

SERFF Tracking Number: MGCC-125600227 State: Arkansas
Filing Company: The Mega Life and Health Insurance Company - State Tracking Number: 38680
IC
Company Tracking Number: 25936-IP AR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: 2008 Ancillary Enhancements
Project Name/Number: /

Filing at a Glance

Company: The Mega Life and Health Insurance Company - IC

Product Name: 2008 Ancillary Enhancements SERFF Tr Num: MGCC-125600227 State: ArkansasLH

TOI: H071 Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 38680

- Limited Benefit

Sub-TOI: H071.001 Critical Illness

Co Tr Num: 25936-IP AR

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: Courtney Andre, Kathleen Allen Disposition Date: 04/21/2008

Allen

Date Submitted: 04/08/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The above referenced forms are being submitted for review and approval. These forms are new and not intended to replace any forms currently approved by your Department.

This is a lump sum specified disease/condition or major organ transplant plan that pays a first occurrence benefit upon

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the first occurrence of a specified disease/condition or major organ transplant under the policy.

The bracketed items allow for the insured to customize benefits, or gives us the flexibility to provide less administrative restrictions. The information enclosed in brackets is our standard for your state. At no time will this bracketed information be arranged in such a way as to violate the laws of your state.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state.

The Actuarial Memorandum and rates along with the appropriate certifications for this submission have been attached.

Company and Contact

Filing Contact Information

Kathleen Allen, Compliance Analyst III kathleen.allen@healthmarkets.com
9151 Boulevard 26 (817) 255-3590 [Phone]
North Richland Hills, TX 76180 (817) 255-8153[FAX]

Filing Company Information

The Mega Life and Health Insurance Company CoCode: 97055 State of Domicile: Oklahoma
- IC
9151 Boulevard 26 Group Code: 264 Company Type: Health
North Richland Hills, TX 76180 Group Name: State ID Number:
(817) 255-3100 ext. [Phone] FEIN Number: 59-2213662

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 1 rate filing=\$50.00
1 policy form filing=\$50.00

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\$50.00 rate filing+\$50.00 policy form filing=\$100.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Mega Life and Health Insurance Company	\$100.00	04/08/2008	19378119
- IC			

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2008	04/21/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Specified Disease/Condition or Major Organ Transplant Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	25936-IP AR	Policy/Cont ract/Fratern al Certificate	Specified Disease/Condition or Major Organ Transplant Policy	Initial			25936-IP AR.pdf
Approved-Closed	25936-IP OC AR	Outline of Coverage	Outline of Coverage	Initial			25936-IP OC AR.pdf

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-527-5504

SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT POLICY

We will pay the benefits stated in this Policy for a Qualifying Event identified herein, subject to the terms of the Policy.

Coverage under this Policy is issued to You and Your Covered Dependents, if any, who are named in the Application and approved for coverage by Us, all of whom are referred to herein as Insured Persons. This Policy is issued in consideration of the Application and payment of the premium. A copy of the Application is attached and made a part of this Policy.

This Policy is effective from 12:01 A.M. standard time on the Policy Effective Date at Your place of residence. It expires at 12:01 A.M. on the Renewal Date unless continued to the next Renewal Date by timely payment of premiums.

IMPORTANT NOTICE! PLEASE READ!

THIS POLICY WAS ISSUED BASED ON STATEMENTS AND REPRESENTATIONS MADE BY AN INSURED PERSON IN THE APPLICATION. A copy of the Application is attached and is a part of this Policy. Please read it and check to see that the information is correct and complete. If any requested medical history has been left out, or if there is an error in any answer, please notify Us immediately. **IF THE STATEMENTS OR REPRESENTATIONS ARE INCORRECT OR UNTRUE, WE HAVE THE RIGHT TO DENY BENEFITS, OR TO REFORM OR VOID THIS POLICY.** The best time to clear up any misunderstanding is now, before a claim arises!

