

<i>SERFF Tracking Number:</i>	<i>KANX-125601923</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>38652</i>
<i>Company Tracking Number:</i>	<i>GLFAR0005710F01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Life</i>		
<i>Project Name/Number:</i>	<i>8013 Group Critical Life/GLFAR0005710F01</i>		

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Group Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: KANX-125601923 State: ArkansasLH

SERFF Status: Closed State Tr Num: 38652

Co Tr Num: GLFAR0005710F01 State Status: Approved-Closed

Co Status: Reviewer(s): Linda Bird

Author: SPI Disposition Date: 04/17/2008

KanawhaInsuranceCompany

Date Submitted: 04/09/2008 Disposition Status: Approved

Implementation Date Requested: 05/07/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 8013 Group Critical Life

Project Number: GLFAR0005710F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

Kanawha Insurance Company is submitting the above captioned forms for review and approval. These forms are new and not intended to replace any other forms currently in use. Also enclosed is the supporting actuarial memorandum.

The enclosed forms are designed to provide group term life coverage. The policy form will be issued in your state on a direct issue basis to groups traditionally recognized as eligible groups for group insurance in accordance with insurance laws, rules and regulations. The Company will use previously approved Group Policy Schedule Amendment form 1032 78-78, approved by your Department effective as of July 29, 2005, with the forms.

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With regard to marketing information, this policy will be offered on a contributory or non-contributory basis, where the insured may be required to contribute none, all, or a portion of the premium. Coverage will be marketed through agent/broker solicitation. This policy is being filed for concurrent approval in the domiciliary state, South Carolina.

All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Master Application and Enrollment Form may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

The Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

Company and Contact

Filing Contact Information

Margaret Dyches, Compliance Analyst	margaret.dyches@kmgamerica.com
210 South White Street	(803) 283-5300 [Phone]
Lancaster, SC 29720	(803) 313-5253[FAX]

Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South Carolina
210 South White Street	Group Code:	Company Type:
Lancaster, SC 29720	Group Name:	State ID Number:
(803) 283-5300 ext. [Phone]	FEIN Number: 570380426	

Filing Fees

Fee Required?	Yes
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SERFF Tracking Number: *KANX-125601923* *State:* *Arkansas*
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Fee Amount: **\$110.00**
Retaliatory? **No**
Fee Explanation:
Per Company: **No**

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TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$110.00	04/09/2008	19400798

SERFF Tracking Number: KANX-125601923 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/17/2008	04/17/2008

SERFF Tracking Number: *KANX-125601923* *State:* *Arkansas*
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Product Name: *Group Life*
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Disposition

Disposition Date: 04/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: KANX-125601923 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Readability		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Policy		Yes
Form	Certificate		Yes
Form	Master Application		Yes
Form	Enrollment Form		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8013	Policy/Cont Policy ract/Fratern al Certificate	Initial		50	8013.PDF
	8113	Certificate Certificate	Initial		50	8113.PDF
	1380 06/08 AR	Application/Master Application Enrollment Form	Initial		50	1380 06_08 AR.PDF
	1656 AR	Application/ Enrollment Form Enrollment Form	Initial		56	1656 AR.PDF

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610, LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

GROUP TERM LIFE INSURANCE POLICY

POLICY NUMBER: [#####]
ISSUED TO POLICYHOLDER: [XYZ, INC.]
INITIAL EFFECTIVE DATE: [MM/DD/YYYY] POLICY RENEWAL DATES: [MM/DD/YYYY]
PREMIUMS PAYABLE: [MONTHLY] PREMIUMS: [CONTRIBUTORY]
SITUS STATE: [ANY STATE]

The Policy is a legal contract between Kanawha Insurance Company ("Company") and the Policyholder. All the provisions on this page and the following are part of the Policy.

The insurance offered by the Company is shown on the Application for the Policy. Insurance selected by the Policyholder and issued by the Company is shown on the Schedule. Insurance on Covered Persons is shown in their Certificates.

The Policy may be renewed on each Policy Renewal Date by agreement between the Company and the Policyholder. Any change in the terms will be shown on an amendment or amended Schedule.

The Policy is non-participating. This means that it will not share in the Company's profits or surplus earnings and the Company will pay no dividends on it.

The Policy is issued in and governed by the laws of the Situs State.

The Policy application may have been captured electronically or on paper. Please carefully review answers to questions on the Application to make sure they are answered correctly. If an error exists, please notify Us immediately.

Signed for the Company

[]

[President]

- Term Life Insurance Renewable to Attained Age 80
- Convertible to Attained Age 70
- Accelerated Benefit for Terminal Illness
- Non-participating - No Dividends

ACCELERATED BENEFITS CONTAINED WITHIN THE POLICY MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

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[[SCHEDULE

BENEFITS	ELIGIBLE PERSONS	MAXIMUM BENEFIT AVAILABLE
Insureds:	[Exempt Employees] [Other Named Class] [Other Named Class]	
Group Term Life Insurance [[10] [or] [20] year Planned Level Premium Period [available]]	[Employees] [Other Named Class] [Other Named Class]	[\$300,000] [\$300,000] [\$300,000]
Accelerated Benefit for Terminal Illness	[Employee]	[\$150,000]
[Optional Benefits]		
[[Accidental Death and Dismemberment and Loss of Sight]	[Employee]	[\$100,000]
[Seat Belt]	[Employee]	[lesser of 10% of Accidental Death or \$XXK]
[Coma]	[Employee]	[1% of Accidental Death]] per month for a maximum of [100] months
[Occupational Assault]	[Employee]	[10% of Accidental Death]
[Paralysis]	[Employee]	[100% of Accidental Death]]
[Total Disability Waiver of Premium]	[Employee]	[Waiver of Premium Only]
[Automatic Benefit Increase]	[Employee]	[\$300,000]
[Loss of Work]	[Employee]	[6 mos. per occurrence, 12 mos. lifetime max]
[Accelerated Living Benefit for Critical Illness]	[Employee] [Spouse] [Children]	[\$100,000] [\$100,000] [\$10,000]
[Family Term Life Insurance]	[Spouse] [Children]	[\$50,000] [\$25,000]
[Evidence of Insurability may be required based upon agreement between the Policyholder and Us.]		
[[Evidence of Insurability may be required if an Amount applied for [exceeds Our normal limits] [or] [is [\$xxx,xxx] or higher.]]		

[PARTICIPATION REQUIREMENTS

A Policyholder must enroll Eligible [Employees] as follows. If the Policy is Non-Contributory, all Eligible [Employees] must enroll within the Waiting Period.]

[[ELIGIBILITY

[Classes of Eligible [Employees]:]

[Exempt Employees]
[Other Named Class]
[Other Named Class]

[Classes of Eligible Dependents:]

[Spouses of Insured Eligible [Employees]]
[Children of Insured Eligible [Employees]]

Eligibility Requirements

[In order to Enroll, an Eligible Person must be [Actively at Work (Active [Employment])]:

[for [Exempt Employees] Actively At Work means [40] hours per [week]]

[for [Other Named Class] Actively At Work means [40] hours per [week]]

[for [Other Named Class] Actively At Work means [40] hours per [week]]]

[Waiting Periods for Eligible Persons are as follows:

[[Exempt Employees] are Eligible to Enroll on Date of [Employment]]

[[Other Named Class] are Eligible to Enroll after Active [Employment] for [30 days]]

[Other Named Class] are Eligible to Enroll after Active [Employment] for [90 days]]]

[Waiting Periods for Eligible Persons apply to their Eligible Dependents.]

[However, if an Eligible Person is not Actively At Work at the end of the Waiting Period, the Waiting Period will be extended until the Eligible Person resumes work in a pattern that will establish Active Employment.]

[Eligible Persons must be Age [##] but not more than Age [##].]

[Additional Eligibility Requirements for Dependents

[Spouses of the Insured must be Age [##] but not more than Age [##].] [A Spouse who is an Eligible Person may be covered as an Insured or a Spouse, but not both.]

[Children of the Insured must be Age [15] days but not more than Age [25].] [A Child who is an Eligible Person may be covered as an Insured or a Child, but not as both.]]

ELIGIBILITY TO ENROLL

A person is Eligible to Enroll when He or She:

- is a member of a Class of Eligible [Employees] listed on the Schedule; and
- meets the Eligibility Requirements shown on the Schedule.

EFFECTIVE DATE OF INSURANCE

If Policy coverage is Contributory, coverage begins on the Date of Certificate shown in the Certificate if:

- the [Employee] meets the Eligibility Requirements shown on the Schedule;
- the [Employee] has completed an Enrollment Form, if required;
- enrollment has been approved by Us; [and]
- the first Premium is paid[;] [.] [and]
- [the [Employee] is in the Active [Employment] of the Policyholder on the Date of Certificate].

If Policy coverage is Non-Contributory, coverage begins on the Date of Certificate shown in the Certificate if:

- all eligible [Employees] have completed an Enrollment Form, if required, during the Waiting Period;
- the [Employee] meets the Eligibility Requirements shown on the Schedule; [and]
- the first Premium is paid[;] [.] [and]
- [the [Employee] is in the Active [Employment] of the Policyholder on the Date of Certificate].

However, if the Eligible [Employee] does not Enroll, insurance will not become effective until the first day of the [Calendar Month] following a later enrollment.

We may require Evidence of Insurability if enrollment takes place more than [30] days after [a/an] [Employee] first becomes Eligible.

We and the Policyholder may agree on a different method for determining the Effective Date that will result in an earlier or later Effective Date. We must agree in advance and in writing to any different method for determining the Effective Date.

[The Face Amount available without Evidence of Insurability is shown on the Schedule.]

[Evidence of Insurability may be required based upon agreement between the Policyholder and Us.]

EFFECTIVE DATE FOR CHANGES IN THE AMOUNT OF INSURANCE

[Unless otherwise provided, increases in the amount of insurance based on Policy provisions will occur [on the first day of the Calendar Month following the change].]

[If Evidence of Insurability is not required, increases requested by the Insured will occur [on the first day of the Calendar Month following the change request].]

[If Evidence of Insurability is required, increases requested by the Insured will occur [on the first day of the Calendar Month after We approve the Evidence of Insurability].]

[Decreases requested by the Insured will occur on [the first day of the Calendar Month] following receipt of the request by the Policyholder.]

[Decreases on account of Age will occur on the [first day of the calendar month] following the Age change.]]

BENEFITS

Benefits offered are shown in the Application for the Policy. Benefits that the Policyholder has selected for availability to Eligible [Employees] are also shown in the Application for the Policy. The Application is attached to and made a part of the Policy. The Schedule attached to the Policy shows the Benefits selected by the Policyholder and agreed to by Us.

Benefits selected by each Eligible [Employee] are shown on the [Employee's] Enrollment Form if required and, if approved by Us, in the Certificate Schedule.

All Benefits of the Policy are subject to the Benefit Conditions, Limitations and Exclusions provision.

LIFE INSURANCE

The term life insurance that is offered to [Employees] and Eligible Dependents under the terms of the Policy is available with [10] [or] [20]-year Planned Level Premiums. With Our agreement, the Policyholder selects the option(s) available to [Employees]. Options available to [Employees] are shown in the application for the Policy.

- [[Employees] electing the [10-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [10] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [10] years based on the Covered Person's then Attained Age and the length of time before he reaches the Maximum Attained Age [80]. If the period of time is less than [10] years, then the term period will be from the end of the prior term period until Attained Age [80]. Issue Ages for this plan are limited to [18] to [70].]
- [[Employees] electing the [20-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [20] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [20] years based on the Covered Person's then Attained Age and the length of time before he reaches the Maximum Attained Age [80]. If the period of time is less than [20] years, then the term period will be from the end of the prior term period until Attained Age [80]. Issue Ages for this plan are limited to [18] to [60].]

[Amount of Life Insurance

While the Policy and the [Employee's] Certificate are In Force, We provide the covered [Employee] with the Amount of Life Insurance shown on the [Employee's] Certificate Schedule.

We will pay this Benefit when We receive Proof of Loss showing that the [Employee] has died.]

ACCELERATED BENEFIT FOR TERMINAL ILLNESS

THE [EMPLOYEE] SHOULD SEEK THE ASSISTANCE OF A PERSONAL TAX ADVISOR PRIOR TO MAKING A CLAIM FOR THE ACCELERATED BENEFIT FOR TERMINAL ILLNESS IN ORDER TO DETERMINE ANY TAX IMPACT.

We will provide the Benefit described. The Benefit is available to the Insured designated in the Schedule of the [Employee's] Certificate as covered for this Benefit. Losses covered by this Benefit must be diagnosed prior to the termination date for it shown in the Certificate Schedule.

General Information. This Benefit provides accelerated payment of the Amount of Life Insurance for the [Employee] if diagnosed with a Terminal Illness while covered by the Policy.

If this Accelerated Benefit is paid, the Amount of Life Insurance for the [Employee] payable at death will be reduced by the amount of Accelerated Benefit paid. If the Accelerated Benefit paid is equal to the Amount of Life Insurance for the [Employee], insurance on that person terminates and nothing will be paid at their death.

Benefit. When We receive Proof of Loss showing that the [Employee] has a Terminal Illness while the Policy and the [Employee's] Certificate are In Force, We will pay the Beneficiary the Accelerated Benefit for Terminal Illness shown on the Certificate Schedule.

When a Claim is paid, We will provide an explanation of Benefits showing the dollar amount of the Benefit paid and the remaining Amount of Life Insurance available for the [Employee].

Limitations and Exclusions - Accelerated Benefit for Terminal Illness

We must receive consent of all irrevocable Beneficiaries.

We must receive a Claim form for this Benefit during the lifetime of the Terminally III [Employee].

Only one Accelerated Benefit for each Terminal Illness shall be paid on behalf of the [Employee] per lifetime.

A Physician must diagnose a covered Terminal Illness.

The Accelerated Benefit for Terminal Illness is only payable during the lifetime of the Terminally III [Employee]. We will not be liable for any payment made or action taken by Us before We receive and acknowledge notice of the death of the Terminally III [Employee].

The Accidental Death, Loss of Sight and Dismemberment Benefit provided by the Policy will not increase or decrease the Accelerated Benefit for Terminal Illness.

[If two or more Accelerated Benefits are payable on behalf of the same Covered Person under the Policy for the same or related Sickness, Injury, or other loss, We will pay only one Accelerated Benefit. The [Employee] is entitled to choose the Accelerated Benefit that We will pay.]

The sum of all Accelerated Benefits payable under the Policy and its Optional Benefits shall not exceed the Amount of Life Insurance shown on a Certificate Schedule for a Covered Person during the entire time that the Certificate insuring a Covered Person is In Force.

[OPTIONAL BENEFITS]

[ACCIDENTAL DEATH, LOSS OF SIGHT AND DISMEMBERMENT BENEFIT ([EMPLOYEE ONLY])

We will provide the Benefit described. The Benefit is available to the Insured if designated in the [Employee's] Certificate Schedule. Losses covered by this Benefit must occur prior to the termination date for it shown in the Certificate Schedule.

General Information. We will pay an Accidental Death, Loss of Sight or Dismemberment Benefit if [a/an] [Employee] shown on the Certificate Schedule suffers one of the losses shown below, as a result of an Accidental Injury that occurs while the individual's Certificate is In Force.

Accidental Death Benefit

For Accidental Death, We will pay the Accidental Death Benefit shown on the Certificate Schedule Page.

Dismemberment and Loss of Sight Benefits

We will pay [50] % of the Accidental Death Benefit for Accidental loss of:

- both Hands;
- both Feet;
- Sight of both Eyes;
- one Hand and one Foot;
- one Hand and Sight of one eye; or
- one Foot and Sight of one eye.

[Coma Benefit

For Accidental Coma lasting [96] or more hours, We will pay, per month, the Benefit shown on the Certificate Schedule Page. The Benefit is due upon receipt of Proof. We will pay:

- on the first day of the calendar month after the Coma begins, and

- on the first day of each succeeding calendar month or partial calendar month while the Coma continues.

The maximum period for payment of this Benefit is shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits]

[Occupational Assault Benefit

For death as a result of an Occupational Assault, We will pay the Benefit shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits.]

[Paralysis Benefit

For Paralysis as a result of an Accident, We will pay the Benefit shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits.]

[Seat Belt Benefit

For death resulting from a Motor Vehicle or Common Carrier Accident, We will pay the Seat Belt Benefit shown on the Certificate Schedule Page when the Insured is wearing a Seat Belt and:

- driving or riding in a Motor Vehicle; or
- a passenger on a Common Carrier.

This Benefit is in addition to other Optional Benefits.]

Limitations and Exclusions- Accidental Death, Loss of Sight and Dismemberment Benefit

The loss must occur within [180] days after the Accident.

This Benefit will terminate for the covered [Employee] when a Loss of Sight or Dismemberment Benefit is paid.

If two (2) or more losses covered by this Benefit result from one (1) Accident, We will pay only one (1) Benefit. That Benefit will be the largest amount available for any one (1) of the losses. This does not apply to the:

- Coma Benefit;
- Occupational Assault Benefit;
- Paralysis Benefit; or
- Seat Belt Benefit.

If two (2) or more Accidents cause losses covered by this Benefit, We will not pay more than 100% of the Accidental Death Benefit shown on the Certificate Schedule Page for all such losses combined. This does not apply to the:

- Coma Benefit;
- Occupational Assault Benefit;
- Paralysis Benefit; or
- Seat Belt Benefit.

No Benefit of this Benefit is payable if the loss was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane.

No Benefit of this Benefit is payable if a loss results from:

- any intentionally self-inflicted injury;
- injury intentionally inflicted by any person (This does not apply to the Occupational Assault Benefit or when the Insured is an innocent bystander having no relationship to an altercation.);
- substance abuse (This does not exclude a loss brought about by the use of drugs prescribed by and used as directed by a Physician.);
- war or act of war, whether declared or undeclared;
- service in the armed forces of any country or organization or in units auxiliary thereto;
- bacterial infection, unless the infection is caused by an Accident;
- committing or attempting to commit an assault or felony;
- resisting or fleeing from arrest;
- participating in a riot or insurrection;
- voluntarily taking, absorbing or inhaling poison, poisonous gas or fumes;
- traveling, flying or descending from any kind of aircraft, unless the Insured is a fare paying passenger on a regularly scheduled flight;
- Intoxication; or
- racing a self-propelled vehicle on a racetrack, on a public road or at another place.]

[TOTAL DISABILITY WAIVER OF PREMIUM ([EMPLOYEE] ONLY)

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described. The Benefit is available in the event of a Total Disability of the [Employee]. Losses covered by this Benefit must occur prior to Attained Age [60] of the [Employee].

Benefit. If the [Employee] becomes Totally Disabled by a covered Accidental Injury or Sickness prior to his or her Attained Age [60], We will waive certain Premiums.

Premiums to be Waived. Premiums will be waived from the date of Total Disability after We receive Proof of Loss showing that a covered Total Disability has continued for six (6) consecutive months.

When a Claim is filed and approved for this Benefit, all Premiums under the Certificate for the Totally Disabled [Employee] and covered Eligible Dependents that fell due on or after the date of Total Disability will be waived, and refunded if previously paid. Premiums will be waived in accordance with the mode of Premium payment in effect on the date the Total Disability began.

Pending Our approval of a Claim for Waiver of Premium, Premiums should be paid as they fall due.

Limitations and Exclusions –Total Disability Waiver of Premium Benefit

Premiums are only waived in the event of a Total Disability suffered by the named [Employee] shown on the Certificate Schedule.

This Benefit shall not cause coverage of [a/an] [Employee] or that of covered Eligible Dependents to continue beyond the earliest of any of the following dates:

- the date on which the [Employee] requests termination, if the Policy provides Contributory insurance;
- the date on which the Policy is terminated;
- the date on which the [Employee's] class is no longer included for insurance;
- the end of the Planned Level Premium Period or renewal(s) of the Planned Level Premium Period allowed by the Policy; or
- the [Employee's] Attained Age [65].

