
4. on the date he is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Spouse or Dependent Child ceases to be a dependent;
4. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[Portability Privilege

When coverage would otherwise terminate under this Plan because an Employee ends employment with the Employer, they may elect to continue coverage. The coverage that may be continued is that which the Employee had on the date their employment terminated, including Dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the Employee failed to pay any required premium;
 - b. this Group Policy terminates.
2. To keep the Certificate in force the Employee must:
 - a. make written Application to the Company within 31 days after the date their insurance would otherwise terminate;
 - b. pay the required premium to the Company no later than 31 days after the date the Certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the Employee fails to pay any required premium;
 - b. the date this Group Policy is terminated.

If an Employee qualifies for this Portability Privilege as described, then the same Benefits, Plan Provisions, and Premium Rate as shown in their Certificate as previously issued will apply.]

SECTION II - PREMIUM PROVISIONS

PREMIUM CALCULATIONS

Premiums payable on any premium due date for insurance will be calculated in accordance with the Schedule of Premiums. [The rates shown in this Schedule can be changed [annually].] The Company will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

PREMIUM PAYMENTS

The first premiums are due on the Effective Date of this Plan. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan are to be paid to the Company at our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

This Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of discontinuance of the Plan.

SECTION III - GENERAL DEFINITIONS / BENEFIT DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

Actively at Work to be considered “actively at work”, an Employee must perform for a full normal workday the regular duties of his employment at the regular place of business or at a location to which he may be required to travel to perform the regular duties of his employment.

Critical Illness means such illness shown in the Schedule and as defined in this Plan.

Date of Diagnosis means for:

[**Cancer and/or carcinoma in situ:** The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.]

[**Heart attack:** The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.]

[**Stroke:** The date a stroke occurred based on documented neurological deficits and neuroimaging studies.]

[**Kidney failure:** The date that a doctor or physician recommends that an Insured begin renal dialysis.]

[**Major organ transplant surgery or coronary artery bypass surgery:** The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.]

Dependent Child(ren) means your natural children, step-children, legally adopted children or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 25th birthday.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his license in treating a Critical Illness. It doesn't include an Insured or their family member.

Employee means the Insured as shown in the Certificate Schedule.

Family Member means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Full-time Work means an Employee is spending at least [30] hours per week performing his occupational duties.

Illness means sickness or disease which first manifests while the Insured's coverage is in force [and after any applicable Waiting Period.] Any loss due to illness must begin while the Insured's coverage is in force.

Injury means bodily injury solely due to an accident. It includes all complications of and all injuries from the same accident.

Insured(s) -

1. If Employee coverage is shown in the Certificate Schedule, we insure the Employee.
2. If coverage is for the Spouse of an eligible Employee, we insure the Insured as shown on the Certificate Schedule.
3. Coverage for Dependent Children may be included in an attached rider (if applicable).
4. If any person who would otherwise be an Insured is specifically excluded from coverage by endorsement to the Certificate or by the application, then such person shall not be an Insured.
5. Any other additions to the Insured class must be added by endorsement after applying to the Company.

Pathologist means a doctor, other than an Insured or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Spouse means an Employee's legal wife or husband.

[**Successor Insured** - If an Employee dies while covered under a Certificate, then their surviving Spouse shall become the Insured if such Spouse is an Insured. If there is no surviving Spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.]

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Treatment free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

[**Waiting Period** means the number of days after the Effective Date before we will pay benefits for loss due to a Critical Illness. We won't pay benefits for a Critical Illness that begins during the Waiting Period.]

BENEFIT DEFINITIONS

[**Cancer (internal or invasive)** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are non-invasive such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ;
3. Any skin cancers except melanomas;
4. Basal cell carcinoma and squamous cell carcinoma of the skin; and

5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

1. **Pathological Diagnosis** - A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.
2. **Clinical Diagnosis** - A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms.

We will pay benefits for a Clinical Diagnosis only if:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and
2. there is medical evidence to support the diagnosis; and
3. a doctor is treating an Insured for Cancer and/or Carcinoma in Situ.]

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction;
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and
3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

[Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.]

[Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after an Insured's Effective Date. Stroke does not include Transient Ischemic Attacks and attacks of Verterbrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela following an initial diagnosis [made after any applicable Waiting Period]. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**]

[Kidney Failure (Renal Failure) means the end stage renal failure presenting as chronic, irreversible failure of both kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.]

SECTION IV - BENEFITS

Critical Illness Benefit

We will pay this benefit when an Insured is diagnosed with one of the Critical Illnesses shown on the Certificate Schedule if:

1. [The date of diagnosis is after the Waiting Period;]
2. The date of diagnosis is while the his coverage is in force; and
3. It is not excluded by name or specific description in the Certificate.

[If the date of diagnosis of a Critical Illness occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.]

The Certificate's Initial Maximum Benefit amount is shown in the Schedule. If the Schedule shows a Maximum Benefit Reduction Date, a Certificate's Maximum Benefit will be reduced to the Reduced Maximum Benefit Amount, also shown in the Schedule, on that date. Benefits will be based on the Maximum Benefit amount in effect on the Critical Illness Date of Diagnosis. Any partial benefits paid will be deducted from the appropriate Critical Illness.

Payment of benefits is subject to the following:

1. We will pay benefits for a Critical Illness in the order the events occur.
2. [No benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior different Critical Illness by at least [6] months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid.]]
3. Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least [12] months [or for cancer [12] months treatment free) Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for [12] months].]