10 DAY RIGHT TO EXAMINE POLICY

PLEASE READ YOUR POLICY CAREFULLY. If You are not satisfied for any reason, return the Policy to Us within 10 days after You receive it. We will refund Your premium and the Policy will be void from its Policy Effective Date.

RENEWABILITY

This coverage is guaranteed renewable to age 65, subject to the Termination of Coverage provision. You may keep the coverage in force until age 65 by timely payment of the premiums. However, We may refuse renewal if We refuse to renew the coverage described in this Policy and issued on this form number if We refuse to renew all coverage of this form number in the state in which you reside. From time to time, We may change the rate used on a Class Basis.



SECRETARY



PRESIDENT

THIS IS A LUMP SUM INDEMNITY POLICY THAT PAYS A FIRST OCCURRENCE BENEFIT FOR A QUALIFYING EVENT AS IDENTIFIED IN THIS POLICY. QUALIFYING EVENTS RELATING TO A MAJOR ORGAN TRANSPLANT ARE SUBJECT TO A PRE-EXISTING CONDITION LIMITATION. PLEASE READ IT CAREFULLY.

THIS IS A SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

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POLICY SCHEDULE

NAME OF INSURED:

POLICY NUMBER:

AGE AT ISSUE:

FIRST RENEWAL DATE:

POLICY EFFECTIVE DATE:

FIRST OCCURRENCE BENEFIT SELECTED:

[\$3,000]/[\$10,000]/[\$15,000]/[\$20,000]
[\$30,000]/[\$40,000]/[\$50,000]/[\$60,000]

BENEFITS

FIRST OCCURRENCE BENEFIT AMOUNT
PAYABLE FOR **TYPE A** QUALIFYING EVENT:

[100%] of First Occurrence
Benefit Amount Selected

FIRST OCCURRENCE BENEFIT AMOUNT
PAYABLE FOR **TYPE B** QUALIFYING EVENT:

[25%] of First Occurrence
Benefit Amount Selected

ORGAN DONOR BENEFIT AMOUNT:

[25%] of First Occurrence
Benefit Amount Selected

WAITING PERIOD: [30 days] from the Effective Date of Coverage.

QUALIFICATION PERIODS

TYPE A

Alzheimer's Disease	30 days
Benign Brain Tumor	30 days
Coma	30 days
Life-Threatening Cancer	30 days
Heart Attack	30 days
Major Organ Transplant	30 days
Stroke	60 days
Multiple Sclerosis	90 days
Renal Failure	90 days

TYPE B

Coronary By-Pass	30 days
Coronary Angioplasty	30 days

INITIAL PREMIUMS*

Annually	Semi-Annual	Quarterly	Monthly
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Premium Paying Method:

* THE PREMIUM WILL BE INCREASED EACH SUBSEQUENT POLICY YEAR BECAUSE OF AN INCREASE IN ATTAINED AGE

NOTE: Covered Dependents, if any, are named in the attached Application and/or in other attached documentation.

DEFINITIONS

Age at Issue means the Insured Person's age as of his/her last birthday on the Effective Date of Coverage.

Attained Age means the Insured Person's age on the most recent Policy anniversary.

Class Basis means the classification by which each Insured Person's rates are determined. Class Basis shall be determined by sex, year of issue, Attained Age, and whether the Insured is a smoker. We will not and cannot change the rates on this Policy unless rates are changed on all Policies issued on the same Class Basis.

Covered Dependent means an Eligible Dependent whose coverage has become effective and has not terminated.

Effective Date of Coverage means the date coverage becomes effective under this Policy with respect to a particular Insured Person.

Eligible Dependent means Your lawful spouse; and Your unmarried natural, adopted, and step children who are under 19 years of age (the Limiting Age.) The Limiting Age is extended to age 24 if the child is enrolled as a full-time student and attends classes regularly at an accredited college or university.