Premiums will not be waived under this Benefit if Total Disability:

- was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane, or from any intentionally self-inflicted Injury;

- resulted from or occurred while committing an assault or felony, or resisting or fleeing from arrest;
- resulted from or occurred while participating in a riot or insurrection;
- was caused by taking, absorbing or inhaling voluntarily of poison, poison gas or fumes;
- was intentionally inflicted by any person (If the [Employee] is an innocent bystander having no relationship to an altercation, it is covered.);
- was incurred during travel, flight or descent from any kind of aircraft, unless the [Employee] was being transported as a fare-paying passenger on a regularly scheduled flight;
- results from neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause (This does not exclude Alzheimer's disease, Parkinson's disease or senile dementia.); or
- results from substance abuse (This will not exclude a condition brought about by the [Employee's] use of drugs prescribed by and taken in accordance with the directions of a Physician.)]

**[AUTOMATIC BENEFIT INCREASE BENEFIT
(Providing Additional Term Life Insurance to Attained Age 80 on the Life of the [Employee])**

If this Benefit is shown on the Schedule, then We will provide the Benefit described to the [Employee]. The Benefit is available on the [Employee's] first five (5) Certificate anniversaries.

Benefit. Subject to other terms of this Benefit, We will:

- increase the Premiums by the weekly option amount [\$1.00/\$2.00] shown in the Certificate Schedule;
- provide Additional Term Life to Age 80 Life Insurance for the [Employee] in the amount that the additional Premium will buy;
- [Increase the Accidental Death, Loss of Sight and Dismemberment Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;]
- [Increase the Loss of Work Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;]
- [Increase the Waiver of Premium Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;] and
- give the [Employee] a notice showing the additional amount of insurance.

Before each increase, We will send the [Employee] a notice showing:

- the amount of the increase; and
- the new total Certificate Premium.

Before or within 30 days after any increase:

- the [Employee] can decline it by sending Us a written request;
- the increase will then be void; and
- We will refund any Premium paid for the increase.

No increases will be offered:

- after the [Employee] declines an increase; or
- when Premiums for the Insured's coverage are no longer paid by or through the Policyholder.

The additional insurance will be based on the [Employee's] class of risk as of the Certificate Date and His Attained Age on the date of the increase.

Additional Premiums will be due beginning on the anniversary of the [Employee's] Certificate when increases occur.

The right to select this Benefit ceases at the [Employee's] Age [61].

Increases will occur on the [first] through the [fifth] anniversaries of the [Employee's] [Date of Certificate].

However, if an increase will cause coverage to exceed the Maximum Issue Amount:

- We will limit the increase and the Premium charged for it so that the sum of coverage equals the Maximum Issue Amount; and
- this Benefit ends.

This Benefit does not apply to either the Accelerated Living Benefit for Critical Illness or the Family Term Life Insurance Benefit.

Death Benefit

The Death Benefit provided by this Benefit on the life of the [Employee] is the sum of:

- the Automatic Benefit Increases In Force under this Benefit;
- the portion of Premium paid for a period beyond the month in which the Insured died; and less the sum of:
- any Accelerated Benefit paid that accelerates Benefits of this Benefit; and
- unpaid Premium due for the month that the insured died.

Interest on single sum Death Benefits of this Benefit will be paid when Interest is payable on the Certificate's Death Proceeds.

Beneficiary

We will pay the Benefits in keeping with the Beneficiary designation of the Certificate. The [Employee] can change the Beneficiary of this Benefit. To do so, the [Employee] must follow the change of Beneficiary procedure in the Certificate.

Premiums

Premiums for the additional insurance provided by this Benefit are payable until the Certificate anniversary following the [Employee's] [80th] birthday.

Limitations and Exclusions - Automatic Benefit Increase

[Increases to the Accidental Death, Loss of Sight and Dismemberment Benefit will cease when that Benefit reaches \$100,000. We will prorate any increase that would otherwise exceed this limitation.]

The right to receive Automatic Benefit Increases will end on any Certificate anniversary when:

- The [Employee] does not accept an increase provided by this Benefit;
- The [Employee] declines to pay the additional Premium;
- The [Employee] returns the notice showing the additional amount of insurance within 31 days after the [Employee] receives it;
- The [Employee's] total coverage equals the Maximum Benefit; or
- Premiums for the Certificate are no longer paid by or through the Policyholder named on the Application for the Policy.

The right to receive Automatic Benefit Increases also ends:

- if the Certificate Lapses;
- when the [Employee] makes written request to cancel this Benefit; or
- on the [6th] Certificate anniversary.

Termination of the right to Automatic Benefit Increases is without prejudice to prior increases, so long as the Premiums for those increases are paid.

[If coverage is Non-Contributory, the Policyholder must exercise or elect not to exercise all options of Covered [Employees] on a non-discriminatory basis.]

This Benefit does not increase the Amount of Life Insurance coverage provided for the [Employee's] Spouse or Children.

The right to receive Additional Benefit Increases cannot be reinstated once it is ended.]

[LOSS OF WORK BENEFIT

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described to the Insured.

We will provide this Benefit if the Insured suffers a Loss of Work that:

- starts more than [30] days after the Effective Date of Insurance; and
- continues for [30] or more consecutive days.

[The [30-day] period after the Effective Date of Insurance will be reduced by one day for each day that a Replaced Policy was In Force.]

We will waive Premiums of the Insured's Certificate. Premiums will be waived as they fall due beginning on the [31st] day of the Loss of Work.

We will waive Premiums for a maximum of [six (6) months] during a continuous Loss of Work. Losses of Work separated by less than six (6) months are considered continuous.

We will waive Premiums for not more than [12] months for all Losses of Work occurring while this Benefit is In Force.

We will refund any Premium paid but not due.]

[ACCELERATED LIVING BENEFIT FOR CRITICAL ILLNESS

THE [EMPLOYEE] SHOULD SEEK THE ASSISTANCE OF A PERSONAL TAX ADVISOR PRIOR TO MAKING A CLAIM FOR THIS ACCELERATED LIVING BENEFIT FOR CRITICAL ILLNESS IN ORDER TO DETERMINE ANY TAX IMPACT.

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described. The Benefit is available to those Covered Persons designated in the [Employee's] Certificate Schedule as covered for the Accelerated Living Benefit for Critical Illness. Losses covered by this Benefit must occur prior to the termination date for this Benefit shown in the Certificate Schedule.

General Information. This Benefit provides accelerated payment of the Amount of Life Insurance if a Covered Person is diagnosed with a Critical Illness.

If this Accelerated Living Benefit is paid, the Amount of Life Insurance payable at the Covered Person's death will be reduced by the amount of Accelerated Living Benefit paid. If the total of Accelerated Living Benefit paid is equal to the Amount of Life Insurance for the Covered Person, insurance on the Covered Person terminates and nothing will be paid at the Covered Person's death.

Benefit. We will pay the Beneficiary an Accelerated Living Benefit for Critical Illness when a Physician diagnoses a Covered Person as having a Critical Illness.

The Policyholder selects among three Maximum Accelerated Living Benefit options for their [Employees]: 100%, 50% or 25% of the Maximum Accelerated Living Benefit for Critical Illness shown on the Certificate Schedule Page. The Certificate Schedule Page includes the option selected.

The Benefit payable after the covered person reaches Attained Age [65] but before Attained Age [70] will be reduced by 25%. The Benefit payable after the covered person reaches Attained Age [70] will be

reduced by 50%. This reduction will not affect the Death Benefit amount unless the acceleration benefit is utilized.

In no event will the Maximum Accelerated Living Benefit for Critical Illness exceed \$100,000.

The Benefit for a Covered Person for each listed Critical Illness is a percentage of the Maximum Accelerated Living Benefit for Critical Illness shown on the Certificate Schedule.

Covered Critical Illnesses and the applicable percentages of the Maximum Accelerated Living Benefit for Critical Illness are shown below.

Critical Illness	%	Critical Illness	%
Cancer	100%	Stroke	100%
End Stage Renal Failure or Kidney Transplant	100%	Occupational HIV	100%
Heart Attack	100%	Coronary Artery Bypass Surgery	25%
Major Organ Transplant (except Kidney Transplant)	100%	Carcinoma in Situ	25%

Please review the Definitions in the Policy as well as the Limitations and Exclusions of this Benefit for full descriptions of Critical Illnesses and non-covered losses.

Limitations and Exclusions - Accelerated Living Benefit for Critical Illness

A Critical Illness must be diagnosed during the lifetime of the Covered Person.

We must receive consent of all irrevocable Beneficiaries to pay this Benefit.

The diagnosis of Cancer or Carcinoma in Situ must occur at least [30] days after the Effective Date of Insurance.

Only those Critical Illnesses specifically listed and defined in this Benefit are covered by the Accelerated Living Benefit for Critical Illness.

In no event shall payment under this Benefit for all Critical Illnesses of a Covered Person exceed the lesser of the amount specified for this Benefit on the Certificate Schedule or \$100,000 during the entire time that insurance on a Covered Person is in effect.

Only one Accelerated Living Benefit for Critical Illness shall be paid on behalf of any one Covered Person for any one of the eight named Critical Illnesses covered by this Benefit. After an Accelerated Living Benefit for Critical Illness is paid for any one of the eight named Critical Illnesses, no additional Benefit will later be payable under this Benefit for that Critical Illness, even for recurrence.

If two or more Accelerated Benefits are payable on behalf of the same Covered Person under the Certificate, this Benefit or another Optional Benefit for the same or related Sickness, Injury or other loss, We will pay only one Accelerated Benefit. The [Employee] is entitled to choose the Accelerated Benefit that We will pay.

When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the larger. If the Benefits are equal, the Insured may choose the Benefit to be paid. For two separate Critical Illnesses to be unrelated, the Dates of Diagnosis must be at least [30] days apart.

A Physician must diagnose a covered Critical Illness.

The Accelerated Living Benefit for Critical Illness is only payable during the lifetime of the Covered Person. We will not be liable for any payment made or action taken by Us before We receive and acknowledge notice of the death of a Covered Person.

The Accidental Death, Loss of Sight and Dismemberment Benefit provided by the Certificate or an Optional Benefit will not increase or decrease the Accelerated Living Benefit for Critical Illness.

The Accelerated Living Benefit for Critical Illness does not cover the removal of bodily organs from a Covered Person for transplant to another person.

No Accelerated Living Benefit for Critical Illness is payable for skin Cancer, other than malignant melanoma.

The sum of all Accelerated Benefits payable under the Certificate and its Optional Benefits shall not exceed the Amount of Life Insurance shown on the Certificate Schedule for a Covered Person during the entire time that the Certificate insuring the Covered Person is In Force.]

[FAMILY TERM LIFE INSURANCE

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described below. The Benefit is available to those Covered Persons designated in the Certificate Schedule as covered by Family Term Life Insurance. Losses covered by this Benefit must occur prior to the termination date as it is shown in the Certificate Schedule.

General Information. This Benefit provides Group Term Life Insurance on the [Employee's] covered Eligible Dependents. The Amount of Life Insurance for each Covered Person is shown on the Certificate Schedule.

The Maximum Death Benefit for the Spouse and for Children is shown on the Schedule . Spouse Coverage ceases at age [70] and child coverage ceases at age [26]. Coverage is convertible.]

DEATH BENEFIT PROVISION

Death Proceeds

Upon receipt of proof of death of a Covered Person, We will pay the Death Proceeds to the Beneficiary.

The amount of Death Proceeds is the sum of:

- the Amount of Life Insurance shown on the Certificate Schedule for the [Employee];
- any Life Insurance provided by an Optional Benefit;
- the portion of Premium paid for a period beyond the month in which the [Employee] died; and
- interest on the Death Proceeds to the extent prescribed by law or regulation in the state of residence of the Beneficiary;

Less:

- unpaid Premium due before the date of death of the [Employee]; and
- any Accelerated Benefit paid on behalf of the [Employee] under a Benefit or Optional Benefit of the Policy.

BENEFIT CONDITIONS, LIMITATIONS AND EXCLUSIONS

If a Covered Person, whether sane or insane, dies by suicide within two years of the Date of Certificate, Our liability for Death Proceeds is limited to the Premiums paid.

[[Accelerated Living Benefit for Critical Illness] [and Total Disability Waiver of Premium]

Any loss due to a Pre-existing Condition will not be covered if the loss begins within [12] months after the Covered Person's Effective Date of Insurance. [However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by this Policy on its Initial Effective Date.

1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the Benefits of this Policy.
2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Policy's pre-existing condition exclusion giving credit for all time insured under both policies; then We will pay the lesser of:
 - (a) this Policy's Benefit without applying the Pre-Existing Condition Exclusion; or
 - (b) the Benefit of the Replaced Policy.

Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy.

3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Policy, no Benefit will be paid.]]

CLAIM PROVISIONS

The [Employee], the Claimant or an authorized representative of either may submit Claims under the Policy.

Beneficiary

Primary Beneficiaries surviving the [Employee] will receive the Death Proceeds and Accidental Death Benefits on the life of the [Employee]. Surviving contingent Beneficiaries are paid only if no Beneficiary in the prior class has survived the [Employee]. If more than one Beneficiary in a class survives the [Employee], they will share equally, unless the [Employee's] designation provides otherwise. If there is no Beneficiary surviving the [Employee], or if no Beneficiary is named, the [Employee's] estate will be paid.

A Beneficiary is deemed to have survived the [Employee] when that Beneficiary has survived to receive payment.

The [Employee] is the Beneficiary of any Life Insurance payable on the life of another Covered Person.

The [Employee] is the Beneficiary of any Loss of Sight or Dismemberment Benefit payable.

The [Employee] is the Beneficiary of any Accelerated Benefit payable under the Certificate or one of its Optional Benefits.

The Policyholder that remits Premiums to Us will receive Premium refunds that may be due under any Total Disability Waiver of Premium Benefit.

[If the [Employee] has continued coverage under the Portability provision, We will refund any Premiums not due to the [Employee].]

If the [Employee] does not live to receive a payment, that payment shall be paid to the estate of the [Employee].

Notice of Claim

Written notice of Claim must be given to Us within 30 days after the date of loss. If that is not possible, We must be notified as soon as it is reasonably possible to do so.

When We receive written notice of Claim, We will send Claim forms. If the Claim forms are not received within [15] days after the notice is sent, written proof of Claim can be sent to Us without waiting for the forms.

Proofs of Loss

Proof of Loss must be given to Us within [90] days after a loss occurs or starts.

If it is not possible to give proof within these time limits, it must be given as soon as reasonably possible. Proof of Claim may not be given later than one year after the time proof is otherwise required, except if the individual is legally unable to provide Proof of Loss.

Proof of Loss includes a Claim form or other documentation satisfactory to Us.

Proof of Loss may also include statements completed by the Insured and/or the Claimant, the Policyholder and the attending Physician documenting:

- the nature of the loss;
- the date, or inclusive dates, of loss;
- the cause of loss; and
- for Life Insurance Death Proceeds, a certified copy of the deceased Covered Person's death certificate.

For Benefits that provide periodic payments, We may require Proof of Loss on a monthly basis unless it is not reasonably necessary to do so.

For Claims under the Total Disability Waiver of Premium Benefit:

- We may require Proof of Loss on a monthly basis if the [Employee] is Totally Disabled; and
- We will not require Proof of Loss on a monthly basis when it is no longer reasonably necessary to do so.

[For the Loss of Work Benefit, Proof of Loss includes documentation from the Insured's [Employer] and/or union that He is Laid Off, Locked Out, or On Strike.]

On request, We will tell a Claimant or Beneficiary what forms or documents are required.

We may require authorizations to obtain medical and psychiatric information as well as non-medical information, including personal financial information.

We will provide the [Employee] or the Claimant with a Claim form upon request. The [Employee] is responsible for the cost of obtaining a completed Claim form.

We may request additional Proof of Loss such as records of hospitals and Physicians. We will be responsible for the cost of obtaining such records.

Examination and Autopsy

We, at Our own expense, will have the right and opportunity to have a Claimant or Covered Person examined by a Physician of Our choice. This right may be exercised as often as reasonably required. We, at Our own expense, will have the right to have an autopsy performed in the case of death, where autopsy is not forbidden by law.

Time of Payment of Claims

All Benefits payable under the Certificate will be paid as soon as We receive Proof of Loss acceptable to Us.

Payment of Claims

All Benefits are payable as stated in the Beneficiary section of the Claim Provisions.

When a Claim for an Accelerated Benefit is paid, We will provide an explanation of Benefits showing the dollar amount of the Benefit paid and the remaining Amount of Life Insurance available for the Covered Person on whose behalf the Benefit was paid.

When a Claim is paid as a result of the death of a Covered Person, We will provide an explanation itemizing how the Benefit was calculated.

TERMINATION OF [EMPLOYEE] INSURANCE

[A/An] [Employee] and any covered dependents will cease to be insured under the Policy on the earliest of the following dates:

- the date on which the [Employee] requests termination, if the Policy provides Contributory insurance;
- the date on which the Policy is terminated;
- the date on which the [Employee] is no longer in an eligible class;
- the date on which the [Employee's] class is no longer included for insurance;
- the end of the period for which the last required contribution for the [Employee's] insurance has been paid;
- the date on which Active [Employment] ends or the [Employee's] Retirement Date, subject to the Continuation of Insurance Provision; or
- the [Employee's] Death.

Termination of [Employee] insurance is without prejudice to any Claim that occurred or commenced prior to the date of such termination.

The Continuation of Insurance Provision, the Conversion Provision, and the Portability Provision, if available, provide certain rights at times when coverage would otherwise end as required by the Termination of [Employee] Insurance Provision.

CONTINUATION OF INSURANCE

Insurance may be continued under certain conditions when the Insured is no longer an Eligible [Employee]. The Policyholder must treat all [Employees] in the same way when continuing coverage.

As Required by Law or Regulation

The Policyholder will continue insurance on Covered Persons if required to do so by state or federal law or regulation.

The Company does not have, nor does it assume, either expressly or impliedly, a responsibility for any such Policyholder obligation.

[As Required by the Family and Medical Leave Act of 1993 (FMLA)]

Regardless of the continuation policies outlined above, the Policyholder will comply with the Family and Medical Leave Act of 1993.

During any leave taken under FMLA, the Policyholder will continue Policy coverage on the same conditions as coverage would have been provided if the covered Insured had been continuously employed during the entire leave period.

If Policy coverage terminates during the FMLA leave, coverage will be reinstated for the Insured and his or her covered Spouse and Children if the Insured returns to work in accordance with the terms of the FMLA leave. Coverage will be reinstated only if the person(s) had Policy coverage when the FMLA leave started, and will be reinstated to the same extent that it was In Force when that coverage terminated.]

[For Non-Medical Reasons

The Policyholder may continue insurance for up to [twelve (12) months] for Insured persons absent from work due to temporary layoff, suspension of business operations, or Policyholder-approved leave of absence.]

[For Illness or Accidental Injury

The Policyholder may continue insurance for Insured persons absent from work due to Total Disability. This continuation will end on the earliest of the following dates:

- [180 days] after Total Disability began;
- [the date from which We approve a Waiver of Premium;] [or]
- the Policy termination date.]