[Health Screening Benefit (Calendar Year Limit)

We will pay the amount shown in the Benefit Schedule for Health Screening Tests performed [after the Waiting Period and] while an Insured's coverage is in force. This Benefit is payable once per calendar year up to the Maximum Benefit amount shown in the Benefit Schedule. Payment of this benefit will not reduce the benefit amount payable for Critical Illness.

Health Screening Tests include but are not limited to:

1. Stress test on a bicycle or treadmill,
2. Fasting blood glucose test,
3. Blood test for triglycerides,
4. Serum cholesterol test to determine level of HDL and LDL,
5. Bone marrow testing,
6. Breast ultrasound,
7. CA 15-3 (blood test for breast cancer),
8. CA 125 (blood test for ovarian cancer),
9. CEA (blood test for colon cancer),
10. Chest X-ray,

11. Colonoscopy,
12. Flexible sigmoidoscopy,
13. Hemocult stool analysis,
14. Mammography,
15. Pap smear,
16. PSA (blood test for prostate cancer),
17. Serum Protein Electrophoresis (blood test for myeloma),
18. Thermography.

There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Plan is in force.

We will pay this benefit regardless of the results of the test.]

SECTION V - LIMITATIONS AND EXCLUSIONS

[This Plan contains a 30-day "Waiting Period". This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force 30 days from their Effective Date. If an Insured is first diagnosed during the "Waiting Period", benefits for treatment of that Critical Illness will apply only to loss commencing after 12 months from their Effective Date; or, at the Employee's option, they may elect to void the Certificate from the beginning and receive a full refund of premium.]

[PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to an Insured's Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any Critical Illness starting within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A Critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War -declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

Diagnosis must be made and treatment received in the United States.

SECTION VI - CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at P.O. Box 427, Columbia, South Carolina 29202. Notice should include the name of the Insured and the Certificate number.

Claim Forms: When we receive a notice of claim, we will send the Claimant forms for filing proof of loss. If the forms are not given within 15 working days, proof of loss requirements can be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

Proof of Loss: Written Proof of Loss must be furnished to the Company at P.O. Box 427, Columbia, South Carolina 29202 within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under this Plan will be paid immediately upon receipt of acceptable Proof of Loss.

Payment of Claims: All benefits will be payable to the employee unless assigned by them or by operation of law. Any accrued benefit unpaid at the Insured's death may be paid to their estate.

Conformity with State Statutes: Any provision of this Plan which, on its Effective Date, is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of such statutes.

Additional Coverage with the Company: We will only pay benefits for covered Critical Illness under one Critical Illness Certificate if an Insured is covered by more than one of our Critical Illness Certificates. An Insured may choose which Certificate they wish to keep in force by sending us written notice of their choice. We will return the premiums paid for any of our other Critical Illness Certificates during the period there was more than one Certificate in force.

SECTION VII - GENERAL PROVISIONS

Questions or Comments: If you have any questions about this Plan, its benefits, the filing of claims, a complaint or a compliment, please call us at the toll free number listed on the front of this Plan.

Entire Contract, Changes: This Policy together with the application, endorsements, benefit agreements, certificates and riders, if any, is the Entire Contract of Insurance. No change in this Plan shall be valid until approved in writing by an Executive Officer of the Company. Any change must be noted on or attached hereto. No agent may change this Plan or waive any of its Provisions. Any Rider, Endorsement or Application that modifies, limits or excludes coverage under this Plan must be signed by the Employee to be valid.

Physical Examination and Autopsy: We, at our expense, have the right to have an Insured examined as often as reasonable necessary while a claim is pending. In the case of death, we may also have any autopsy done unless prohibited by law.

Legal Action: No legal action may be brought to recover on this Plan within 60 days after written Proof of Loss has been given as required by this Plan. No such action may be brought after 3 years from the time written Proof of Loss is required to be given.

Time Limit on Certain Defenses: (1) After two years from an Insured's effective date of coverage, no misstatements, except fraudulent misstatements, made by the applicant in the application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two-year period; (2) No claim for loss incurred commencing after two years from an Insured's Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

Clerical Error: Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

Misstatement of Age: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

SECTION VIII - BENEFIT SCHEDULE

Initial Maximum Benefit:	See Certificates
Reduced Maximum Benefit Amount:	See Certificates
Reduced Benefit Date:	First Renewal Date after age 70
[Waiting Period:	30 Days]
Percentage for Partial Benefits:	25% of applicable Maximum Benefit

The applicable Maximum Benefit (Initial or Reduced) is payable for the following Critical Illnesses

- [Cancer (internal or invasive)]
- [Stroke]
- [Kidney Failure]
- [Heart Attack]
- [Major Organ Transplant]

PARTIAL BENEFITS

[CANCER (internal or invasive)]

Carcinoma in situ - When this Partial Benefit is paid, it will reduce the cancer benefit by 25%.]

[HEART ATTACK

Coronary Artery Bypass Surgery - When this Partial Benefit is paid, it will reduce the Heart Attack Benefit by 25%.]

[Maximum Health Screening Benefit Amount: [\$50] per insured Employee and Spouse per calendar year.]

SECTION IX - OCCUPATIONAL CLASSIFICATIONS

[All Full-Time employees, who are actively at work, and have completed at least 6 months of continuous employment with the Policyholder.]