First Occurs, First Occurred or First Occurrence with respect to a Major Organ Transplant Qualifying Event, means a Major Organ Transplant performed on an Insured Person while this Policy is in force for such Insured Person. With respect to all other Qualifying Events, First Occurs, First Occurred or First Occurrence means diagnosis, treatment, surgery or advice by a Physician or manifested symptoms having initially occurred for the first time in the Insured Person's lifetime and while this Policy is in force for the Insured Person.

First Occurrence Benefit Amount means the First Occurrence Benefit Amount payable for either a TYPE A or TYPE B Qualifying Event, as listed in the Policy Schedule. Only one First Occurrence Benefit Amount will be paid under this Policy for each Insured Person.

Immediate Family means the spouse, parent, son, daughter, brother or sister of the Insured Person.

Insured Person means You or a Covered Dependent under this Policy.

Major Organ means any of the following organs: 1) heart; 2) lung or lungs; 3) liver; 4) kidney; 5) pancreas; 6) heart/lung combined; or 7) bone marrow.

Major Organ Donor means a person who donates a Major Organ to an Insured Person covered under this Policy.

Organ Donor Benefit means the amount listed in the Policy Schedule that will be paid to a Major Organ Donor for donation of a Major Organ to an Insured Person under this Policy.

Physician means a duly licensed practitioner of the healing arts, other than You or Your Immediate Family, practicing within the scope of his/her license. Physician for the diagnosis of Cancer means a duly qualified Physician certified by the American Board of Pathology or the American Osteopathic Board of Pathology to practice Anatomic Pathology.

Pre-Existing Condition means a medical condition, sickness or injury not excluded by name or specific description for which:

1. Medical advice, consultation or treatment was recommended by or received from a Physician within the one year period before the Effective Date of Coverage; or
2. Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the Effective Date of Coverage.

Qualification Period means the period of time beginning on the date of the Insured Person's surgery or Physician's first diagnosis of a Qualifying Event that continues for the duration of the period stated in the Policy Schedule for that disease, condition or procedure.

Qualifying Event means one of the diseases, conditions or procedures listed below for which positive diagnosis is made by a Physician based on diagnostic criteria generally accepted by the medical profession.

The following Qualifying Events must also meet the criteria established in the Qualification Period Section:

TYPE A

Alzheimer's Disease: A degenerative organic mental disease characterized by progressive brain deterioration and dementia. The Insured Person must exhibit the loss of intellectual capacity involving the impairment of memory and judgment, which results in such a significant reduction of mental and social functioning as to require continuous daily supervision. All other dementing organic brain disorders and psychiatric illnesses are specifically excluded.

Benign Brain Tumor: A non-malignant mass present within the substance of the brain tissue, resulting in permanent deficit to the neurological system. Cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins and tumors of the cranial nerves, pituitary or spinal cord are specifically excluded.

Coma: A deep prolonged unconsciousness of at least three days duration where the person cannot be aroused and shows no reaction to external stimuli.

Heart Attack: Only an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) caused by either: (1) coronary thrombosis (complete occlusion of a coronary artery); or (2) severe stenosis or narrowing of a coronary artery causing a partial occlusion of at least 75% of the lumen of such coronary artery; which is first positively diagnosed by a legally licensed Physician and the onset of such acute myocardial infarction is confirmed by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities such as diagnostic abnormality in the CK-MB isoenzyme (Creatine Kinase-MB isomer) fraction.

Life Threatening Cancer: Only those types of cancer manifested by the presence of a malignant tumor, characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Life Threatening Cancer.

Life Threatening Cancer does not include: 1) premalignant tumors or polyps; 2) cancer in situ; 3) intraductal noninvasive carcinoma of the breast; 4) carcinoid of the appendix; 5) Stage 0 transitional carcinoma of urinary bladder; or 6) any skin cancers other than melanomas.

Major Organ Transplant: Surgery to transplant a Major Organ from a Major Organ Donor to an Insured Person covered under this Policy.