[CONVERSION

If insurance on any Covered Person or any portion of it ceases because:

- the [Employee] is no longer employed;
- the [Employee] is no longer a member of an eligible Class;
- the [Employee] has transferred from one Class of Covered [Employee] to another Class of Covered [Employee];
- the [Employee] has died;
- the Covered Person no longer qualifies as an Eligible Dependent under the Policy;
- the Policy has been amended to terminate the insurance on any Class of [Employee]; or
- the Policy terminates, then:

The Covered Person is entitled to have issued, without Evidence of Insurability, an individual Policy of insurance. The individual Policy will be issued subject to the following:

- When the Policy terminates or the Policy is amended to terminate the insurance of a Class of [Employee], Conversion is only available to those Covered Persons insured under the Policy for at least five years. We may, at Our option, agree to allow conversion to all Covered Persons, regardless of length of coverage under the Policy.
- The first Premium must be paid within 31 days after termination of coverage under the Policy.
- The individual Policy will be on a whole life or higher Premium plan available and then issued by Us and subject to Our rules then in effect regarding the minimum amount of insurance.
- When coverage of the Policy ceases entirely, the amount of insurance converted will be the amount of insurance provided by the Policy on the date that coverage ceased, less any Accelerated Benefit paid.
- When coverage of the Policy reduces because the [Employee] moves from one Class of Covered [Employee] to another Class of Covered [Employee], the amount of insurance converted will be the amount by which coverage is reduced, less any Accelerated Benefit paid.
- The Premium will be Our then customary rate applicable to the form and amount of the individual Policy, to the class of risk to which the Covered Person then belongs, and to his or her Attained Age on the Effective Date of the individual Policy.
- Any benefit amount not converted will be canceled for the Covered Person.
- Eligible Dependent children may convert up to three times coverage amount to a maximum of [\$25,000] without Evidence of Insurability.
- Optional Benefits will not be issued with the converted Policy.
- If a Covered Person dies during the 31-day period for payment of Premium but before an individual Policy is issued and In Force, Benefits will be paid under the Policy as provided by the terms of the [Employee's] Certificate.]

[PORTABILITY]

If coverage is terminated by Us or by the Policyholder, a Covered [Employee] may continue coverage under the Policy subject to the Benefit Conditions, Limitations and Exclusions and by providing Us with satisfactory Evidence of Insurability and paying Premiums when due. We must receive the satisfactory Evidence of Insurability and the first Premium within 31 days after coverage is terminated. The Policy must be In Force on the date that the [Employee] ports coverage.

Subject to the Benefit Conditions, Limitations and Exclusions provision, a Covered [Employee] may port Benefits when He or She:

- has been continuously covered by the Policy for at least [6] months;
- is less than Age [70];
- is not Totally Disabled; and
- is no longer [Actively At Work] as [a/an] [Employee].

If a Covered [Employee] is no longer eligible for coverage for any other reason stated in the Termination of Eligibility provision (except death), the [Employee] may continue coverage under the Certificate by paying Premiums when due. We must receive the first Premium within 31 days after eligibility terminates.]

RENEWAL, AMENDMENT AND TERMINATION OF POLICY

The Policy and all Insurance hereunder shall terminate with respect to a Policyholder as provided under the Grace Period of the Policy. Termination of the Policy is without prejudice to Claims that occur or commence prior to the date of termination.

Policyholder Renewal

With Our consent, the Policy may be renewed subject to the payment of Premiums. The Policy will end at 11:59 p.m. local time at the Policyholder's mailing address as shown in Our records on the day immediately preceding the anniversary date if it is not renewed, unless it is terminated as provided in the Termination of Policy provision.

Amendment of the Policy

With Our consent, the Policyholder may amend the Policy to add, modify or delete Benefits or other provisions.

We may amend the Policy to add, modify or delete Benefits or other provisions by providing the Policyholder with at least 31-days advance notice of any such change.

Deletion or reduction of a Benefit or Benefits is without prejudice to any Claim or Claims that occurred prior to the date on which the Benefit was deleted or reduced.

When the Policy is amended to reduce the Amount of Life Insurance, Covered Persons may be entitled to convert the amount of coverage reduced to an individual plan of insurance as set out in the Conversion provision of the Policy.

Addition, modification or deletion of Benefits may increase or decrease the Premiums charged for coverage under the Policy.

Termination of the Policy

The Policyholder has the right to cancel the Policy on any Premium due date. Written notice of cancellation must be given at least [45] days before the date the Policy is to end.

We have the right to cancel the Policy on any Policy anniversary Date or any Premium due date; provided written notice of cancellation is given to the Policyholder at least [45] days before the Policy is to end.

The Continuation of Insurance Provision, the Conversion Provision, and the Portability Provision provide certain rights at times when [Employee] coverage would otherwise end as required by the Termination of Policy Provision.

Termination of [Employee] insurance is without prejudice to any Claim that occurred or commenced prior to the date of such termination.

When the Policy terminates, Covered Persons may be entitled to convert the amount of terminated life insurance as set out in the Conversion provision of the Policy.

Voluntary [Employee] Termination

We must receive notification of voluntary terminations. The date of termination will be the last day of the Premium period in which the termination occurred. If the Policyholder fails to report the [Employee's] termination while the Policyholder's Policy remains in effect with Us, Our liability shall be limited to a return of Premium retroactive to the date on which insurance should have been terminated, less any Claims paid during this period. In no event will We refund more than two months' Premium.

PREMIUM PROVISIONS

Premiums

We actuarially determine Premiums. We reserve the right to change the Premiums as stated in the Change in Premium provision.

The Policyholder determines the source(s) from which Premiums are paid to Us. Premiums may be paid by:

- the [Employee];
- the Policyholder; or
- in part by the [Employee] and in part by the Policyholder.

[The Policyholder also determines the percentage shares of Premium payable by [Employees] and by the Policyholder on the Effective Date of the Policy. The Policyholder reserves the right to change the source(s) of Premium payments and the percentage shares payable by [Employees] and by the Policyholder upon provision of written notice to covered [Employees].

The Certificate shows total Premiums payable by [Employees] and/or the Policyholder. The Policyholder will, on request, furnish [Employees] with information about the percentage and dollar amount of Premiums paid by the Policyholder.]

Premium Payments

Premiums for the insurance under the Policy are payable to Us. Payment of any Premium shall not maintain the Policy or coverage beyond the due date of the next Premium, except as provided under the Grace Period provision.

The first Premium is due on the Initial Effective Date. Later Premiums are due according to the Premium payment frequency shown on the face page of the Policy.

Upon written request by the Policyholder, approved by Us, the manner of Premium payment may be changed.

Change in Premium: The term life insurance that is offered to [Employees] and Eligible Dependents under the terms of the Policy is available with [10] [or] [20]-year Planned Level Premiums. With Our agreement, the Policyholder selects the option(s) available to [Employees]. Options available to [Employees] are shown in the application for the Policy.

- [[Employees] electing the [10-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [10] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [10] years based on the Covered Person's then Attained Age and the length of time before he reaches the Maximum Attained Age [80]. If the period of time is less than [10] years, then the term period will be from the end of the prior term period until Attained Age [80]. Issue ages for this plan are limited to [18] to [70].]
- [[Employees] electing the [20-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [20] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [20] years based on the Covered Person's then Attained Age and the length of time before he reaches the Maximum Attained Age [80]. If the period of time is less than [20] years, then the term period will be from the end of the prior term period until Attained Age [80]. Issue ages for this plan are limited to [18] to [60].]

Renewals are subject to the right of either the Policyholder or Us to terminate the Policy as stated in the Policy Renewal, Amendment and Termination of Policy Provision.

Planned Level Premiums for term life insurance on [Employees] and covered Dependents are based on the expected experience of the Policy. Unless We have agreed in writing not to increase Premiums, the Planned Level Premium may be changed at the beginning of any Policy Year based on renewal underwriting of the Policy. We may also change Premiums whenever the terms or conditions of the Policy are modified.

We will provide a [45]-day notice of any change to a Planned Level Premium or other Premium. Changes to Premiums other than Planned Level Premiums may occur at the start of any Policy Year or whenever terms or conditions of the Policy are modified.

Premium Refunds

If We receive Premiums for periods after Eligibility ends, We will refund Premiums paid after the end of Eligibility. [In all other cases, We will refund Premiums paid since the last Policy Renewal Date.]

ASSIGNMENT AND BENEFICIARY PROVISIONS

Assignment. The [Employee] may not assign his or her Certificate or allow it to be assigned.

Beneficiaries. The Beneficiary section in the Claim Provisions describes how Benefits are paid to Beneficiaries.

The primary Beneficiary and any contingent Beneficiary for Life Insurance and Accidental Death Insurance covering the [Employee] are named on the [Employee] Enrollment Form for coverage under the Policy. The [Employee] can change any Beneficiary during his or her lifetime unless an Irrevocable Beneficiary is named.

A change in Beneficiary must be made by filing a written request satisfactory to Us. The change will be effective as of the date it was signed, but We will not be liable for any action taken before notice is received and recorded at the Home Office. If no Beneficiary is named, the [Employee's] estate will be paid.

GENERAL PROVISIONS

Agreements and Policy Changes

No change in the Policy shall be valid unless made by endorsement or amendment. Such a change is valid only if signed by Our Chairman, Chief Executive Officer, President, or a Vice President.

No other person can waive any Policy terms or make any agreements about the Policy that are binding on Us.

Certificates

We will give a Certificate to the Policyholder for delivery to each Insured stating:

- the insurance protection provided, including;
- any insurance for Spouse and/or Children; [and]
- to whom the insurance Benefits are payable[;] [.] [and]
- [the Portability rights provided by the Policy.]

Clerical Error

No Clerical Error by the Policyholder will:

- delay the Effective Date of a Covered Person's insurance;
- end insurance otherwise validly In Force; or
- continue insurance otherwise validly terminated.

Conformity with State Statutes

Any Policy wording that, on the Initial Effective Date, is in conflict with the statutes of the Situs State is hereby amended to conform with the minimum requirements of such statutes.

Data Required

The Policyholder will give Us all data and proof that We may reasonably need to administer the Policy.

Entire Contract

The Policy, the Policyholder's Master Application, enrollment forms and Evidence of Insurability, if required, as well as any endorsements and amendments shall make up the entire contract.

Statements made by the Policyholder or Insured shall be deemed representations and not warranties.

Evidence of Insurability

We may require evidence that a person meets our underwriting standards for this insurance.

Grace Period

The Policy has a Grace Period of thirty-one (31) days for the payment of any Premium due except the first.

During the Grace Period, the Policy is In Force, unless the Policyholder gives Us written notice to cancel it before the end of the Grace Period. The Policyholder shall be liable to Us for the payment of a pro-rata Premium for the time the Policy was In Force during the Grace Period.

Incontestability

The validity of the Policy will not be contested except for nonpayment of Premiums after it has been In Force for [two (2)] year(s) from its Initial Effective Date.

In the absence of fraud, no statement made by any person insured shall be used in any contest unless a copy of the statement is or has been furnished to:

- the person insured; or,
- in the event of death or incapacity of the person insured, to His or Her beneficiary or personal representative.

Except for claims incurred within [two (2)] year(s) after a Covered Person's Effective Date of Insurance, no statement, except a fraudulent statement, made by any person insured when applying for insurance will be used to contest the validity of that insurance after:

- the insurance has been continuously In Force for [two (2)] years during the lifetime of the person insured; and
- unless it is contained in a written form signed by the Insured.

This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

Legal Actions

Legal action cannot be taken against Us:

- Sooner than 60 days after due Proof of Loss has been filed; or
- more than 3 years after the time written Proof of Loss is required to be filed according to the terms of the Policy.

Misstatement of Age [Or Gender]

If the Age [or gender] of a Covered Person has been misstated and if the amount of Premium is based on Age [or gender], an adjustment of Premiums shall be made based on the Covered Person's true Age [or gender]. If Age [or gender] is a factor in determining eligibility or amount of insurance and there has been a misstatement of Age [or gender], the insurance coverages or amounts of Benefits, or both, for which the Covered Person is insured shall be adjusted in accordance with the Covered Person's true Age [or gender]. Any such misstatement of Age [or gender] shall neither continue insurance otherwise validly terminated nor terminate insurance otherwise validly In Force.

If it is determined after the death of a Covered Person that the Covered Person's Age [or gender] was misstated, the Amount of Insurance will be that which the Premiums would have purchased at the correct Age [or gender].

Non-Participating

The Policy is a non-participating policy. We will not pay dividends on the Policy.

DEFINITIONS

For the purposes of the Policy when these words are used in the Policy, they have the meanings stated.

Accident (Accidental) means a sudden, unexpected, violent and external event that causes bodily Injury to a Covered Person.

[Actively At Work (Active Employment)] means the person must be working:

- on a full-time basis and paid regular earnings;
- at least the minimum number of hours shown in the Certificate Schedule;
- at the [Employer's] usual place of business; or
- at a location to which the [Employer's] business requires the person to travel.

A person must be considered Actively At Work if the [Employee] was actually at work on the day immediately preceding:

- a weekend;
- holidays;
- paid vacations;
- any non-scheduled work day;
- excused leave of absence (except medical leave and lay-off); or
- emergency leave of absence (except emergency medical leave required by His Illness or Injury).

[Persons classified as [part-time][or][temporary] workers by the Employer or Policyholder are not Actively At Work except as agreed between the Policyholder and the Company.]

[Persons on strike are [not] Actively At Work [except][as] agreed by the Policyholder and the Company.]

[The Active Employment must be for an Employer that has a workforce of Employees who are Eligible for Policy Coverage.]

[Active Member(ship)] is defined in the Definition of "Member".]

Application means the forms the Policyholder completed when applying for the Policy that are attached to the Policy.

Age means the Age of a Covered Person on His or Her last birthday as of the Initial Effective Date.

If coverage is effective after the Initial Effective Date, Age means Age as of the last birthday preceding the request for insurance coverage.

[Association] means an entity that:

- has been actively in existence for at least [5] years;
- has been formed and maintained in good faith for purposes other than obtaining insurance;
- does not condition its membership in the association on any health status-related factor relating to an individual (including an Employee of an Employer or a dependent of any Employee);
- makes insurance coverage it offers available to all members regardless of any health status-related factor relating to the members (or individuals eligible for coverage through a member);
- does not make insurance coverage it offers available other than in connection with a Member of the Association; and
- meets any additional requirements that may be imposed under laws of the Situs State.]

Attained Age means the Age of the [Employee] stated on the Certificate, plus the number of completed Certificate years.

The Attained Age of any other Covered Person is the person's Age on the Date of Certificate, plus the number of completed Certificate years.

Beneficiary means the Person or Persons the [Employee] names to receive the Death Proceeds in the event of the [Employee's] death. For Benefits payable other than at the [Employee's] death, Beneficiary means the [Employee].

[Cancer means a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, and malignant tumors that are first identified by Clinical Diagnosis or Pathological Diagnosis after the Effective Date of Insurance.

Clinical Diagnosis means a diagnosis of Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the diagnosis; and
- a Physician is treating the Covered Person for Cancer.

Pathological Diagnosis means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be performed by a Physician who is also a board certified pathologist and whose diagnosis of malignancy conforms with the standards set by the American College of Pathology.

The term Cancer does not include skin Cancer, other than malignant melanoma.]

[Calendar Month means any of the named months, January through December.]

[Calendar Year means a 12 month period, [January 1 through December 31.]

[Carcinoma In Situ means a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue.

Carcinoma in Situ does not include:

- Prostate cancer histologically classified as [Gleason score of less than [7]], or [TNM classification less than T2NOMO];
- Malignant melanoma of less than [1.0 mm.] maximum thickness as determined by histological examination using the [Breslow method];
- other skin malignancies;
- pre-malignant lesions (such as intraepithelial neoplasia); or
- benign tumors or polyps.

Carcinoma in Situ must be identified pursuant to a Pathological or Clinical Diagnosis. Pathological or Clinical Diagnosis must occur after the Effective Date of Insurance.]

Certificate of Insurance (Certificate) means the document We issue for delivery to each Insured stating the protection to which He or She is entitled, to whom We will pay Benefits and a statement of any family member's or dependent's coverage.

[Child (Children) means a person who is primarily dependent upon and living with the Insured in a permanent parent-child relationship and a:

- natural or adopted child of the Insured or Spouse;
- Child placed with the Insured for adoption; or
- stepchild of the Insured.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with an Insured); or
- Child on active military duty for a period in excess of [30] days.]

Claim means any request for a Policy Benefit, made by a Claimant or by a representative of the Claimant, that complies with the Policy's procedures for making Benefit Claims.

Claimant means a Covered Person who makes a Claim under the Policy.

[Class means a group of persons that We and the Policyholder have agreed to insure.]

[Coma means a state of complete and continuous unconsciousness not less than [96] hours in duration which exhibits an inability to be aroused or to respond to external stimuli aside from primitive avoidance reflexes.

The diagnosis of Coma must be made by a board-certified Neurologist.

Benefits are not payable for medically-induced comas.

Payment of benefit is based upon Date of Diagnosis made after the Effective Date of Insurance.]

[Common Carrier means a conveyance that:

- is operated by a government-regulated or government-run business; and
- transports persons for a fee.]

Contributory means coverage under the Policy for which the [Employee] is paying a portion of the Premium. The Schedule Page indicates if [Employee] contributions are required.

[Coronary Artery Bypass Surgery means major surgery requiring median sternotomy (division of breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist.

Diagnosis of coronary heart disease must be made by accepted angiography testing.

The following procedures are not considered coronary artery by-pass surgery: angioplasty, laser embolectomy, atherectomy, stent placement, and other non-surgical procedures not requiring medium sternotomy.

Payment of benefits is based upon Date of Diagnosis made after the Effective Date of Insurance.]

[Covered Employee means the Eligible Employee, when covered by the Policy.]

[Covered Employee also means a person who has ported coverage as allowed by the Portability provision.]

[Covered Member means the Eligible Member, when covered by the Policy.]

Covered Person means an eligible [Employee] or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

[Credit Union means an institution that is chartered to operate as a Credit Union by the National Credit Union Administration or by a state regulatory body.]

[Critical Illness means:

- Heart Attack;
- Stroke;
- Coronary Artery Bypass Surgery;
- Cancer;
- Carcinoma in Situ;
- Major Organ Transplant (except Kidney Transplant);
- End Stage Renal Failure or Kidney Transplant; or
- Occupational HIV.]

[Date of Diagnosis means the earliest of the date of:

- Tentative Diagnosis;
- Clinical Diagnosis; or
- the day the tissue specimen, culture and/or titer(s) are taken, upon which the Tentative or Pathological Diagnosis of Cancer or Carcinoma in Situ is made.]

Eligible Dependents means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible [Employee].

[We must approve eligibility of the Spouse and Child(ren) of [a/an] [Employee].]

[Each such person must meet the Eligibility requirements shown in the Certificate Schedule.]

If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the [Employee] or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the [Employee's] coverage ends.

The [Employee] must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

[Eligible Employee means a person who:

- is in Active Employment of the Policyholder; and
- meets the Enrollment Eligibility and Waiting Period provisions shown in the Schedule.]

[Eligible Person means someone who:

- is a Member in good standing of the Policyholder; and
- meets any other Eligibility Requirements for Eligible Members shown on the Certificate Schedule.]

[Employer means an entity that employs a workforce of persons in Active Employment. Employer includes any division, subsidiary or affiliated company named in the Application.]

[End-Stage Renal Failure means End Stage Renal disease which:

- results in chronic irreversible failure of both kidneys to function; and
- which requires a Covered Person to undergo regular renal dialysis at least weekly.

The diagnosis of End Stage Renal Failure must be made by a Physician, after the Effective Date of Insurance.]

Enroll means application by an [Eligible Employee] for Policy coverage. By agreement between the Company and the Policyholder, Enrollment may:

- require completion of an Enrollment Form by the [Eligible Employee];
- be automatic, in which case it is not necessary for the [Eligible Employee] to complete an Enrollment Form; and
- require Evidence of Insurability.

Evidence of Insurability means a form acceptable to Us showing that a person meets Our requirements for coverage under the Policy.

[Heart Attack (Myocardial Infarction)] means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries that is first diagnosed by a Physician after the Effective Date of Insurance.

