Filing at a Glance

Company: Madison National Life Insurance Company Incorporated

Product Name: GAO	SERFF Tr Num: MADS-125654252	State: ArkansasLH
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed	State Tr Num: 39049
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: GAO-CI	State Status: Approved-Closed
Filing Type: Form	Co Status: Initial Submission	Reviewer(s): Rosalind Minor
	Authors: Sue Long, Andrea Greiber	Disposition Date: 06/03/2008
	Date Submitted: 05/20/2008	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 01/15/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Association, Other
Filing Status Changed: 06/03/2008	
State Status Changed: 06/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The Group Policy is a non-participating policy that includes three products that are available to Age 70. The forms are new and will not replace any existing forms filed with your Department. Each product was filed separately under there respective categories.

•Accident Benefits-(Limited Benefit Coverage) - SERFF ID MADS-125654210
with optional Accident Disability Income Rider

•Critical Illness Benefits-(Limited Benefit Coverage) - SERFF ID MADS-125654252

•Term Life Insurance - SERFF ID MADS-125654270

Company and Contact

Filing Contact Information

Andrea Greiber, Compliance Specialist
PO Box 5008
Madison, WI 53705

ALG@madisonlife.com
(800) 356-9601 [Phone]
(608) 830-2704[FAX]

Filing Company Information

Madison National Life Insurance Company Incorporated
1241 John Q. Hammons Drive
Madison, WI 53717
(608) 830-2000 ext. [Phone]

CoCode: 65781
Group Code: 450
Group Name:
FEIN Number: 39-0990296

State of Domicile: Wisconsin
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company Incorporated	$100.00	05/20/2008	20415154

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/03/2008	06/03/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	05/23/2008	05/23/2008	Andrea Greiber	05/27/2008	05/27/2008

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 06/03/2008
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Filing Letter, Actuarial info...	Approved-Closed	Yes
Supporting Document	Association Information	Approved-Closed	Yes
Supporting Document	Response 052708	Approved-Closed	Yes
Form *(revised)*	CERTIFICATE	Approved-Closed	Yes
Form	CERTIFICATE	Withdrawn	No
Form	GROUP POLICY	Approved-Closed	Yes
Form	GROUP APPLICATION	Approved-Closed	Yes
Form	ENROLLMENT FORM	Approved-Closed	Yes
Form	LATE ENROLLEE EVIDENCE OF INSURABILITY-CRITICAL ILL & LIFE	Approved-Closed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/23/2008
Submitted Date	05/23/2008
Respond By Date	

Dear Andrea Greiber,

This will acknowledge receipt of the captioned filing.

Objection 1

- CERTIFICATE (Form)

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

Please feel free to contact me if you have questions.
Sincerely,
Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/27/2008
Submitted Date	05/27/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Certificate has been revised.

Related Objection 1

Applies To:

- CERTIFICATE (Form)

Comment:

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

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Response 052708
Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
CERTIFICATE	GAO-CI-C-1207-AR		Certificate	Initial			GAO-CI-C-1207-AR 052708.pdf
Previous Version							
CERTIFICATE	*GAO-CI-C-1207-AR*		*Certificate*	*Initial*			GAO-CI-C-1207-AR.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Andrea Greiber, Sue Long

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GAO-CI-C-1207-AR	Certificate	CERTIFICATE	Initial			GAO-CI-C-1207-AR 052708.pdf
Approved-Closed	GAO-P-1207-AR	Policy/Contract/Fraternal Certificate	GROUP POLICY	Initial			GAO-P-1207-AR.pdf
Approved-Closed	GAO-A-1207	Application/Enrollment Form	GROUP APPLICATION	Initial			GAO-A-1207.pdf
Approved-Closed	GAO-E-1207	Application/Enrollment Form	ENROLLMENT FORM	Initial			GAO-E-1207.pdf
Approved-Closed	GAO-EOI-1207	Other	LATE ENROLLEE EVIDENCE OF INSURABILITY-CRITICAL ILL & LIFE	Initial			GAO-EOI-1207.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

CERTIFICATE OF INSURANCE

GROUP CRITICAL ILLNESS COVERAGE

This is Your Certificate of Insurance (hereafter referred to as "Certificate") while You are insured. This Certificate is a description of the Critical Illness benefits provided through the Group Policyholder (hereafter referred to as "Policyholder"), under the Group Policy (hereafter referred to as "Policy"). The Policy is a contract between the Policyholder and Us. The Policy is held by the Policyholder. Policyholder information is shown in the Schedule of Benefits.

The Policy is the agreement under which payments are made. We will pay benefits stated in this Certificate, only if a loss arises from the causes described in the Certificate.

The Policy may be amended at any time without notice to You. Any such amendment will not affect a claim starting before the amendment takes affect.

You may inspect the Policy at any time during business hours at the office of the Policyholder.

REDUCTION OF BENEFITS. The amount payable will be reduced by 50% if an Insured Person is age 65 or older on the date the benefit becomes payable. Coverage terminates at age 70.

PLEASE READ THIS CERTIFICATE CAREFULLY.

The President and Secretary of Madison National Life Insurance Company witness this Certificate:

Larry R. Graber
President

Adam C. Vandervoort
Secretary

<u>THIS IS LIMITED BENEFIT COVERAGE.</u>
CRITICAL ILLNESS COVERAGE TO AGE 70

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

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SCHEDULE OF BENEFITS

(hereafter referred to as "Schedule")

Policyholder Information

Group Policyholder: [Organization Name.]

Group Number: [Organization Number]

Policy Effective Date: [Organization Effective Date of Coverage]

Dependent Coverage: [Yes/No]

Eligible Dependents: [Not Applicable/Spouse/Spouse-Children/Children only] (For whom the Insured enrolled and the Policyholder paid premium for.)]

Pre-Existing Condition Limitation

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Insured Person has been enrolled for coverage, including any waiting period for coverage eligibility. A Critical Illness resulting from a Pre-Existing Condition commencing thereafter will be covered unless otherwise excluded by the Policy.

A Pre-Existing Condition means any illness or injury for which an Insured Person received any Diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy.

Reduction Schedule

The amount payable for a Critical Illness will be reduced by 50% if an Insured Person is age 65 or older on the date the benefit becomes payable. "Age" refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

If we at Madison National Life Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street, Little Rock, AR 72201
Phone: (501) 371-2640, (800) 852-5494
Email: insurance.consumers@arkansas.gov

SCHEDULE OF BENEFITS *continued…*

Maximum Benefit Amount Per Insured Person: [*See Statement of Variability*]

Unless otherwise noted, coverage must be in effect for 30 days before benefits are payable.

Critical Illness Diagnosis Benefit	Percentage of Critical Illness Maximum Benefit Amount
[Life Threatening Cancer - more than 90 days after Effective Date	[*See Statement of Variability*]]
[Life Threatening Cancer - within first 90 days after Effective Date	[*See Statement of Variability*]]
[Heart Attack	[*See Statement of Variability*]]
[Kidney (Renal) Failure - more than 90 days after Effective Date	[*See Statement of Variability*]]
[Kidney (Renal) Failure - within first 90 days after Effective Date	[*See Statement of Variability*]]
[Stroke	[*See Statement of Variability*]]
[Coma	[*See Statement of Variability*]]
[Coronary Artery Bypass	[*See Statement of Variability*]]
[Loss of Sight, Speech or Hearing	[*See Statement of Variability*]]
[Major Organ Transplant	[*See Statement of Variability*]]
[Paralysis	
[Quadriplegia	[*See Statement of Variability*]]
[Paraplegia	[*See Statement of Variability*]]
[Hemiplegia	[*See Statement of Variability*]]]
[Severe Burn - Specified Body Area	
[Face and Neck and Head	[*See Statement of Variability*]]
[Hand and Forearm Below Elbow Joint (Right)	[*See Statement of Variability*]]
[Hand and Forearm Below Elbow Joint (Left)	[*See Statement of Variability*]]
[Upper Arm Below Shoulder Joint to Elbow Joint (Right)	[*See Statement of Variability*]]
[Upper Arm Below Shoulder Joint to Elbow Joint (Left)	[*See Statement of Variability*]]
[Torso Below Neck to Shoulder Joints and Hip Joints (Front)	[*See Statement of Variability*]]
[Torso Below Neck to Shoulder Joints and Hip Joints (Back)	[*See Statement of Variability*]]
[Thigh Below Hip Joint to Knee Joint (Right)	[*See Statement of Variability*]]
[Thigh Below Hip Joint to Knee Joint (Left)	[*See Statement of Variability*]]
[Foot and Lower Leg Below Knee Joint (Right)	[*See Statement of Variability*]]
[Foot and Lower Leg Below Knee Joint (Left)	[*See Statement of Variability*]]

CRITICAL ILLNESS DIAGNOSIS BENEFIT

We will pay this benefit, subject to the Reduction Schedule and Benefit Payment Conditions listed herein, if while the Policy is in force, an Insured Person is first Diagnosed with a Critical Illness by a Physician. Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, coverage terminates and no further benefits are payable for that Insured Person.

Benefit Payment Conditions: Payment of benefits upon first Diagnosis of the Critical Illnesses listed below is subject to the following: (1) the Diagnosis is made within the United States; (2) the Diagnosis is made while the Insured Person's coverage is in force under the Policy; and (3) payment must not be precluded by any general or specific Exclusion or provision set forth under the Policy or any failure to meet any condition precedent set out below.

Benefit Payment Limitation: In the event that an Insured Person is first Diagnosed with one of the conditions listed below during the first 30 days after the Insured Person's Effective Date of Coverage, We will pay the lesser of (a) $500 or (b) 10% of the amount that it would have paid if such condition were first diagnosed more than 30 days after such Insured Person's Effective Date of coverage.

Life Threatening Cancer
If an Insured Person is first Diagnosed with Life Threatening Cancer more than 90 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is first Diagnosed with Life Threatening Cancer within the initial 90 day period following the Insured Person's Effective Date of coverage, but after coverage has been in effect for 30 days, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Benefits for Life Threatening Cancer are payable only once regardless of whether the Life Threatening Cancer is Diagnosed within or after the initial 90 days of the Insured Person's coverage.

Heart Attack
If an Insured Person is first Diagnosed with a Heart Attack more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Kidney (Renal) Failure
If an Insured Person is first Diagnosed with Kidney (Renal) Failure more than 90 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is first Diagnosed with Kidney (Renal) Failure within the initial 90 day period following the Insured Person's Effective Date of coverage, but after coverage has been in effect for 30 days, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Stroke
If an Insured Person is first Diagnosed with a Stroke more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Coma
If an Insured Person is first Diagnosed as being Comatose more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Coronary Artery Bypass Graft
If an Insured Person is first Diagnosed, more than 30 days after the Insured Person's Effective Date of coverage, with a condition that necessitates a Coronary Artery Bypass Graft and receives the Coronary Artery Bypass Graft, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person receives a Coronary Artery Bypass Graft and is later Diagnosed with a different Critical Illness, We will pay the indicated percentage of the Maximum Benefit Amount for the different Critical Illness, less any amounts paid or payable for the Coronary Artery Bypass Graft.

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

This benefit will be paid once per lifetime.

Loss of Sight, Speech or Hearing
If an Insured Person is first Diagnosed with Loss of Sight, Speech or Hearing more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Major Organ Transplant
If an Insured Person is first Diagnosed, more than 30 days after the Insured Person's Effective Date of coverage, with a condition that necessitates a Major Organ Transplant and receives that Major Organ Transplant, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Paralysis
If an Insured Person is first Diagnosed as being Paralyzed more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule for the type of Paralysis suffered, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is Diagnosed with more than one type of Paralysis, only one amount, the largest, will be paid.

Severe Burn
If an Insured Person is first Diagnosed with having suffered a Severe Burn more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule for the Specified Body Area burned, less any amount paid or payable for any other benefit covered under the Policy.

If only one of the Insured Person's Specified Body Areas suffers a Severe Burn and:

- 100% of the surface of that Area suffers a Severe Burn, the benefit payable is 100% of the indicated percentage of the Maximum Benefit Amount shown in the Schedule for that Specified Body Area; or
- a lesser proportion of the surface of that Area suffers a Severe Burn, the benefit payable is that lesser proportion of the indicated percentage of the Maximum Benefit Amount shown on the Schedule for that Specified Body Area.

For example, if the percentage of the Maximum Benefit Amount for a Specified Body Area is 27% and 100% of the surface of that Specified Body Area receives a Severe Burn, the benefit payable is 100% of 27%, or 27%. However, if 60% of that surface receives a Severe Burn, the benefit payable is 50% of 27%, or 13.5%. Or, if one-third of that surface receives a Severe Burn, the benefit payable is one-third of 27%, or 9%.

DIAGNOSTIC REQUIREMENTS

All Critical Illnesses: We reserve the right to have any Critical Illness Diagnosis reviewed by a Physician of Our choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, We shall have the right to request an examination of either the Insured Person or the evidence used in arriving at such Diagnosis by an independent acknowledged expert selected by Us in the applicable field of medicine.

Life Threatening Cancer - Life Threatening Cancer must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hematapoietic and lymphatic systems. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic structure or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard.

Heart Attack - the Diagnosis of Heart Attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the Diagnosis; (2) concurrent diagnostic elevation of cardiac enzymes and/or troponins above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, stress echocardiograms, or cardiolite stress test.

Kidney (Renal) Failure - the Diagnosis of End Stage Renal Disease must be based on chronic irreversible failure of the function of both kidneys requiring regular hemodialysis or necessitating kidney transplant.

Stroke - the Diagnosis of Stroke must be made by a neurologist and based on documented neurological deficits and confirmatory neuroimaging studies.

Coma - the Diagnosis of Coma must indicate that permanent neurological deficit is present.

Coronary Artery Bypass Graft - the Diagnosis of the condition that necessitates the need for a Coronary Artery Bypass Graft must be made by a cardiologist and based on radiographic evidence of the underlying disease.

Loss of Sight, Speech or Hearing - the Diagnosis of Loss of Sight, Speech or Hearing must be made by a licensed specialist in that field of medicine. The Diagnosis of Loss of Sight must indicate that corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 200 degrees in both eyes. The Diagnosis of Loss of Speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered. The Diagnosis of Loss of Hearing must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels.

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

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- the Insured Person's suicide or any attempt at suicide, while sane or insane, or intentionally self-inflicted injury or sickness or any attempt at intentionally self-inflicted injury or sickness;
- the Insured Person’s voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions, and intentional misuse of prescription drugs;
- the Insured Person's commission of or attempt to commit a crime;
- the Insured Person's voluntary participation in any riot or civil insurrection or declared or undeclared war, or any act of declared or undeclared war;
- any illness specifically excluded from the definition of any Critical Illness.

CONDITIONS OF INSURANCE

Eligibility: Persons who are part of the Policyholder's Organization and their Eligible Dependents, as shown on the Schedule. Eligible Persons and Dependents must enroll in coverage within 31 days of their eligibility date. We maintain the right to investigate eligibility status.

Effective Date: Coverage is effective, subject to receipt of the Policyholder's premium, on the Policy Effective Date or the date the Insured or Eligible Dependent is eligible and enrolls. A dependent who becomes eligible after the Effective Date of coverage must be enrolled within 31 days after the date the dependent becomes eligible to be covered.

When Coverage Ends: Coverage will terminate at the earlier of: (1) the date the Policy terminates; (2) the date the Insured ceases to be eligible, (3) the date the Insured Person turns age 70; (4) the date the Eligible Dependent ceases to be a Dependent; or (5) the end of the month the Insured Person ceases to be eligible.

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given to Us or Our authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify You.

Claim Forms: Upon receipt of written notice of claim, We will send you a Claim Form for filing Proofs of Loss. If you do not receive such forms within 15 days after the giving of such notice, you can send us, without the Claim Form, the written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

Proof of Loss: Proof of any covered Loss must be given to Us or Our authorized representative not later than 60 days after the covered loss. If proof of loss is not given within 60 days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

Time of and Payment of Claims: Upon receipt of proper Proof of Loss, benefits will be paid within 30 days, unless this Certificate provides for periodic payment (see below). If any claims payment interest accrues, interest will be paid in the amount determined by the State in which the claims are incurred.