Multiple Sclerosis: Neurodegenerative disease characterized by the gradual accumulation of focal plaques of demyelination particularly in the periventricular areas of the brain with well-defined neurological abnormalities persisting for a continuous period of at least 90 days.

Renal Failure: End stage renal disease which results in an irreversible failure of both kidneys to function. When this happens, regular peritoneal dialysis, regular renal dialysis or kidney transplant is required in order to live.

We will require medical records and appropriate test results showing that the diagnosis of Renal Failure: 1) was based on, but not limited to, renal function studies (BUN and creatinine tests), and the results of a renal scan; and 2) was confirmed after the end of the qualification period by a Physician who is a nephrologist or internist.

Stroke: means apoplexy or acute cerebral vascular accident (due to rupture, obstruction, or acute occlusion of a cerebral artery or any other artery which is directly connected to the cerebral artery) which causes paralysis or other residual neurological impairment. The Stroke must be positively diagnosed by a Physician based upon generally accepted diagnostic criteria. Stroke does not mean head injury by an external force, transient ischemic attack (i.e. mini stroke) or indications or symptoms related to chronic cerebrovascular insufficiency.

TYPE B

Coronary Angioplasty: The actual undergoing of any forms of catheterbased percutaneous transluminal coronary artery therapy to correct narrowing or blockage of one or more coronary arteries. Laser or intra-arterial procedures are excluded.

Coronary By-Pass: The actual undergoing of bypass surgery using either saphenous vein or internal mammary artery graft for the treatment of coronary artery disease.

Renewal Date means the date to which premiums are paid and the date on which the next premium is due to continue this Policy in force.

Waiting Period means the consecutive period of time beginning from the Effective Date of Coverage in which an Insured Person must be insured under this Policy before a Qualifying Event First Occurs.

We, Us, and Our means The MEGA Life and Health Insurance Company.

You and Your means the Insured named in the Policy Schedule whose coverage has become effective and has not terminated.

BENEFITS

Upon receipt of proof of the First Occurrence of a Qualifying Event, We will pay:

1. For TYPE A Qualifying Events, [100%] of the First Occurrence Benefit Selected, as shown in the Policy Schedule; or
2. For TYPE B Qualifying Events, [25%] of the First Occurrence Benefit Selected, as shown in the Policy Schedule;

provided that:

1. the Qualifying Event First Occurred after the Waiting Period set forth in the Policy Schedule; and
2. the Qualifying Event is confirmed by a Physician to have continued through the Qualification Period shown in the Policy Schedule for such Qualifying Event.

If an Insured Person dies prior to the end of the Qualification Period while a Qualifying Event which First Occurred after the Waiting Period continues, the applicable First Occurrence Benefit Amount payable for a TYPE A or TYPE B Qualifying Event will be paid.

Any Qualifying Event relating to a Major Organ Transplant is subject to the Pre-Existing Condition Limitation.

In no event will We pay more than one First Occurrence Benefit Amount for each Insured Person during the Insured Person's lifetime.

Organ Donor Benefit

If a Major Organ Donor donates a Major Organ to an Insured Person covered under this Policy, the Organ Donor Benefit Amount listed in the Policy Schedule will be paid to the Major Organ Donor, or in the event of the Major Organ Donor's death to the Major Organ Donor's estate. The Organ Donor Benefit Amount will be paid once regardless of how many organs are donated.

LIMITATIONS AND EXCLUSIONS

The First Occurrence Benefit Amount is not payable more than once for any one or all of the Qualifying Events, as defined in this Policy during an Insured Person's lifetime.

We will not pay any benefits if a Qualifying Event results from or is caused directly, indirectly, wholly or partly by:

1. war, declared or undeclared, or an act incident to war;
2. active military duty in the service of any country;
3. participation in a riot, civil commotion or insurrection;
4. intentionally self-inflicted injury, while sane or insane;
5. intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
6. committing or trying to commit a felony or any other illegal act;
7. the voluntary intake of drugs or controlled substances, unless taken or administered as prescribed by a Physician;
8. alcohol abuse or alcoholism;
9. poison, gas or fumes voluntarily taken absorbed, or inhaled and which are not administered on the advice of a Physician;
10. bacterial infection, other than infection occurring simultaneously with or through an accidental cut or wound, or through accidental ingestion of contaminated materials; or
11. causes for which benefits are not specifically provided herein.