The diagnosis of a Heart Attack must be based upon all of the following:

- associated new EKG changes consistent with and supporting the diagnosis of Heart Attack;
- elevation of cardiac enzymes above generally accepted laboratory levels of normal (in the case of [CPK, a CPK-MB measurement] must be used); and
- confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

The following are not considered as a Heart Attack:

- an EKG change consistent with transient ischemic change;
- angina;
- chance finding of EKG changes suggestive of a previous Heart Attack; or
- death of the heart muscle coincident with death of [a/an] [Employee] from other causes.]

Home Office means the Executive Offices of Kanawha Insurance Company at [210 South White Street, Lancaster, South Carolina 29720].

In Force. The Policy is In Force as of its Effective Date when:

- the [Employer's] Application for Insurance is approved by Us;
- the Policy is issued; and
- the first Premium is paid to Us.

The Policy remains In Force when Premiums are paid to Us on their due dates or within the Grace Period. The Policy can be canceled by the Policyholder or by Us under the terms stated in the Policy.

Each Certificate issued under the Policy is In Force from its Effective Date when:

- the [Employee's] enrollment is approved by Us; and
- the first Premium is paid.

Each Certificate remains In Force when Premiums are paid to Us on their due dates or within the Grace Period.

An Optional Benefit available under the Policy is In Force when:

- the [Employee's] enrollment for the Benefit is approved by Us; and
- the first Premium is paid.

An Optional Benefit remains In Force when Premiums for it are paid to Us on their scheduled due dates or within the Grace Period.

The Certificate Schedule indicates termination dates for specific Policy Benefits and Optional Benefits provided to the [Employee] and any other Covered Person.

Illness means Sickness or disease of a Covered Person.

Initial Effective Date means the date that coverage begins under the Policy.

Injury means the bodily harm resulting directly from an Accident and independently of all other causes.

Insured means an [Eligible [Employee]] who is covered by the Policy.

[Intoxicated] means having blood alcohol content in excess of the state limit for operation of a private passenger Motor Vehicle. The state limit used will be that of the state in which a loss occurs.]

[Kidney Transplant means surgery to transplant a Kidney into a Covered Person that is advised by a Physician.]

[Laid Off means that the [Employee's] job has been ended or suspended by His Employer due to:

- a decrease in output by the Employer;
- a decrease in staff due to economic conditions;
- a reorganization that eliminates the [Employee's] job; or
- a reorganization that eliminates the Employer's need for the Insured's job skills.

Laid Off does not include termination for cause or because the [Employee] is no longer physically able to perform the job.]

Lapse means the Policy is no longer In Force when a Premium is more than 31 days past due.

[Locked Out means that the [Employee's] place of employment has been shut down by His Employer during a labor dispute. The Lockout must be lawful.]

[Loss of Foot means the total and irrecoverable loss of use of the foot.]

[Loss of Hand means the total and irrecoverable loss of use of at least four fingers entirely on one hand.]

[Loss of Sight means clinically-proven, irreversible reduction of sight in both eyes as a result of Illness or Injury. The corrected visual acuity must be:

- less than [20/200];or
- a visual field restriction to [20] degrees or less in both eyes.

There must be clear proof that blindness was due to Illness or Injury, and that the condition has continued without interruption for a period of at least [six (6)] consecutive months after diagnosis.

No benefit will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

The diagnosis must be made:

- by physical examination by an ophthalmologist; and
- after the Effective Date of Insurance.

[Loss of Work means that the [Employee] is Laid Off, Locked Out, or On Authorized Strike, or any combination of the three.]

[Major Organ Transplant means surgery to transplant into a Covered Person one or more of the following organs separately or in any combination that is advised or recommended by a Physician:

- Heart
- Liver
- Lung
- Pancreas.]

Maximum Issue Amount means the maximum sum of life insurance that We will issue on the life of the Insured under the Policy and any Optional Benefits selected. It is shown on the Certificate Schedule.

[Member or Active Member(ship) means a person who is in a Class shown on the Schedule [and in good standing as defined by the [Association's] requirements and bylaws.].]

[Motor Vehicle means a vehicle licensed to operate on public roadways.]

Non-Contributory means coverage under the Policy for which the Policyholder is paying the entire Premium. The Certificate Schedule indicates if all Premiums are paid by the Policyholder.

[Occupational Assault means an attack by one or more persons upon the Insured that takes place during the course of the Insured's employment. The attack must take place:

- at the Insured's regular place of employment;
- at the location where the Insured parks His vehicle during the business day;
- between the location where the Insured parks His vehicle during the business day and His worksite;
- at, or traveling to or from, a worksite; or
- on a sales, delivery or pickup route that the Insured must travel.

An Occupational Assault is not:

- Accidental injuries caused by one or more persons;
- an attack where assailant(s) and victim are members of the same family, including only Insured, Spouse and Children;
- an attack by the Insured upon another person, other than in self-defense; or
- an attack on the Insured that occurs while He is commuting to or from His place of employment.]

[Occupational HIV means that the Covered Person initially contracted and was diagnosed with Human Immunodeficiency Virus (HIV) after the Date of Certificate. Benefits will only be paid if all of the following conditions are met:

- the cause of the HIV must be from an accidental needle stick/sharp injury or by mucous membrane exposure to blood or bloodstained bodily fluid which occurred during the twelve (12) months preceding diagnosis, after the Effective Date of Insurance and while His insurance is In Force;
- the accident must have occurred while the Covered Person was following the normal occupational duties and reported in accordance with the established occupational procedures for such accidents;
- the Covered Person must have undergone a blood test within five (5) days of the accident which indicated the absence of HIV or antibodies to such a virus; and
- within twelve (12) months of the accident, the Covered Person must undergo a follow up blood test indicating the presence of HIV or antibodies to such a virus.]

[On Strike (Strike) means that the [Employee] and other employees acting together:

- have ceased work, or
- are refusing to work or to continue to work for the [Employee's] Employer.

The Strike must be authorized under the rules of a union or unions representing the Insured and other striking employees.

The union or unions authorizing the strike must be recognized by the [Employee's] Employer for collective bargaining purposes.

The Strike must be lawful and must not take place while a labor contract is still in effect.]

[Paralysis means Hemiplegia, Paraplegia or Quadriplegia as a result of an Accident.

- **Hemiplegia** means the complete paralysis of upper and lower limbs of one side of the body.
- **Paraplegia** means the complete paralysis of both lower limbs.
- **Quadriplegia** means the complete paralysis of both upper and lower limbs.]

[Permanent Paralysis means only:

- Hemiplegia;
- Paraplegia; or
- Quadriplegia.

The loss must:

- be expected to be permanent;

- have been present continuously for at least [180] days;
- be caused by Injury sustained in an Accident occurring after the Effective Date of Insurance;
- have been first diagnosed after the Effective Date of Insurance;
- be evidenced by the total and irreversible loss of use of two or more limbs; and
- be marked by loss of muscle function in two arms, two legs, or one arm and one leg.

Paralysis does not include paralysis that results from a Stroke or other illnesses.]

Physician means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a Physician. The person must be licensed and practicing in the United States.

Physician does not include:

- You;
- a person related to You by blood or marriage; or
- a medical doctor or other person practicing outside of the United States.

Planned Level Premium means the Premium that We charge at the beginning of a Planned Level Premium Period for term life insurance on [Employees] and Spouses who are Covered Persons. The Planned Level Premium is based on expected experience for the group and is subject to change at the end of each Policy Year as explained in the Premium Provisions of the Policy.

Planned Level Premium Period means the maximum time during which a Planned Level Premium may be charged.

Policy means the group Policy issued to the Policyholder.

[Policy Month means a period of time:

- beginning on the day of the month corresponding to the Initial Effective Date; and
- continuing through the end of the preceding day in the next Calendar Month.]

[Policy Year means a period of time:

- beginning on the Initial Effective Date or its anniversary; and
- continuing through the end of the day preceding the next anniversary.]

Policyholder means the entity so named on the Policy face page.

[Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within [12] months before the Covered Person's Effective Date of Insurance:

- [[Heart Attack;]
- [Stroke;]
- [Cancer;]
- [Carcinoma in Situ;]
- [End-Stage Renal Failure;] [or]
- [Occupational HIV].

Pre-existing Condition [also] means [any of] the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within [12] months before the Covered Person's Effective Date of Insurance:

- [failure of the liver, kidney(ies), pancreas, or lung(s);]
- [failure of the heart;] [or]
- [coronary artery disease][.]

Pre-existing Condition also means that a Physician has given a Tentative Diagnosis of Cancer or Carcinoma in Situ of the covered Person within [12] months before the Covered Person's Effective Date of Insurance.]

[Pre-existing Condition [also] means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the [Employee] within [12] months before the [Employee's] Effective Date of Insurance.]]

Proof means evidence satisfactory to Us for insurability or for other matters which require Proof.

[**Racing** means engaging in a contest of speed against one or more other persons.]

[**Rate Guarantee** means a written agreement by the Company that rates charged for the insurance provided by the Policy will not change for a specified period.]

[**Renal Failure** is defined in the Definition of "End Stage Renal Failure."]

[**Replaced Policy** means a policy or certificate, the premiums for which are paid by or through the Policyholder. It must:

- have a paid-to date within [60] days of the Policy's Date of Application;
- be replaced by the Policy; and
- end upon issue of the Policy.

At Our request, the Policyholder must give Us Proof about [a/an] [Employee's] Replaced Policy.]

Schedule means page(s) so labeled in the Policy and the Certificate. The Schedule summarizes the Benefits and eligibility requirements of the Policy.

[**Seat Belt** means a manufacturer or dealer-installed safety device in a Common Carrier or Motor Vehicle consisting of a strap or harness that is intended to restrain an occupant during an Accident and reduce injuries.]

Sickness means an illness or disease causing a loss covered by the Policy. Sickness includes pregnancy and complications of pregnancy.

Spouse means[:]

[1.] the person recognized as the covered Insured's husband or wife under the laws of the state in which the Insured lives[:] [or]

[2.] [the person recognized by the Insured's state of residence as[:]

- [the Insured's Domestic Partner;]
- [a party to a Civil Union with the Insured;]
- [a Reciprocal Beneficiary of the Insured;] [or]
- [someone for whom we must provide the coverage of the Policy on a spousal equivalent basis under the laws or regulations of that state.]]

[3.] [persons who, by written agreement between the Company and the Policyholder, may be covered by the Policy on a spousal equivalent basis.]

[We will continue to provide coverage after the Insured or Spouse moves to a state that does not recognize the relationship described.]

[We will not continue to provide coverage under these definitions for the Spouse when a legal action ends a relationship described.]

The Policy will at no time cover more than one person as an Insured's Spouse.

Strike is defined in the Definition of "On Strike."

[Stroke means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least [90] days.

Stroke does not mean a transient ischemic attack, transient global amnesia, chronic cerebrovascular insufficiency, attacks of vertebrobasilar ischemia or a cerebrovascular event resulting from Accidental Injury.

Diagnosis of a Stroke must be based on all of the following criteria:

- documented neurological impairment or deficits;
- evidence of brain tissue damage shown by neuroimaging (CT, MRI, or PET Tomography or similar test);
- permanent neurological deficit measured three months or more after the event that results in a score of [2 or higher on the Modified Rankin Scale] for stroke outcome; and
- which was made after the Effective Date of Insurance.]

[Tentative Diagnosis means a diagnosis of Cancer or Carcinoma in Situ based upon dated medical records.]

Terminal Illness means a Sickness that will, with a reasonable degree of medical certainty, result in death of a Covered Person under the Policy within [twelve] months from the date the attending Physician signs a Claim form.

The attending Physician must confirm that the [Employee] or covered Eligible Dependent suffers from a Terminal Illness commencing while the Policy is In Force.

[Totally Disabled (Total Disability) means, for the first [24] months of a disability that the Covered [Employee] is:

- unable to perform the substantial and material duties of His regular occupation;
- not working in any other occupation; and
- under the care of a Physician for the disability.

After [24] months of Total Disability, Totally Disabled means that the Insured is:

- unable to perform the duties of any gainful occupation for which He is reasonably fitted by training, education or experience; and
- under the care of a Physician for the disability.

We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.]

[Waiting Period means the period during which the [Employee] must be in the Active [Employment] of the [Employer] before the [Employee] is eligible for coverage under the Policy. The Waiting Period is shown in the Certificate Schedule.]

We, Us, Our and Company all mean Kanawha Insurance Company.

You and Your means the covered [Employee].

Any reference to "He," "Him" or "His" will also refer to "She" or "Her," or "their."

[KANAWHA INSURANCE COMPANY]
[210 SOUTH WHITE STREET, POST OFFICE BOX 610]
[LANCASTER, SOUTH CAROLINA 29721-0610]
TELEPHONE [1-877-378-1505]

GROUP TERM LIFE INSURANCE CERTIFICATE
NON-PARTICIPATING

[POLICYHOLDER LOGO (OPTIONAL)]

CERTIFICATE OF GROUP TERM LIFE INSURANCE FOR:

[EXEMPT EMPLOYEES OF XYZABC, INC.]

[OTHER NAMED CLASS]

[OTHER NAMED CLASS]

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INSURING INFORMATION

Kanawha Insurance Company has issued Group Term Life Insurance Policy [#####] (“the Policy”) to the Policyholder:

[XYZABC, Inc.]
[1234 Any Street]
[Any City, Any State 99999]

The Policy’s Initial Effective Date is [January 1, 2008] [the date specified in Your plan].

Your Date of Certificate is [January 1, 2008] [the date specified in Your plan].

This is a Certificate issued under the terms of the Policy. It is a summary of the Policy.

Provisions that are in the Policy but not in this Certificate are:

- Renewal, Amendment and Termination of Policy;
- Voluntary Termination;
- Premium Provisions; and
- Some General Provisions.

If the Policy and this Certificate differ, the Policy will govern. On request, the Policyholder will provide You with the Policy or a copy of it for review.

SCHEDULE

**[[EMPLOYEE]
INFORMATION**

[Employee]: [Thomas J. Spratt]

Age: [35]

Beneficiary: [Billy J. Spratt]

Date of Certificate: [07/01/2002]

Certificate Number: [1234567890]

		Modal Premium
	[[10] year] Planned Level Premium:	[\$62.33]
[Optional Benefits:		
	[Family Term]	[\$ 2.35]
	[Automatic Benefit Increase]	[\$ 6.32]
	[Loss of Work]	[\$10.45]
	[Accelerated Living Benefit Critical Illness]	[\$12.25]
	[Accidental Death, Loss of Sight & Dismemberment]	[\$ 2.00]
	[Total Disability Waiver of Premium]	[\$ 6.32]]
	Total Modal Premium	[\$102.02]
Premiums:	[Contributory Insurance]	

CERTIFICATE INFORMATION

	Eligible Person(s)	Maximum Amount of Insurance or Accelerated Benefit Available	Termination Date*
Group Term Life Insurance	[Employee]	[\$300,000]	[07/01/2062]
Accelerated Benefit for Terminal Illness	[Employee]	[\$150,000]	[07/01/2062]
[Optional Benefits:			
[Accidental Death, Loss of Sight and Dismemberment (AD&D)	[Employee]	[\$100,000]	[07/01/2062]
[Seat Belt]	[Employee]	[Lesser of 10% of Accidental Death or \$XXK]	[07/01/2062]
[Coma]	[Employee]	[1% of Accidental Death	[07/01/2062]

	Eligible Person(s)	Maximum Amount of Insurance or Accelerated Benefit Available	Termination Date*
		Per month for a max of [100] months]	
[Occupational Assault]	[Employee]	[10% of Accidental Death]	[07/01/2062]
[Paralysis]	[Employee]	[100% of Accidental Death]	[07/01/2062]
[Total Disability Waiver of Premium]	[Employee]	[Waiver of Premium only]	[07/01/2027]
[Automatic Benefit Increase]**	[Employee]	[\$300,000]	[07/01/2008]
[Loss of Work]	[Employee]	[6 mos. per occurrence, 12 mos. Lifetime max]	[07/01/2008]
[Accelerated Living Benefit for Critical Illness]***	[Employee] [Spouse] [Children]	[\$100,000] [\$100,000] [\$10,000]	[07/01/2017] [07/01/2017] [Attained Age 26], [or 07/01/2062] if earlier]
[Family Term Life Insurance]	[Spouse] [Children]	[\$50,000] [\$25,000]	[07/01/2062] [Attained Age 26], [or 07/01/2062] if earlier]

[Evidence of Insurability may be required based upon agreement between the Policyholder and Us.]

[Evidence of Insurability may be required if an Amount applied for [exceeds Our normal limits][or][is [\$xxx,xxx] or higher.]]

* The Termination Dates shown assume that the Policy and Your coverage under it remain continuously In Force until the dates indicated. The Policy or coverage for You and Your covered Eligible Dependents may end earlier for reasons stated in the Policy and summarized in the Certificate.

** This Certificate includes the [\$1.00/\$2.00] per week option.]

***This Certificate includes the [100%/50%/25%] acceleration option of the Maximum Benefit Amount shown on the Schedule Page.]]

[[ELIGIBILITY

[Classes of Eligible [Employees]:]

[Exempt Employees]
[Other Named Class]
[Other Named Class]

[Classes of Eligible Dependents:]

[Spouses of Insured Eligible [Employees]]
[Children of Insured Eligible [Employees]]

Eligibility Requirements

[In order to Enroll, an Eligible Person must be [Actively at Work (Active [Employment])]:

[for [Exempt Employees] Actively At Work means [40] hours per [week]]

[for [Other Named Class] Actively At Work means [40] hours per [week]]

[for [Other Named Class] Actively At Work means [40] hours per [week]]]

[Waiting Periods for Eligible Persons are as follows:

[[Exempt Employees] are Eligible to Enroll on Date of [Employment]]

[[Other Named Class] are Eligible to Enroll after Active [Employment] for [30 days]]

[Other Named Class] are Eligible to Enroll after Active [Employment] for [90 days]]]

[Waiting Periods for Eligible Persons apply to their Eligible Dependents.]

[However, if an Eligible Person is not Actively At Work at the end of the Waiting Period, the Waiting Period will be extended until the Eligible Person resumes work in a pattern that will establish Active Employment.]

[Eligible Persons must be Age [##] but not more than Age [##].]

[Additional Eligibility Requirements for Dependents

[Spouses of the Insured must be Age [##] but not more than Age [##].] [A Spouse who is an Eligible Person may be covered as an Insured or a Spouse, but not both.]

[Children of the Insured must be Age [15] days but not more than Age [25].] [A Child who is an Eligible Person may be covered as an Insured or a Child, but not as both.]]

ELIGIBILITY TO ENROLL

You are Eligible to Enroll when You:

- are a member of a Class of Eligible [Employees] listed on the Schedule; and
- meet the Eligibility Requirements shown on the Schedule.

EFFECTIVE DATE OF INSURANCE

If Policy coverage is Contributory, coverage begins on the Date of Certificate shown in the Certificate if:

- You meet the Eligibility Requirements shown on the Schedule;
- You have completed an Enrollment Form, if required;
- enrollment has been approved by Us; [and]
- the first Premium is paid [;][.] [and]
- [You are in the Active [Employment] of the Policyholder on the Date of Certificate].

If Policy coverage is Non-Contributory, coverage begins on the Date of Certificate shown in the Certificate if:

- all eligible [Employees] have completed an Enrollment Form, if required, during the Waiting Period;
- You meet the Eligibility Requirements shown on the Schedule; [and]
- the first Premium is paid[;][.] [and]
- [You are in the Active [Employment] of the Policyholder on the Date of Certificate.]

However, if You do not Enroll, insurance will not become effective until the first day of the [Calendar Month] following a later enrollment.

We may require Evidence of Insurability if enrollment takes place more than [30] days after You first become Eligible.

We and the Policyholder may agree on a different method for determining the Effective Date that will result in an earlier or later Effective Date. We must agree in advance and in writing to any different method for determining the Effective Date.

[The Face Amount available without Evidence of Insurability is shown on the Schedule.]

[Evidence of Insurability may be required based upon agreement between the Policyholder and Us.]