When this Certificate provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper Proof of Loss.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

GENERAL PROVISIONS

Entire Contract, Changes: This Certificate, including the Policy and any Riders, Amendment or attached papers constitutes the entire contract of Insurance. No change in this Certificate shall be valid until approved by an executive officer of Our company and unless such approval is endorsed and/or attach hereto. No agent has authority to change this Certificate or waive any of its provisions.

We have full, exclusive and discretionary authority to determine all questions arising in connection with the Certificate, including its interpretation. Our Failure to enforce any Certificate provision shall not waive, modify or render such provision unenforceable at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Incontestability: All statements made in Your enrollment form are, in the absence of fraud, representations and not warranties. We cannot contest this Certificate after it has been in force for 2 years from Your effective date. No statement shall be used to contest this Certificate, the validity of coverage or reduce benefits, unless it is in writing, signed by You, and a copy of such statement is furnished to You.

Conformity With State Laws: If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Physical Examination and Autopsy: We, at Our own expense, shall have the right and opportunity to examine You as it may reasonably require while a claim is pending. We, at Our own expense, may also have the right to make an autopsy in the case of Your death, where it is not prohibited by law.

Legal Actions: A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

Workers' Compensation. This Certificate is not in lieu of, and does not affect any requirements for coverage by, any Workers' Compensation Act or similar law.

Non-Compliance with Policy Requirements. Any express waiver by Us of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Clerical Error. Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect, nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Misstatement of Age. If the benefits for which the Insured Persons is insured are based on age and the Insured Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

TERMS AND DEFINITIONS

(these terms are used throughout this Certificate)

Coma/Comatose - a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, lasting for a period of at least 96 hours.

Coronary Artery Bypass Graft - undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Critical Illness - any of the illnesses specifically listed in the Schedule and as defined in this Certificate.

Diagnosed/Diagnosis - a definitive diagnosis made by a Physician, licensed and practicing in the United States and, where applicable, specializing in a particular area of medicine: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and (2) meeting any Diagnostic Requirements set forth in this Certificate for the particular Critical Illness being diagnosed.

Eligible Dependent: Is as described in the Schedule. An Eligible Dependent does not include a person who is a full-time member of the armed forces of any country. No person may be considered a dependent of more than one Insured.

- **Child** means the Insured's child age 21 or younger; or age 25 if a registered student in full-time attendance at an accredited educational institution. The term "child" refers to: (1) Your unmarried natural child; (2) Your stepchild or legal ward; and (3) an adopted child, including a child placed with You for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- **Disabled Child** means Your unmarried adult child who, on and after the date on which insurance would end because of the child's age, is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon You for support and maintenance, or institutionalized because of mental or physical handicap. You must provide proof of Your Disabled Child's status by the date on which insurance would otherwise end because of the child's age. At reasonable intervals thereafter, We may require further proof and have Your child examined at Your expense.
- **Spouse** – For those Policies that include dependent coverage, this definition means a person to whom the Insured is legally married to and from whom You are not legally separated.

Family Member: A person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or step child).

Heart Attack - the death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area.

Insured – A member of the Policyholder's Organization who has enrolled and is covered under the Policy.

Insured Person(s): An Insured. If the Policy provides coverage for Eligible Dependents, then this term also describes Eligible Dependents covered under the Policy.

Kidney (Renal) Failure - end stage failure which presents as a chronic irreversible failure of both of the kidneys to function and necessitates treatment by regular renal dialysis or kidney transplant.

Life Threatening Cancer - a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

For the purposes of this definition, life threatening cancer does NOT mean the following: pre-malignant lesions, benign tumors or polyps; leukoplakia; hyperplasia; carcinoid; any tumors in the presence of any human immunodeficiency virus (HIV); polycythemia; stage 1 Hodgkin's disease; state A prostate cancer; Duke's stage A colon cancer; intraductal non-invasive breast cancer; Stages 0 or 1 transitional cell carcinoma of urinary bladder; or non-invasive cancer in situ or any skin cancer other than malignant melanoma invading into the dermis or deeper.

Loss of Sight, Speech or Hearing – Total and irreversible loss of:

- sight in both eyes.
- the ability to speak.
- hearing for all sounds in both ears.

Major Organ Transplant - undergoing surgery as a recipient of a transplant of a human heart, liver, kidney, pancreas, bone marrow, or lung to replace a malfunctioning organ, with the organ from a donor suitable under generally accepted medical practices.

Paralysis/Paralyzed - Quadriplegia, Paraplegia, or Hemiplegia that lasts for a continuous period of 180 days or more from the date of the Diagnosis to determine that the Paralysis is permanent. ("Limb" is an entire arm or entire leg.)

- **Quadriplegia -** the complete and irreversible Paralysis of both upper and lower limbs.
- **Paraplegia -** the complete and irreversible Paralysis of both lower limbs.
- **Hemiplegia -** the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.

Physician: A qualified medical professional who is licensed under the laws of the United States to diagnose and treat physical or mental impairment(s). The Physician's scope of license must include the ability to Diagnose the Critical Illness being Diagnosed.

Severe Burn - cosmetic disfigurement on the surface of a body area due to an injury that is a full-thickness or third-degree burn covering 20% or more of the body. A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation.

Stroke: - a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours and produces measurable neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Transient Ischemic Attacks (TIAs) are excluded from coverage.

United States: The United States of America and its territories.

We, Us, Our: Madison National Life Insurance Company, Inc.

You or Your: Insured Persons.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC
Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

GROUP INSURANCE POLICY

GROUP COVERAGE(S): [Accident/Accident & Disability/Critical Illness/Term Life]

GROUP POLICYHOLDER: [Organization name]

GROUP NUMBER: [Group number]

DATE OF ISSUE: [Date]

RENEWAL DATE: Renewals occur [monthly] beginning [date]

POLICY NUMBER: GAO-P-1207

STATE OF DELIVERY: [District of Columbia]

Madison National Life Insurance Company, Inc. (hereafter called We, Our or Us) agrees to pay group insurance benefits with respect to each Insured Person, according and subject to the terms and conditions of this Group Policy (hereafter referred to as Policy). Benefits are payable in United States dollars only.

This Policy is issued to the Group Policyholder (hereafter referred to as "Policyholder") in consideration of the application and payment of premiums, as provided herein, to take effect as of the Date of Issue. A copy of the completed Application is attached. The Policy will terminate as described in this Policy. Date of Issue and Termination will begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

This Policy includes any applications, Certificates, riders and other attached pages. These pages are all part of this Policy as if fully recited over the signatures shown below. This Policy is issued by Us and delivered to the Policyholder in the delivery State shown above and governed by the laws of that State. All benefits are provided in accordance with the terms, conditions and provisions of this Policy, including all endorsements, if any, attached to this Policy, and applicable state laws. Terms specifically defined in this Policy are limited to that meaning only.

Madison National Life Insurance Company, Inc. executed this Policy at its Home Office in Madison, Wisconsin on the Issue Date.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

GROUP INSURANCE COVERAGE

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If we at Madison National Life Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street, Little Rock, AR 72201
Phone: (501) 371-2640, (800) 852-5494
Email: insurance.consumers@arkansas.gov

TERMS AND DEFINITIONS

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

COVERAGE OPTIONS/TYPES

The Policyholder's election of Group Coverage is shown on the Coverage Page and may include some or all of the below coverage types:

ACCIDENT/DISABILITY COVERAGE TO AGE 70

Accident Only Coverage. Benefits apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

Accident Disability Benefit Rider. Benefits apply to the Insured only and are as described in the Rider and Certificate. The Rider is incorporated into and made a part of this Policy.

CRITICAL ILLNESS COVERAGE TO AGE 70

Benefits, including a pre-existing condition limitation, apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

TERM LIFE INSURANCE TO AGE 70

Benefits apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

- - - - - - - - - - - - -

Benefits and coverage for the Insured or Insured Persons are as agreed upon between Us and the Policyholder. All coverages and actual benefit amounts in effect, with respect to each Insured Person, are described in the Certificate(s) issued by Us to the Policyholder for distribution to the Insured Persons or, directly to the Insured Persons. This includes any applicable Riders or Endorsements which generally describe, without amending, superseding or changing the Policy in any way, the essential features of coverage Insured Persons are entitled to under this Policy, and to whom the insurance benefits are payable in the event of a covered loss.

POLICY PREMIUM

Premium: The premium is the amount we charge for insurance under this Policy. Each premium shall be equal to the sum of the premium payable for each Insured Person. If We discover that eligibility requirements are not met for any Insured Person, Our only obligation is to refund any premium paid for that person.

Insurance Premium Rates: The initial Premium rates in effect on the Date of Issue, and any renewal premiums thereafter, are those determined by Us. We will provide 60 days advance notice when there is a change in premium.

Grace Period: Coverage under this Policy has a thirty-one (31) day grace period. This means that if the group Premium is not paid on or before the date it is due, the Policyholder may pay that Premium during the thirty-one (31) day period immediately following the due date. Insured Persons will continue to be covered during this thirty-one (31) day period. If the group Premium is not paid within the thirty-one (31) day grace period, the Premium due will be in default and the group coverage under this Policy will Lapse. In the event of a Lapse, the Policyholder is still required to pay any premiums due through the Lapse date.

TERMINATION

By the Company:

1. We can end this Policy for any reason by giving 60 days advance written notice to the Policyholder.
2. We can end this Policy immediately, in the event of fraud or misrepresentation by the Policyholder.
3. The Policy will automatically end if the Group Policyholder's organization ceases to conduct business.

By the Policyholder: The Policyholder can end this Policy by giving 60 days advance written notice to Us.

NOTE: With regard to the Term Life insurance coverage, termination of this Policy is without prejudice to continuation of an Insured Person's coverage. Conversion privileges are described in the Term Life Certificate.

GENERAL PROVISIONS

Eligibility: Applies to persons who are part of the Policyholder's Organization, and their Eligible Dependents, as shown on the Schedule. Eligible Persons and Dependents must enroll in coverage within 31 days of their eligibility date. Persons who do not enroll within 31 days of their eligibility date may apply at a later time, subject to Evidence of Insurability. We maintain the right to investigate eligibility status. If We discover that eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Entire Contract, Changes: This Policy, including the Certificates and any Riders, Amendment or attached papers, if any, constitutes the entire contract of Insurance. No change in this Policy shall be valid until approved by an executive officer of Our company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

We have full, exclusive and discretionary authority to determine all questions arising in connection with the Policy, including its interpretation. Our Failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Incontestability: All statements made in the Application are, in the absence of fraud, representations and not warranties. We cannot contest this Policy after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

Non-Participating: The Policy is non-participating. It does not share in Our profits or surplus earnings.

Conformity With State Laws: If any provision of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Misstatement of Age. If Policyholder premiums for the Insured Person are based on age and the Insured Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Persons is insured are based on age and the Insured Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

AGENCY

The Policyholder is not Our agent for any purpose under this Policy.

CLERICAL ERROR

A clerical error may be made by Us or the Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
Home Office: 1241 John Q. Hammons Drive ▪ Madison, WI ▪ 53717

APPLICATION FOR GROUP INSURANCE

Organization Information

Name of Organization:			
Nature of Organization:			
Administrative Contact Person's Name and Email Address and Telephone No.			
Premium Billing Contact Person's Name and Email Address and Telephone No.			
Billing Address:	**City:**	**State:**	**Zip Code:**
Street Address (if different from above):	**City:**	**State:**	**Zip Code:**
Proposed Effective Date of Insurance:			

Group Policyholder's Certification

IF ANY APPLICATION INFORMATION CHANGES FROM WHAT HAS BEEN INDICATED, DURING THE COMPANY'S REVIEW OF THIS APPLICATION, PLEASE CONTACT THE COMPANY FOR APPROVAL

By signing this Application I understand and agree that:

- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- Insurer will rely in part upon the information recorded in this Application as the basis for their decision on whether to approve this Application and issue any coverage.
- Insurer may delay/void this request for coverage due to incomplete, inaccurate or untimely information.
- Coverage is not in effect until final approval is given by Insurer and the Policyholder should not cancel my current coverage until it receives such approval.
- No person, except an officer of Madison National Life, is authorized to vary or modify a contract.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

_____ _____
Policyholder Representative Signature **Date of Signature**

_____
Title of Policyholder Representative

MADISON NATIONAL LIFE INSURANCE COMPANY, INC
PO Box 5008 • Madison, WI 53705

Enrollment Form
For Enrollment In Group Insurance

Applicant Information

Applicant Name (Last, First, Middle):		**Social Security No.:**	
Street Address:		**City, State:**	
Zip:	**County:**	**Date of Birth:**	**Home Phone:** ( )
Name of Organization/Group Policyholder:			

If the Group Policyholder elected Dependent Coverage and you are applying for Dependent Coverage, please complete the following information:

Dependent Names		Birth Date	Age	Weight	Height	Birth Place
	Spouse					
	Child					

Applicant Certification & Authorization

By signing this Application I understand and agree that:

- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- Coverage is not in effect until final approval is given by Madison National Life Insurance Company, Inc.
- I can obtain any Certificate(s) of Insurance and Riders from the Policyholder or Company.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or the Medical Information Bureau, that has any records or knowledge of me or my health to give Madison National Life Insurance Company, Inc. or its Reinsurer(s) any such information. A photographic copy of this authorization shall be valid as the original.
- I agree that this authorization shall be valid for 30 months from the application date. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.
- No person, except an officer of Madison National Life, is authorized to vary or modify a contract.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Applicant Signature **Date of Signature**

MADISON NATIONAL LIFE INSURANCE COMPANY, INC
PO Box 5008 • Madison, WI 53705

Evidence of Insurability

(A separate form must be completed for each person seeking coverage.)

Reason for Application: ☐ **Late Enrollee** ☐ **Increase in Coverage** ☐ **Other:**			
Name of Group Policyholder:			
Name of Group Member:			
Applicant Name, if different than Group Member (Last, First, Middle):			
Street Address :		**City, State:**	
Zip:	**County:**	**Home Phone:** ( )	**Social Security No.:**
Date of Birth:	**Sex:** ☐ **Male** ☐ **Female**	**Height:**	**Weight:**

HEALTH QUESTIONS: Check all applicable disorders/conditions. Give details below. Use second page if necessary.