We will not pay the First Occurrence Benefit Amount for:

1. A Qualifying Event, which First Occurs within the Waiting Period as specified in the Policy Schedule;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not diagnosed as a Qualifying Event; or
4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in this Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event.

Pre-Existing Condition

We will not provide the First Occurrence Benefit Amount for a Major Organ Transplant resulting from a Pre-Existing Condition, as defined, unless the Major Organ Transplant occurs one year after the Effective Date of Coverage for an Insured Person.

EFFECTIVE DATE OF COVERAGE

Beginning of Coverage

We require evidence of insurability before coverage is provided. Once We have approved Your Application based upon the information You provided therein, coverage for You and those dependents listed in the Application and accepted by Us will begin on the Policy Effective Date shown in the Policy Schedule.

Newborn Children

Your newborn children will be provided coverage after the Policy Date from the moment of birth for 90 days. Coverage for Your newborn child(ren) will not continue beyond 90 days unless You send written notice directing Us to add the newborn child(ren) to Your Policy. If notice is not received within 90 days the newborn child(ren) may be added in accordance with the Additional Dependents provision. This notice must be received by Us within 90 days of the newborn child's date of birth and must be accompanied by any required premium. A claim form or Hospital bill does not constitute written notice.

Adopted Children

Any minor under Your charge, care and control for whom You have filed a petition to adopt, will be provided coverage on the same basis as coverage for other Covered Dependents under the Policy. This coverage will begin on the date of the filing of a petition; or from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the date of birth.

Coverage provided under this provision will terminate upon the dismissal or denial of a petition for adoption.

Additional Dependents

You may add Eligible Dependents by providing evidence of eligibility and insurability satisfactory to Us and upon payment of any additional premium, if required.

The acceptance of a new Eligible Dependent will be shown by endorsement and the date of the endorsement will be the Effective Date of Coverage for the new Eligible Dependent.

PREMIUMS

Due Date

Premiums are payable to Us at Our office at North Richland Hills, Texas. The premium is payable monthly, quarterly, semi-annually or annually, as indicated in the Policy Schedule. Payment of any premium will not maintain coverage in force beyond the next premium due date, except as provided by the Grace Period.

Grace Period

A grace period of 31 days, measured from the premium due date, will be allowed for payment of all premiums due, other than the first. During this time, the coverage will remain in force, unless We receive written notice that the coverage is to be terminated. If premium payment is not received within this 31 day Grace Period, coverage under this Policy shall lapse and terminate without further notice; provided, however, that such termination will be without prejudice to any claim for any loss incurred prior to such termination, as set out in the "Termination of Coverage" provision.

Premium Changes

We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Policyholder written notice of at least 31 days prior to the effective date of the new rates, unless otherwise provided in the Policy Schedule.

Unearned Premiums Refund

Upon the death of an Insured Person, the proceeds payable to the Insured Person or his/her estate shall include premiums paid for insurance coverage for the period beyond the end of the month in which the death occurred. Unearned Premiums shall be paid in a lump sum payment no later than thirty (30) days after the proof of the Insured Person's death has been furnished to Us.

TERMINATION OF COVERAGE

You

Your coverage will terminate and no benefits will be payable under this Policy and the attached Riders, if any:

1. The date the First Occurrence Benefit Amount is paid;
2. At the end of the period for which premium has been paid (subject to the Grace Period);
3. If Your mode of premium is monthly, at the end of the period through which premium has been paid following Our receipt of Your request of termination;
4. If Your mode of premium is other than monthly, upon the next monthly anniversary day following Our receipt of Your request of termination. Premium will be refunded for any amounts paid beyond the termination date;
5. On the date of fraud or misrepresentation by You;
6. On the date We elect to discontinue this plan or type of coverage;
7. On the date We elect to discontinue all coverage in Your state;
8. On the date an Insured Person is no longer a permanent resident of the United States; or
9. Upon attainment of age 65.