EFFECTIVE DATE FOR CHANGES IN THE AMOUNT OF INSURANCE

[Unless otherwise provided, increases in the amount of insurance based on Policy provisions will occur [on the first day of the Calendar Month following the change].]

[If Evidence of Insurability is not required, increases requested by the Insured will occur [on the first day of the Calendar Month following the change request].]

[If Evidence of Insurability is required, increases requested by the Insured will occur [on the first day of the Calendar Month after We approve the Evidence of Insurability].]

[Decreases requested by the Insured will occur on [the first day of the Calendar Month] following receipt of the request by the Policyholder.]

[Decreases on account of Age will occur on the [first day of the Calendar Month] following the Age change.]]

BENEFITS

Benefits offered are shown in the Application for the Policy. Benefits that the Policyholder has selected for availability to Eligible [Employees] are also shown in the Application for the Policy. The Application is attached to and made a part of the Policy. The Schedule attached to the Policy shows the Benefits selected by the Policyholder and agreed to by Us.

Benefits selected by You are shown on Your Enrollment Form if required and, if approved by Us, in the Certificate Schedule.

All Benefits of the Policy are subject to the Benefit Conditions, Limitations and Exclusions provision.

LIFE INSURANCE

The term life insurance that is offered to [Employees] and Eligible Dependents under the terms of the Policy is available with [10] [or] [20]-year Planned Level Premiums. With Our agreement, the Policyholder selects the option(s) available to [Employees]. Options available to [Employees] are shown in the application for the Policy.

- [[Employees] electing the [10-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [10] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [10] years based on the Covered Person's then Attained Age and the length of time before he or she reaches the Maximum Attained Age [80]. If the period of time is

less than [10] years, then the term period will be from the end of prior term period until Attained Age [80]. Issue Ages for this plan are limited to [18] to [70].]

- [[Employees] electing the [20-year] Planned Level Premium Period coverage may renew coverage for additional Planned Level Premium Periods of [20] years until eligibility for coverage under the Policy ends. Planned Level Premiums at renewal will be based on then Attained Age rates. The final renewal period may be less than [20] years based on the Covered Person's then Attained Age and the length of time before he or she reaches the Maximum Attained Age [80]. If the period of time is less than [20] years, then the term period will be from the end of the prior term period until Attained Age [80]. Issue Ages for this plan are limited to [18] to [60].]

[Amount of Life Insurance

While the Policy and Certificate are In Force, We provide You with the Amount of Life Insurance shown on Your Certificate Schedule.

We will pay this Benefit when We receive Proof of Loss showing that the [Employee] has died.]

ACCELERATED BENEFIT FOR TERMINAL ILLNESS

THE [EMPLOYEE] SHOULD SEEK THE ASSISTANCE OF A PERSONAL TAX ADVISOR PRIOR TO MAKING A CLAIM FOR THE ACCELERATED BENEFIT FOR TERMINAL ILLNESS IN ORDER TO DETERMINE ANY TAX IMPACT.

We will provide the Benefit described. The Benefit is available to the Insured designated in the Schedule of the [Employee's] Certificate as covered for this Benefit. Losses covered by this Benefit must be diagnosed prior to the termination date for it shown in the Certificate Schedule.

General Information. This Benefit provides accelerated payment of the Amount of Life Insurance for You if diagnosed with a Terminal Illness while covered by the Policy.

If this Accelerated Benefit is paid, the Amount of Life Insurance for You payable at death will be reduced by the amount of Accelerated Benefit paid. If the Accelerated Benefit paid is equal to the Amount of Life Insurance for You, insurance on You terminates and nothing will be paid at Your death.

Benefit. When We receive Proof of Loss showing that You have a Terminal Illness while the Policy and Your Certificate are In Force, We will pay the Beneficiary the Accelerated Benefit for Terminal Illness shown on the Certificate Schedule.

When a Claim is paid, We will provide an explanation of Benefits showing the dollar amount of the Benefit paid and the remaining Amount of Life Insurance available for You.

Limitations and Exclusions - Accelerated Benefit for Terminal Illness

We must receive consent of all irrevocable Beneficiaries.

We must receive a Claim form for this Benefit during the lifetime of the Terminally Ill Insured.

Only one Accelerated Benefit for Terminal Illness shall be paid on behalf of an Insured per lifetime.

A Physician must diagnose a covered Terminal Illness.

The Accelerated Benefit for Terminal Illness is only payable during the lifetime of the Terminally Ill Insured. We will not be liable for any payment made or action taken by Us before We receive and acknowledge notice of the death of the Terminally Ill Insured.

The Accidental Death, Loss of Sight and Dismemberment Benefit provided by the Policy will not increase or decrease the Accelerated Benefit for Terminal Illness.

[If two or more Accelerated Benefits are payable on behalf of the same Covered Person under the Policy for the same or related Sickness, Injury, or other loss, We will pay only one Accelerated Benefit. You are entitled to choose the Accelerated Benefit that We will pay.]

The sum of all Accelerated Benefits payable under the Policy and its Optional Benefits shall not exceed the Amount of Life Insurance shown on a Certificate Schedule for a Covered Person during the entire time that the Certificate insuring a Covered Person is In Force.

[OPTIONAL BENEFITS]

[ACCIDENTAL DEATH, LOSS OF SIGHT AND DISMEMBERMENT BENEFIT ([EMPLOYEE] ONLY)

We will provide the Benefit described. This Benefit is available to You if designated in Your Certificate Schedule. Losses covered by this Benefit must occur prior to the termination date for it shown in the Certificate Schedule.

General Information. We will pay the Accidental Death, Loss of Sight or Dismemberment Benefit if shown on the Certificate Schedule if You suffer one of the losses shown below, as a result of an Accidental Injury that occurs while this Benefit is In Force.

Accidental Death Benefit

For Accidental Death, We will pay the Accidental Death Benefit shown on the Certificate Schedule Page.

Dismemberment and Loss of Sight Benefits

We will pay [50]% of the Accidental Death Benefit for Accidental loss of:

- both Hands;
- both Feet;
- Sight of both Eyes;
- one Hand and one Foot;
- one Hand and Sight of one eye; or
- one Foot and Sight of one eye.

[Coma Benefit

For Accidental Coma lasting [96] or more hours, We will pay, per month, the Benefit shown on the Certificate Schedule Page. The Benefit is due upon receipt of Proof. We will pay:

- on the first day of the calendar month after the Coma begins, and
- on the first day of each succeeding calendar month or partial calendar month while the Coma continues.

The maximum period for payment of this Benefit is shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits.]

[Occupational Assault Benefit

For death as a result of an Occupational Assault, We will pay the Benefit shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits.]

[Paralysis Benefit

For Paralysis as a result of an Accident, We will pay the Benefit shown on the Certificate Schedule Page.

This Benefit is in addition to other Optional Benefits.]

[Seat Belt Benefit

For death resulting from a Motor Vehicle or Common Carrier Accident, We will pay the Seat Belt Benefit shown on the Certificate Schedule Page when the Insured is wearing a Seat Belt and:

- driving or riding in a Motor Vehicle; or
- a passenger on a Common Carrier.

This Benefit is in addition to other Optional Benefits.]

Limitations and Exclusions - Accidental Death, Loss of Sight and Dismemberment Benefit

The loss must occur within [180] days after the Accident.

This Benefit will terminate for You when a Loss of Sight or Dismemberment Benefit is paid.

If two (2) or more losses covered by this Benefit result from one (1) Accident, We will pay only one (1) Benefit. That Benefit will be the largest amount available for any one (1) of the losses. This does not apply to the:

- Coma Benefit;
- Occupational Assault Benefit;
- Paralysis Benefit; or
- Seat Belt Benefit.

If two (2) or more Accidents cause losses covered by this Benefit, We will not pay more than 100% of the Accidental Death Benefit shown on the Certificate Schedule Page for all such losses combined. This does not apply to the:

- Coma Benefit;
- Occupational Assault Benefit;
- Paralysis Benefit; or
- Seat Belt Benefit.

No Benefit of this Benefit is payable if the loss was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane.

No Benefit of this Benefit is payable if a loss results from:

- any intentionally self-inflicted injury;
- injury intentionally inflicted by any person (This does not apply to the Occupational Assault Benefit or when the Insured is an innocent bystander having no relationship to an altercation.);
- substance abuse (This does not exclude a loss brought about by the use of drugs prescribed by and used as directed by a Physician.);
- war or act of war, whether declared or undeclared;
- service in the armed forces of any country or organization or in units auxiliary thereto;

- bacterial infection, unless the infection is caused by an Accident;
- committing or attempting to commit an assault or felony;
- resisting or fleeing from arrest;
- participating in a riot or insurrection;
- voluntarily taking, absorbing or inhaling poison, poisonous gas or fumes;
- traveling, flying or descending from any kind of aircraft, unless the Insured is a fare paying passenger on a regularly scheduled flight;
- Intoxication; or
- racing a self-propelled vehicle on a racetrack, on a public road or at another place.]

**[TOTAL DISABILITY WAIVER OF PREMIUM
([EMPLOYEE] ONLY)**

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described. The Benefit is available in the event of Your Total Disability. Losses covered by this Benefit must occur prior to Your Attained Age [60].

Benefit. If You become Totally Disabled by a covered Accidental Injury or Sickness prior to Your Attained Age [60], We will waive certain Premiums.

Premiums To Be Waived. Premiums will be waived from the date of Total Disability after We receive Proof of Loss showing that a covered Total Disability has continued for six (6) consecutive months.

When a Claim is filed and approved for this Benefit, all Premiums under the Certificate for You and Your covered Eligible Dependents that fell due on or after the date of Total Disability will be waived, and refunded if previously paid. Premiums will be waived in accordance with the mode of Premium payment in effect on the date the Total Disability began.

Pending our approval of a Claim for Waiver of Premium, Premiums should be paid as they fall due.

Limitations and Exclusions – Total Disability Waiver of Premium Benefit

Premiums are only waived in the event of a Total Disability suffered by You, the [Employee].

This Benefit shall not cause Your coverage or that of covered Eligible Dependents to continue beyond the earliest of any of the following dates:

- the date on which You request termination, if the Policy provides Contributory insurance;
- the date on which the Policy is terminated;
- the date on which Your class is no longer included for insurance;
- the end of the Planned Level Premium Period or renewal(s) of the Planned Level Premium Period allowed by the Policy issued; or
- the [Employee's] Attained Age [65].

Premiums will not be waived under this Benefit if Total Disability:

- was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane, or from any intentionally self-inflicted Injury;
- resulted from or occurred while committing an assault or felony, or resisting or fleeing from arrest;
- resulted from or occurred while participating in a riot or insurrection;
- was caused by taking, absorbing or inhaling voluntarily of poison, poison gas or fumes;
- was intentionally inflicted by any person (If You are an innocent bystander having no relationship to an altercation, it is covered.);
- was incurred during travel, flight or descent from any kind of aircraft, unless You were being transported as a fare-paying passenger on a regularly scheduled flight;

- results from neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause (This does not exclude Alzheimer's disease, Parkinson's disease or senile dementia.); or
- results from substance abuse (This will not exclude a condition brought about by the [Employee's] use of drugs prescribed by and taken in accordance with the directions of a Physician.)]

**[AUTOMATIC BENEFIT INCREASE BENEFIT
(Providing Additional Term Life Insurance To Attained Age 80 on the Life of the [Employee])**

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described. The Benefit is available on Your first five (5) Certificate Anniversaries.

Benefit. Subject to other terms of this Benefit, We will:

- increase the Premiums by the weekly option amount [\$1.00/\$2.00] shown in the Certificate Schedule;
- provide Additional Term Life to Age 80 Life Insurance for the [Employee] in the amount that the additional Premium will buy;
- [Increase the Accidental Death, Loss of Sight and Dismemberment Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;]
- [Increase the Loss of Work Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;]
- [Increase the Waiver of Premium Benefit covering the [Employee] according to the same schedule and in the same percentage amounts indicated above, subject to the Limitations below;] and
- give You a notice showing the additional amount of insurance.

Before each increase, We will send You a notice showing:

- the amount of the increase; and
- the new total Certificate Premium.

Before or within 30 days after any increase:

- You can decline it by sending Us a written request;
- the increase will then be void; and
- We will refund any Premium paid for the increase.

No increases will be offered:

- after You decline an increase; or
- when Premiums for Your coverage are no longer paid by or through the Policyholder.

The additional insurance will be based on the [Employee's] class of risk as of the Certificate Date and His Attained Age on the date of the increase.

Additional Premiums will be due beginning on the anniversary of Your Certificate when increases occur.

The right to select this Benefit ceases at the [Employee's] Age [61].

Increases will occur on the [first] through the [fifth] anniversaries of Your [Date of Certificate].

However, if an increase will cause coverage to exceed the Maximum Issue Amount:

- We will limit the increase and the Premium charged for it so that the sum of coverage equals the Maximum Issue Amount; and
- this Benefit ends.

This Benefit does not apply to either the Accelerated Living Benefit for Critical Illness or the Family Term Life Insurance Benefit.

Death Benefit

The Death Benefit provided by this Benefit on the life of the Insured is the sum of:

- the Automatic Benefit Increases In Force under this Benefit;
 - the portion of Premium paid for a period beyond the month in which the Insured died; and
- less the sum of:
- any Accelerated Benefit paid that accelerates Benefits of this Benefit; and
 - unpaid Premium due for the month that the Insured died.

Interest on single sum Death Benefits of this Benefit will be paid when Interest is payable on the Certificate's Death Proceeds.

Beneficiary

We will pay the Benefits in keeping with the Beneficiary designation of the Certificate. You can change the Beneficiary of this Benefit. To do so, You must follow the change of Beneficiary procedure in the Certificate.

Premiums

Premiums for the additional insurance provided by this Benefit are payable until the Certificate anniversary following the Insured's [80th] birthday.

Limitations and Exclusions – Automatic Benefit Increase

[Increases to the Accidental Death, Loss of Sight and Dismemberment Benefit will cease when that Benefit reaches \$100,000. We will prorate any increase that would otherwise exceed this limitation.]

The right to receive Automatic Benefit Increases will end on any Certificate anniversary when:

- You do not accept an increase provided by this Benefit;
- You decline to pay the additional Premium;
- You return the notice showing the additional amount of insurance within 31 days after You receive it;
- Your total coverage equals the Maximum Benefit; or
- Premiums for the Certificate are no longer paid by or through the Policyholder named on the Application for the Policy.

The right to receive Automatic Benefit Increases also ends:

- if the Certificate Lapses;
- when You make written request to cancel this Benefit; or
- on the [6th] Certificate anniversary.

Termination of the right to Automatic Benefit Increases is without prejudice to prior increases, so long as the Premiums for those increases are paid.

[If coverage is Non-Contributory, the Policyholder must exercise or elect not to exercise all options of covered [Employees] on a non-discriminatory basis.]

This Benefit does not increase the Amount of Life Insurance coverage provided for Your Spouse or Children.

The right to receive Additional Benefit Increases cannot be reinstated once it is ended.]

[LOSS OF WORK BENEFIT

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described to the Insured.

We will provide this Benefit if You suffer a Loss of Work that:

- starts more than [30] days after the Effective Date of Insurance; and
- continues for [30] or more consecutive days.

[The [30-day] period after the Effective Date of Insurance will be reduced by one day for each day that a Replaced Policy was in force.]

We will waive Premiums of this Certificate. Premiums will be waived as they fall due beginning on the [31st] day of the Loss of Work.

We will waive Premiums for a maximum of [six (6) months] during a continuous Loss of Work. Losses of Work separated by less than [six (6) months] are considered continuous.

We will waive Premiums for not more than [12] months for all Losses of Work occurring while this Benefit is In Force.

We will refund any Premium paid but not due.]

[ACCELERATED LIVING BENEFIT FOR CRITICAL ILLNESS

YOU SHOULD SEEK THE ASSISTANCE OF YOUR PERSONAL TAX ADVISOR PRIOR TO MAKING A CLAIM FOR THIS ACCELERATED LIVING BENEFIT FOR CRITICAL ILLNESS IN ORDER TO DETERMINE ANY TAX IMPACT.

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described. The Benefit is available to those Covered Persons designated in Your Certificate Schedule as covered for the Accelerated Living Benefit for Critical Illness. Losses covered by this Benefit must occur prior to the termination date for this Benefit shown in the Certificate Schedule.

General Information. This Benefit provides accelerated payment of the Amount of Life Insurance if a Covered Person is diagnosed with a Critical Illness.

If this Accelerated Living Benefit is paid, the Amount of Life Insurance payable at the Covered Person's death will be reduced by the amount of Accelerated Living Benefit paid. If the total of Accelerated Living Benefit paid is equal to the Amount of Life Insurance for the Covered Person, insurance on the Covered Person terminates and nothing will be paid at the Covered Person's death.

Benefit. We will pay the Beneficiary an Accelerated Living Benefit for Critical Illness when a Physician diagnoses a Covered Person as having a Critical Illness.

Your [Employer] has selected among three Maximum Accelerated Living Benefit options for their [Employees]: 100%, 50% or 25% of the Maximum Accelerated Living Benefit for Critical Illness shown on the Certificate Schedule Page. Your Certificate Schedule Page includes the option selected.

The Benefit payable after the covered person reaches Attained Age [65] but before Attained Age [70] will be reduced by 25%. The Benefit payable after the covered person reaches Attained Age [70] will be reduced by 50%. This reduction will not affect the Death Benefit amount unless the acceleration benefit is utilized.

In no event will the Maximum Accelerated Living Benefit for Critical Illness exceed \$100,000.

The Benefit for a Covered Person for each listed Critical Illness is a percentage of the Maximum Accelerated Living Benefit for Critical Illness shown on the Certificate Schedule.

Covered Critical Illnesses and the applicable percentages of the Maximum Accelerated Living Benefit for Critical Illness are shown below.

Critical Illness	%	Critical Illness	%
Cancer	100%	Stroke	100%
End Stage Renal Failure or Kidney Transplant	100%	Occupational HIV	100%
Heart Attack	100%	Coronary Artery Bypass Surgery	25%
Major Organ Transplant (except Kidney Transplant)	100%	Carcinoma in Situ	25%

Please review the Definitions in the Certificate as well as the Limitations and Exclusions of this Benefit for full descriptions of Critical Illnesses and non-covered losses.

Limitations and Exclusions - Accelerated Living Benefit for Critical Illness

A Critical Illness must be diagnosed during the lifetime of the Covered Person.

We must receive consent of all irrevocable Beneficiaries to pay this Benefit.

The diagnosis of Cancer or Carcinoma in Situ must occur at least [30] days after the Effective Date of Insurance.

Only those Critical Illnesses specifically listed and defined in this Benefit are covered by the Accelerated Living Benefit for Critical Illness.

In no event shall payment under this Benefit for all Critical Illnesses of a Covered Person exceed the lesser of the amount specified for this Benefit on the Certificate Schedule or \$100,000 during the entire time that insurance on a Covered Person is in effect.

Only one Accelerated Living Benefit for Critical Illness shall be paid on behalf of any one Covered Person for any one of the eight named Critical Illnesses covered by this Benefit. After an Accelerated Living Benefit for Critical Illness is paid for any one of the eight named Critical Illnesses, no additional Benefit will later be payable under this Benefit for that Critical Illness, even for a recurrence.

If two or more Accelerated Benefits are payable on behalf of the same Covered Person under the Certificate, this Benefit or another Optional Benefit for the same or related Sickness, Injury or other loss, We will pay only one Accelerated Benefit. You are entitled to choose the Accelerated Benefit We will pay.

When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the larger. If the Benefits are equal, the Insured may choose the Benefit to be paid. For two separate Critical Illnesses to be unrelated, the Dates of Diagnosis must be at least [30] days apart.

A Physician must diagnose a covered Critical Illness.

The Accelerated Living Benefit for Critical Illness is only payable during the lifetime of the Covered Person. We will not be liable for any payment made or action taken by Us before We receive and acknowledge notice of the death of a Covered Person.