I. During the past 5 years have you been diagnosed or treated by a medical professional for any of the following conditions:

Abnormal Test Results	☐ Yes ☐ No	Hernia	☐ Yes ☐ No
AIDS/ARC/HIV/HTLV-III	☐ Yes ☐ No	High or Low Blood Pressure/Hypertension	☐ Yes ☐ No
Alzheimer's Disease or Dementia	☐ Yes ☐ No	Kidney Disorder/Kidney Stones	☐ Yes ☐ No
Arthritis or Rheumatism	☐ Yes ☐ No	Liver Disorders/Elevated Liver Function Tests	☐ Yes ☐ No
Back, Neck, or Spinal Disorders/Scoliosis	☐ Yes ☐ No	Lupus/Connective Tissue Disorders	☐ Yes ☐ No
Blood Disorder/Hemophilia	☐ Yes ☐ No	Lymphadenopathy/Immune Disorder	☐ Yes ☐ No
Bone Disease/Deformity/Amputation	☐ Yes ☐ No	Mental, Nervous, Emotional Disorder	☐ Yes ☐ No
Brain/Nerve/Neurological Disorder	☐ Yes ☐ No	Muscular Dystrophy/Multiple Sclerosis	☐ Yes ☐ No
Breast /Fibrocystic Breast Disease	☐ Yes ☐ No	Paralysis	☐ Yes ☐ No
Cancer of any type, Melanoma or Malignancy	☐ Yes ☐ No	Prostate/Rectal Disorder	☐ Yes ☐ No
Colon Disorders	☐ Yes ☐ No	Reproductive Organs Disorder/Endometriosis	☐ Yes ☐ No
Congenital Disorder	☐ Yes ☐ No	Respiratory Disorder	☐ Yes ☐ No
Cystic Fibrosis	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
Diabetes/Pancreatic Disorders	☐ Yes ☐ No	Sugar or Blood Disorders or Albumin in Urine	☐ Yes ☐ No
Ear/Nose/Throat Disorder	☐ Yes ☐ No	Suicidal Attempt	☐ Yes ☐ No
Emphysema/Lung Disorder/COPD/Asthma	☐ Yes ☐ No	Transplants	☐ Yes ☐ No
Epilepsy and/or Seizure	☐ Yes ☐ No	Tumors/Cysts/Polyps/Growths	☐ Yes ☐ No
Eye Disorders	☐ Yes ☐ No	Ulcerative Colitis/Crohn's/ Regional Ileitis	☐ Yes ☐ No
Fractures/Dislocations/Broken Bones	☐ Yes ☐ No	Ulcers	☐ Yes ☐ No
Headaches/Migraines	☐ Yes ☐ No	Urinary Tract /Bladder Disorders	☐ Yes ☐ No
Heart Attack/Coronary Artery Disease	☐ Yes ☐ No	Vascular Disorder	☐ Yes ☐ No
Heart Disorder/Heart Murmur	☐ Yes ☐ No	**Any other conditions not listed herein?**	☐ Yes ☐ No
Hepatitis: (please check... ☐A ☐B ☐C)	☐ Yes ☐ No		

If Yes to any above, please give Details with Dates and Doctor's Names and Addresses:

Applicant Certification & Authorization

By signing this Application I understand and agree that:

- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- Coverage is not in effect until final approval is given by Madison National Life Insurance Company, Inc.
- I can obtain any Certificate(s) of Insurance and Riders from the Policyholder or Company.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or the Medical Information Bureau, that has any records or knowledge of me or my health to give Madison National Life Insurance Company, Inc. or its Reinsurer(s) any such information. A photographic copy of this authorization shall be valid as the original.
- I agree that this authorization shall be valid for 30 months from the application date. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request.
- No person, except an officer of Madison National Life, is authorized to vary or modify a contract.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Applicant Signature	**Date of Signature**

FOR HOME OFFICE USE ONLY:	☐ Insurance Approved Effective:	☐ Insurance Postponed ☐ Insurance Declined
Underwriter's Signature:		Date:

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Certification/Notice
Review Status: Approved-Closed 06/03/2008
Comments:
Attachments:
Certification of 23-79-138.pdf
1 Readability Certification.pdf

Bypassed -Name: Application
Review Status: Approved-Closed 06/03/2008
Bypass Reason: The Application and Enrollment Form, and other forms, to be used are attached and being filed as new.
Comments:

Satisfied -Name: Filing Letter, Actuarial info...
Review Status: Approved-Closed 06/03/2008
Comments:
- Filing Letter
- Arkansas Guaranty Association Notice
- Actuarial Memo
- Rates
- Group Policy for Policyholders located outside Arkansas

Attachments:
Filing Letter 051908.pdf
AR GA Notice 0707.pdf
R Act Memo - NA to CO & FL.pdf
R Rates.pdf
GAO-P-1207.pdf

Satisfied -Name: Association Information
Review Status: Approved-Closed 06/03/2008
Comments:

- Bylaws & Articles
- Association Benefits
- Minutes 2006-07
- Newsletter 2007
- Marketing Brochure
- Membership Guide
- Application for Assoc. Membership

Attachments:

ABBA Inc, Bylaws Articles.pdf
ABBA Benefits.doc
ABBA Minutes 2006-07.pdf
ABBA Newsletter 07 (2).pdf
IPA-ABBA-IAIC Application for Membership 2-2008.pdf
Marketing Brochure 032508.pdf
Membership Guide 032408.pdf

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Satisfied -Name: Response 052708

Review Status:
Approved-Closed 06/03/2008

Comments:

Attachment:
Response Ltr 052708.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
Home Office
Madison, Wisconsin

Re:

ARKANSAS 23-79-138

I hereby certify that the accompanying product is in compliance with Arkansas Insurance Code 23-79-138. Our complete address and 800 phone number is shown on the cover of each Certificate and Policy. The Arkansas Department of Insurance information is found in the first few pages of each form.

Hereby certified on this 19th day of May, 2008.

By:

Andrea L. Greiber
MNL Compliance Department

Madison National Life Insurance Company
PO Box 5008, Madison, WI 53705

CERTIFICATE OF READABILITY

TO: Department of Insurance

RE: Forms GAO-P, GAO-ACC-C, GAO-CI-C, and GAO-TL-C

I hereby certify that the forms meet the minimum requirements of the Flesch reading ease policy simplification test, are at least 10 point type or larger, and that the Flesch reading ease test has been applied to said forms individually or in combination with another, including removal of all tables, schedule pages, and/or legal or medical terminology, with resulting scores of:

Form	Description	Score
GAO-P	Policy	46.4
GAO-ACC-C	Accident Certificate	44.2
GAO-CI-C	Critical Illness Certificate	42.4
GAO-TL-C	Term Life Certificate	45.7

Robert J. Stubbe
Executive Vice President

Dated: December 21, 2007

Madison National Life Insurance Company
Independence Holding Group

VIA SERFF
May 19, 2008

TO: Arkansas Department of Insurance

RE: Group Term Life, Critical Illness and Accident Only Coverages
NAIC: 65781 – Madison National Life Insurance Company, Inc.
FEIN: 39-0990296

The Group Policy is a non-participating policy that includes three products that are available to Age 70. The forms are new and will not replace any existing forms filed with your Department. Each product was filed separately under there respective categories.

- Accident Benefits-(Limited Benefit Coverage) - **SERFF ID MADS-125654210**
  ↳ *with optional* Accident Disability Income Rider
- Critical Illness Benefits-(Limited Benefit Coverage) - **SERFF ID MADS-125654252**
- Term Life Insurance **- SERFF ID MADS-125654270**

The following forms are being used with these products (they will be marketed together) and are being filed under **each** above product (as applicable).

- Group Application
- Enrollment Form
- Evidence of Insurability (life coverage only)
- Evidence of Insurability (combined life and critical illness coverages)

There are two Group Policies attached.
- One Policy is issued to Groups residing outside of Arkansas, but covering Arkansas residents. This Group Policy is attached under the Supporting Documents tab.
- The other Group Policy is Arkansas specific and will be issued to Group residing in Arkansas. This Group Policy is attached under the Form Schedule tab.

Please let me know if you have any questions or require further information.

Thank you.

Andrea L. Greiber
Compliance Specialist
alg@madisonlife.com
(608) 830-2059 or 1-800-356-9601 ext. 2059

Attachments

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase certain life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal

benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- A portion of a policy or contract not guaranteed by the insurer, or under which the risk is borne by the policy or contract owner.
- A portion of a policy or contract of reinsurance, unless assumption certificates have been issued pursuant to the reinsurance policy or contract;
- A portion of a policy or contract to the extent that it exceeds a specified interest adjustment rate.
- A portion of a policy or contract issued to a plan or program of an employer, association, or other person to provide life, health, or annuity benefits to its employees, members or others to the extent that such plan or program is self-funded or uninsured, including but not limited to benefits payable by an employer, association, or other person under: (A) A multiple employer welfare arrangement as defined in section 514 of the Employee Retirement Income Security Act of 1974, as amended; (B) A minimum premium group insurance plan; (C) A stop-loss group insurance plan; or (D) An administrative services only contract.
- A portion of a policy or contract to the extent that it provides for dividends or experience rating credits, voting rights, payment of any fees or allowances to any person, including the policy or contract owner in connection with the service to or administration of such policy or contract.
- A policy or contract issued in this state by a member insurer at a time when it was not licensed or did not have a certificate of authority to issue such policy or contract in this state.
- An unallocated annuity contract issued to or in connection with a benefit plan protected under the federal Pension Benefit Guaranty Corporation regardless of whether the federal PBGC has yet become liable to make any payments with respect to the benefit plan.
- A portion of an unallocated annuity contract and that is not owned by a benefit plan (directly or in trust) or a government lottery or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution.
- Any policy or contract written on the mutual assessment plan or stipulated premium plan for which no statutory legal reserves are required.
- A portion of a policy or contract to the extent that the assessments, with respect to the policy or contract, are preempted by federal or state law.
- An obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the contract owner or policy owner, including without limitation: (i) Claims based on marketing materials; (ii) Claims based on side letters, riders or other documents that were issued by the insurer without meeting applicable policy form filing or approval requirements; (iii) Misrepresentations of or regarding policy benefits; (iv) Extra-contractual claims; or (v) A claim for penalties or consequential or incidental damages.
- A contractual agreement that establishes the member insurer's obligations to provide a book value accounting guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or its trustees, which in each case is not an affiliate of the member insurer. Protection provided by the chapter shall not apply where any guaranty protection is provided to residents of Arkansas by the laws of the domiciliary state or jurisdiction of the impaired or insolvent insurer other than this state.

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Madison National Life Insurance Company
Actuarial Memorandum
Group Policy – Policy Series GAO-P-1207

Item 1. Scope & Purpose

This is a new filing. The purpose of this memo is to demonstrate compliance with minimum loss ratio requirements and is not intended for any other purpose.

Item 2. Benefit Description

The policy provides Accident Only Coverage including Accident Medical, AD&D and Accident Disability. The policy also provides optional Critical Illness and Term Life Insurance Coverage.

Item 3. Renewability

The policy contains this language with respect to renewability:

TERMINATION

By the Company:

1. We can end this Policy for any reason by giving 60 days advance written notice to the Policyholder.
2. We can end this Policy immediately, in the event of fraud or misrepresentation by the Policyholder.
3. The Policy will automatically end if the Group Policyholder's organization ceases to conduct business.

By the Policyholder: The Policyholder can end this Policy by giving 60 days advance written notice to Us.

NOTE: With regard to the Term Life insurance coverage, termination of this Policy is without prejudice to continuation of an Insured Person's coverage. Conversion privileges are described in the Term Life Certificate.

Item 4. Applicability

This filing applies to all new issues. There are no existing insureds under this form.

Item 5. Morbidity

The following sources of morbidity statistics were used to determine the reasonableness of the morbidity assumptions underlying the filed rates.

With respect to the Accident Medical coverage:

- "Trends in Hospital Utilization: United States", Vital and Health Statistics, Series 13, Number 124
- "Trends in Hospital Emergency Department Utilization: United States", Vital and Health Statistics, Series 13, Number 150
- "Ambulatory Care Visits to Physician Offices, Hospital Outpatient Departments, and Emergency Departments, United States", Vital and Health Statistics, Series 13, Number 143
- "2001 Emergency Department Summary", Advance Data, Vital and Health Statistics, Number 335
- National Hospital Discharge Study, published by the National Center for Health Statistics
- Unpublished statistics relating to medical costs for limited benefit programs

With respect to the Critical Illness coverage:

- General population data from the 1999 Statistical Abstract;
- Data supplied from the National Center for Health Statistics;
- Publications from the National, Heart, Lung, and Blood Institute of the National Institute of Health;
- 2002 Heart and Stroke Statistical Update, published by the American Heart Association;
- Data from Length of Stay by Diagnosis and Operation, U.S., 1996;
- Articles from the American Cancer Society;
- SEER Cancer Statistics Review 1973-1999, published by the National Cancer Institute;
- Various issues of Cancer Facts & Figures.

With respect to the AD&D and Group Term Life coverages:

- "Injury Facts", Editions 2003, 2004, 2005-2006, published by the National Safety Council
- The SOA 1985-1989 Group Life Study
- "Statistical Abstract of the United States, 2000 Edition"
- "National Transportation Statistics, 2001", published by the Bureau of Transportation Statistics
- "Vital Statistics of the United States, 1992, Volume II, Part A", published by the National Center for Health Statistics
- National Institute for Occupational Safety and Health Database, maintained by the Center for Disease Control

With respect to the Accident Disability coverage:

- 1985 CIDA Morbidity Table.

The Group Policy allows for prospective adjustment of premium rates based on each Group's experience for groups with 50+ Insureds.

Item 6. Mortality

See Item 5.

Item 7. Persistency

Approximately 75% of Insureds are expected to renew each year.

Item 8. Expenses and Commissions

Expenses, commissions, and profits are no more than 50%.

Item 9. Marketing

The program will be marketed to members of qualifying associations.

Item 10. Pre-Existing Condition Limitations and Underwriting

The Critical Illness Certificate contains this language with respect to pre-existing conditions:

PRE-EXISTING CONDITION LIMITATION

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Insured Person has been enrolled for coverage, including any waiting period for coverage eligibility. A Critical Illness resulting from a Pre-Existing Condition commencing thereafter will be covered unless otherwise excluded by the Policy.

A Pre-Existing Condition means any illness or injury for which an Insured Person received any Diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy.

Item 11. Premium Classes

Premiums for currently offered programs are shown on the attached Rate Sheet.

Premiums vary based on the following:

- Types of Coverage selected
- Individual or Family Coverage
- Amount of Coverage Selected

Item 12. Issue Age Limits and Coverage Duration

Coverage is not available above age 70.

Item 13. Area Factors

There are no area factors.

Item 14. Average Annual Premium

The average annual premium is expected to be $130 per certificate.

Item 15. Premium Modalization Rules

Premiums are stated as monthly. Premiums for other modes of payment (e.g., biweekly or semi-monthly) may be calculated based on the ratio of the days in the payment period to the number of days in one month.

Item 16. Claim Liability and Reserves

Claim Reserves and Liabilities will be established by a combination of Lag Studies, case level reserves, and analysis of claim inventories.

Item 17. Active Life Reserves

No Active Life Reserves will be held for this coverage.

Item 18. Trend Assumption

The medical trend is 8%. The Insurance trend is zero.

Item 19. Minimum Required Loss Ratio

The minimum required loss ratio for this form is 50.0%.

Item 20. Anticipated Loss Ratio

The anticipated loss ratio is 50.0% in all policy durations.

Item 21. Distribution of Business

The distribution of business is expected to follow the distribution of the US population.

Item 22. Experience on the Form

This is a new form. There is no past experience. It is unknown how much business will be written in the future. The projected future experience shown below assumes $100,000 of annual earned premium.

Table of Projected Future Experience

Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
2008	$100,000	$50,000	50.0%
2009	100,000	50,000	50.0%
2010	100,000	50,000	50.0%
2011	100,000	50,000	50.0%
2012	100,000	50,000	50.0%
2013	100,000	50,000	50.0%
2014	100,000	50,000	50.0%
2015	100,000	50,000	50.0%
2016	100,000	50,000	50.0%
2017	100,000	50,000	50.0%

Item 23. Lifetime Loss Ratio

The lifetime loss ratio is 50.0%.

Item 24. History of Rate Adjustments

This is a new form. There have been no rate adjustments.

Item 25. Number of Policyholders

This is a new form. There are no existing policyholders.

Item 26. Proposed Effective Date

These rates are to be effective coincident with state approval.

Item 27. Actuarial Certification

I certify that to the best of my knowledge and belief, the entire rate filing is in compliance with the applicable laws of the state where filed and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8, 'Regulatory Filings for Rates and Financial Projections for Health Plans', and that the benefits are reasonable in relation to the proposed premiums.