Covered Dependents

Your Covered Dependent's coverage will terminate under this Policy on:

1. the date Your coverage terminates;
2. the date such dependent ceases to be an Eligible Dependent;
3. the date We receive Your written request to terminate a dependent's coverage.

The attainment of the limiting age for an Eligible Dependent will not cause coverage to terminate while that person is and continues to be both:

1. incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
2. Chiefly Dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person. In the absence of such proof We may terminate the coverage of such person after the attainment of the limiting age.

FAMILY SECURITY BENEFIT

Beginning with the next premium due date following Our receipt of due proof of Your death, We will waive premiums for a period of 12 months for Your Covered Dependents. During this premium waiver period no increase in benefits or addition of Eligible Dependents, except newborns, will be considered. Provisions for termination of coverage for Covered Dependents will apply. Upon expiration of the waiver period, Your Covered Dependent spouse may continue coverage by making required premium payments.

GENERAL PROVISIONS

Entire Contract

The Entire Contract will consist of: (a) this Policy; (b) any applications for the proposed insured individuals; and (c) any riders or endorsements attached.

All statements made by You will, in the absence of fraud, be deemed representations and not warranties.

Only Our President, a Vice President or Secretary has the power on Our behalf to execute or amend the Policy. No other person will have the authority to bind Us in any manner. No agent may accept risks, alter or amend coverage or waive any provisions of the Policy. Any change in the Policy will be made by amendment approved and signed by Us. Such amendment will not require the consent of any Insured Person.

Notice of Claim

Written notice of claim must be given to Us as soon as possible. Written notice of claim given by or on behalf of the Insured Person to Us with information sufficient to identify such person will be considered notice to Us.

Claim Forms

When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss. If these forms are not furnished within 15 days, the Insured Person will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the next provision.

Proof of Loss

Written proof of loss of a Qualifying Event must be furnished to Us at North Richland Hills, Texas within 90 days after the date of the loss for which claim is made. Failure to furnish written proof of loss within that time will neither invalidate nor reduce any claim if it is shown that it was not reasonably possible to furnish written proof of loss within that time; provided such proof is furnished as soon as reasonably possible and in no event, in the absence of legal incapacity, later than one year from the time proof is otherwise required.

Claim Payments

We will pay all benefits due under the Policy promptly upon receipt of due written proof of loss.

The First Occurrence Benefit Amount is payable to You. If any such benefit remains unpaid at Your death, or if You are, in Our opinion, incapable of giving a legally binding receipt for payment of any benefit, We may, at Our option, pay such benefit to any one or more of the following relatives: Your spouse, mother, father, child or children; brother or brothers; sister or sisters. Any payment so made will constitute a complete discharge of Our obligations to the extent of such payment. Assignments of any Insured Person's insurance under the Policy are not valid. However, at Our option and upon written notice by Us at North Richland Hills, Texas, You may assign all or a portion of any payable benefit.

Physical Examination

We will, at Our own expense, have the right and opportunity to have the Insured Person whose Qualifying Event is the basis of a claim examined by a Physician of Our choice when and as often as We may reasonably require during the pendency of a claim and to make an autopsy in case of death, unless prohibited by law.

Legal Action

No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after proof of loss has been filed as required by the Policy; nor will any action be brought after expiration of three years after the time written proof of loss is required to be furnished.

Age Misstatement

If the age of any Insured Person has been misstated, Our records will be changed to show the correct age. The benefits provided will not be affected if the Insured Person continues to be eligible for coverage at the correct age. However, premium adjustments, including collection of any premium due Us because of past underpayments, will be made so that We receive the premiums due at the correct age.