The Accidental Death, Loss of Sight and Dismemberment Benefit provided by the Certificate or an Optional Benefit will not increase or decrease the Accelerated Living Benefit for Critical Illness.

The Accelerated Living Benefit for Critical Illness does not cover the removal of bodily organs from a Covered Person for transplant to another person.

No Accelerated Living Benefit for Critical Illness is payable for skin Cancer, other than malignant melanoma.

The sum of all Accelerated Benefits payable under the Certificate and its Optional Benefits shall not exceed the Amount of Life Insurance shown on the Certificate Schedule for a Covered Person during the entire time that the Certificate insuring the Covered Person is In Force.]

[FAMILY TERM LIFE INSURANCE

If this Benefit is shown on the Certificate Schedule, then We will provide the Benefit described below. The Benefit is available to those Covered Persons designated in Your Schedule as covered by Family Term Life Insurance. Losses covered by this Benefit must occur prior to the termination date as it is shown in the Certificate Schedule.

General Information. This Benefit provides Group Term Life Insurance on Your covered Eligible Dependents. The Amount of Life Insurance for each Covered Person is shown on the Certificate Schedule.

The Maximum Death Benefit for Your Spouse and Children is shown on the Certificate Schedule. Spouse Coverage ceases at age [70] and child coverage ceases at age [26]. Coverage is convertible.]

DEATH BENEFIT PROVISION

Death Proceeds

Upon receipt of proof of death of a Covered Person, We will pay the Death Proceeds to the Beneficiary.

The amount of Death Proceeds is the sum of:

- the Amount of Life Insurance shown on the Certificate Schedule;
- any Life Insurance provided by an Optional Benefit;
- the portion of Premium paid for a period beyond the month in which the Covered Person died; and
- interest on the Death Proceeds to the extent prescribed by law or regulation in the state of residence of the Beneficiary;

Less:

- any unpaid Premium due before the date of death of the Covered Person; and
- any Accelerated Benefit paid on behalf of the Covered Person under a Benefit or Optional Benefit of the Policy.

BENEFIT CONDITIONS, LIMITATIONS, AND EXCLUSIONS

If a Covered Person, whether sane or insane, dies by suicide within two years of the Date of Certificate, Our liability for Death Proceeds is limited to the Premiums paid.

[[Accelerated Living Benefit for Critical Illness] [and Total Disability Waiver of Premium]

Any loss due to a Pre-existing Condition will not be covered if the loss begins within [12] months after the Covered Person's Effective Date of Insurance. [However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by this Policy on its Initial Effective Date.

1. We will review the claim. If this Policy's Pre-Existing Condition Exclusion does not apply, We will pay the Benefits of the Policy.
2. If the Covered Person does not satisfy this Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Policy's pre-existing condition exclusion giving credit for all time insured under both policies; then We will pay the lesser of:
 - (a) this Policy's Benefit without applying the Pre-Existing Condition Exclusion; or
 - (b) the Benefit of the Replaced Policy.Any payment under "(a)" or "(b)" above will be in accordance with all terms of the relevant policy.
3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of this Policy or that of the Replaced Policy, no Benefit will be paid.]]

CLAIM PROVISIONS

You, the Claimant or an authorized representative of either may submit Claims under the Policy.

Beneficiary

Primary Beneficiaries surviving the [Employee] will receive the Death Proceeds and Accidental Death Benefits on Your life. Surviving contingent Beneficiaries are paid only if no Beneficiary in the prior class survives You. If more than one Beneficiary in a class survives You, they will share equally, unless Your designation provides otherwise. If there is no Beneficiary surviving You, or if no Beneficiary is named, then Your estate will be paid.

A Beneficiary is deemed to have survived You when that Beneficiary has survived to receive payment.

You are the Beneficiary of any Life Insurance payable on the life of another Covered Person.

You are the Beneficiary of any Loss of Sight or Dismemberment Benefit payable.

You are the Beneficiary of any Accelerated Benefit payable under the Certificate or one of its Optional Benefits.

Your [Employer] that remits Premiums to Us will receive Premium refunds that may be due under any Total Disability Waiver of Premium Benefit.

[If You have continued coverage under the Portability provision, We will refund any Premiums not due to You.]

If You do not live to receive a payment, that payment shall be paid to Your estate.

Notice of Claim

Written notice of Claim must be given to Us within 30 days after the date of loss. If that is not possible, We must be notified as soon as it is reasonably possible to do so.

When We receive written notice of Claim, We will send Claim forms. If You do not receive the Claim forms within [15] days after the notice is sent, written proof of Claim can be sent to Us without waiting for the forms.

Proofs of Loss

Proof of Loss must be given to Us within [90] days after a loss occurs or starts.

If it is not possible to give proof within these time limits, it must be given as soon as reasonably possible. Proof of Claim may not be given later than one year after the time proof is otherwise required, except if the individual is legally unable to provide Proof of Loss.

Proof of Loss includes a Claim form or other documentation satisfactory to Us.

Proof of Loss may also include statements completed by the Insured and/or the Claimant, the Policyholder and the attending Physician documenting:

- the nature of the loss;
- the date, or inclusive dates, of loss;
- the cause of loss; and
- for Life Insurance Death Proceeds, a certified copy of the deceased Covered Person's death certificate.

For Benefits that provide periodic payments, We may require Proof of Loss on a monthly basis unless it is not reasonably necessary to do so.

For Claims under the Total Disability Waiver of Premium Benefit:

- We may require Proof of Loss on a monthly basis if You are Totally Disabled; and
- We will not require Proof of Loss on a monthly basis when it is no longer reasonably necessary to do so.

[For the Loss of Work Benefit, Proof of Loss includes documentation from the Insured's [Employer] and/or union that He is Laid Off, Locked Out, or On Strike.]

On request, We will tell You, the Claimant or the Beneficiary what forms or documents are required.

We may require authorizations to obtain medical and psychiatric information as well as non-medical information, including personal financial information.

We will provide You or the Claimant with a Claim form upon request. You are responsible for the cost of obtaining a completed Claim form.

We may request additional Proof of Loss such as records of hospitals and Physicians. We will be responsible for the cost of obtaining such records.

Examination and Autopsy

We, at Our own expense, will have the right and opportunity to have a Claimant examined by a Physician of Our choice. This right may be exercised as often as reasonably required. We, at Our own expense, will have the right to have an autopsy performed in the case of death, where autopsy is not forbidden by law.

Time of Payment of Claims

All Benefits payable under the Certificate will be paid as soon as We receive Proof of Loss acceptable to Us.

Payment of Claims

All Benefits are payable as stated in the Beneficiary section of the Claim Provisions.

When a Claim for an Accelerated Benefit is paid, We will provide an explanation of Benefits showing the dollar amount of the Benefit paid and the remaining Amount of Life Insurance available for the Covered Person on whose behalf the Benefit was paid.

When a Claim is paid as a result of the death of a Covered Person, We will provide an explanation itemizing how the Benefit was calculated.

TERMINATION OF [EMPLOYEE] INSURANCE

You and any covered Dependents will cease to be insured under the Policy and the Certificate on the earliest of the following dates:

- the date on which You request termination, if the Policy provides Contributory insurance;
- the date on which the Policy is terminated;
- the date on which You are no longer in an eligible class;
- the date on which Your class is no longer included for insurance;
- the end of the period for which the last required contribution for Your insurance has been paid;
- the date on which Active [Employment] ends or the [Employee's] Retirement Date, subject to the Continuation of Insurance Provision; or
- Your death.

Termination of [Employee] insurance is without prejudice to any Claim that occurred or commenced prior to the date of such termination.

The Continuation of Insurance Provision, the Conversion Provision, and the Portability Provision, if available, provide certain rights at times when Your coverage would otherwise end as required by the Termination of Insurance Provision.

CONTINUATION OF INSURANCE

Insurance may be continued under certain conditions when the Insured is no longer an Eligible [Employee]. The Policyholder must treat all [Employees] in the same way when continuing coverage.

As Required by Law or Regulation

The Policyholder will continue insurance on Covered Persons if required to do so by state or federal law or regulation.

The Company does not have, nor does it assume, either expressly or impliedly, a responsibility for any such Policyholder obligation.

[As Required by the Family and Medical Leave Act of 1993 (FMLA)]

Regardless of the continuation policies outlined above, the Policyholder will comply with the Family and Medical Leave Act of 1993.

During any leave taken under FMLA, the Policyholder will continue Policy coverage on the same conditions as coverage would have been provided if the covered Insured had been continuously employed during the entire leave period.

If Policy coverage terminates during the FMLA leave, coverage will be reinstated for the Insured and his or her covered Spouse and Children if the Insured returns to work in accordance with the terms of the FMLA leave. Coverage will be reinstated only if the person(s) had Policy coverage when the FMLA leave started, and will be reinstated to the same extent that it was In Force when that coverage terminated.]

[For Non Medical Reasons]

The Policyholder may continue insurance for up to [twelve (12) months] for Insured persons absent from work due to temporary layoff, suspension of business operations, or Policyholder-approved leave of absence.]

[For Illness or Accidental Injury

The Policyholder may continue Insurance for Insured persons absent from work due to Total Disability. This continuation will end on the earliest of the following dates:

- [180 days] after Total Disability began;
- [the date from which We approve a Waiver of Premium;] [or]
- the Policy termination date.]

[CONVERSION

If insurance on any Covered Person or any portion of it ceases because:

- the [Employee] is no longer employed;
- the [Employee] is no longer a member of an eligible Class;
- the [Employee] has transferred from one Class of Covered [Employee] to another Class of Covered [Employee],
- the [Employee] has died;
- the Covered Person no longer qualifies as an Eligible Dependent under the Policy;
- the Policy has been amended to terminate the insurance on any Class of [Employee]; or
- the Policy terminates, then:

The Covered Person is entitled to have issued, without Evidence of Insurability, an individual Policy of insurance. The individual Policy will be issued subject to the following:

- When the Policy terminates or the Policy is amended to terminate the insurance of a Class of [Employee], Conversion is only available to those Covered Persons insured under the Policy for at least five years. We may, at Our option, agree to allow conversion to all Covered Persons, regardless of length of coverage under the Policy.
- The first premium must be paid within 31 days after termination of coverage under the Policy.
- The individual Policy will be on a whole life or higher Premium plan available and then issued by Us and subject to Our rules then in effect regarding the minimum amount of insurance.
- When coverage of the Policy ceases entirely, the amount of insurance converted will be the amount of insurance provided by the Policy on the date that coverage ceased, less any Accelerated Benefit paid.
- When coverage of the Policy reduces because the [Employee] moves from one Class of Covered [Employee] to another Class of Covered [Employee], the amount of insurance converted will be the amount by which coverage is reduced, less any Accelerated Benefit paid.
- The premium will be Our then customary rate applicable to the form and amount of the individual Policy, to the class of risk to which the Covered Person then belongs, and to his or her Attained Age on the Effective Date of the individual Policy.
- Eligible Dependent Children may convert up to three times coverage amount to a maximum of [\$25,000] without Evidence of Insurability.
- Optional Benefits will not be issued with the converted Policy.
- If a Covered Person dies during the 31-day period for payment of premium but before an individual Policy is issued and In Force, Benefits will be paid under the Policy as provided by the terms of the [Employee's] Certificate.]

[PORTABILITY

If Your coverage is terminated by Us or by the Policyholder, You may continue coverage under the Certificate subject to the Benefit Conditions, Limitations and Exclusions provision and by providing Us with satisfactory Evidence of Insurability and paying Premiums when due. We must receive the

satisfactory Evidence of Insurability and the first Premium within 31 days after the coverage is terminated. The Policy must be In Force on the date that You port coverage.

Subject to the Benefit Conditions, Limitations and Exclusions provision, You may port Benefits when You:

- have been continuously covered by the Policy for at least [6] months;
- are less than Age [70];
- are not Totally Disabled; and
- are no longer [Actively At Work] as [a/an] [Employee].

If You are no longer eligible for coverage for any other reason stated in the Termination of Eligibility Provision (except death), You may continue coverage under the Certificate by paying Premiums when due. We must receive the first Premium within 31 days after eligibility terminates.]

ASSIGNMENT AND BENEFICIARY PROVISIONS

Assignment. You may not assign your Certificate or allow it to be assigned.

Beneficiaries. The Beneficiary section in the Claim Provisions describes how Benefits are paid to Beneficiaries.

The primary Beneficiary and any contingent Beneficiary for Life Insurance and Accidental Death Insurance covering You are named on the [Employee] Enrollment Form for coverage under the Policy. You can change any Beneficiary during Your lifetime unless an Irrevocable Beneficiary is named.

A change in Beneficiary must be made by filing a written request satisfactory to Us. The change will be effective as of the date it was signed, but We will not be liable for any action taken before notice is received and recorded at the Home Office. If no Beneficiary is named, the [Employee's] estate will be paid.

GENERAL PROVISIONS

Agreements and Policy Changes

No change in the Policy shall be valid unless made by endorsement or amendment. Such a change is valid only if signed by Our Chairman, Chief Executive Officer, President, or a Vice President.

No other person can waive any Policy terms or make any agreements about the Policy that are binding on Us.

Clerical Error

No Clerical Error by the Policyholder will:

- delay the Effective Date of a Covered Person's insurance;
- end insurance otherwise validly In Force; or
- continue insurance otherwise validly terminated.

Conformity with State Statutes

Any Policy wording that, on the Initial Effective Date, is in conflict with the statutes of the Situs State is hereby amended to conform with the minimum requirements of such statutes.

Entire Contract

The Policy, the Policyholder's Master Application, enrollment forms and Evidence of Insurability, if required, as well as any endorsements and amendments shall make up the entire contract.

Statements made by the Policyholder or Insured shall be deemed representations and not warranties.

Evidence of Insurability

We may require evidence that a person meets our underwriting standards for this insurance.

Grace Period

The Policy has a Grace Period of thirty-one (31) days for the payment of any Premium due except the first.

During the Grace Period, the Policy is In Force, unless the Policyholder gives Us written notice to cancel it before the end of the Grace Period. The Policyholder shall be liable to Us for the payment of a pro-rata Premium for the time the Policy was In Force during the Grace Period.

Incontestability

The validity of the Policy will not be contested except for nonpayment of Premiums after it has been In Force for [two (2)] year(s) from its Initial Effective Date.

In the absence of fraud, no statement made by any person insured shall be used in any contest unless a copy of the statement is or has been furnished to:

- the person insured; or,
- in the event of death or incapacity of the person insured, to His or Her beneficiary or personal representative.

Except for claims incurred within [two (2)] year(s) after a Covered Person's Effective Date of Insurance, no statement, except a fraudulent statement, made by any person insured when applying for insurance will be used to contest the validity of that insurance after:

- the insurance has been continuously In Force for [two (2)] year(s) during the lifetime of the person insured; and
- unless it is contained in a written form signed by the Insured.

This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

Legal Actions

Legal action cannot be taken against Us:

- sooner than 60 days after due Proof of Loss has been filed; or
- more than 3 years after the time written Proof of Loss is required to be filed according to the terms of the Policy.

Misstatement of Age [or Gender]

If the Age [or gender] of a Covered Person has been misstated and if the amount of Premium is based on Age [or gender], an adjustment of Premiums shall be made based on the Covered Person's true Age [or gender]. If Age [or gender] is a factor in determining eligibility or amount of insurance and there has been a misstatement of Age [or gender], the insurance coverages or amounts of Benefits, or both, for which the Covered Person is insured shall be adjusted in accordance with the Covered Person's true Age [or gender]. Any such misstatement of Age [or gender] shall neither continue insurance otherwise validly terminated nor terminate insurance otherwise validly In Force.

If it is determined after the death of a Covered Person that the Covered Person's Age [or gender] was misstated, the Amount of Insurance will be that which the Premiums would have purchased at the correct Age [or gender].

Non-Participating

The Policy is a non-participating policy. We will not pay dividends on the Policy.

DEFINITIONS

For the purposes of the Certificate when these words are used in the Certificate, they have the meanings stated.

Accident (Accidental) means a sudden, unexpected, violent and external event that causes bodily Injury to a Covered Person.

[Actively At Work (Active Employment)] means the person must be working:

- on a full-time basis and paid regular earnings;
- at least the minimum number of hours shown in the Certificate Schedule;
- at the [Employer's] usual place of business; or
- at a location to which the [Employer's] business requires the person to travel.

A person must be considered Actively At Work if the [Employee] was actually at work on the day immediately preceding:

- a weekend;
- holidays;
- paid vacations;
- any non-scheduled work day;
- excused leave of absence (except medical leave and lay-off); or
- emergency leave of absence (except emergency medical leave required by His Illness or Injury).

[Persons classified as [part-time][or][temporary] workers by the Employer or Policyholder are not Actively At Work except as agreed between the Policyholder and the Company.]

[Persons on strike are [not] Actively At Work [except][as] agreed by the Policyholder and the Company.]

[The Active Employment must be for an Employer that has a workforce of Employees who are Eligible for Policy Coverage.]

[Active Member(ship)] is defined in the Definition of "Member".]

Application means the forms the Policyholder completed when applying for the Policy that are attached to the Policy.

Age means the Age of a Covered Person on His or Her last birthday as of the Initial Effective Date.

If coverage is effective after the Initial Effective Date, Age means Age as of the last birthday preceding the request for insurance coverage.

[Association] means an entity that:

- has been actively in existence for at least [5] years;
- has been formed and maintained in good faith for purposes other than obtaining insurance;
- does not condition its membership in the association on any health status-related factor relating to an individual (including an Employee of an employer or a dependent of any Employee);

- makes insurance coverage it offers available to all members regardless of any health status-related factor relating to the members (or individuals eligible for coverage through a member);
- does not make insurance coverage it offers available other than in connection with a Member of the Association; and
- meets any additional requirements that may be imposed under laws of the Situs State.]

Attained Age means the Age of the [Employee] stated on the Certificate, plus the number of completed Certificate years.

The Attained Age of any other Covered Person is the person's Age on the Date of Certificate, plus the number of completed Certificate years.

Beneficiary means the Person or Persons the [Employee] names to receive the Death Proceeds in the event of the [Employee]'s death. For Benefits payable other than at the [Employee's] death, Beneficiary means the [Employee].

[Cancer means a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, and malignant tumors that are first identified by Clinical Diagnosis or Pathological Diagnosis after the Effective Date of Insurance.

Clinical Diagnosis means a diagnosis of Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the diagnosis; and
- a Physician is treating the Covered Person for Cancer.

Pathological Diagnosis means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be performed by a Physician who is also a board certified pathologist and whose diagnosis of malignancy conforms with the standards set by the American College of Pathology.

The term Cancer does not include skin Cancer, other than malignant melanoma.]

[Calendar Month means any of the named months, January through December.]

[Calendar Year means a 12 month period, [January 1 through December 31.]

[Carcinoma In Situ means a diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue.

Carcinoma in Situ does not include:

- Prostate cancer histologically classified as [Gleason score of less than [7]], or [TNM classification less than T2NOMO];
- Malignant melanoma of less than [1.0 mm.] maximum thickness as determined by histological examination using the [Breslow method];
- other skin malignancies;
- pre-malignant lesions (such as intraepithelial neoplasia); or
- benign tumors or polyps.

Carcinoma in Situ must be identified pursuant to a Pathological or Clinical Diagnosis. Pathological or Clinical Diagnosis must occur after the Effective Date of Insurance.]

Certificate of Insurance (Certificate) means the document We issue for delivery to each Insured stating the protection to which He or She is entitled, to whom We will pay Benefits and a statement of any family member's or dependent's coverage.

[Child (Children) means a person who is primarily dependent upon and living with the Insured in a permanent parent-child relationship and a:

- natural or adopted child of the Insured or Spouse;
- Child placed with the Insured for adoption; or
- stepchild of the Insured.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States (unless living with an Insured); or
- Child on active military duty for a period in excess of [30] days.]