_____
Thomas G. Coulter, FSA
Consulting Actuary

December 15, 2007

Madison National Life Insurance Company
Actuarial Memorandum
Group Policy – Policy Series GAO-P-1207

Rate Sheet
Gross Premiums and Benefit Limits

Executive Plans						
Coverage	**Exec 2,500**		**Exec 5,000**		**Exec 7,500**	
	Individual	**Family**	**Individual**	**Family**	**Individual**	**Family**
Accident	$1.84	$4.48	$3.65	$8.92	$6.00	$14.80
Accident Medical Limit	$2,500		$5,000		$7,500	
AD&D Principal Sum	$5,000		$7,500		$15,000	
DI Rider	$1.76	$1.76	$1.76	$1.76	$1.76	$1.76
Monthly Indemnity	$1,000					
Critical Illness	$3.45	$6.90	$6.90	$13.80	$10.35	$20.70
Benefit Limit	$2,500		$5,000		$7,500	
Term Life	$0.90	$0.90	$1.80	$1.80	$2.70	$2.70
Life Amount	$2,500		$5,000		$7,500	

Basic Plan						
Coverage	**Year 1 / $2,500**		**Year 2 / $5,000**		**Years 3+ / $7,500**	
	Individual	**Family**	**Individual**	**Family**	**Individual**	**Family**
Term Life	$0.90	$0.90	$1.80	$1.80	$2.70	$2.70

Executive Plans						
Coverage	**Exec 2,500**		**Exec 5,000**		**Exec 7,500**	
	Individual		**Individual**	**Family**	**Individual**	**Family**
Accident	$1.84	$4.48	$3.65	$8.92	$6.00	$14.80
Accident DI Rider	$1.76	$1.76	$1.76	$1.76	$1.76	$1.76
Critical Illness	$3.45	$6.90	$6.90	$13.80	$10.35	$20.70
Term Life	$0.90	$0.90	$1.80	$1.80	$2.70	$2.70

Basic Plan						
Coverage	**Year 1 / $2,500**		**Year 2 / $5,000**		**Years 3+ / $7,500**	
	Individual	**Family**	**Individual**	**Family**	**Individual**	**Family**
Term Life	$0.90	$0.90	$1.80	$1.80	$2.70	$2.70

MADISON NATIONAL LIFE INSURANCE COMPANY, INC
PO Box 5008, Madison, WI 53705 • 1-800-356-9601

GROUP INSURANCE POLICY

GROUP COVERAGE(S):	[Accident/Accident & Disability/Critical Illness/Term Life]
GROUP POLICYHOLDER:	[Organization name]
GROUP NUMBER:	[Group number]
DATE OF ISSUE:	[Date]
RENEWAL DATE:	Renewals occur [monthly] beginning [date]
POLICY NUMBER:	GAO-P-1207
STATE OF DELIVERY:	[District of Columbia]

Madison National Life Insurance Company, Inc. (hereafter called We, Our or Us) agrees to pay group insurance benefits with respect to each Insured Person, according and subject to the terms and conditions of this Group Policy (hereafter referred to as Policy). Benefits are payable in United States dollars only.

This Policy is issued to the Group Policyholder (hereafter referred to as "Policyholder") in consideration of the application and payment of premiums, as provided herein, to take effect as of the Date of Issue. A copy of the completed Application is attached. The Policy will terminate as described in this Policy. Date of Issue and Termination will begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

This Policy includes any applications, Certificates, riders and other attached pages. These pages are all part of this Policy as if fully recited over the signatures shown below. This Policy is issued by Us and delivered to the Policyholder in the delivery State shown above and governed by the laws of that State. All benefits are provided in accordance with the terms, conditions and provisions of this Policy, including all endorsements, if any, attached to this Policy, and applicable state laws. Terms specifically defined in this Policy are limited to that meaning only.

Madison National Life Insurance Company, Inc. executed this Policy at its Home Office in Madison, Wisconsin on the Issue Date.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

GROUP INSURANCE COVERAGE

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TERMS AND DEFINITIONS

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

COVERAGE OPTIONS/TYPES

The Policyholder's election of Group Coverage is shown on the Coverage Page and may include some or all of the below coverage types:

ACCIDENT/DISABILITY COVERAGE TO AGE 70

Accident Only Coverage. Benefits apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

Accident Disability Benefit Rider. Benefits apply to the Insured only and are as described in the Rider and Certificate. The Rider is incorporated into and made a part of this Policy.

CRITICAL ILLNESS COVERAGE TO AGE 70

Benefits, including a pre-existing condition limitation, apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

TERM LIFE INSURANCE TO AGE 70

Benefits apply to the Insured or Insured Persons and are described in the Certificate. The Certificate is incorporated into and made a part of this Policy.

- - - - - - - - - - - - -

Benefits and coverage for the Insured or Insured Persons are as agreed upon between Us and the Policyholder. All coverages and actual benefit amounts in effect, with respect to each Insured Person, are described in the Certificate(s) issued by Us to the Policyholder for distribution to the Insured Persons or, directly to the Insured Persons. This includes any applicable Riders or Endorsements which generally describe, without amending, superseding or changing the Policy in any way, the essential features of coverage Insured Persons are entitled to under this Policy, and to whom the insurance benefits are payable in the event of a covered loss.

POLICY PREMIUM

Premium: The premium is the amount we charge for insurance under this Policy. Each premium shall be equal to the sum of the premium payable for each Insured Person. If We discover that eligibility requirements are not met for any Insured Person, Our only obligation is to refund any premium paid for that person.

Insurance Premium Rates: The initial Premium rates in effect on the Date of Issue, and any renewal premiums thereafter, are those determined by Us. We will provide 60 days advance notice when there is a change in premium.

Grace Period: Coverage under this Policy has a thirty-one (31) day grace period. This means that if the group Premium is not paid on or before the date it is due, the Policyholder may pay that Premium during the thirty-one (31) day period immediately following the due date. Insured Persons will continue to be covered during this thirty-one (31) day period. If the group Premium is not paid within the thirty-one (31) day grace period, the Premium due will be in default and the group coverage under this Policy will Lapse. In the event of a Lapse, the Policyholder is still required to pay any premiums due through the Lapse date.

TERMINATION

By the Company:

1. We can end this Policy for any reason by giving 60 days advance written notice to the Policyholder.
2. We can end this Policy immediately, in the event of fraud or misrepresentation by the Policyholder.
3. The Policy will automatically end if the Group Policyholder's organization ceases to conduct business.

By the Policyholder: The Policyholder can end this Policy by giving 60 days advance written notice to Us.

NOTE: With regard to the Term Life insurance coverage, termination of this Policy is without prejudice to continuation of an Insured Person's coverage. Conversion privileges are described in the Term Life Certificate.

GENERAL PROVISIONS

Eligibility: Applies to persons who are part of the Policyholder's Organization, and their Eligible Dependents, as shown on the Schedule. Eligible Persons and Dependents must enroll in coverage within 31 days of their eligibility date. Persons who do not enroll within 31 days of their eligibility date may apply at a later time, subject to Evidence of Insurability. We maintain the right to investigate eligibility status. If We discover that eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Entire Contract, Changes: This Policy, including the Certificates and any Riders, Amendment or attached papers, if any, constitutes the entire contract of Insurance. No change in this Policy shall be valid until approved by an executive officer of Our company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

We have full, exclusive and discretionary authority to determine all questions arising in connection with the Policy, including its interpretation. Our Failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Incontestability: All statements made in the Application are, in the absence of fraud, representations and not warranties. We cannot contest this Policy after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

Non-Participating: The Policy is non-participating. It does not share in Our profits or surplus earnings.

Conformity With State Laws: If any provision of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Misstatement of Age. If Policyholder premiums for the Insured Person are based on age and the Insured Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Persons is insured are based on age and the Insured Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

AGENCY

The Policyholder is not Our agent for any purpose under this Policy.

CLERICAL ERROR

A clerical error may be made by Us or the Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Non-Profit Corporations)

NE Sec of State - CORP NN
1000563965 Pgs: 2
AMERICA'S BUSINESS BENEFIT ASS
Filed: 08/25/2005 03:51 PM

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
http://www.sos.state.ne.us

Submit in Duplicate

Attach a certificate stating the name change amendment duly authenticated by the official having custody of the corporate records in the state or country under whose law it is incorporated. Such certificate shall not be more than 60 days old.

Name of Corporation NationalBenefit Plan

Incorporated under the laws of Missouri

Amended Name of Corporation America's Business Benefit Association

Date Incorporation February 7, 1995 (Year) Period of Duration perpetual

Corporate Type (check one) ☐ Public Benefit ☑ Mutual Benefit ☐ Religious

Does the Corporation Have Members? ☑ Yes ☐ No

Address of Principal Office 16476 Chesterfield Airport Rd. Chesterfield, MO 63017
(Street Address, City, State, Zip)

Registered Agent Warren Foss

Registered Office 11305 Chicago Circle Omaha NE 68154
(Street Address, City, Zip)

DATED 8/23/05

Signature

Tina Kompon, President
Printed Name/Title

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

FILING FEE: $15.00

Revised 12/20/2000

Neb. Rev. Stat. 21-19,149

NO. N00091072

STATE OF MISSOURI

Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

GENERAL NOT FOR PROFIT

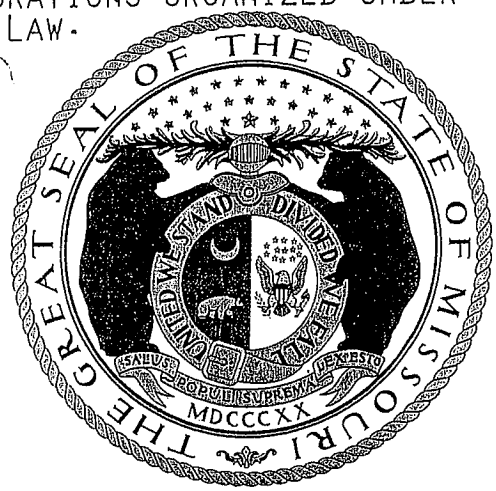
WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF

AMERICAN SOCIETY FOR IMPROVED HEALTH

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE REQUIREMENTS OF GENERAL NOT FOR PROFIT CORPORATION LAW;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY CORPORATE, DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO ALL RIGHTS AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER THE GENERAL NOT FOR PROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 7TH DAY OF FEBRUARY, 1995.



Rebecca McDowell Cook
Secretary of State

$15.00

State of Missouri

Judith K. Moriarty, Secretary of State
P.O. Box 778, Jefferson City, Mo. 65102

Corporation Division

FILED AND CERTIFICATE OF INCORPORATION ISSUED
FEB 07 1995
Rebecca McDonald
SECRETARY OF STATE

Articles of Incorporation of a General Not For Profit Corporation

Filing Fee $10.00

We the undersigned, (Not less than three)

Type or Print Name	Number	Street	City	State	Zip
DALE TURVEY	16601	KEHRSGROVE DR	CHESTERFIELD	MO	63005
WILLIAM A. WARMANN, JR	32	GREEN #4 DR	ST CHARLES	MO	633[illegible]
GARY JOHNSTON	4506	MEADOWFORD DR	ST LOUIS,	MO	63129

being natural persons of the age of eighteen years or more and citizens of the United States, for the purpose of forming a corporation under the "General Not For Profit Corporation Law" of the State of Missouri, do hereby adopt the following Articles of Incorporation:

1. The name of the corporation is AMERICAN SOCIETY FOR IMPROVED HEALTH
2. The period of duration of the corporation is PERPETUAL (Please state "perpetual" or a definite number of years)
3. The address of its initial Registered Office in the State of Missouri is 1819 CLARKSON RD, STE 301 CHESTERFIELD (City) 63017 (Zip) and the name of its initial Registered Agent at said address is KAREN BOEKER
4. The first Board of Directors shall be THREE (3) (At least three required) in number, their names and addresses being as follows:

Type or Print Name	Number	Street	City	State	Zip
GARY JOHNSTON	4506	MEADOWFORD DR	ST LOUIS	MO	63129
WILLIAM A. WARMANN, JR	32	GREEN #4 DR	ST CHARLES	MO	63303
KAREN BOEKER	13	BORDEAUX PL	LAKE ST LOUIS	MO	63367

5. The purpose or purposes for which the corporation is organized are:

"SEE EXHIBIT A ATTACHMENT"

(NOTE: Any special provision authorized or permitted by Statute to be contained in the Articles of Incorporation may be inserted above.)

(Incorporators must sign below)

Incorporators

FILED AND CERTIFICATE OF INCORPORATION ISSUED

FEB 07 1995

Rebecca McDowell Cook
SECRETARY OF STATE

VERIFICATION

State of MISSOURI
County of ST LOUIS } ss.

I, KAREN K. BOEKER, a Notary Public, do hereby certify that on the 6th day of FEBRUARY, 19 95, WILLIAM A. WARMANN JR, DALE TURVEY, GARY JOHNSTON

Type or Print (Names of Incorporators)

personally appeared before me and being first duly sworn by me severally acknowledged that they signed as their free act and deed the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are ture, to their best knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

(Notarial Seal)

Karen K. Boeker
Notary Public

My commission expires 11-7-95

The Secretary of State's Office makes every effort to provide program accessibility to all citizens without regard to disability. If you desire this publication in alternate form because of a disability, please contact the Director of Publications, P.O. Box 778, Jefferson City, Mo. 65102; phone (314) 751-1814. Hearing-impaired citizens may contact the Director by phone through Missouri Relay (800-735-2966). The Corporations Division also maintains a Telecommunications Device for the Deaf (TDD) at (314) 526-5599.

EXHIBIT "A"

5. The purpose or purposes for which the corporation is organized are:

To enrich the quality of life for its members by providing educational and informational material of interest to health conscious individuals, and;

To provide services and benefits as deemed beneficial to the members as well as any other activity permitted under the Missouri Not-For-Profit Corporation Act.

FILED AND CERTIFICATE OF INCORPORATION ISSUED

FEB 07 1995

Rebecca McDowell Cook
SECRETARY OF STATE

NO. N00051672

STATE OF MISSOURI

Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

HEARTLAND DEALERS AND COLLECTORS ASSOCIATION

FORMERLY,

AMERICAN SOCIETY FOR IMPROVED HEALTH

A CORPORATION ORGANIZED UNDER THE MISSOURI NONPROFIT CORPORATION LAW HAS DELIVERED TO ME DUPLICATE ORIGINALS OF ARTICLES OF AMENDMENT OF ITS ARTICLES OF INCORPORATION AND HAS IN ALL RESPECTS COMPLIED WITH REQUIREMENTS OF LAW GOVERNING THE AMENDMENT OF ARTICLES OF INCORPORATION UNDER THE MISSOURI NONPROFIT CORPORATION LAW, AND THAT THE ARTICLES OF INCORPORATION OF SAID CORPORATION ARE AMENDED IN ACCORDANCE THEREWITH.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 28TH DAY OF JULY, 1997.

Rebecca McDowell Cook
Secretary of State

$10.00

S.O.S. #30

State of Missouri

Rebecca McDowell Cook, Secretary of State
P. O. Box 778, Jefferson City, MO 65102
Corporation Division

FILED AND CERTIFICATE
ISSUED
JUL 28 1997
Rebecca McDowell Cook
SECRETARY OF STATE

Articles of Amendment for a Nonprofit Corporation

(Submit in duplicate with filing fee of $10.00)

The undersigned corporation, for the purpose amending its articles of incorporation, hereby executes the following articles of amendment:

(1) The name of corporation is: American Society for Improved Health

(2) The text of the amendment(s) and the date(s) of adoption are as follows:

Article One- name of the Corporation is:
Heartland Dealers and Collectors Association
(adoption date - July 24, 1997)

Article Five - See Attached

(3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): XXX

(4) If approval by members was required, check here and provide the following information: _____

A. Number of memberships outstanding: _____

B. Complete either i or ii.

i. Number of votes for and against the amendment(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:

ii. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number voting undisputed:

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: N/A

In affirmation of the facts stated above,

Karen Boeker Karen Boeker	Secretary	7/24/97
(Authorized signature of officer or chairman of the board)	(Title)	(Date of signature)

Corp. #53A (6-95)

FILED AND CERTIFICATE
ISSUED

JUL 2 8 1997

Rebecca McDowell Cook
SECRETARY OF STATE

(2) The text of the amendment(s) and the date(s) of adoption are as follows:

Article Five - The purpose or purposes for which the Corporation is organized are:

To enhance the quality of life for its members by providing educational and informational material of interest to dealers and collectors of all kinds.

To provide services and benefits as deemed beneficial to the members as well as any other activity permitted under the Missouri Not-For-Profit Corporation Act.