SECTION X - SCHEDULE OF PREMIUMS



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

CERTIFICATE OF INSURANCE FOR GROUP CRITICAL ILLNESS POLICY

**THIS CERTIFICATE PROVIDES BENEFITS FOR THE CRITICAL ILLNESSES LISTED.
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

PLEASE READ YOUR CERTIFICATE CAREFULLY

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare.

Any certificates issued in the State of Arkansas are governed by State of Arkansas.

CERTIFICATE INDEX

Eligibility, Effective Date and Termination	Section I
Premium Provisions.....	Section II
General Definitions / Benefit Definitions.....	Section III
Benefit Provisions.....	Section IV
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Claim Provisions.....	Section VI
General Provisions.....	Section VII

We certify that you are insured under the Critical Illnesses Policy (herein called the Plan) issued to the Policyholder, subject to the definitions, exclusions and other provisions of the Plan against loss resulting from Critical Illness. Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

The Effective Date of your Certificate is as shown in the Certificate Schedule if you are on that date actively at work. If not, this Certificate will become effective on the next date you are actively at work as an eligible Employee. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate is issued in consideration of the payment of the required premium and of your statements and representations in the application. This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan. "You" and "your" refer to the Employee or any other Insured under Family Coverage. "We", "us", and "our" refer to the Company.

[NO RECOVERY FOR PRE-EXISTING CONDITIONS--READ CAREFULLY. No benefits will be provided during the first twelve months of this Certificate for conditions diagnosed within the 12-month period prior to the Effective Date shown in the Certificate Schedule.]

SECTION I - ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

ELIGIBILITY

You as used in this Certificate, means a person insured under this Certificate who is:

1. an Employee of the Policyholder [a member of the Policyholder's group], or an eligible Spouse of the Employee;
2. under age 70;
3. engaged in full-time work; and
4. included in the class of Employees eligible for coverage as shown on the application.

EFFECTIVE DATE

The Effective Date of the Plan is shown on Page 1 of the Master Policy.

The Effective Date for you is as follows:

1. Your insurance will be effective on the date shown on the Certificate Schedule provided you are actively at work.
2. If you are not actively at work on the date coverage would otherwise become effective, the Effective Date of your coverage will be the date on which you are first thereafter actively at work.

The Effective Date for a Spouse or Dependent Child is the date shown on the Certificate Schedule Page subject to the following:

1. The date your insurance is effective for a Spouse or Dependent Child who is eligible on that date; for whom coverage is applied for and premium paid; and who are not hospital confined.
2. At 12:00 a.m. Standard Time, on the day a Spouse or Dependent Child is no longer hospital confined if the Spouse or Dependent Child was otherwise eligible for coverage on the date your insurance became effective.
3. For a Spouse or Dependent Child eligible on or first acquired after your Effective Date, the Effective Date will be:
 - a. For newborn children, the Effective Date is the moment of birth, but we must be given notice of the birth within 31 days for coverage to continue beyond 31 days (see Section III, Definitions, Insured).
 - b. For other than newborn children, the date we assign after approving the application for such coverage.

TERMINATION OF YOUR INSURANCE

Your insurance will terminate on the earliest of:

1. the date the Plan is terminated;
2. on the 31st day after the premium due date if the required premium has not been paid;
3. on the date he ceases to meet the definition of an Employee as defined in the Plan; or
4. on the date he is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:

1. the date the Plan is terminated;

2. on the 31st day after the premium due date if the required premium has not been paid;
3. the premium due date following the date the Spouse or Dependent Child ceases to be a dependent;
4. the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

Termination of the insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

[Portability Privilege

When coverage would otherwise terminate under this Plan because an Employee ends employment with the Employer, they may elect to continue coverage. The coverage that may be continued is that which the Employee had on the date their employment terminated, including Dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. the Employee failed to pay any required premium;
 - b. this Group Policy terminates.
2. To keep the Certificate in force the Employee must:
 - a. make written Application to the Company within 31 days after the date their insurance would otherwise terminate;
 - b. pay the required premium to the Company no later than 31 days after the date the Certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. the date the Employee fails to pay any required premium;
 - b. the date this Group Policy is terminated.

If an Employee qualifies for this Portability Privilege as described, then the same Benefits, Plan Provisions, and Premium Rate as shown in their Certificate as previously issued will apply.]

SECTION II - PREMIUM PROVISIONS

PREMIUM PAYMENTS

Aggregate premiums for the Plan are to be paid to the Company our Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

GRACE PERIOD

The Plan has a 31-day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the next 31 days. During the Grace Period, this Certificate will stay in force, unless the Policyholder has given the Company written notice of discontinuance of the Plan.

SECTION III - GENERAL DEFINITIONS / BENEFIT DEFINITIONS

Whenever a male pronoun is used, it includes the female unless the context clearly shows otherwise.

Actively at Work to be considered “actively at work”, an Employee must perform for a full normal workday the

regular duties of his employment at the regular place of business or at a location to which he may be required to travel to perform the regular duties of his employment.

Critical Illness means such illness shown in the Schedule and as defined in this Plan.

Date of Diagnosis means for:

[**Cancer and/or carcinoma in situ:** The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.]

[**Heart attack:** The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.]

[**Stroke:** The date a stroke occurred based on documented neurological deficits and neuroimaging studies.]

[**Kidney failure:** The date that a doctor or physician recommends that an Insured begin renal dialysis.]

[**Major organ transplant surgery or coronary artery bypass surgery:** The date the surgery occurs for covered transplants or covered coronary artery bypass surgery.]

Dependent Child(ren) means your natural children, step-children, legally adopted children or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 25th birthday.