Claim means any request for a Policy Benefit, made by a Claimant or by a representative of the Claimant, that complies with the Policy's procedures for making Benefit Claims.

Claimant means a Covered Person who makes a Claim under the Policy.

[Class means a group of persons that We and the Policyholder have agreed to insure.]

[Coma means a state of complete and continuous unconsciousness not less than [96] hours in duration which exhibits an inability to be aroused or to respond to external stimuli aside from primitive avoidance reflexes.

The diagnosis of Coma must be made by a board-certified Neurologist.

Benefits are not payable for medically-induced comas.

Payment of benefit is based upon Date of Diagnosis made after the Effective Date of Insurance.]

[Common Carrier means a conveyance that:

- is operated by a government-regulated or government-run business; and
- transports persons for a fee.]

Contributory means coverage under the Policy for which the [Employee] is paying a portion of the Premium. The Certificate Schedule indicates if [Employee] contributions are required.

[Coronary Artery Bypass Surgery means major surgery requiring median sternotomy (division of breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist.

Diagnosis of coronary heart disease must be made by accepted angiography testing.

The following procedures are not considered coronary artery by-pass surgery: angioplasty, laser embolectomy, atherectomy, stent placement, and other non-surgical procedures not requiring medium sternotomy.

Payment of benefits is based upon Date of Diagnosis made after the Effective Date of Insurance.]

[Covered Employee means the Eligible Employee, when covered by the Policy.]

[Covered Employee also means a person who has ported coverage as allowed by the Portability provision.]

[Covered Member means the Eligible Member, when covered by the Policy.]

Covered Person means an eligible [Employee] or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

[Credit Union means an institution that is chartered to operate as a Credit Union by the National Credit Union Administration or by a state regulatory body.]

[Critical Illness means:

- Heart Attack;
- Stroke;
- Coronary Artery Bypass Surgery;
- Cancer;
- Carcinoma in Situ;
- Major Organ Transplant (except Kidney Transplant);
- End Stage Renal Failure or Kidney Transplant; or
- Occupational HIV.]

[Date of Diagnosis means the earliest of the date of:

- Tentative Diagnosis;
- Clinical Diagnosis; or
- the day the tissue specimen, culture and/or titer(s) are taken, upon which the Tentative or Pathological Diagnosis of Cancer or Carcinoma in Situ is made.]

Eligible Dependents means a Spouse, His or Her Child(ren) and the Child(ren) of an Eligible [Employee].

[We must approve eligibility of the Spouse and Child(ren) of [a/an] [Employee].]

[Each such person must meet the Eligibility requirements shown in the Certificate Schedule.]

If a Child is covered by the Policy, the Child's Eligibility will not end if the Child is and remains:

- unmarried;
- incapable of self-sustaining employment due to mental incapacity or physical handicap; and
- chiefly dependent on the [Employee] or Spouse for support.

However, in no event will Eligibility or coverage of any Child continue beyond the date that the [Employee's] coverage ends.

The [Employee] must furnish Us with proof of physical or mental incapacity within 31 days after the Child's Eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

[Eligible Employee means a person who:

- is in Active [Employment] of the Policyholder; and
- meets the Enrollment Eligibility and Waiting Period provisions shown in the Certificate Schedule.]

[Eligible Person means someone who:

- is a Member in good standing of the Policyholder; and
- meets any other Eligibility Requirements for Eligible Members shown on the Certificate Schedule.]

[Employer means an entity that employs a workforce of persons in Active Employment. Employer includes any division, subsidiary or affiliated company named in the Application.]

[End-Stage Renal Failure means End Stage Renal disease which:

- results in chronic irreversible failure of both kidneys to function; and
- which requires a Covered Person to undergo regular renal dialysis at least weekly.

The diagnosis of End Stage Renal Failure must be made by a Physician, after the Effective Date of Insurance.]

Enroll means application by an [Eligible Employee] for Policy coverage. By agreement between the Company and the Policyholder, Enrollment may:

- require completion of an Enrollment Form by the [Eligible Employee];
- be automatic, in which case it is not necessary for the [Eligible Employee] to complete an Enrollment Form; and
- require Evidence of Insurability.

Evidence of Insurability means a form acceptable to Us showing that a person meets Our requirements for coverage under the Policy.

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries that is first diagnosed by a Physician after the Effective Date of Insurance.

The diagnosis of a Heart Attack must be based upon all of the following:

- associated new EKG changes consistent with and supporting the diagnosis of Heart Attack;
- elevation of cardiac enzymes above generally accepted laboratory levels of normal (in the case of [CPK, a CPK-MB] measurement must be used); and
- confirmatory imaging studies such as thallium scans, MUGA scans or stress echocardiograms.

The following are not considered as a Heart Attack:

- an EKG change consistent with transient ischemic change;
- angina;
- chance finding of EKG changes suggestive of a previous Heart Attack; or
- death of the heart muscle coincident with death of [a/an] [Employee] from other causes.]

Home Office means the Executive Offices of Kanawha Insurance Company at [210 South White Street, Lancaster, South Carolina 29720].

In Force. The Policy is In Force as of its Effective Date when:

- the [Employer's] Application for Insurance is approved by Us;
- the Policy is issued; and
- the first Premium is paid to Us.

The Policy remains In Force when Premiums are paid to Us on their due dates or within the Grace Period. The Policy can be canceled by the Policyholder or by Us under the terms stated in the Policy.

Each Certificate issued under the Policy is In Force from its Effective Date when:

- the [Employee]'s enrollment is approved by Us; and
- the first Premium is paid.

Each Certificate remains In Force when Premiums are paid to Us on their due dates or within the Grace Period.

An Optional Benefit available under the Policy is In Force when:

- the [Employee's] enrollment for the Benefit is approved by Us; and
- the first Premium is paid.

An Optional Benefit remains In Force when Premiums for it are paid to Us on their scheduled due dates or within the Grace Period.

The Certificate Schedule indicates termination dates for specific Policy Benefits and Optional Benefits provided to the [Employee] and any other Covered Person.

Illness means sickness or disease of a Covered Person.

Initial Effective Date means the date that coverage begins under the Policy.

Injury means the bodily harm resulting directly from an Accident and independently of all other causes.

Insured means an [Eligible [Employee]] who is covered by the Policy.

[Intoxicated means having blood alcohol content in excess of the state limit for operation of a private passenger Motor Vehicle. The state limit used will be that of the state in which a loss occurs.]

[Kidney Transplant means surgery to transplant a Kidney into a Covered Person that is advised by a Physician.]

[Laid Off means that the [Employee's] job has been ended or suspended by His Employer due to:

- a decrease in output by the Employer;
- a decrease in staff due to economic conditions;
- a reorganization that eliminates the [Employee's] job; or
- a reorganization that eliminates the Employer's need for the [Employee's] s job skills.

Laid Off does not include termination for cause or because the [Employee] is no longer physically able to perform the job.]

Lapse means the Policy is no longer In Force when a Premium is more than 31 days past due.

Locked Out means that the [Employee's] place of employment has been shut down by His Employer during a labor dispute. The Lockout must be lawful.

[Loss of Foot means the total and irrecoverable loss of use of the foot.]

[Loss of Hand means the total and irrecoverable loss of use of at least four fingers entirely on one hand.]

[Loss of Sight means clinically-proven, irreversible reduction of sight in both eyes as a result of Illness or Injury. The corrected visual acuity must be:

- less than [20/200]; or
- a visual field restriction to [20] degrees or less in both eyes.

There must be clear proof that blindness was due to Illness or Injury, and that the condition has continued without interruption for a period of at least [six (6)] consecutive months after diagnosis.

No benefit will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight.

The diagnosis must be made:

- by physical examination by an ophthalmologist; and
- after the Effective Date of Insurance.]

[Loss of Work means that the [Employee] is Laid Off, Locked Out, On Authorized Strike, or any combination of the three.]

[Major Organ Transplant means surgery to transplant into a Covered Person one or more of the following organs separately or in any combination that is advised or recommended by a Physician:

- Heart
- Liver
- Lung
- Pancreas.]

Maximum Issue Amount means the maximum sum of life insurance that We will issue on the life of the Insured under the Policy and any Optional Benefits selected. It is shown on the Certificate Schedule.

[Member or Active Member(ship) means a person who is in a Class shown on the Schedule [and in good standing as defined by the [Association's] requirements and bylaws.].]

[Motor Vehicle means a vehicle licensed to operate on public roadways.]

Non-Contributory means coverage under the Policy for which the [Employer] is paying the entire Premium. The Certificate Schedule indicates if all Premiums are paid by the [Employer].

[Occupational Assault means an attack by one or more persons upon the Insured that takes place during the course of the Insured's employment. The attack must take place:

- at the Insured's regular place of employment;
- at the location where the Insured parks His vehicle during the business day;
- between the location where the Insured parks His vehicle during the business day and His worksite;
- at, or traveling to or from, a worksite; or
- on a sales, delivery or pickup route that the Insured must travel.

An Occupational Assault is not:

- Accidental injuries caused by one or more persons;
- an attack where assailant(s) and victim are members of the same family, including only Insured, Spouse and Children;
- an attack by the Insured upon another person, other than in self-defense; or
- an attack on the Insured that occurs while He is commuting to or from His place of employment.]

[Occupational HIV means that the Covered Person initially contracted and was diagnosed with Human Immunodeficiency Virus (HIV) after the Date of Certificate. Benefits will only be paid if all of the following conditions are met:

- the cause of the HIV must be from an accidental needle stick/sharp injury or by mucous membrane exposure to blood or bloodstained bodily fluid which occurred during the twelve (12) months preceding diagnosis, after the Effective Date of Insurance and while His insurance is In Force;
- the accident must have occurred while the Covered Person was following the normal occupational duties and reported in accordance with the established occupational procedures for such accidents;
- the Covered Person must have undergone a blood test within five (5) days of the accident which indicated the absence of HIV or antibodies to such a virus; and
- within twelve (12) months of the accident, the Covered Person must undergo a follow up blood test indicating the presence of HIV or antibodies to such a virus.]

[On Strike (Strike) means that the [Employee] and other employees acting together:

- have ceased work, or
- are refusing to work or to continue to work for the [Employee's] employer.

The Strike must be authorized under the rules of a union or unions representing the Insured and other striking Employees.

The union or unions authorizing the strike must be recognized by the [Employee's] Employer for collective bargaining purposes.

The Strike must be lawful and must not take place while a labor contract is still in effect.]

[Paralysis means Hemiplegia, Paraplegia or Quadriplegia as a result of an Accident.

- **Hemiplegia** means the complete paralysis of upper and lower limbs of one side of the body.
- **Paraplegia** means the complete paralysis of both lower limbs.
- **Quadriplegia** means the complete paralysis of both upper and lower limbs.]

[Permanent Paralysis means only:

- Hemiplegia;
- Paraplegia; or
- Quadriplegia.

The loss must:

- be expected to be permanent;
- have been present continuously for at least [180] days;
- be caused by Injury sustained in an Accident occurring after the Effective Date of Insurance;
- have been first diagnosed after the Effective Date of Insurance;
- be evidenced by the total and irreversible loss of use of two or more limbs; and
- be marked by loss of muscle function in two arms, two legs, or one arm and one leg.

Paralysis does not include paralysis that results from a Stroke or other illnesses.]

Physician means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a Physician. The person must be licensed and practicing in the United States.

Physician does not include:

- You;
- a person related to You by blood or marriage; or
- a medical doctor or other person practicing outside of the United States.

Planned Level Premium means the Premium that We charge at the beginning of a Planned Level Premium Period for term life insurance on [Employees] and Spouses who are Covered Persons. The Planned Level Premium is based on expected experience for the group and is subject to change at the end of each Policy Year as explained in the Premium Provisions of the Policy.

Planned Level Premium Period means the maximum time during which a Planned Level Premium may be charged.

Policy means the group Policy issued to the Policyholder.

[Policy Month means a period of time:

- beginning on the day of the month corresponding to the Initial Effective Date; and
- continuing through the end of the preceding day in the next Calendar Month.]

[Policy Year means a period of time:

- beginning on the Initial Effective Date or its anniversary; and
- continuing through the end of the day preceding the next anniversary.]

Policyholder means the entity so named on the Policy face page.

[Pre-existing Condition means any of the following which a Physician has treated or for which a Physician has advised treatment of the Covered Person within [12] months before the Covered Person's Effective Date of Insurance:

- [[Heart Attack;]
- [Stroke;]
- [Cancer;]
- [Carcinoma in Situ;]
- [End-Stage Renal Failure;] [or]
- [Occupational HIV].

Pre-existing Condition [also] means [any of] the following which a Physician has treated or for which a Physician has advised treatment (by transplant, bypass surgery, medication or otherwise) of the Covered Person within [12] months before the Covered Person's Effective Date of Insurance:

- [failure of the liver, kidney(ies), pancreas, or lung(s);]
- [failure of the heart;] [or]
- [coronary artery disease][.]

Pre-existing Condition also means that a Physician has given a Tentative Diagnosis of Cancer or Carcinoma in Situ of the covered Person within [12] months before the Covered Person's Effective Date of Insurance.]

[Pre-existing Condition [also] means a condition causing Total Disability which a Physician has treated or for which a Physician has advised treatment of the [Employee] within [12] months before the [Employee]'s Effective Date of Insurance.]]

Proof means evidence satisfactory to Us for insurability or for other matters which require Proof.

[Racing means engaging in a contest of speed against one or more other persons.]

[Renal Failure is defined in the Definition of "End Stage Renal Failure".]

[Replaced Policy means a policy or certificate, the premiums for which are paid by or through the Policyholder. It must:

- have a paid-to date within [60] days of the Policy's Date of Application;
- be replaced by the Policy; and
- end upon issue of the Policy.

At Our request, the Policyholder must give Us Proof about [a/an] [Employee's] Replaced Policy.]

Schedule means page(s) so labeled in the Policy and the Certificate. The Schedule summarizes the Benefits and eligibility requirements of the Policy.

[Seat Belt means a manufacturer or dealer-installed safety device in a Common Carrier or Motor Vehicle consisting of a strap or harness that is intended to restrain an occupant during an Accident and reduce injuries.]

Sickness means an illness or disease causing a loss covered by the Policy. Sickness includes pregnancy and complications of pregnancy.

Spouse means[:]

[1.] the person recognized as the covered Insured's husband or wife under the laws of the state in which the Insured lives[:] [or]

[2.] [the person recognized by the Insured's state of residence as[:]

- [the Insured's Domestic Partner;]
- [a party to a Civil Union with the Insured;]
- [a Reciprocal Beneficiary of the Insured;] [or]
- [someone for whom we must provide the coverage of the Policy on a spousal equivalent basis under the laws or regulations of that state.]]

[3.] [persons who, by written agreement between the Company and the Policyholder, may be covered by the Policy on a spousal equivalent basis.]

[We will continue to provide coverage after the Insured or Spouse moves to a state that does not recognize the relationship described.]

[We will not continue to provide coverage under these definitions for the Spouse when a legal action ends a relationship described.]

The Policy will at no time cover more than one person as an Insured's Spouse.

Strike, is defined in the Definition of "On Strike."

[Stroke means death of brain tissue due to a cerebrovascular event resulting in neurological damage including infarction, hemorrhage or embolization of brain tissue from an extra cranial source for at least [90] days.

Stroke does not mean a transient ischemic attack, transient global amnesia, chronic cerebrovascular insufficiency, attacks of vertebrobasilar ischemia or a cerebrovascular event resulting from Accidental Injury.

Diagnosis of a Stroke must be based on all of the following criteria:

- documented neurological impairment or deficits;
- evidence of brain tissue damage shown by neuroimaging (CT, MRI, or PET Tomography or similar test);
- permanent neurological deficit measured three months or more after the event that results in a score of [2 or higher on the Modified Rankin Scale] for stroke outcome; and
- which was made after the Effective Date of Insurance.]

Tentative Diagnosis means a diagnosis of Cancer or Carcinoma in Situ based upon dated medical records.

Terminal Illness means a Sickness that will, with a reasonable degree of medical certainty, result in death of a Covered Person under the Policy within [twelve] months from the date the attending Physician signs a Claim Form.

The attending Physician must confirm that the [Employee] or covered Eligible Dependent suffers from a Terminal Illness commencing while the Policy is In Force.

[Totally Disabled (Total Disability) means, for the first [24] months of a disability that the Covered [Employee] is:

- unable to perform the substantial and material duties of His regular occupation;
- not working in any other occupation; and
- under the care of a Physician for the disability.

After [24] months of Total Disability, Totally Disabled means that the Insured is:

- unable to perform the duties of any gainful occupation for which He is reasonably fitted by training, education or experience; and
- under the care of a Physician for the disability.

We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.]

[Waiting Period means the period during which the [Employee] must be in the Active [Employment] of the [Employer] before the [Employee] is eligible for coverage under the Policy. The Waiting Period is shown in the Certificate Schedule.]

We, Us, Our and Company all mean Kanawha Insurance Company.

You and Your means the covered [Employee].

Any reference to “He,” “Him” or “His” will also refer to “She” or “Her,” or “their.”



Employer's Master Application For Group Voluntary Products

HUMANA[®]
Specialty Benefits

A. Employer Information

Name ABC Company
Address 101 Downtown Street City Anywhere State SC ZIP 29730
Telephone Number 555-555-4545 Fax Number 555-555-4545
E-mail Address jdoe@abccomp.com
Contact Person John Doe Title Vice President
Nature of Business _____
Employer Identification Number (EIN) 0001212010
Collectively Bargained Plan? Yes No
Name of Plan ABC Company Plan
Plan Number 004545 (Assigned by Employer for use in filing IRS Form 5500)
Is this group considered a government entity or a church? Yes No

B. Billing Information (if different from above)

Name _____
Address _____ City _____ State _____ ZIP _____
Telephone Number _____ Fax Number _____
E-mail Address _____
Contact Person _____ Title _____

C. Billing Details (Billing to other than Employer requires prior Home Office Approval)

Billing Frequency: Monthly Other (specify day of month) _____
Payroll Frequency: Monthly Semi-Monthly Bi-Weekly Weekly Other _____
Preferred Billing Type: Paper E-mail Tape
Payroll Cutoff Date(s) to Receive Changes (specify day of month) 29th Day
Must Receive First Billing/Deductions by (specify day of month) 28th Day

D. Due Date

Effective Date of Policy and Due Date of First Premium will be (month, day, year) _____

E. Eligibility

Eligible Employees: Salary Exempt and Non-Exempt
 Wage and Hour Non-Exempt
 Other _____

An Eligible employee is one who is actively at work on a full-time basis working at least 30 hours per week.