STATE OF MISSOURI

Matt Blunt
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

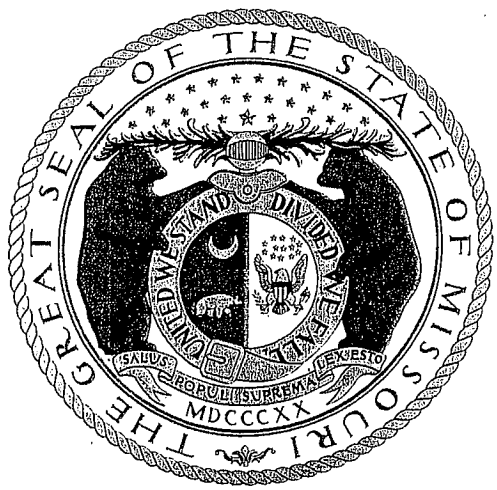
NationalBenefit Plan
N00051672

Formerly,

HEARTLAND DEALERS AND COLLECTORS ASSOCIATION

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me duplicate originals of Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 8th day of January, 2004.



Matt Blunt
Secretary of State

SOS #30 (1-01)

State of Missouri
Amend/Restate - NonProfit 2 Page(s)

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Stat
Matt B

Corporations Div
P.O. Box 778 / 600
Jefferson City, M

File Number: 200400821102
Charter # N00051672
Date Filed: 01/08/2004
Matt Blunt
Secretary of State

Articles of Amendment
for a Nonprofit Corporation

(Submit in duplicate with filing fee of $10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

(1) The name of corporation is: Heartland Dealers & Collectors Association

(2) The amendment was adopted on 1-5-04 (month/day/year) and changed article(s) 1 and 5 to state as follows:

Article number One (1) is amended to read: The name of the corporation is:
NationalBenefit Plan.

Article number Five (5) is amended to read as follows: See attached.

(3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ✓

(4) If approval by members was required, check here and provide the following information: _____

A. Number of memberships outstanding: _____
B. Complete either i or ii:

i. Number of votes for and against the amendments(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:

ii. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number Voting undisputed:

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: _____

In affirmation of the facts stated above,

(Authorized signature of officer or chairman of the board)	(Printed Name)	(Title)	(Date)
Karen Boeker	KAREN BOEKER	SECRETARY	1-6-04

Corp. #53A (12/02)

The purpose or purposes for which the Corporation is organized are:

To enhance the quality of life for members by offering or providing educational information; to provide access to goods, services and discount benefits by using the buying power of all members. To exercise all the powers conferred upon corporations formed under the Missouri Not-For-Profit Corporation Act.

STATE OF MISSOURI

Robin Carnahan
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

America's Business Benefit Association
N00051672

Formerly,

NationalBenefit Plan

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 18th day of August, 2005.

Robin Carnahan
Secretary of State

State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
P.O. Box 778 / 600 W. Main Street, Rm 322
Jefferson City, MO 65102

File Number: 200523121102
N00051672
Date Filed: 08/18/2005
Robin Carnahan
Secretary of State

Articles of Amendment for a Nonprofit Corporation

(Submit with filing fee of $10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

(1) The name of corporation is: NationalBenefit Plan

(2) The amendment was adopted on 8/11/05 (month/day/year) and changed article(s) 1 to state as follows:

Article number One (1) is amended to read: The name of the corporation is:
America's Business Benefit Association

(3) If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ✓

(4) If approval by members was required, check here and provide the following information: _____

A. Number of memberships outstanding: _____

B. Complete either C or D:

C. Number of votes for and against the amendments(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:

Please see next page

Name and address to return filed document:

Name: Rachel DiFulvio
Address: 16476 Chesterfield Airport Rd., 2nd Flr.
City, State, and Zip Code: Chesterfield, MO 63017

State of Missouri
Amend/Restate - NonProfit 2 Page(s)

T0523015613

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

Class:	Number Voting undisputed:
_____	_____
_____	_____
_____	_____

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

(5) If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: _____

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

	Tina Kompon, President		8-11-05
Authorized signature of officer or chairman of the board	*Printed Name*	*Title*	*Date*

BY-LAWS OF
"AMERICA'S BUSINESS BENEFIT ASSOCIATION"

ARTICLE I
PURPOSES

The purpose or purposes of "America's Business Benefit Association" ("association") shall be:

To enhance the quality of life for members by offering or providing educational information; to provide access to goods, services, benefits or group discounts by using the buying power of all members. To exercise all the powers conferred upon corporations formed under the Missouri Not-For-Profit Corporation Act.

ARTICLE II
OFFICES

The Association shall have and continuously maintain in this state a registered office and a registered agent, and the registered office of the association shall be identical with that of its registered agent. The Association may have other offices within or without the State of Missouri as the Board of Directors may from time to time determine.

ARTICLE III
MEMBERS

Section 1. Classes of Members. The Association shall have two (2) classes of members. The designation of such classes and qualifications of the members of such classes shall be as follows:

1. Individual membership: The individual is entitled to participate in all benefit programs offered by the Association.

2. Family membership: The member and his spouse are entitled to participate in all benefit programs offered by the Association.

Section 2. Voting Rights. Each member of classes 1 and 2 shall be entitled to one vote on each matter submitted to a vote of the members by the Board of Directors. Voting may be in person or by proxy; provided that no proxy may be used for voting purposes unless the original of the proxy is filed with the Secretary of the Association at least seven (7) days before the meeting at which it is to be used.

Section 3. Termination of Membership. Any member who shall be in default in the payment of dues for the period fixed in Article XI of the By-Laws is automatically ineligible for membership and loses all privileges and rights of the Association, subject to the discretion of the Board of Directors to extend such time period for the payment of dues.

Section 4. Resignation. Any member may resign by filing a written resignation with the Secretary, but such resignation shall not entitle such member to any refund of dues and the member shall immediately lose all privileges and rights of the Association.

Section 5. Reinstatement. Upon written reapplication a former member may be reinstated to membership in the Association.

Section 6. Transfer of Membership. Membership in the Association is not transferable or assignable.

ARTICLE IV
MEETINGS OF MEMBERS

Section 1. Annual Meeting. An annual meeting of the members of the Association shall be held for the purpose of electing Directors and the transaction of any other business as may come before the meeting. The date of the annual meeting shall be determined by the Board of Directors.

Section 2. Special Meeting. Special meetings of the members, for any purpose or purposes, unless otherwise prescribed by law, may be called by the President and shall be called by the Secretary at the direction of a majority of the Board of Directors, or at the request in writing of members representing at least one hundred (100) votes entitled to be cast at such meeting.

Section 3. Place of Meeting. The Board of Directors may designate any place, within or without the State of Missouri as the place of meeting for any annual meeting. The President or the Board of Directors may designate any place within or without the State of Missouri as the place of the meeting for any special meeting. If no designation is made, the place of meeting shall be the registered office of the Association.

Section 4. Notice of Meetings. Written or printed notice stating the place, day and hour of any regular or special meeting of the Association members shall be delivered, either personally, by mail or through the internet, to each member, not less than seven (7) or more than forty (40) days before the date of such meeting, by or at the direction of the President, or Secretary, or the Board of Directors or person calling the meeting. In the case of special meetings, the purpose for which the meeting is called shall be stated in the notice. If mailed, the notice of meeting shall be deemed delivered when deposited in the United States mail addressed to the member at this address as it appears on the

records of the Association, with postage thereon paid. Notice of meetings may be included in any publication that is distributed to the member.

Section 5. Quorum. There shall be no minimum number of members necessary to be present at any regular meeting or special meeting, in order to constitute a quorum. Those members present shall therefore constitute a quorum.

Section 6. Manner of Acting. The act of a majority of the members present at any regular or special meeting shall constitute the act of the members.

Section 7. Informal Action by Members. Upon approval by the directors, any action required to be taken at a meeting of the members of the Association or any other action which may be taken at a meeting, may be taken without a meeting if consents in writing, setting forth the action so taken, shall be signed by a majority of the members with respect to the subject matter thereof.

Section 8. Parliamentary Procedures. Parliamentary Procedure for all meetings of members, directors, and committees shall be conducted in accordance with the latest revised edition of Robert's Rules of Order, unless otherwise inconsistent with these By-Laws.

Section 9. Voting. At all meetings of the members, each member of records shall be entitled to one (1) vote. A vote may be cast either orally or in writing in person or by proxy. A "member of record" is a person who is a member in good standing of the Association as of the close of business on a date, selected by the Board of Directors, not less than forty (40) days nor more than fifty (50) days before the date of the meeting (the "record date"). When a quorum is present at any meeting, the vote of the holders of a majority of members present shall decide any questions brought before such meeting, unless the questions are ones upon which, by express provision of law or of the Association's Articles of Incorporation, a different vote is required, in which case such express provision shall govern and control the decision of such question.

Section 10. Matters Reserved to Membership Vote. The following matters shall be authorized only upon a vote "thereon" by the members at a meeting called to consider such matter:

1. An amendment to the Association's Articles of Incorporation;

2. The election of the Board of Directors; and

3. Any other matter which the Board of Directors, in their sole discretion, by resolution shall commit to a vote of the members.

ARTICLE V
BOARD OF DIRECTORS

Section 1. General Powers. The affairs of the Association shall be managed by its Board of Directors.

Section 2. Number, Tenure and Qualifications. The number of directors shall be no fewer than three (3) and no more than twenty-five (25) and may be changed from time to time by resolution of the Board of Directors. The Board of Directors shall appoint a committee to nominate successor directors. The directors shall be elected at an annual meeting of the members, except as provided in Section 8 of this Article, and each director elected shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. Directors shall be residents of the United States of America and members of the Association.

Section 3. Regular Meetings. A regular annual meeting of the Board of Directors shall be held each year immediately after the annual meeting of the members of the Association for the purpose of electing officers and for the transaction of such other business as may come before the meeting. The regular annual meeting of directors shall be held without other notice than these By-Laws. The Board of Directors may provide by resolution the time and place, within or without the State of Missouri for the holding of additional regular meetings of the Board of Directors.

Section 4. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President or any two (2) directors. All special meetings shall be held at the registered office of the Association unless otherwise agreed upon by a majority of the Board of Directors in attendance at the meeting.

Section 5. Notice. Notice of any special meeting of the Board of Directors and the business to be transacted shall be given at least five (5) days previously thereto by written notice delivered personally, by mail or through the internet to each director at his address shown on the records of the Association. If notice be given by mail, such notice shall be deemed to be delivered when deposited in the United States mail addressed to the director. Any director may waive notice of any meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such

meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. The purpose of any special meeting of the Board of Directors shall be specified in the notice of such meeting.

Section 6. Quorum. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors provided that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

Section 7. Manner of Acting. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, except where otherwise provided by law or these By-Laws.

Section 8. Vacancies. Vacancies created by the death, resignation, or removal of a director may be filled by a majority vote of the directors then in office though less than a quorum, and each director so chosen shall hold office until his successor is elected and qualified or until his earlier death, resignation or removal. A director may be removed at any time, with or without cause, by a vote of a majority of the remaining directors. If there are not directors in office, then an election of directors may be held in the manner provided by law. Newly created directorships shall be filled by election at an annual meeting or special meeting called for that purpose.

Section 9. Compensation. Directors as such shall not receive any stated salaries for their services, but by resolution of the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each meeting of the Board of Directors. Nothing herein contained shall be construed to preclude any director from serving the Association in any other capacity and receiving compensation therefor upon approval by the Board.

Section 10. Telephonic Participation in Meeting. The members of the Board of Directors, or of any committee designated by the Board of Directors, may participate in a meeting of the Board of Directors or committee by means of conference telephone or similar communications equipment whereby all persons participating in the meeting can hear each other, and participation in a meeting in this manner shall constitute presence in person at the meeting.

Section 11. Action by Written Consent. Any action which is required to be or may be taken at a meeting of the directors, or of any committee of the directors, may be taken without a meeting if consents in writing, setting forth the action so taken are signed by all of the members of the Board of Directors or of the committee as the case may be. The consents shall have the same force

and effect as a unanimous vote at a meeting duly held. The Secretary shall file the consents with the minutes of the meetings of the Board of Directors or of the committee as the case may be.

ARTICLE VI
OFFICERS

Section 1. Officers. The Officers of the Association shall be a President, one or more Vice Presidents (the number thereof to be determined by the Board of Directors), a Treasurer, a Secretary or combination thereof, and such other officers as may be elected in accordance with the provisions of this article. The Board of Directors may elect or appoint other officers, including one or more Assistant Secretaries and one or more Assistant Treasurers, as it shall deem desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Board of Directors. Any two or more offices may be held by the same person, except the offices of President and Secretary.

Section 2. Election and Term of Office. The Officers of the Association shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. If the election of Officers shall not be held at such meeting, such election shall be held as soon thereafter as convenient. Vacancies may be filled or new officers created and filled at any meeting of the Board of Directors. Each Officer shall hold office until his successor shall have been duly elected and shall have qualified.

Section 3. Removal. Any Officer or Agent elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

Section 5. President. The President of the Association shall be the principal executive officer of the Association. He shall supervise and conduct the affairs of the Association in such manner as will best accomplish the purposes set forth in the Articles of Incorporation of the Association. He shall preside at all meetings of the Association members and the Board of Directors. He shall countersign all checks together with the Treasurer.

Section 6. Vice President. In the absence of the President, or in the event of his inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall

have all the powers of and be subject to all the restrictions upon the President. The Vice President shall perform such other duties as from time to time may be assigned to him by the President or by the Board of Directors.

Section 7. Treasurer. The Treasurer or Assistant Treasurer shall have charge and custody of and be responsible for all funds and securities of the Association; receive and give receipts for monies received by the Association from any source whatsoever, and deposit all such monies in the name of the Association in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of Article VIII of these By-Laws.

Section 8. Secretary. The Secretary or Assistant Secretary of the Association shall keep the minutes of the meetings of the members and of the Board of Directors in one or more books provided for that purpose; see that all notices are duly given in accordance with the provisions of these By-Laws or as required by law; be custodian of the corporate records of the Association; see that the seal of the Association, if any, is affixed to all documents, the execution of which on behalf of the Association under its seal, if any, is duly authorized in accordance with the provisions of these By-Laws; keep a register of the post office address of each member which shall be furnished to the Secretary or Assistant Secretary by such member; and in general perform all duties incident to the office of Secretary and such other duties as from time to time may be assigned to the Secretary or Assistant Secretary by the President or by the Board of Directors.

ARTICLE VII
COMMITTEES

Section 1. Committees of Directors. The Board of Directors, by resolution adopted by the majority of the directors in office, may designate one or more committees, each of which shall consist of two (2) or more directors, which committees, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors in the management of the Association; but the designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed upon it or him by law. The President shall be an ex-officio member of all committees of directors.

Section 2. Other Committees. Other committees not having and exercising the authority of the Board of Directors in the management of the Association may be designated by a resolution adopted by a majority of the directors present at a meeting at which a quorum is present. Except as otherwise provided in such resolution, members of each such committee shall be members of the Association, and the President of the Association shall appoint the members thereof. Any member thereof may be removed by the person or persons authorized to appoint such member whenever in

their judgment the best interests of the Association will be served by such removal. One member of each committee shall be a director.

Section 3 Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of original appointments.

Section 4. Quorum. Unless provided in the resolution of the Board of Directors designating a committee, a majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

Section 5. Rules. Each committee may adopt rules for its own government not inconsistent with these By-Laws or with rules adopted by the Board of Directors.

ARTICLE VIII
CONTRACTS, CHECKS, DEPOSITS, AND FUNDS

Section 1. Contracts. The Board of Directors may authorize the officers or agents of the Association to enter into contracts or to execute and deliver documents in the name of and on behalf of the Association. Such authority shall be confined to specific instances. Such contracts may be for any purpose deemed by the Board of Directors to be appropriate, including the contracting with a third party for any or all administrative and other services and functions necessary for the Association to achieve its purpose.

Section 2. Checks, Drafts, Etc. All checks, drafts, or other orders for payment of money, notes or other evidences of indebtedness issued in the name of the Association shall be signed by such officer or officers, agent or agents of the Association and in such manner as shall from time to time be determined by the resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the President or Vice President of the Association.