Incontestability

After two years from the effective date of an Insured Person's coverage, no misstatements, except fraudulent misstatements, made in the Application will be used to void the coverage, or deny a claim unless loss was incurred during the first two years following such Insured Person's Effective Date of Coverage.

A Major Organ Transplant Qualifying Event will not be denied as a Pre-Existing Condition after one year from the Effective Date of Coverage if the Insured Person has received no medical advice, consultation or treatment in connection with such Pre-Existing Condition.

Other Insurance With Us

You may have only one Policy or Certificate with Us providing lump sum indemnity benefits for a Specified Disease/Condition or a Major Organ Transplant. If through error, We issue more than one like Policy or Certificate to You, only one Policy or Certificate chosen by You or Your estate, as the case may be, will stay in force. We will return the money You paid for the other Policy(ies) or Certificate(s).

Conformity

Any provision of this Policy which, on the Effective Date of Coverage, is in conflict with the laws of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such laws.

THIS CONCLUDES THIS POLICY

THE MEGA LIFE AND HEALTH INSURANCE COMPANY

A Stock Company
(Hereinafter called: the Company, We, Our or Us)
Home Office: Oklahoma City, Oklahoma
Administrative Office: P.O. Box 982010
North Richland Hills, Texas 76182-8010
Customer Service: 1-800-527-5504

SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT COVERAGE

OUTLINE OF COVERAGE FOR POLICY FORM 25936-IP AR

- A. READ YOUR POLICY CAREFULLY** – The coverage is designed only as a supplement to a comprehensive health insurance Policy and should not be purchased unless You have this underlying coverage. Persons covered under Medicaid should not purchase it. Read the Buyer's Guide to Cancer Insurance to review the possible limits on benefits in this type of coverage.
- B. SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT COVERAGE** – Specified disease coverage is designed to provide restricted coverage paying benefits ONLY when certain losses occur as a result of specified diseases. Coverage is NOT provided for other diseases or accidents.
- C. SCHEDULE OF BENEFITS –**

FIRST OCCURRENCE BENEFIT AMOUNT PAYABLE FOR TYPE A QUALIFYING EVENT:	[100%] of First Occurrence Benefit Amount Selected
FIRST OCCURRENCE BENEFIT AMOUNT PAYABLE FOR TYPE B QUALIFYING EVENT:	[25%] of First Occurrence Benefit Amount Selected
ORGAN DONOR BENEFIT AMOUNT:	[25%] of First Occurrence Benefit Amount Selected

WAITING PERIOD: [30 days] from the Effective Date of Coverage.

QUALIFICATION PERIODS

TYPE A

Alzheimer's Disease	30 days
Benign Brain Tumor	30 days
Coma	30 days
Life-Threatening Cancer	30 days
Heart Attack	30 days
Major Organ Transplant	30 days
Stroke	60 days
Multiple Sclerosis	90 days
Renal Failure	90 days

TYPE B

Coronary By-Pass	30 days
Coronary Angioplasty	30 days

D. BENEFITS -

Upon receipt of proof of the First Occurrence of a Qualifying Event, We will pay:

1. For TYPE A Qualifying Events, [100%] of the First Occurrence Benefit Selected, as shown in the Policy Schedule;
or
2. For TYPE B Qualifying Events, [25%] of the First Occurrence Benefit Selected, as shown in the Policy Schedule;

provided that:

1. the Qualifying Event First Occurred after the Waiting Period set forth in the Policy Schedule; and

2. the Qualifying Event is confirmed by a Physician to have continued through the Qualification Period shown in the Policy Schedule for such Qualifying Event.

If an Insured Person dies prior to the end of the Qualification Period while a Qualifying Event which First Occurred after the Waiting Period continues, the applicable First Occurrence Benefit Amount payable for a TYPE A or TYPE B Qualifying Event will be paid.