Total Eligible Employees 30

Employer Contribution 50% Employee Contribution 50%

New employees hired after Effective Date of Policy will be eligible for coverage after:

- 1st of month following employment
 1st of month after 30 days of employment
 Other _____

F. Existing Coverage Available to Employees

Disability Income Carrier None Individual Group Coverage Termination Date _____
Dental Carrier None Individual Group Coverage Termination Date _____
CI/Cancer Carrier None Individual Group Coverage Termination Date _____

G. Products

DISABILITY

Plan Design:

- Benefits are provided in conjunction with a HSA Plan
 Benefits will be offered in conjunction with an IRS qualified pre-tax plan
Benefit Period 3 Months 6 Months 1 Year 2 Years 3 Years 5 Years

Elimination Period

- Accident and Sickness 0/7 7/7 0/14 14/14 30/30 90/90
 180/180 365/365

Optional Benefits – Employee Selectable

- COBRA Benefit Physical Therapy Benefit

Optional Benefits – Employer Selectable

- Sickness Elimination Period Waiver - Available only if 7 or 14 day Elimination Period is selected for Sickness.
 Loss of Work Mental, Nervous, Alcohol and Drug Abuse
 24 hour Takeover

ACCIDENT INSURANCE

Base Plan

- Level 1 Level 2 Level 3 Level 4

Optional Benefits

- Hospital Intensive Care Unit Benefit \$150 \$300 \$450 \$600
 Fracture and Dislocation Benefit \$750 \$1,500
 Accident Total Disability
Benefit (*Elimination Period*) 1 Day 7 Days 14 Days 30 Days
 On-the-Job Coverage Benefit

CRITICAL ILLNESS

Plan Design:

- Benefits are provided in conjunction with a HSA Plan
 Benefits will be offered in conjunction with an IRS qualified pre-tax plan

Coverage choices

- Vascular Cancer
 Other Critical Illnesses: 50% 100% (select one)

Optional Benefits – Employer Selectable

- Benefit Recurrence Loss of Work
 Takeover Benefit

Optional Benefits – Employee Selectable

- Health Screening Benefit \$50 \$100 \$150 (select one)
 Automatic Benefit Increase

TERM LIFE

Plan Design:

- 10 Year 20 Year

Optional Benefits – Employer Selectable

- Waiver of Premium Loss of Work
 Accidental Death and Loss of Sight Dismemberment
 Additional Benefit Increase
 Accelerated Living Benefit - Critical illness: 25% 50% 100% (select one)
 Takeover Benefit

H. State of Delivery

For the purpose of the Group Policy, the State of Situs will be Arkansas

Employer's Authorization/Agreement

Kanawha Insurance Company (hereafter referred to as Kanawha) is authorized to contact the employees of the Employer, named herein, concerning insurance to be provided by Kanawha.

Authorization is given to send billings to the location named herein. The responsibility of remitting premiums in a timely manner to Kanawha on behalf of their employees, whether collected via payroll deduction or employer-paid, is that of the Employer or Plan Sponsor.

Any employee may voluntarily stop his or her payroll deduction by notifying the Employer or Plan Sponsor. The Employer or Plan Sponsor will forward written notice of an employee's request to stop deductions to Kanawha's home office. It is also the Employer's or Plan Sponsor's responsibility to notify Kanawha of an employee's termination. The Employer or Plan Sponsor does not assume any responsibility of coverage after cancellation of the deductions or termination of employment of any employee.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at Anywhere, AR this 22nd day of February, 20 08.
City State Month

Signature of Officer or Person Approving Agreement

Signature of Licensed Insurance Producer

Title

Printed Name of Licensed Insurance Producer

Printed Name of Officer or Person Approving Agreement

License Identification Number of Insurance Producer

**GOVERNMENT ENTITIES AND CHURCHES ARE CONSIDERED NON-ERISA CASES.
EMPLOYER GROUPS ELECTING OPTIONAL BENEFITS COVERAGE MAY BE SUBJECT
TO THE TERMS AND CONDITIONS OF ERISA.**

KANAWHA
INSURANCE COMPANY

HUMANA
Specialty Benefits

210 South White Street
Post Office Box 610
Lancaster, South Carolina 29721-0610

Kanawha Insurance Company is a member of the Humana family of companies.

Enrollment Form for Voluntary Group Term Life Kanawha Insurance Company

HUMANA
Specialty Benefits

PLEASE INDICATE: ENROLLMENT FOR NEW COVERAGE CHANGE TO EXISTING COVERAGE

Proposed Insured (Please Print)	Person Proposed for Coverage (First Name, MI, Last Name)											Suffix			
	J O H N			D O E											
	Birthdate (MM/DD/YYYY)				Social Security Number						Gender <input checked="" type="radio"/> Male <input type="radio"/> Female				
	0 4 / 0 8 / 1 9 5 0		1 2 3 - 4 5 - 6 7 8 9												
	Address (Street or R.R.)														
	1 2 3			M A I N			S T R E E T								
	City				State		ZIP Code		Home Telephone						
L A N C A S T E R				S C		2 9 7 2 0		(8 0 3) 2 8 5 - 1 2 3 4							
Employer Name or Group Number								Date of Employment (MM/DD/YYYY)							
K M G				A M E R I C A				0 1 / 0 1 / 1 9 9 9							
How many hours per week do you work?				4 0		Employee Class (If Applicable) <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5									

Spouse	Spouse Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)				Social Security Number						Gender <input type="radio"/> Male <input type="radio"/> Female			

Child One	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)				Social Security Number						Gender <input type="radio"/> Male <input type="radio"/> Female			

Child Two	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)				Social Security Number						Gender <input type="radio"/> Male <input type="radio"/> Female			

Child Three	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)				Social Security Number						Gender <input type="radio"/> Male <input type="radio"/> Female			

Child Four

Child Name (First Name, MI, Last Name) (If proposed for coverage) Suffix

Birthdate (MM/DD/YYYY) Social Security Number

Gender Male Female

Child Five

Child Name (First Name, MI, Last Name) (If proposed for coverage) Suffix

Birthdate (MM/DD/YYYY) Social Security Number

Gender Male Female

TERM LIFE INSURANCE Employee Spouse Child(ren)

	Employee	Spouse
Has any Proposed Insured used any form of tobacco in the last 12 months?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Base Plan 10 Year Term 20 Year Term

Base Benefit

Employee Benefit Amount	Spouse Benefit Amount	Child(ren) Benefit Amount	Total Modal Premium
\$ 1 0 , 0 0 0	\$,	\$,	\$.

Optional Benefit Automatic Benefit Increase

Beneficiary Designation

Beneficiary Name and SSN: _____ Relationship: Parent, Spouse, Child(ren)

Contingent Beneficiary Name and SSN: _____ Other: _____

Section I: Complete this Section if applying for Guarantee Issue.

	Employee	Spouse	Child 1	Child 2	Child 3	Child 4	Child 5
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1. Are you currently actively at work?.....	<input checked="" type="radio"/> <input type="radio"/>						
Section II: Complete this Section and Section I if applying for Contingent Guarantee Issue.							
2. Has any Proposed Insured ever been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?.....	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/>					
3. In the past 12 months, has any Proposed Insured been disabled, hospitalized, treated in an emergency room, and if employed, missed 5 or more consecutive days of work due to an injury or illness other than cold, flu, back problem, strained/sprained/fractured/ or broken limb, or maternity?.....	<input type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/>					

INSURANCE PRODUCER'S USE

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Date (MM/DD/YYYY)

Signature of Licensed Insurance Producer S/B LILLY KANAWHA
(Not required)

0 4 / 0 8 / 2 0 0 8

Insurance Producer Number

1	2	3	4	5	6

% Credit

1	0	0

Insurance Producer Number

% Credit

SERFF Tracking Number: *KANX-125601923* *State:* *Arkansas*
Filing Company: *Kanawha Insurance Company* *State Tracking Number:* *38652*
Company Tracking Number: *GLFAR0005710F01*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *Group Life*
Project Name/Number: *8013 Group Critical Life/GLFAR0005710F01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: KANX-125601923 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 38652
Company Tracking Number: GLFAR0005710F01
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life
Project Name/Number: 8013 Group Critical Life/GLFAR0005710F01

Supporting Document Schedules

Review Status: 04/09/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
Certification Regulation 19 Arkansas.PDF

Review Status: 04/09/2008
Bypassed -Name: Application
Bypass Reason: See forms
Comments:

Review Status: 04/09/2008
Satisfied -Name: Readability
Comments:
Readability
Attachment:
Readability.PDF

Review Status: 04/09/2008
Satisfied -Name: Actuarial Memorandum
Comments:
Actuarial Memorandum
Attachment:
Actuarial Memorandum.PDF

Review Status: 04/09/2008
Satisfied -Name: Cover Letter
Comments:
Cover Letter
Attachment:
Cover Letter.PDF

SERFF Tracking Number: KANX-125601923 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 38652
Company Tracking Number: GLFAR0005710F01
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life
Project Name/Number: 8013 Group Critical Life/GLFAR0005710F01

Review Status:

Satisfied -Name: AR - NAIC TRANSMITTAL DOC

04/09/2008

Comments:

NAIC Transmittal

Attachment:

AR - NAIC TRANSMITTAL DOC.PDF

Review Status:

Satisfied -Name: AR - NAIC FORM FILING
ATTACHMENT

04/09/2008

Comments:

NAIC Form Filing Attachment

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS

KANAWHA INSURANCE COMPANY

210 South White St., Lancaster, SC 29720

CERTIFICATION OF COMPLIANCE
REGULATION 19

Form: 8013, 8113, 1656 AR, 1380 06/08 AR

We hereby certify that Kanawha Insurance Company has reviewed Regulation 19 regarding unfair sex discrimination in the sale of insurance and is in compliance with this Regulation.

A handwritten signature in cursive script that reads "R. Dale Vaughan".

R. Dale Vaughan
President, Kanawha Insurance

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME:

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
8013	50.1
8113	50.0
1380 06/08 AR	50.0
1656 AR	56.2



Signed: _____
Name: R. Dale Vaughan
Title: President, Kanawha Insurance Company
Date: April 9, 2008

KANAWHA INSURANCE COMPANY

Actuarial Memorandum Group Term Life Insurance With Optional Benefits Master Policy Form 8013

I. Renewal

This product is a one-year renewable term life policy to age 80. Premiums are Unisex, Tobacco-distinct, and vary by issue age.

Each certificateholder's life coverage will be paid for on a Planned Premium (PLP) basis, based on original issue age. At each case renewal date, the certificateholder's life coverage will be continued by payment of the PLP, except that, based on renewal underwriting, each PLP for the case may be changed proportionately. Based on the certificate holder's election at issue, PLP's may be for an amount that potentially remains level for a period of 10 or 20 years. Subsequent renewal periods are allowed with PLP premiums based on the then attained age.

The policy contains a terminal illness acceleration benefit for 50% of the face amount upon certification by a physician of less than 12 months to live.

II. Conversion

Subject to certain conditions and limitations, if insurance on any Covered Person ceases, the Covered Person is entitled to have issued, without evidence of insurability, an individual policy of insurance.

III. Portability

Under certain circumstances, if the insured is no longer eligible for this insurance, the insured may continue this insurance by paying the required premiums due directly to us at Our Administrative Office. The insured covered under the certificate as of the date of termination will remain a member of the original Group of insureds. The member will continue to have coverage, with this certificate remaining in force. At our option, we may require evidence of current insurability.

IV. Reserves

Unearned premiums will be held for life and all benefit options.

V. Renewability

This contract may be renewed at the option of the company on a case basis, on each case's annual anniversary or any premium due date. Premiums may be changed on a case basis on each case's annual anniversary.

KANAWHA INSURANCE COMPANY

VI. Assumptions

1. Mortality

Simplified Issue – Grading from 105% to 70% of 1975-80 ALB 50/50 unisex blended table, over 15 years. 2x factor for smokers.

Contingent Guaranteed Issue – Grading from 120% to 75% of 1975-80 ALB 50/50 unisex blended table, over 15 years. 2x factor for smokers.

Guaranteed Issue – 155%-91% of smoker-distinct 2001 VBT ALB 50/50 unisex blended table, varying by duration.

2. **Lapse** - Year 1, 40%; Year 2, 25%; Year 3, 20%; Years 4 +, 15%; at renewal durations of the PLP – 35% for 10 Year PLP, and 50% for 20 Year PLP.

3. **Marketing Method** - Through producers and brokers on a group worksite basis.

4. **Underwriting** - Underwriting requirements vary by age of the applicant and amount of insurance; Group Underwriting, involving either simplified issue, contingent guaranteed issue, or guaranteed issue.

5. **Interest** – 5.5%

6. **Expenses:** Premium Taxes 2% all years. Annual maintenance expense of \$26 and first year acquisition expense of \$25.

7. **Premium Classes** - Premiums are based on the attained age at issue or renewal. There are two premium classes, non-tobacco user and tobacco user.

KANAWHA INSURANCE COMPANY

Benefit Option 1 Family Term Life Ins

I. Benefits

This option provides the certificate holder's spouse with up to \$50,000 of level term coverage to age 70. The premiums for spouse coverage are computed on the same PLP basis as for certificateholder coverage.

In addition, child coverage to attained age 26 is available in \$5,000 increments up to \$25,000 per child. The premium for child coverage covers all children.

II. Reserves

Same basis as for certificateholder coverage.

KANAWHA INSURANCE COMPANY

Benefit Option 2 Accelerated Living Benefit for Critical Illness

- I. **Benefit** - The benefit option provides for acceleration of the base life insurance amounts of certificate holder or family members in the event of critical illness. Coverage is for a specified benefit percentage (SBP) of the base coverage. This SBP may be 25%, 50% or 100% of the base coverage death benefit, to a maximum of \$100,000.

Critical illnesses covered are heart attack, stroke, cancer, end stage renal failure, major organ transplant and occupational HIV. Also, for coronary artery bypass surgery or carcinoma in situ, accelerated benefit coverage is provided for 25% of the SBP. Payment of the critical illness option benefit reduces the death benefit on a dollar-for-dollar basis. At attained age 65, option benefits are reduced by 25%, and at attained age 70, benefits are reduced by an additional 25%.

If acceleration of face amount is made for any of the above critical illnesses, no further acceleration for that particular illness can be made for any similar benefit option and vice versa.

- II. **Exclusions** - Illnesses not defined by the benefit option as critical illnesses are excluded.
- III. **Premiums** - Premiums for Benefit Option 2 follow the same PLP pattern as the base term.
- IV. **Applicability** - The benefit option is automatically included for any certificateholder in the issue age range when this option is chosen by the policyholder.
- V. **Assumptions**

Morbidity – Claim costs for the benefits of this policy were developed from the following sources:

National Center for Health Statistics, 2004 National Hospital Discharge Survey
American Heart Association, Heart Transplants: Statistics
American Heart Association, Heart Disease and Stroke Statistics—2007 Update
Dept of Health and Human Services, 2005 OPTN/SRTR Annual Report
US Renal Data System, 2006 Annual Data Report
American Cancer Society, Cancer Facts & Figures 2007

KANAWHA INSURANCE COMPANY

Benefit Option 3 Waiver of Premium Benefit

- I. **Benefit** – Before age 60, if the certificate holder becomes disabled for 6 months, and employment is terminated, life coverage continues during continued disability up to age 65. If employment is not terminated, during disability, premiums are waived for all benefit options.
- II. **Applicability** - The benefit option is automatically included for any certificateholder in the issue age range when this option is chosen by the policyholder.

Benefit Option 4 Accidental Death, Loss of Sight and Dismemberment Benefit

- I. **Benefit** - The benefit option provides for accidental death, loss of sight and dismemberment benefits for the certificateholder only. Coverage is to a maximum of \$100,000. Loss of sight and dismemberment benefits are 50% of the face amount.
- II. **Exclusions** – Illnesses and events excluded for life insurance.
- III. **Premiums** – Benefit Option premiums are based on attained age at issue or renewal.
- IV. **Applicability** - The benefit option is automatically included for any certificateholder in the issue age range when this option is chosen by the policyholder.
- V. **Assumptions**
Morbidity - Statistical data in Accident Facts published by the National Safety Council.

KANAWHA INSURANCE COMPANY

Benefit Option 5 Automatic Benefit Increase Benefit

At each of the first five certificate anniversaries, the certificateholder may elect additional coverage equal to the benefit purchased by \$1 or \$2 per week additional PLP at his then attained age, corresponding to the same potential level period. There is a premium charge associated with this option. If the certificateholder ever refuses to exercise an increase, all future increases are cancelled.

Benefit Option 6 Loss of Work Benefit

This benefit provides Waiver of Premium due to an authorized strike, lockout, layoff or position being abolished. It is available for sale through issue age 55 on policies where the employee is the primary insured. The elimination period is 30 days for benefit qualification, and the maximum benefit period is 6 months per occurrence, with a lifetime benefit maximum of 12 months.

Certification

I hereby certify that, to the best of my knowledge, the rate filing submitted here is in compliance with the applicable laws and regulations of this state and that the benefits of the policy form affected by the rate filing are reasonable in relation to the premium charged and conform to actuarial standards of practice as determined by the Actuarial Standards Board.



Shawn D. Parks, FSA, MAAA
Actuary



210 South White Street
P.O. Box 610
Lancaster, SC 29721-0610



Phone: 800-635-4252

NAIC COMPANY CODE 65110
FEDERAL TAX ID # 57-0380426
NAIC GROUP CODE 000

April 9, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little rock, AR 72201

RE: Kanawha Insurance Company
Group Term Life Policy Form 8013, et al
Actuarial Memorandum

Dear Commissioner,

Kanawha Insurance Company is submitting the above captioned forms for review and approval. These forms are new and not intended to replace any other forms currently in use. Also enclosed is the supporting actuarial memorandum.

The enclosed forms are designed to provide group term life coverage. The policy form will be issued in your state on a direct issue basis to groups traditionally recognized as eligible groups for group insurance in accordance with insurance laws, rules and regulations. The Company will use previously approved Group Policy Schedule Amendment form 1032 78-78, approved by your Department effective as of July 29, 2005, with the forms.

With regard to marketing information, this policy will be offered on a contributory or non-contributory basis, where the insured may be required to contribute none, all, or a portion of the premium. Coverage will be marketed through agent/broker solicitation. This policy is being filed for concurrent approval in the domiciliary state, South Carolina.

All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Master Application and Enrollment Form may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records. The Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

Thank you for your attention to this filing. If you should have any questions, please contact me at 1-800-635-4252 Ext 5442. My email address is margaret.dyches@kmgamerica.com.

Sincerely,

Compliance Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Kanawha Insurance Company 210 South White Street Lancaster SC 29720	SC	Life, Accident and Health	000	65110	57038042 6	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Margaret Dyches, FLMI, ACS, AIAA 210 South White Street Lancaster SC 29720	800-635-4252 Ext. 5442	803-313-5253	margaret.dyches@kmgameric a.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	GLFAR0005710F01
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7. X New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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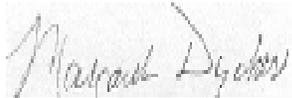
8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise											
	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input checked="" type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large										
<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket										
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust											
<input type="checkbox"/> Other: _____												

9. Type of Insurance	L04G Group Life - Term
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10. Product Coding Matrix Filing Code	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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11. Submitted Documents	<p>X FORMS</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input checked="" type="checkbox"/> Certificate</td> </tr> <tr> <td><input checked="" type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> <p><input type="checkbox"/> RATES</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> New Rate</td> <td><input type="checkbox"/> Revised Rate</td> </tr> </table> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreement</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input checked="" type="checkbox"/> Certificate	<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other: _____		<input type="checkbox"/> New Rate	<input type="checkbox"/> Revised Rate	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications																					
<input checked="" type="checkbox"/> Actuarial Memorandum																						
<input type="checkbox"/> Other: _____																						

12.	Filing Submission Date	April 9, 2008
13.	Filing Fee (If required)	Amount <u>\$110.00</u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
<p>Kanawha Insurance Company is submitting the above captioned forms for review and approval. These forms are new and not intended to replace any other forms currently in use. Also enclosed is the supporting actuarial memorandum.</p> <p>The enclosed forms are designed to provide group term life coverage. The policy form will be issued in your state on direct issue basis to groups traditionally recognized as eligible groups for group insurance in accordance with insurance laws, rules and regulations. The Company will use previously approved Group Policy Schedule Amendment form 1078-78, approved by your Department effective as of July 29, 2005, with the forms.</p> <p>With regard to marketing information, this policy will be offered on a contributory or non-contributory basis, where the insured may be required to contribute none, all, or a portion of the premium. Coverage will be marketed through agent/broker solicitation. This policy is being filed for concurrent approval in the domiciliary state, South Carolina.</p> <p>All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.</p> <p>The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Master Application and Enrollment Form may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records. The Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Margaret Dyches, FLMI, ACS, AIAA</u> Title <u>Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>04/09/08</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GLFAR0005710F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Policy	8013	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Certificate	8113	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Master Application	1380 06/08 AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Enrollment Form	1656 AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	