Doctor or Physician means any licensed practitioner of the healing arts acting within the scope of his license in treating a Critical Illness. It doesn't include an Insured or their family member.

Employee means the Insured as shown in the Certificate Schedule.

Family Member means an Insured's spouse, son, daughter, mother, father, sister, or brother.

Illness means sickness or disease which first manifests while the Insured's coverage is in force [and after any applicable Waiting Period.] Any loss due to illness must begin while the Insured's coverage is in force.

Injury means bodily injury solely due to an accident. It includes all complications of and all injuries from the same accident.

Insured(s) -

1. If Employee coverage is shown in the Certificate Schedule, we insure the Employee.
2. If coverage is for the Spouse of an eligible Employee, we insure the Insured as shown on the Certificate Schedule.
3. Coverage for Dependent Children may be included in an attached rider (if applicable).
4. If any person who would otherwise be an Insured is specifically excluded from coverage by endorsement to the Certificate or by the application, then such person shall not be an Insured.

5. Any other additions to the Insured class must be added by endorsement after applying to the Company.

Pathologist means a doctor, other than an Insured or a family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Spouse means an Employee's legal wife or husband.

[**Successor Insured** - If an Employee dies while covered under a Certificate, then their surviving Spouse shall become the Insured if such Spouse is an Insured. If there is no surviving Spouse covered under the Certificate, then the Certificate shall terminate on the next premium due date.]

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

Treatment free means a period of time without the consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

[**Waiting Period** means the number of days after the Effective Date before we will pay benefits for loss due to a Critical Illness. We won't pay benefits for a Critical Illness that begins during the Waiting Period.]

BENEFIT DEFINITIONS

[**Cancer (internal or invasive)** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia. Excluded are Cancers that are non-invasive such as:

1. Pre-malignant tumors or polyps;
2. Carcinoma in Situ;
3. Any skin cancers except melanomas;
4. Basal cell carcinoma and squamous cell carcinoma of the skin; and
5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .77mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

1. **Pathological Diagnosis** - A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Certified Pathologist whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.
2. **Clinical Diagnosis** - A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms.

We will pay benefits for a Clinical Diagnosis only if:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and

2. there is medical evidence to support the diagnosis; and
3. a doctor is treating an Insured for Cancer and/or Carcinoma in Situ.]

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac Arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

1. New and serial Electrocardiographic (EKG) findings consistent with Myocardial Infarction;
2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and
3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

[Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stints or other non-surgical procedures.]

[Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident, which is first manifested on or after an Insured's Effective Date. Stroke does not include Transient Ischemic Attacks and attacks of Verterbrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela following an initial diagnosis [made after any applicable Waiting Period]. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or magnetic Resonance Imaging (MRI). **Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.**]

[Kidney Failure (Renal Failure) means the end stage renal failure presenting as chronic, irreversible failure of both kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.]

SECTION IV - BENEFITS

Critical Illness Benefit

We will pay this benefit when an Insured is diagnosed with one of the Critical Illnesses shown on the Certificate Schedule if:

1. [The date of diagnosis is after the Waiting Period;][
2.]The date of diagnosis is while the his coverage is in force; and[
3.]It is not excluded by name or specific description in the Certificate.

[If the date of diagnosis of a Critical Illness occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.]

The Certificate's Initial Maximum Benefit amount is shown in the Schedule. If the Schedule shows a Maximum Benefit Reduction Date, a Certificate's Maximum Benefit will be reduced to the Reduced Maximum Benefit Amount, also shown in the Schedule, on that date. Benefits will be based on the Maximum Benefit amount in effect on the Critical Illness Date of Diagnosis. Any partial benefits paid will be deducted from the appropriate Critical Illness.

Payment of benefits is subject to the following:

1. We will pay benefits for a Critical Illness in the order the events occur.[
2.][No benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior different Critical Illness by at least [6] months and it is not caused by or contributed to by a Critical Illness for which benefits have been paid.][
3.]Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least [12] months [or for cancer [12] months treatment free) Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless you have been treatment free for [12] months].]

[Health Screening Benefit (Calendar Year Limit)

We will pay the amount shown in the Benefit Schedule for Health Screening Tests performed [after the Waiting Period and] while an Insured's coverage is in force. This Benefit is payable once per calendar year up to the Maximum Benefit amount shown in the Benefit Schedule. Payment of this benefit will not reduce the Critical Illness benefit available under this Certificate.

Health Screening Tests include but are not limited to:

1. Stress test on a bicycle or treadmill,
2. Fasting blood glucose test,
3. Blood test for triglycerides,
4. Serum cholesterol test to determine level of HDL and LDL,
5. Bone marrow testing,
6. Breast ultrasound,
7. CA 15-3 (blood test for breast cancer),
8. CA 125 (blood test for ovarian cancer),
9. CEA (blood test for colon cancer),
10. Chest X-ray,
11. Colonoscopy,
12. Flexible sigmoidoscopy,
13. Hemocult stool analysis,
14. Mammography,
15. Pap smear,
16. PSA (blood test for prostate cancer),
17. Serum Protein Electrophoresis (blood test for myeloma),
18. Thermography.

There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Plan is in force.

We will pay this benefit regardless of the results of the test.]

SECTION V – [LIMITATIONS AND] EXCLUSIONS

[This Certificate contains a 30-day "Waiting Period". This means no benefits are payable for any Insured who has been diagnosed before their coverage has been in force for 30 days from their Effective Date. If an Insured is first diagnosed during the "Waiting Period", benefits for treatment of that Critical Illness will apply only to loss commencing after 12 months from their Effective Date; or, at your option, you may elect to void the Certificate from the beginning and receive a full refund of premium.]