Section 3. Deposits. All funds coming into possession of the Association shall be deposited from time to time to the credit of the Association in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept on behalf of the Association any contributions, gifts, bequests, or device for the general purpose or for any special purpose of the Association.

Section 5. Loans. The Association may, upon authorization of the Board of Directors, from time to time accept or negotiate loans of financial assistance to be repaid at such time as the Association is reasonably able to repay.

ARTICLE IX
CERTIFICATES OF MEMBERSHIP

Section 1. Certificates of Membership. The Board of Directors may provide for the issuance of certificates evidencing membership in the Association which shall be in such form as may be determined by the Board. Such certificates shall be signed by the President or Vice President and shall be sealed with the seal of the Association, if any. The name and address of each member and the date of issuance of the certificate shall be entered on the records of the Association. If any certificate shall become lost, mutilated or destroyed, a new certificate may be issued therefor upon such terms and conditions as the Board of Directors may determine.

Section 2. Issuance of Certificates. When a member has applied for and is eligible for membership and has paid any initiation fee and dues that may then be required, a certificate of membership shall be issued and delivered to him by the Secretary, if the Board of Directors shall have provided for the issuance of certificates of membership under the provisions of Section 1 of this article.

ARTICLE X
BOOKS AND RECORDS

The Association shall keep correct and complete books and records of accounts and shall also keep minutes of the proceedings of its members, Board of Directors and committees having any of the authority of the Board of Directors, and shall keep at the registered or principal office a record giving the names and addresses of the members entitled to vote. All books and records of the Association may be inspected by any member, or his agent or attorney for any purpose at any reasonable time.

ARTICLE XI
DUES AND INITIATION FEE

Section 1. Annual Dues. The Board of Directors may determine from time to time the amount of annual dues payable to the Association by members of each class.

Section 2. Payment of Dues. Dues shall be payable in advance.

Section 3. Default and Termination of Membership. When any member of any class shall be in default in the payment of dues for a period of one month from the beginning of the period from which such dues became payable, such member shall be automatically dropped from membership unless the Board of Directors, in its discretion, extends the time for payment of dues.

Section 4. Initiation Fee. Each member may be required to pay, in addition to applicable dues, the amount of any initiation fee designated by the Board of Directors as a prerequisite to membership. The Board of Directors may provide that the initiation fee is waived for members who are part of a group where the sponsor pays a stated initiation fee on behalf of all group members.

ARTICLE XII
FISCAL YEAR

The fiscal year of the Association shall begin the first day of January and end on the last day of December in each year.

ARTICLE XIII
SEAL

The Board of Directors may provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the corporation and the words "Corporate Seal".

ARTICLE XIV
WAIVER OF NOTICE

Whenever any notice is required to be given under the provisions of the General Not-For-Profit Corporation Law of Missouri under the provisions of the Articles of Incorporation or the By-Laws of the Association, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

ARTICLE XV
AMENDMENT OF BY-LAWS

These By-Laws may be altered, amended or repealed and new By-Laws may be adopted by a two-thirds (2/3) majority of the directors present at any regular meeting or any special meeting, provided that at least seven (7) days' written notice is given of intention to alter, amend or repeal or to adopt new By-Laws at such meeting.

ARTICLE XVI
INDEMNIFICATION

The Association shall provide for indemnification by the Association of any and all of its directors of officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceeding, in which they or any of them are made parties, or a party, by reason of having been directors or officers of the Association, except in relation to matters as to which such director or officer or former director or officer shall be adjudged in such action, suit, or proceeding to be liable for gross negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability for gross negligence or misconduct.

ARTICLE XVII
DISSOLUTION

The Association shall use its funds only to accomplish the objectives and purposes specified in these By-Laws, and no part of said funds shall inure, or be distributed, to the members of the Association. On dissolution of the Association any funds remaining shall be distributed to one or more regularly organized and qualified charitable, educational, scientific, or philanthropic organizations to be selected by the Board of Directors.

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Attachment "ABBA Benefits.doc" is not a PDF document and cannot be reproduced here.

MINUTES OF THE ANNUAL MEETING
OF THE BOARD OF DIRECTORS AND MEMBERS OF
AMERICA'S BUSINESS BENEFIT ASSOCIATION

The Annual Meeting of the members and Board of Directors of America's Business Benefit Association, a Missouri not-for-profit corporation, was held at 16476 Chesterfield Airport Road, Chesterfield, Missouri, in the county of St. Louis, State of Missouri, on the 20th day of December 2007, pursuant to the provisions of the By-Laws of the corporation.

Present at the meeting were all of the Directors and Officers of the corporation: Tom Wright Jr., Tom Mee, Daneen Flesher and other attending members. With the unanimous consent of the members, Tom Wright Jr. served as Chairman of the meeting and Daneen Flesher served as Secretary. The Chairman called the meeting to order. The Secretary reported that all of the members received notice of the Annual Meeting pursuant to the provisions of the By-Laws of the Corporation, and proxies were received.

The first order of business was a motion, seconded and unanimously approved to accept the minutes for the 2006 annual meeting.

Next, the Chairman called for the nomination of three (3) Directors and Officers of the Association as provided in the By-Laws. Thereupon, the following persons were nominated as Directors and Officers, to serve a term of one year beginning December 21, 2007, or until such time as their successors are duly nominated and shall have qualified:

President/Director:	Tom Wright Jr.
Vice President/Director:	Tom Mee
Secretary/Treasurer/Director:	Daneen Flesher

No further nominations being made, the nominations were closed and each member proceeded to vote on the nominees. After the vote had been counted, including proxies the Chairman announced that the above-named persons had been duly elected as Directors and Officers to serve for the above-stated term.

The Chairman reported that marketing efforts have been limited. It was suggested that the Association should review and evaluate its benefit and service package. The

Board discussed the possibility of implementing changes in 2008. The President previously met with the marketer IPA and the association administrator NAC at IPA's offices in Texas. The meeting focused on changes to the membership package and marketing efforts. After discussion it was unanimously agreed that the Association would make changes to the benefit package and that the new marketing efforts would be slowly introduced and increased throughout 2008.

The next item of business concerned the financial report. Daneen Flesher presented this report. After discussion there was a motion, seconded, and unanimously approved to accept the report.

There being no further or other business to come before the meeting, upon motions duly made, seconded and unanimously carried, the meeting was adjourned.

APPROVED:

Tom Wright Jr., Chairman

MINUTES OF THE ANNUAL MEETING
OF THE BOARD OF DIRECTORS AND MEMBERS OF
AMERICA'S BUSINESS BENEFIT ASSOCIATION

The Annual Meeting of the members and Board of Directors of America's Business Benefit Association, a Missouri not-for-profit corporation, was held at 16476 Chesterfield Airport Road, Chesterfield, Missouri, in the county of St. Louis, State of Missouri, on the 27th day of November 2006, pursuant to the provisions of the By-Laws of the corporation.

Present at the meeting were all of the Directors and Officers of the corporation: Tom Wright Jr., Tom Mee, Daneen Flesher and other attending members. With the unanimous consent of the members, Tom Wright Jr. served as Chairman of the meeting and Daneen Flesher served as Secretary. The Chairman called the meeting to order. The Secretary reported that all of the members received notice of the Annual Meeting pursuant to the provisions of the By-Laws of the Corporation, and proxies were received.

The first order of business was a motion, seconded and unanimously approved to accept the minutes for the 2005 annual meeting.

Next, the Chairman called for the nomination of three (3) Directors and Officers of the Association as provided in the By-Laws. Thereupon, the following persons were nominated as Directors and Officers, to serve a term of one year beginning November 28, 2006, or until such time as their successors are duly nominated and shall have qualified:

President/Director:	Tom Wright Jr.
Vice President/Director:	Tom Mee
Secretary/Treasurer/Director:	Daneen Flesher

No further nominations being made, the nominations were closed and each member proceeded to vote on the nominees. After the vote had been counted, including proxies the Chairman announced that the above-named persons had been duly elected as Directors and Officers to serve for the above-stated term.

The Chairman then made a motion to enter into a marketing agreement with Insurance Producers of America Agency, Inc. After a brief discussion the motion was seconded and unanimously carried.

The next item of business concerned the financial report. Daneen Flesher presented this report. After discussion there was a motion, seconded, and unanimously approved to accept the report.

There being no further or other business to come before the meeting, upon motions duly made, seconded and unanimously carried, the meeting was adjourned.

APPROVED:

Tom Wright Jr., Chairman

HealthFinder

A Newsletter for Members of
America's Business Benefit Association • 2007

Creating a Business Website

Today, so many consumers and businesses look for products and services online that your small business probably needs a website. How do you start the process of developing a business website? The U.S. Small Business Administration (SBA) has the answers to your questions.

Above all, keep in mind that your website is your online representation—a direct reflection of your business. Your business website must look professional. The design can be simple and clean—not complicated—but it should always be free of spelling and grammatical errors, attractively showcase your product or service, and clearly state how the customer can contact your business and purchase your product.

How do I start selling online?

From cheap and simple to expensive and complex, there's a wide range of products designed to get your website up and selling in a matter of days or weeks.

Small businesses may not have to look beyond their local Internet service providers for a solution. For example, you can use Yahoo's web service, which lets you create a transactional business website. Yahoo hosts the site, and the cost is based on number of items—$100 per month for a store selling 50 items and $300 per month for up to 1,000 items.

Do an online search for "business website development" and you'll find a number of services. They generally include templates for online catalogs and databases, so it's easy to change items and prices. Dynamic database searches can serve different information when an item is out of stock or on special, and they can be hooked up to existing back-end systems for order fulfillment and a range of automatic payment options.

Unless you're fairly computer-savvy, you'll need help developing your website. Spend the money to hire a professional web designer. Considering your website's importance in promoting your business, the amount you pay a designer will probably be worth every penny.

How should I choose a web designer?

You don't really want a college student who has just learned HTML. You need a website designer or design firm that will take time to understand your business, and has previous experience. Here are some important questions:

- What are the names and phone numbers of other small business clients you have served? You'll learn a lot by asking these references, "Would you hire this person to work for you on another project?"
- What are some websites you have designed? Then ask your web-savvy

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Creating a Business Website

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friends to evaluate the sites with you.

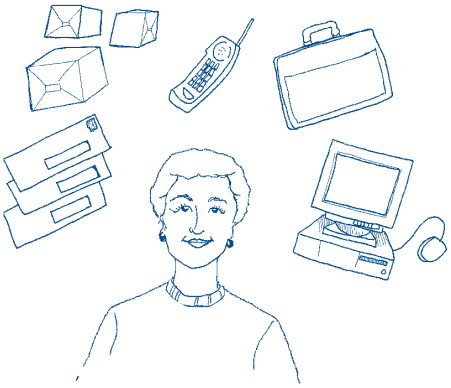
- What kind of website do I really need to accomplish my business objectives? Unless the designer knows how to accomplish business purposes with a website, he or she won't be effective.
- *Do you have a contract that outlines our agreement?* Get it in writing.
- *What will this cost, how long will it take, and at what points will various payments be due?* Define what will be accomplished before each payment is made.
- *Will you register the site with search engines and perform any other marketing tasks?* If this isn't included in their services, learn to do it yourself or find where to outsource it. A website without marketing is like a car without gasoline—nice to admire, but of no use at all.

I've got a website—now what?

First and foremost, put your website address on all of your organization's correspondence. That includes business cards, stationery, posters, flyers, e-mail headers, or footers and any other advertisement activity. Remember, you never know who may read or run across information about your company. Make sure they have the ability to reach you.

Second, you have to do your research. No matter what location you're in, most likely your local and state government has some sort of economic development office as well as a Chamber of Commerce. Both are great resources for events, promotions, and other activities that will allow you to get your name out. Another great resource is the U.S. Small Business Administration. From regional offices to local business development centers, the SBA is ready to help you out by providing contact information or counseling you on a particular business endeavor.

Third, work on all of your vendor and partner relationships. The best marketing technique still remains word-of-mouth. And who is better at telling potential customers about your organization that those who already do business with you. Sometimes related businesses will agree to put links on each of their websites to lead customers to each others' websites.



How often should my website be updated?

Similar to a company's advertising strategy, new ideas built on customer response and organizational direction must be put in place or an organization can be viewed as aging.

There is no standard time related to how often a new version of a website should be established. Most companies make changes every two to three months. Most of these changes reflect better service to the customer or the introduction of a new product. Others are based on keeping the customer interested or entertained enough to come back to the site.

Some organizations use an advisory board or group to provide feedback on their site. This group may suggest changes to the website based upon personal use and comparison to competitors' sites.

Where can I find inexpensive credit card processing on a secure server?

You'll probably have to get a merchant credit card account AND credit card processing on a secure server. Here's how it works.

- You secure a merchant account with a bank, and the bank contracts with a firm that processes credit card transactions for them.
- You contract with a web hosting service for a secure server for your order pages.
- You contract with a payment gateway company (such as VeriSign.com) that provides an Internet bridge from your order pages to the bank's processing company.

Sometimes, however, you can find a service that combines (2) and (3) together. While it is possible to pay a company to handle the merchant credit card transactions for you, they may take an 8% to 15% chunk of the total transaction, and in some places this kind of "factoring" is illegal.

If you plan to sell much over the Web, secure your own merchant account. Start with your own bank. Independent sales organizations may promise to get you a merchant account, but be careful of high commissions ("application fees"), hidden fees, or penalties if your business folds before their "lease period" is over. Be careful you aren't sold the wrong services for your needs. Shop carefully.

Are any advertising resources available to me that are free or very inexpensive?

As small business people know, free and inexpensive really mean a lot of sweat equity, but there are several

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NOTICE of ANNUAL MEETING of MEMBERS

The Annual Meeting of the Members of the America's Business Benefit Association will be held at 16476 Chesterfield Airport Road, Chesterfield, Missouri, on Thursday, December 20, 2007 at 10:00 a.m. for election of Directors and for the transaction of such other business as may properly come before the meeting of any adjournment thereof.

The above notice is given pursuant to the By-Laws of the Association.

PROXY
America's Business Benefit Association
December 20, 2007 Annual Meeting of Members
THIS PROXY IS SOLICITED ON BEHALF OF
AMERICA'S BUSINESS BENEFIT ASSOCIATION

The undersigned member of the America's Business Benefit Association does hereby constitute and appoint the President of the America's Business Benefit Association, the true and lawful attorney(s) of the undersigned with full power of substitution, to appear and act as the proxy or proxies of the undersigned at the Annual Meeting of the Members of the America's Business Benefit Association and at any and all adjournments thereof, and to vote for and in the name, place and stead of the undersigned, as fully as the undersigned might or could do if personally present, as set forth below:

(1) FOR ( ), or to ( ) WITHHOLD AUTHORITY to vote for, the following nominees for Board of Directors: Tom Wright Jr., Tom Mee, and Daneen Flesher.

(2) In their discretion, the proxies are authorized to vote upon such other business as may properly come before the Meeting.

This proxy when properly executed will be voted in the manner directed by the undersigned member. If no direction is made, this proxy will be voted for the election of directors and officers.

DATED: _____ , 2007.

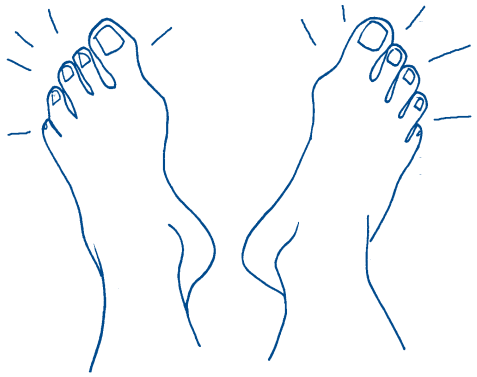
Signature _____

Name (please print)_____

Please date and sign and return promptly to 16476 Chesterfield Airport Road, Chesterfield, Missouri 63017 whether or not you expect to attend this meeting. The Proxy is revocable and will not affect your right to vote in person in the event that you attend the meeting.