[PRE-EXISTING CONDITIONS LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to an Insured's Effective Date resulted in the Insured receiving medical advice or treatment.

We will not pay benefits for any Critical Illness starting within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A Critical Illness will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after an Insured's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

Diagnosis must be made and treatment received in the United States.

SECTION VI - CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given within sixty (60) days after a covered loss starts, or as soon as reasonably possible. The notice can be given to the Company at P.O. Box 427, Columbia, South Carolina 29202. Notice should include the name of the Insured and the Certificate number.

Claim Forms: When we receive a notice of claim, we will send the claimant forms for filing proof of loss. If the forms are not given within 15 working days, proof of loss requirements can be met by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

Proof of Loss: Written Proof of Loss must be furnished to the Company at P.O. Box 427, Columbia, South Carolina 29202 within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under this Plan will be paid immediately upon receipt of acceptable Proof of Loss.

Payment of Claims: All benefits will be payable to you unless assigned by them or by operation of law. Any accrued benefit unpaid at the Insured's death may be paid to their estate.

Conformity with State Statutes: Any provision of the Plan which, on its Effective Date, is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of such statutes.

[Additional Coverage with the Company: We will only pay benefits for covered Critical Illness under one

Critical Illness Certificate if an Insured is covered by more than one of our Critical Illness Certificates. You may choose which Certificate you wish to keep in force by sending us written notice of your choice. We will return the premiums paid for any of our other Critical Illness Certificates during the period there was more than one Certificate in force.]

SECTION VII - GENERAL PROVISIONS

Questions or Comments: If you have any questions about this Plan, its benefits, the filing of claims, a complaint or a compliment, please call us at the toll free number listed on the front of this Plan.

Entire Contract, Changes: The Policy together with the application, endorsements, benefit agreements, certificates and riders, if any, is the Entire Contract of Insurance. No change in the Plan shall be valid until approved in writing by an Executive Officer of the Company. Any change must be noted on or attached hereto. No agent may change the Plan or waive any of its Provisions. Any Rider, Endorsement or Application that modifies, limits or excludes coverage under the Plan must be signed by the Employee to be valid.

Physical Examination and Autopsy: We, at our expense, have the right to have an Insured examined as often as reasonable necessary while a claim is pending. In the case of death, we may also have any autopsy done unless prohibited by law.

Legal Action: No legal action may be brought to recover on this Plan within 60 days after written Proof of Loss has been given as required by the Plan. No such action may be brought after 3 years from the time written Proof of Loss is required to be given.

Time Limit on Certain Defenses: (1) After two years from an Insured's effective date of coverage, no misstatements, except fraudulent misstatements, made by the applicant in the application shall be used to void the coverage or to deny a claim for loss incurred commencing after the expiration of such two-year period (2) No claim for loss incurred commencing after two years from an Insured's Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

Misstatement of Age: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

**SAMPLE
CERTIFICATE SCHEDULE**

Insured -	[John A. Doe]	Group Policy Number - [895]
Effective Date -	[May 29, 2008]	Certificate Number - [51491]
[Premium Date -	June 1, 2008]	First Renewal Date - [July 1, 2008]
*Initial Premium -	[\$19.75 Monthly]	

Plan – [Family]

Initial Maximum Benefit:	\$
Reduced Maximum Benefit Amount:	\$
Reduced Benefit Date:	First Renewal Date after age 70
[Waiting Period:	30 Days]
Percentage for Partial Benefits:	25% of applicable Maximum Benefit

The applicable Maximum Benefit (Initial or Reduced) is payable for the following Critical Illnesses

- [Cancer]
- [Stroke]
- [Kidney Failure]
- [Heart Attack]
- [Major Organ Transplant]

PARTIAL BENEFITS

[CANCER

Carcinoma in situ - When this Partial Benefit is paid, it will reduce the cancer benefit by 25%.]

[HEART ATTACK

Coronary Artery Bypass Surgery - When this Partial Benefit is paid, it will reduce the Heart Attack Benefit by 25%.]

[Maximum Health Screening Benefit Amount: [\$50] per insured Employee and Spouse per calendar year.]



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

**DEPENDENT CHILDREN BENEFIT RIDER
TO CERTIFICATE OF INSURANCE
FOR CRITICAL ILLNESS**

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Certificate Schedule. The insurance of a Dependent Child will become effective on the Rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he becomes active.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply:

YOU, YOUR means the person named in the Certificate Schedule.

DEPENDENT CHILD(REN) means your natural Children, step-Children, legally adopted Children or Children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support; and younger than age 25.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-five (25) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 25th birthday.

ACTIVE means a Dependent Child who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

TREATMENT means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

BENEFITS

If a Dependent Child contracts a Specified Critical Illness [after any applicable Waiting Period and] while this Rider is in force, we will provide the benefits contained in the Certificate under the Benefits Section. The appropriate benefit amounts we will pay for the Dependent are shown in the Certificate Schedule.

[LIMITATIONS AND] EXCLUSIONS

[This Rider contains a 30-day "Waiting Period". This means no benefits are payable for any covered Dependent Child who has been diagnosed before coverage has been in force 30 days from his "Effective Date." If a Dependent Child is first diagnosed during the "waiting period", benefits for treatment of that Critical Illness or Specified Procedure will apply only to loss commencing after 12 months from the "Effective Date" of his coverage; or, at your option, you may elect to void his coverage from the beginning and receive a full refund of any applicable premium.]

[LIMITATIONS

PRE-EXISTING CONDITIONS

"Pre-existing Condition" means a sickness or physical condition which, within the 12-month period prior to a Dependent Child's Effective Date resulted in him receiving medical advice or treatment.

We will not pay benefits for any condition or illness starting within 12 months of a Dependent Child's Effective Date which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from a Dependent Child's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered Pre-existing at the end of 12 consecutive months starting and ending after a Dependent Child's Effective Date.]

EXCLUSIONS

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

GENERAL PROVISIONS

If your Dependent Child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered condition that was diagnosed while the Dependent was covered under this Rider.

TIME LIMIT ON CERTAIN DEFENSES

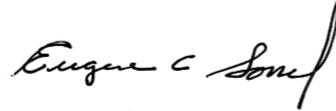
After this Rider has been in force for a period of two years it shall become incontestable as to the statements contained in the application.

CONTRACT

This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at our Home Office.

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

President



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

ACTIVITIES OF DAILY LIVING / SKILLED NURSING RIDER TO CERTIFICATE OF INSURANCE FOR CRITICAL ILLNESS

Any certificates issued in the State of Arkansas are governed by State of Arkansas

This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

ELIGIBILITY

For You to be eligible for the Benefits provided by this rider We must have both:

1. A Current Eligibility Certification; and
2. Ongoing proof which demonstrates that you continue to be a Chronically Ill Individual. The proof can be based on information from care providers, personal physicians and other Licensed Health Care Practitioners.

Once We determine that You are eligible for benefits, Your eligibility for benefits will continue for as long as You continue to be a Chronically Ill Individual, and have not exhausted the Lifetime Maximum Benefit Period. We reserve the right to perform periodic reassessments of Your eligibility.

EXTENDED BENEFITS FOR ACTIVITIES OF DAILY LIVING AND SKILLED NURSING FACILITY

Activities of Daily Living Benefit

We will pay the Activities of Daily Living Benefit monthly for the Maximum Benefit Period shown on the Rider Schedule when you meet the eligibility requirements above.

The ADL benefit is an extension of the Critical Illness benefits payable to you under your Critical Illness Certificate.

This benefit is payable as long as you are unable to perform 2 or more of the Activities of Daily Living for a benefit period of up to [60 months]. **You must continue to be under the regular and appropriate care of a Physician.**

This benefit will **not** be paid concurrently with other benefits you may be receiving under your Certificate. This benefit is **not** payable in addition to the Skilled Nursing Facility Benefit. Activities of Daily Living that you are not able to perform prior to the effective date of your coverage will not be covered.

Skilled Nursing Facility Benefit

If you are confined to a Skilled Nursing Facility, we will pay the Skilled Nursing Facility Benefit monthly for the Maximum Benefit Period shown on the Rider Schedule when you meet the eligibility requirements above.

This benefit will **not** be paid concurrently with other benefits you may be receiving under your Certificate. This benefit is **not** payable in addition to the Activities of Daily Living Benefit. Confinement must be within the territorial limits of the United States.

DEFINITIONS

A **Chronically Ill Individual** is a person who has been certified by a Licensed Health Care Practitioner as:

1. Being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; or
2. Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that You meet the above requirements for being a Chronically Ill Individual.

Substantial Assistance is either:

1. **Hands-on Assistance** which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
2. **Standby Assistance** which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

1. Is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
2. Is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:
 - Short-term or long term memory;
 - Orientation as to people, places, or time;
 - Deductive or abstract reasoning; and
 - Judgment as it relates to safety awareness.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

A **Plan of Care** is a written, individualized plan for support services for You that:

1. been developed as a result of an assessment and incorporates any information provided by Your personal Physician; and
2. Has been prescribed by a licensed Health Care Practitioner; and
3. Fairly, accurately and appropriately addresses Your support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the kinds of providers appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it's updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

Activities Of Daily Living (ADL's) means:

1. **bathing** – the ability to wash oneself in either a tub or shower, or by sponge bath; including the tasks of getting into and out of the tub or shower with or without the assistance of equipment;
2. **dressing** – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
3. **toileting** – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
4. **transferring** – the ability to move in and out of bed, chair or wheelchair with or without the assistance of equipment; mobility, the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
5. **eating** – the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the assistance of equipment; and
6. **continence** – the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

Skilled Nursing Facility means a facility which:

1. is licensed and operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located;
2. provides skilled nursing care under the supervision of a physician;
3. provides continuous 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (RN); and
4. maintains a daily medical record of each patient.

You means the person shown on the Rider Schedule as the Insured.

GENERAL PROVISIONS

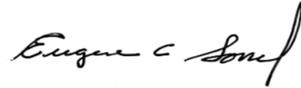
This rider is part of your Critical Illness certificate and will terminate when that certificate terminates, [at attained age 80,] or when premiums are no longer paid for this rider.

The premium for this rider is shown in the Rider Schedule.

This rider is subject to all of the terms of the Critical Illness Certificate to which it is attached.

These changes will not affect your certificate, or any prior riders, except as stated above.

Signed for the Company at its Home Office.