Chesterfield, Missouri

November 16, 2007
Date



Relief for Aching Feet

If holiday shopping has left you with aching feet, follow these steps to a soothing foot massage (either for yourself or performed on a loved one):

1. Soak feet in warm water for 10 minutes.
2. Dry feet; warm hands and then begin rubbing in lotion or mineral oil while feet are propped up.
3. Stroke the top of the foot, working from toe to ankle. Use gentle but firm pressure to avoid tickling.
4. Use a circular motion with your thumbs and fingers over the sole of the foot, paying special attention to the arch and ball of the foot.
5. Massage and stretch the toes. Gently squeeze the end of each toe. Use the index finger to slide between each toe.
6. Rotate the foot at the ankle about five times in each direction.
7. Finish the massage by repeating the all-over foot massage. Wipe off any excess lotion or oil with a thick towel. Slip feet into thick cotton socks to retain moisture.

Don't Overdo Teeth Whitening

While it's nice to have pearly whites, the American Academy of Cosmetic Dentistry says you can overdo it with home whitening products. They recommend discontinuing or reducing applications if these symptoms appear:

- Excessive sensitivity, especially to cold foods
- Redness, irritation, and bleeding of the gums
- Translucent or blotchy appearance of teeth

Washing Your Hands

According to Dr. Chris Coulter — chief medical officer for Precept, a health management provider — washing your hands five to six times a day decreases your chances of getting sick by 50 percent.

"For most people, that means washing them for 20 seconds every time you go to the bathroom, before and after meals, and after taking public transportation," he says.

Health Benefits of Showers

A steamy shower can alleviate many wintertime ailments, including congestion, sore throat, and dry nasal passages. To get the most out of your shower experience, follow these recommendations by health professionals:

- Don't use water temperatures higher than 100 degrees Fahrenheit because it's too drying to the skin and hair.
- Alternate hot and cool water to stimulate blood circulation. Hot water increases blood flow and reduces muscle tension, while cool water constricts blood vessels and invigorates the body.
- Use a loofah sponge to increase circulation and thoroughly cleanse skin, while mildly exfoliating. Scrub gently in a circular motion.
- If you have a handheld shower head, spray your feet and legs to get blood flowing. You might also want to consider adding a steam unit to your shower to increase these benefits. Or put in a shower head filter to reduce chlorine levels.

SAFETY

Shopping Sense

The sheriff's office in Broward County, FL, offers these safety tips for holiday shoppers:

- Make several trips to your car to drop off packages while shopping rather than trying to carry too many items around with you.
- Put packages and bags in the trunk or otherwise keep them out of sight to deter thieves.
- Leave the mall or shopping center well before closing time to increase the likelihood that you won't be walking out alone.
- If you are leaving the store at closing time, ask mall security or the package pick-up service to escort you to your vehicle.

It's Not a Water Bowl

If you have a live Christmas tree, cover the basin of the stand with netting or a tree skirt to deter cats and dogs from drinking the water. Sap and chemicals can leach into the water and sicken your pets. As an extra pet repellent, spray citrus or citronella scents on the tree.

Wrap Rage

That's the term that medical experts are giving to the frustration that many people have opening sealed plastic packages typically used for electronic goods and expensive gadgets and toys. According to the American College of Emergency Physicians, during the holidays emergency rooms across the country are flooded with patients who have injured their hands trying to open gifts secured in these anti-theft packages. Safety experts suggest removing the packaging prior to gift wrapping it, so the recipients will not be in a rush to open the gift or have it opened for them. The Philadelphia Hand Center at Thomas Jefferson Hospital also offers these precautions:

- Use heavy-duty scissors rather than everyday scissors, X-acto knives, or razor blades.
- Cut away from the body to avoid puncture wounds as a result of a knife or scissors slipping out of control.
- Make sure that the hand restraining or holding the package is out of the way of the path you are cutting.
- Be careful handling freshly cut plastic when prying open the package. The sharp edges can cause lacerations.

Hanging Outdoor Lights

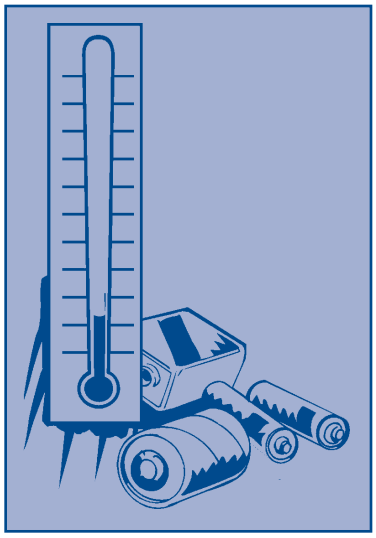
According to the Home Safety Council, falls are the number one cause of home injuries and deaths. Falls from ladders while hanging outdoor lights can be particularly serious, since the injury may be compounded by falling on sharp bushes or tree limbs. Plan to do your decorating in daylight and well in advance of winter snow and ice. And follow basic ladder safety rules whenever using a ladder:

- Straight or extension ladders should be tilted at about 75 degrees. That means the base should move one foot out for every four feet of height.
- The ground under the ladder should be firm and level.
- Keep your body centered on the ladder. If you need to reach areas to the side of the ladder, move the ladder rather than leaning too far.

Cold Weather Drains Batteries

Electronics experts warn that cold temperatures can drain battery power.

They recommend not leaving laptops in parked cars for extended periods of time, as well as keeping devices such as cell phones, pagers, and PDAs (personal digital assistants) in a pocket close to your body when outside.



Making the Most of Professional Associations

Membership in professional associations—such as alumni groups, trade associations, and training and advocacy organizations—can boost your career and connections, but joining is only the first step. To get the most out of your group, career counselors offer these suggestions:

- Help organize events, contribute to publications, and give presentations. This will showcase your skills and build camaraderie with other members.
- Stay in touch with other members. Even if they're currently not in a position to help you, they may be in the future.

"Are You Satisfied?"

When a customer or client voices a complaint, Ron Willingham—author of *Integrity Service: Treat Your Customers Right–Watch Your Business Grow*—says it's easy to get caught up in the rush of identifying the problem, removing the cause, and taking corrective action.

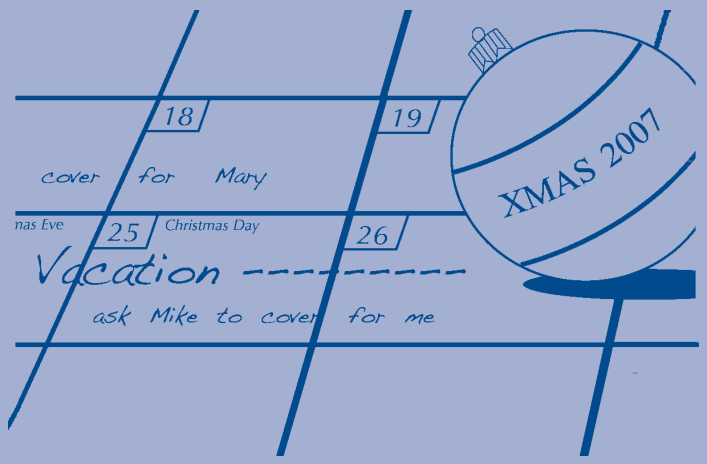
While these are important components, the final key point is to ask the customer if he or she is satisfied with the solution. "All too often we are satisfied with the solution to a customer problem, but the customer is not," he says.

Asking this simple question will enable you to make sure the customer is satisfied, and will make it clear that their satisfaction is your goal.

Be a Holiday Helper

The holidays are a frantic time for most folks, both on and off the job. To ease the stress, follow this advice from Adecco International, a human resources firm:

1. Talk to your supervisor about your upcoming vacation time. Schedule it as far in advance as possible.
2. Plan for how your work will be covered while you're out.
3. Try to get as far ahead with your work as possible.
4. Coordinate with co-workers to help them with their workloads during their time off.



Creating a Business Website

(continued from page 2)

things you can do at low or no cost to promote your online business.

- Prepare your web pages to be search engine friendly, and then submit them to the main search engines.
- Find other sites that are complementary to yours and attract the kind of visitors you're looking for and ask the site owners for a reciprocal link.
- Join a banner exchange program where you show two banners on your site for every one of yours shown on other member's sites.
- In addition you could send out press releases about a newsworthy event on your site, offer interesting and free content related to what you sell, and try some inexpensive text ads in e-mail newsletters that appeal to the kind of visitors you want. But make sure you conserve all the marketing efforts you've begun by asking visitors to bookmark your site and subscribe to your free e-mail newsletter so you can contact them again.

From the U.S. Small Business Administration at www.sba.gov/smallbusinessplanner/manage/technology

HealthFinder is published by:

America's Business Benefit Association Membership Services Office

For information regarding your membership and association benefits, call or write:

Membership Services Office

America's Business Benefit Association

16476 Chesterfield Airport Road
Chesterfield, MO 63017
800-992-8044 or (636) 530-7200

Articles in this newsletter are meant to be informative, enlightening, and helpful to you. While all information contained herein is meant to be completely factual, it is always subject to change. Please consult your attorney or accountant before making any financial decisions.

11-07

America's Business Benefit Association
Membership Services Office
16476 Chesterfield Airport Road
Chesterfield, MO 63017

PRSRT STD
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KANSAS CITY, MO
PERMIT #6654

Application for ABBA Membership

I am applying for membership in America's Business Benefit Association (ABBA). I represent that I am 18 years or older and eligible for membership in ABBA. (If under 18 years of age, parent or guardian must sign below. Only Basic Membership is available if primary member is under 18 years of age, no Optional Benefits.) I choose the following plan and my **monthly** dues will be:

☐ **Basic Membership** (*Individual or Family):* **$19.50**
☐ **Executive 2500—Individual**: **$44.50** ☐ **Executive 2500—Family: $54.50**
☐ **Executive 5000—Individual: $54.50** ☐ **Executive 5000—Family: $69.50**
☐ **Executive 7500—Individual: $69.50** ☐ **Executive 7500—Family: $89.50**

Optional Benefits *(can be added to either Basic or Executive Plans):*

These optional insured benefits are provided by unaffiliated insurance companies, not by Independence American Insurance Company.

☐ **Insured Generic Prescription Plan—Individual: $26.50** ☐ **Insured Generic Prescription Plan—Family: $44.50**

NOTE: Please allow 7 days from effective date of membership for eligibility files to become effective at pharmacies.

☐ **Dental Insurance—Individual: $26.50** ☐ **Dental Insurance—Family: $44.50**

(For details concerning ABBA membership packages, please refer to the ABBA brochure or log on to www.abbaplans.com)

For my ABBA membership, I understand that (1) the discount medical programs that are part of my ABBA membership are NOT INSURANCE and are not intended to replace or be a substitute for existing insurance; and (2) membership includes certain group limited supplemental insured benefits.

I hereby designate and appoint the Secretary of ABBA in office at any particular time from this point forward as my proxy and my agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on my behalf at any and all meetings of the members, to execute consents and to otherwise act for me in the same manner and with the same effect as if I were personally present. I authorize my proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with ABBA. I understand that this proxy is a voluntary designated appointment and that I have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, I will notify the Secretary of ABBA of my desires in this respect.

I agree that any controversy or claim arising out of or relating to my membership in ABBA shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules (including Optional Rules for Emergency Measures of Protection), and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I am applying for:

☐ America's Business Benefit Association membership (ABBA)

REQUESTED EFFECTIVE DATE (billing will be same date): Choose day of the month: ☐ 1st ☐ 8th ☐ 15th ☐ 22nd

(Note: Requested effective date must be at least two weeks following the date of this application.)

☐ ABBA membership and Independence American Insurance Company (IAIC) health insurance

☐ YES (____ Initial) -- If I am not approved for Independence American Insurance Company health insurance or my coverage lapses or is terminated, I wish to maintain my ABBA membership application.

☐ NO (____ Initial) -- I do not want to maintain membership in ABBA if I am not approved for insurance issued and accepted by me with IAIC. If IAIC insurance is issued, the effective date of ABBA membership will be the same as the effective date of the Insurance applied for. If ABBA Family membership is selected, all family members are included as ABBA members, even if one or more of the family members are not included in the Insurance that is issued.

Date of Application:_____ Date of Birth:_____ Soc Sec #:_____
Primary Member:_____ ☐ Male ☐ Female
Address:_____
City:_____ State: _____ Zip: _____
Email Address:_____Phone:_____
Signature:_____

If Primary Member is under 18 years of age, parent or guardian must sign above.
Print Name of Parent/Guardian: _____

Other Family Members:

Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____
Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____
Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____
Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____
Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____
Name:_____ ☐ Male ☐ Female Date of Birth: _____ Relationship:_____

To be completed by your agent:

Agent Name:_____ Agent Number:_____

SERFF Tracking Number:	*MADS-125654252*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company Incorporated*	*State Tracking Number:*	*39049*
Company Tracking Number:	*GAO-CI*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GAO*		
Project Name/Number:	*/*		

Attachment "Marketing Brochure 032508.pdf" is larger than 3MB and cannot be reproduced here.

Attachment "Membership Guide 032408.pdf" is larger than 3MB and cannot be reproduced here.

Madison National Life Insurance Company
Independence Holding Group

VIA SERFF
May 27, 2008

TO: Arkansas Department of Insurance

RE: Group Critical Illness Coverage
NAIC: 65781 – Madison National Life Insurance Company, Inc.
FEIN: 39-0990296

Please find below your May 23 disapproval and our response.

Objection 1
GAO-CI-C-1207-AR, Certificate, CERTIFICATE (Form)
Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.
The 31 day time frame has been removed.

Please let me know if you have any questions or require further information.

Thank you.

Andrea L. Greiber
Compliance Specialist
alg@madisonlife.com
(608) 830-2059 or 1-800-356-9601 ext. 2059

Attachments

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	CERTIFICATE	05/20/2008	GAO-CI-C-1207-AR.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601
Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

CERTIFICATE OF INSURANCE

GROUP CRITICAL ILLNESS COVERAGE

This is Your Certificate of Insurance (hereafter referred to as "Certificate") while You are insured. This Certificate is a description of the Critical Illness benefits provided through the Group Policyholder (hereafter referred to as "Policyholder"), under the Group Policy (hereafter referred to as "Policy"). The Policy is a contract between the Policyholder and Us. The Policy is held by the Policyholder. Policyholder information is shown in the Schedule of Benefits.

The Policy is the agreement under which payments are made. We will pay benefits stated in this Certificate, only if a loss arises from the causes described in the Certificate.

The Policy may be amended at any time without notice to You. Any such amendment will not affect a claim starting before the amendment takes affect.

You may inspect the Policy at any time during business hours at the office of the Policyholder.

REDUCTION OF BENEFITS. The amount payable will be reduced by 50% if an Insured Person is age 65 or older on the date the benefit becomes payable. Coverage terminates at age 70.

PLEASE READ THIS CERTIFICATE CAREFULLY.

The President and Secretary of Madison National Life Insurance Company witness this Certificate:

Larry R. Graber
President

Adam C. Vandervoort
Secretary

<u>THIS IS LIMITED BENEFIT COVERAGE.</u>
CRITICAL ILLNESS COVERAGE TO AGE 70

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

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SCHEDULE OF BENEFITS

(hereafter referred to as "Schedule")

Policyholder Information

Group Policyholder: [Organization Name.]

Group Number: [Organization Number]

Policy Effective Date: [Organization Effective Date of Coverage]

Dependent Coverage: [Yes/No]

Eligible Dependents: [Not Applicable/Spouse/Spouse-Children/Children only] (For whom the Insured enrolled and the Policyholder paid premium for.)]

Pre-Existing Condition Limitation

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Insured Person has been enrolled for coverage, including any waiting period for coverage eligibility. A Critical Illness resulting from a Pre-Existing Condition commencing thereafter will be covered unless otherwise excluded by the Policy.

A Pre-Existing Condition means any illness or injury for which an Insured Person received any Diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy.

Reduction Schedule

The amount payable for a Critical Illness will be reduced by 50% if an Insured Person is age 65 or older on the date the benefit becomes payable. "Age" refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

If we at Madison National Life Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street, Little Rock, AR 72201
Phone: (501) 371-2640, (800) 852-5494
Email: insurance.consumers@arkansas.gov

SCHEDULE OF BENEFITS *continued…*

Maximum Benefit Amount Per Insured Person: [*See Statement of Variability*]

Unless otherwise noted, coverage must be in effect for 30 days before benefits are payable.

Critical Illness Diagnosis Benefit	Percentage of Critical Illness Maximum Benefit Amount
[Life Threatening Cancer - more than 90 days after Effective Date	[*See Statement of Variability*]]
[Life Threatening Cancer - within first 90 days after Effective Date	[*See Statement of Variability*]]
[Heart Attack	[*See Statement of Variability*]]
[Kidney (Renal) Failure - more than 90 days after Effective Date	[*See Statement of Variability*]]
[Kidney (Renal) Failure - within first 90 days after Effective Date	[*See Statement of Variability*]]
[Stroke	[*See Statement of Variability*]]
[Coma	[*See Statement of Variability*]]
[Coronary Artery Bypass	[*See Statement of Variability*]]
[Loss of Sight, Speech or Hearing	[*See Statement of Variability*]]
[Major Organ Transplant	[*See Statement of Variability*]]
[Paralysis	
[Quadriplegia	[*See Statement of Variability*]]
[Paraplegia	[*See Statement of Variability*]]
[Hemiplegia	[*See Statement of Variability*]]]
[Severe Burn - Specified Body Area	
[Face and Neck and Head	[*See Statement of Variability*]]
[Hand and Forearm Below Elbow Joint (Right)	[*See Statement of Variability*]]
[Hand and Forearm Below Elbow Joint (Left)	[*See Statement of Variability*]]
[Upper Arm Below Shoulder Joint to Elbow Joint (Right)	[*See Statement of Variability*]]
[Upper Arm Below Shoulder Joint to Elbow Joint (Left)	[*See Statement of Variability*]]
[Torso Below Neck to Shoulder Joints and Hip Joints (Front)	[*See Statement of Variability*]]
[Torso Below Neck to Shoulder Joints and Hip Joints (Back)	[*See Statement of Variability*]]
[Thigh Below Hip Joint to Knee Joint (Right)	[*See Statement of Variability*]]
[Thigh Below Hip Joint to Knee Joint (Left)	[*See Statement of Variability*]]
[Foot and Lower Leg Below Knee Joint (Right)	[*See Statement of Variability*]]
[Foot and Lower Leg Below Knee Joint (Left)	[*See Statement of Variability*]]

CRITICAL ILLNESS DIAGNOSIS BENEFIT

We will pay this benefit, subject to the Reduction Schedule and Benefit Payment Conditions listed herein, if while the Policy is in force, an Insured Person is first Diagnosed with a Critical Illness by a Physician. Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, coverage terminates and no further benefits are payable for that Insured Person.

Benefit Payment Conditions: Payment of benefits upon first Diagnosis of the Critical Illnesses listed below is subject to the following: (1) the Diagnosis is made within the United States; (2) the Diagnosis is made while the Insured Person's coverage is in force under the Policy; and (3) payment must not be precluded by any general or specific Exclusion or provision set forth under the Policy or any failure to meet any condition precedent set out below.

Benefit Payment Limitation: In the event that an Insured Person is first Diagnosed with one of the conditions listed below during the first 30 days after the Insured Person's Effective Date of Coverage, We will pay the lesser of (a) $500 or (b) 10% of the amount that it would have paid if such condition were first diagnosed more than 30 days after such Insured Person's Effective Date of coverage.

Life Threatening Cancer
If an Insured Person is first Diagnosed with Life Threatening Cancer more than 90 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is first Diagnosed with Life Threatening Cancer within the initial 90 day period following the Insured Person's Effective Date of coverage, but after coverage has been in effect for 30 days, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Benefits for Life Threatening Cancer are payable only once regardless of whether the Life Threatening Cancer is Diagnosed within or after the initial 90 days of the Insured Person's coverage.

Heart Attack
If an Insured Person is first Diagnosed with a Heart Attack more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Kidney (Renal) Failure
If an Insured Person is first Diagnosed with Kidney (Renal) Failure more than 90 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is first Diagnosed with Kidney (Renal) Failure within the initial 90 day period following the Insured Person's Effective Date of coverage, but after coverage has been in effect for 30 days, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Stroke
If an Insured Person is first Diagnosed with a Stroke more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Coma
If an Insured Person is first Diagnosed as being Comatose more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Coronary Artery Bypass Graft
If an Insured Person is first Diagnosed, more than 30 days after the Insured Person's Effective Date of coverage, with a condition that necessitates a Coronary Artery Bypass Graft and receives the Coronary Artery Bypass Graft, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person receives a Coronary Artery Bypass Graft and is later Diagnosed with a different Critical Illness, We will pay the indicated percentage of the Maximum Benefit Amount for the different Critical Illness, less any amounts paid or payable for the Coronary Artery Bypass Graft.

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

This benefit will be paid once per lifetime.

Loss of Sight, Speech or Hearing
If an Insured Person is first Diagnosed with Loss of Sight, Speech or Hearing more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Major Organ Transplant
If an Insured Person is first Diagnosed, more than 30 days after the Insured Person's Effective Date of coverage, with a condition that necessitates a Major Organ Transplant and receives that Major Organ Transplant, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule, less any amount paid or payable for any other benefit provided under the Policy.

Paralysis
If an Insured Person is first Diagnosed as being Paralyzed more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule for the type of Paralysis suffered, less any amount paid or payable for any other benefit provided under the Policy.

If an Insured Person is Diagnosed with more than one type of Paralysis, only one amount, the largest, will be paid.

Severe Burn
If an Insured Person is first Diagnosed with having suffered a Severe Burn more than 30 days after the Insured Person's Effective Date of coverage, We will pay the indicated percentage of the Maximum Benefit Amount shown in the Schedule for the Specified Body Area burned, less any amount paid or payable for any other benefit covered under the Policy.

If only one of the Insured Person's Specified Body Areas suffers a Severe Burn and:

- 100% of the surface of that Area suffers a Severe Burn, the benefit payable is 100% of the indicated percentage of the Maximum Benefit Amount shown in the Schedule for that Specified Body Area; or
- a lesser proportion of the surface of that Area suffers a Severe Burn, the benefit payable is that lesser proportion of the indicated percentage of the Maximum Benefit Amount shown on the Schedule for that Specified Body Area.

For example, if the percentage of the Maximum Benefit Amount for a Specified Body Area is 27% and 100% of the surface of that Specified Body Area receives a Severe Burn, the benefit payable is 100% of 27%, or 27%. However, if 60% of that surface receives a Severe Burn, the benefit payable is 50% of 27%, or 13.5%. Or, if one-third of that surface receives a Severe Burn, the benefit payable is one-third of 27%, or 9%.

DIAGNOSTIC REQUIREMENTS

All Critical Illnesses: We reserve the right to have any Critical Illness Diagnosis reviewed by a Physician of Our choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, We shall have the right to request an examination of either the Insured Person or the evidence used in arriving at such Diagnosis by an independent acknowledged expert selected by Us in the applicable field of medicine.

Life Threatening Cancer - Life Threatening Cancer must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hematapoietic and lymphatic systems. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic structure or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard.

Heart Attack - the Diagnosis of Heart Attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the Diagnosis; (2) concurrent diagnostic elevation of cardiac enzymes and/or troponins above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, stress echocardiograms, or cardiolite stress test.

Kidney (Renal) Failure - the Diagnosis of End Stage Renal Disease must be based on chronic irreversible failure of the function of both kidneys requiring regular hemodialysis or necessitating kidney transplant.

Stroke - the Diagnosis of Stroke must be made by a neurologist and based on documented neurological deficits and confirmatory neuroimaging studies.

Coma - the Diagnosis of Coma must indicate that permanent neurological deficit is present.

Coronary Artery Bypass Graft - the Diagnosis of the condition that necessitates the need for a Coronary Artery Bypass Graft must be made by a cardiologist and based on radiographic evidence of the underlying disease.

Loss of Sight, Speech or Hearing - the Diagnosis of Loss of Sight, Speech or Hearing must be made by a licensed specialist in that field of medicine. The Diagnosis of Loss of Sight must indicate that corrected visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than 200 degrees in both eyes. The Diagnosis of Loss of Speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered. The Diagnosis of Loss of Hearing must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels.

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

EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- the Insured Person's suicide or any attempt at suicide, while sane or insane, or intentionally self-inflicted injury or sickness or any attempt at intentionally self-inflicted injury or sickness;
- the Insured Person’s voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions, and intentional misuse of prescription drugs;
- the Insured Person's commission of or attempt to commit a crime;
- the Insured Person's voluntary participation in any riot or civil insurrection or declared or undeclared war, or any act of declared or undeclared war;
- any illness specifically excluded from the definition of any Critical Illness.

CONDITIONS OF INSURANCE

Eligibility: Persons who are part of the Policyholder's Organization and their Eligible Dependents, as shown on the Schedule. Eligible Persons and Dependents must enroll in coverage within 31 days of their eligibility date. We maintain the right to investigate eligibility status.

Effective Date: Coverage is effective, subject to receipt of the Policyholder's premium, on the Policy Effective Date or the date the Insured or Eligible Dependent is eligible and enrolls. A dependent who becomes eligible after the Effective Date of coverage must be enrolled within 31 days after the date the dependent becomes eligible to be covered.

When Coverage Ends: Coverage will terminate at the earlier of: (1) the date the Policy terminates; (2) the date the Insured ceases to be eligible, (3) the date the Insured Person turns age 70; (4) the date the Eligible Dependent ceases to be a Dependent; or (5) the end of the month the Insured Person ceases to be eligible.

CLAIM PROVISIONS

Notice of Claim: Written notice of claim must be given to Us or Our authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify You.

Claim Forms: Upon receipt of written notice of claim, We will send you a Claim Form for filing Proofs of Loss. If you do not receive such forms within 15 days after the giving of such notice, you can send us, without the Claim Form, the written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

Proof of Loss: Proof of any covered Loss must be given to Us or Our authorized representative not later than 60 days after the covered loss. If proof of loss is not given within 60 days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

Time of and Payment of Claims: Upon receipt of proper Proof of Loss, benefits will be paid within 30 days, unless this Certificate provides for periodic payment (see below). If any claims payment interest accrues, interest will be paid in the amount determined by the State in which the claims are incurred.

When this Certificate provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper Proof of Loss.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

GENERAL PROVISIONS

Entire Contract, Changes: This Certificate, including the Policy and any Riders, Amendment or attached papers constitutes the entire contract of Insurance. No change in this Certificate shall be valid until approved by an executive officer of Our company and unless such approval is endorsed and/or attach hereto. No agent has authority to change this Certificate or waive any of its provisions.

We have full, exclusive and discretionary authority to determine all questions arising in connection with the Certificate, including its interpretation. Our Failure to enforce any Certificate provision shall not waive, modify or render such provision unenforceable at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Incontestability: All statements made in Your enrollment form are, in the absence of fraud, representations and not warranties. We cannot contest this Certificate after it has been in force for 2 years from Your effective date. No statement shall be used to contest this Certificate, the validity of coverage or reduce benefits, unless it is in writing, signed by You, and a copy of such statement is furnished to You.

Conformity With State Laws: If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Physical Examination and Autopsy: We, at Our own expense, shall have the right and opportunity to examine You as it may reasonably require while a claim is pending. We, at Our own expense, may also have the right to make an autopsy in the case of Your death, where it is not prohibited by law.

Legal Actions: A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

Workers' Compensation. This Certificate is not in lieu of, and does not affect any requirements for coverage by, any Workers' Compensation Act or similar law.

Non-Compliance with Policy Requirements. Any express waiver by Us of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Clerical Error. Clerical error, whether by the Policyholder or Us, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect, nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Misstatement of Age. If the benefits for which the Insured Persons is insured are based on age and the Insured Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

TERMS AND DEFINITIONS

(these terms are used throughout this Certificate)

Coma/Comatose - a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, lasting for a period of at least 96 hours.

Coronary Artery Bypass Graft - undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Critical Illness - any of the illnesses specifically listed in the Schedule and as defined in this Certificate.

Diagnosed/Diagnosis - a definitive diagnosis made by a Physician, licensed and practicing in the United States and, where applicable, specializing in a particular area of medicine: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and (2) meeting any Diagnostic Requirements set forth in this Certificate for the particular Critical Illness being diagnosed.

Eligible Dependent: Is as described in the Schedule. An Eligible Dependent does not include a person who is a full-time member of the armed forces of any country. No person may be considered a dependent of more than one Insured.

- **Child** means the Insured's child age 21 or younger; or age 25 if a registered student in full-time attendance at an accredited educational institution. The term "child" refers to: (1) Your unmarried natural child; (2) Your stepchild or legal ward; and (3) an adopted child, including a child placed with You for the purpose of adoption, from the moment of placement as certified by the agency making the placement.
- **Disabled Child** means Your unmarried adult child who, on and after the date on which insurance would end because of the child's age, is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon You for support and maintenance, or institutionalized because of mental or physical handicap. You must provide proof of Your Disabled Child's status within 31 days after the date on which insurance would otherwise end because of the child's age. At reasonable intervals thereafter, We may require further proof and have Your child examined at Your expense.
- **Spouse** – For those Policies that include dependent coverage, this definition means a person to whom the Insured is legally married to and from whom You are not legally separated.

Family Member: A person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or step child).

Heart Attack - the death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area.

Insured – A member of the Policyholder's Organization who has enrolled and is covered under the Policy.

Insured Person(s): An Insured. If the Policy provides coverage for Eligible Dependents, then this term also describes Eligible Dependents covered under the Policy.

Kidney (Renal) Failure - end stage failure which presents as a chronic irreversible failure of both of the kidneys to function and necessitates treatment by regular renal dialysis or kidney transplant.

Life Threatening Cancer - a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

For the purposes of this definition, life threatening cancer does NOT mean the following: pre-malignant lesions, benign tumors or polyps; leukoplakia; hyperplasia; carcinoid; any tumors in the presence of any human immunodeficiency virus (HIV); polycythemia; stage 1 Hodgkin's disease; state A prostate cancer; Duke's stage A colon cancer; intraductal non-invasive breast cancer; Stages 0 or 1 transitional cell carcinoma of urinary bladder; or non-invasive cancer in situ or any skin cancer other than malignant melanoma invading into the dermis or deeper.

Loss of Sight, Speech or Hearing – Total and irreversible loss of:

- sight in both eyes.
- the ability to speak.
- hearing for all sounds in both ears.

Major Organ Transplant - undergoing surgery as a recipient of a transplant of a human heart, liver, kidney, pancreas, bone marrow, or lung to replace a malfunctioning organ, with the organ from a donor suitable under generally accepted medical practices.

Paralysis/Paralyzed - Quadriplegia, Paraplegia, or Hemiplegia that lasts for a continuous period of 180 days or more from the date of the Diagnosis to determine that the Paralysis is permanent. ("Limb" is an entire arm or entire leg.)

- **Quadriplegia -** the complete and irreversible Paralysis of both upper and lower limbs.
- **Paraplegia -** the complete and irreversible Paralysis of both lower limbs.
- **Hemiplegia -** the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.

Physician: A qualified medical professional who is licensed under the laws of the United States to diagnose and treat physical or mental impairment(s). The Physician's scope of license must include the ability to Diagnose the Critical Illness being Diagnosed.

Severe Burn - cosmetic disfigurement on the surface of a body area due to an injury that is a full-thickness or third-degree burn covering 20% or more of the body. A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation.

Stroke: - a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours and produces measurable neurological deficit persisting for at least 30 days following the occurrence of the Stroke. Transient Ischemic Attacks (TIAs) are excluded from coverage.

United States: The United States of America and its territories.

We, Us, Our: Madison National Life Insurance Company, Inc.

You or Your: Insured Persons.