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

President

RIDER SCHEDULE

Insured - SAMPLE
Effective Date - SAMPLE
***Initial Premium - SAMPLE**

Group Policy Number - SAMPLE
Certificate Number - SAMPLE
First Renewal Date - SAMPLE

ACTIVITY OF DAILY LIVING

Lifetime Maximum Benefit Period [60 months]
Benefit Amount [\$1,000/month]

[SKILLED NURSING FACILITY BENEFIT

Lifetime Maximum Benefit Period [60 months]
Skilled Nursing Facility Benefit [\$1,000/month]]



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

**ADDITIONAL BENEFITS RIDER
TO CERTIFICATE OF INSURANCE FOR CRITICAL ILLNESS**

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This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and/or (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

DEFINITIONS

Specified Critical Illness means such illness shown in the Rider Schedule and as defined in this Rider.

Waiting Period means the number of days after the Effective Date before we will pay benefits for loss due to Specified Critical Illness. We won't pay benefits for a Specified Critical Illness which begins during the Waiting Period.

Diagnosed/Diagnosis means a definitive and unequivocal diagnosis made by a Physician: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured's medical records; and (2) meeting any Diagnostic Requirements set forth in this Rider for the particular Specified Critical Illness being diagnosed.

Actively At Work Requirement

If you are not Actively at Work on the last scheduled work day coincident with or preceding the date your insurance would otherwise become effective, insurance will not be effective until the date you return to and remain Actively at Work.

If an eligible Spouse or Dependent Child is unable to engage in the normal activities of a person in good health of like age and sex on the date this Rider would otherwise become effective, coverage will not be effective until the date such person is able to engage in the normal activities of a person in good health of like age and sex. [This will not apply to an eligible Dependant Child who is incapable of self-sustaining employment by reason of mental or physical incapacity, and who is primarily dependent on the Insured for support and maintenance.]

BENEFIT DEFINITIONS

[Coma means a state of unconsciousness for 30 consecutive days with:

1. no reaction to external stimuli;
2. no reaction to internal needs; and
3. the use of life support systems.]

[Paralysis/Paralyzed means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.]

[Severe Burn/Severely Burned means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity or radiation that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possible into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation.)

[Loss of Sight, Speech or Hearing means:

1. Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury.
2. Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss.
3. Loss of Sight means the total and irreversible loss of all sight in both eyes]

[ALS and other motor neuron diseases means an Insured has received a definite diagnosis of one of the following diseases:

1. Primary lateral sclerosis
2. Progressive spinal muscular atrophy
3. Progressive bulbar palsy
4. Pseudo bulbar palsy.]

[Alzheimer's Disease means a definite clinical diagnosis of a progressive degenerative disease of the brain where an Insured has a significant reduction in mental and social functioning as demonstrated by:

1. a loss of intellectual capacity and cognitive impairment
2. impaired memory and sense of judgment, and
3. requiring continuous adult supervision (cannot be left alone) for health and safety, whether medicated or not.]

[Bacterial meningitis means a definite diagnosis confirmed by laboratory analysis of cerebrospinal fluid which shows growth of pathogenic bacteria in culture. There must be permanent neurological deficit which persists for a continuous period of at least 90 days from the date of diagnosis.

A permanent neurological deficit is a measurable objective impairment supported by medical investigation and testing.]

[Multiple Sclerosis means a definite diagnosis of having either:

1. clinically documented episodes; or

2. one episode persisting for at least 6 months

of well-defined neurological abnormalities with objective evidence of a least 2 areas of demyelization confirmed by MRI scanning or imaging techniques.]

[Aortic Surgery means valve repair or valve replacement of the large artery leaving the heart. This is an open-heart procedure in which the damaged valve is repaired or replaced with an artificial valve.]

[Heart Valve Repair means an open heart surgery where the damaged heart valve is repaired by reshaping the valve, adding support to the valve ring or attaching the valve to nearby heart tissues (chordal transposition).]

[Heart Valve Replacement means an open heart surgery where the damaged heart valve is removed and replaced with a plastic or metal mechanical valve, or a bioprosthetic valve.]

[Angioplasty means a non-surgical procedure that can be used to open blocked heart arteries.]

[Stint means a small metal mesh tube that acts as a scaffold to provide support inside the coronary artery.]

Diagnosis based on the appropriate test which includes:

- EKG or ECG
- Stress Test
- Tilt Table Test
- Echocardiogram
- Cardiac Catheterization
- Electrophysiology Test
- CT Heart Scan or
- Heart MRI]

BENEFITS

Specified Critical Illness Benefit

We will pay this benefit if an Insured diagnosed with one of the Specified Critical Illnesses shown on the Rider Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while this Rider is in force; and
3. It is not excluded by name or specific description in this Rider.

This Rider pays the indicated percentages of the applicable Maximum Benefit Amount shown in the Certificate Schedule that occurs while this Rider is in force. Benefits are not payable under this Rider for Loss if these conditions result from another Specified Critical Illness. [The Dates of Loss for Specified Critical Illnesses must be separated by at least [12 months] for benefits to be payable for multiple Specified Critical Illnesses.]

[Benefits under this rider are only payable once and once the benefit is paid, coverage for that individual will terminate.]

[Coma

If an Insured is Diagnosed as being Comatose after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Coma shown in the Schedule of Benefits.

The Diagnosis of Coma must indicate that permanent neurological deficit is present.]

[Paralysis

If an Insured is first Diagnosed as being Paralyzed after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Paralysis shown in the Schedule of Benefits.

The Diagnosis of Paralysis must include documented evidence of the illness or injury that caused the Paralysis.]

[Severe Burn

If an Insured is first Diagnosed as having suffered a Severe Burn after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Severe Burn shown in the Schedule of Benefits.]

[Loss of Sight, Speech or Hearing

If an Insured is first Diagnosed as having suffered Loss of Sight, Speech, or Hearing after his Effective Date and any applicable Waiting Period, the Company will pay the Benefit Amount for Loss of Sight, Speech or Hearing shown in the Schedule of Benefits.]

[ALS and other Motor Neuron Diseases

If an Insured is first diagnosed as having ALS or another Motor Neuron Disease after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for ALS shown in the Schedule of Benefits.

The diagnosis must be made by a certified neurologist licensed and practicing in the United States.]

[Alzheimer's Disease

If an Insured is first diagnosed as having Alzheimer's Disease after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Alzheimer's shown in the Schedule of Benefits.

The diagnosis must be made by a certified neurologist or psychiatrist licensed and practicing in the United States.]

[Bacterial meningitis

If an Insured is first diagnosed as having Bacterial meningitis after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Bacterial meningitis shown in the Schedule of Benefits.

There must be permanent neurological deficit which persists for a continuous period of at least 90 days from the date of diagnosis. A permanent neurological deficit is a measurable objective impairment supported by medical investigation and testing.]

[Multiple Sclerosis

If an Insured is first diagnosed as having Multiple Sclerosis after his Effective Date and an applicable Waiting Period, the Company will pay the Benefit Amount for Multiple Sclerosis shown in the Schedule of Benefits.

The diagnosis must be made by a neurologist licensed and practicing in the United States, be confirmed by MRI or modern imaging techniques, and eliminate other potential causes of neurological symptoms.]

[We will pay a [10%] [25%] benefit for the following:

Aortic Surgery
Heart Valve Replacement
Angioplasty
Stint
Aortic valve replacement]

LIMITATIONS AND EXCLUSIONS

[This Rider contains a 30-day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed before coverage has been in force 30 days from the Insured's Effective Date shown in the Rider Schedule. If an Insured is first diagnosed during the Waiting Period, benefits for treatment of that Specified Critical Illness will apply only to loss commencing after twelve months from the Insured's Effective Date; or, at your option, you may elect to void this rider from the beginning and receive a full refund of premium.]

EXCLUSIONS

1. No benefits will be paid if the Specified Critical Illness is a result of:
 - a. Intentionally self inflicted injury or action;
 - b. Suicide or attempted suicide while sane or insane;
 - c. Illegal activities or participation in an illegal occupation;
 - d. War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; or
 - e. Substance abuse.
2. No benefits will be paid for loss which occurred prior to the effective date of this Rider.
3. No benefits will be paid for diagnosis made outside the United States.

GENERAL PROVISIONS

This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.



A handwritten signature in cursive script that reads "Eugene C. Smith".

President

**SAMPLE
RIDER SCHEDULE**

Insured -	John A. Doe	Group Policy Number -	XXXX
Effective Date -	December 1, 1999	Certificate Number -	XXXX
*Initial Premium -	\$00.00 Monthly	First Renewal Date -	January 1, 2000

BENEFITS

[Coma	[100]% of applicable Maximum Benefit]
[Paralysis	[100]% of applicable Maximum Benefit]
[Severe Burn	[100]% of applicable Maximum Benefit]
[Loss of Sight, Speech or Hearing	
Loss of Speech	[100]% of applicable Maximum Benefit]
Loss of Hearing	[100]% of applicable Maximum Benefit]
Loss of Sight	[100]% of applicable Maximum Benefit]
[ALS and other Motor Neuron Diseases	[100]% of applicable Maximum Benefit]
[Alzheimer's Disease	[100]% of applicable Maximum Benefit]
[Bacterial meningitis	[100]% of applicable Maximum Benefit]
[Multiple Sclerosis	[100]% of applicable Maximum Benefit]
[Aortic Surgery	
Heart Valve Replacement	
Angioplasty	
Stint	
Aortic valve replacement	[10%, 25]% of applicable Maximum Benefit]



2801 Devine Street, Columbia, South Carolina 29205
800-433-3036

AUTOMATIC INCREASE RIDER

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This Rider is a part of the certificate to which it is attached. We have issued this Rider to you because (1) you paid the additional premium for this Rider; and (2) we relied on the application you made. Unless amended by this Rider, Certificate Definitions and other terms and provisions apply to this Rider.

Effective Date - If issued at the same time as the certificate, this Rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider.

BENEFIT

We will automatically increase the Initial Maximum Benefit of your Certificate on each Effective Date for [3] years subject to the "Notification of Automatic Increase" provision.

NOTIFICATION OF AUTOMATIC INCREASE

Prior to each certificate Effective Date, We will send You a new Certificate Schedule showing your new Maximum Benefit amount. You may refuse an automatic increase by sending Us written notice within 31 days after You receive your new Certificate Schedule. However, if You refuse an automatic increase: (1) this Rider will automatically stop; (2) you will not be eligible for any further automatic increases; and (3) You cannot reinstate this Rider at a future date.

GENERAL PROVISIONS

This Rider is part of the Critical Illness Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable until the Rider terminates.

This Rider is subject to all of the terms of the Critical Illness Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.

President

RIDER SCHEDULE

Insured -	SAMPLE	Group Policy Number -	SAMPLE
Effective Date -	SAMPLE	Certificate Number -	SAMPLE
*Initial Premium -	[\$1.00 weekly]	First Renewal Date -	SAMPLE