Any Qualifying Event relating to a Major Organ Transplant is subject to the Pre-Existing Condition Limitation.

In no event will We pay more than one First Occurrence Benefit Amount for each Insured Person during the Insured Person's lifetime.

Organ Donor Benefit

If a Major Organ Donor donates a Major Organ to an Insured Person covered under the Policy, the Organ Donor Benefit Amount listed in the Policy Schedule will be paid to the Major Organ Donor, or in the event of the Major Organ Donor's death to the Major Organ Donor's estate. The Organ Donor Benefit Amount will be paid once regardless of how many organs are donated.

- E. EXCLUSIONS AND LIMITATIONS** - The First Occurrence Benefit Amount is not payable more than once for any one or all of the Qualifying Events, as defined in the Policy during an Insured Person's lifetime.

We will not pay any benefits if a Qualifying Event results from or is caused directly, indirectly, wholly or partly by:

1. war, declared or undeclared, or an act incident to war;
2. active military duty in the service of any country;
3. participation in a riot, civil commotion or insurrection;
4. intentionally self-inflicted injury, while sane or insane;
5. intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
6. committing or trying to commit a felony or any other illegal act;
7. the voluntary intake of drugs or controlled substances, unless taken or administered as prescribed by a Physician;
8. alcohol abuse or alcoholism;
9. poison, gas or fumes voluntarily taken absorbed, or inhaled and which are not administered on the advice of a Physician;
10. bacterial infection, other than infection occurring simultaneously with or through an accidental cut or wound, or through accidental ingestion of contaminated materials; or
11. causes for which benefits are not specifically provided in the Policy.

We will not pay the First Occurrence Benefit Amount for:

1. A Qualifying Event, which First Occurs within the Waiting Period as specified in the Policy Schedule;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not diagnosed as a Qualifying Event; or
4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event.

Pre-Existing Condition - We will not provide the First Occurrence Benefit Amount for a Major Organ Transplant resulting from a Pre-Existing Condition, as defined, unless the Major Organ Transplant occurs one year after the Effective Date of Coverage for an Insured Person.

- F. RENEWABILITY** - The coverage is guaranteed renewable to age 65, subject to the Termination of Coverage provision. You may keep the coverage in force until age 65 by timely payment of the premiums. However, We may refuse renewal if We refuse to renew the coverage described in the Policy and issued on the same form number if We refuse to renew all coverage of the same form number in the state in which You reside. From time to time, We may change the rate used on a Class Basis.

- G. RIGHT TO RETURN POLICY** - PLEASE READ YOUR POLICY CAREFULLY. If You are not satisfied for any reason, return the Policy to Us at Our administrative office in North Richland Hills, Texas within 10 days after You receive it. We will refund Your premium and the Policy will be void from its Policy Effective Date.

H. PREMIUMS -

We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

Monthly (Bank Draft) Quarterly Semiannually Annually

Policy 25936-IP AR - described above	\$
_____	_____
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$

SERFF Tracking Number: MGCC-125600227 State: Arkansas
Filing Company: The Mega Life and Health Insurance Company - State Tracking Number: 38680
IC
Company Tracking Number: 25936-IP AR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: 2008 Ancillary Enhancements
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCC-125600227 State: Arkansas
Filing Company: The Mega Life and Health Insurance Company - State Tracking Number: 38680
IC
Company Tracking Number: 25936-IP AR
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
Product Name: 2008 Ancillary Enhancements
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	04/21/2008
Comments: Please refer to attached.		
Attachments: ARGA 0104.pdf Cert Compl Rule-Reg19 -AR.pdf Cert Compliance AR-Readability.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	04/21/2008
Comments: The form number to be used is 25098-APP (2/08) The approval date of form: 12/18/07		
Satisfied -Name: Health - Actuarial Justification	Review Status: Approved-Closed	04/21/2008
Comments: Please refer to attached.		
Attachment: 25936-IP AR (20080408).pdf		
Satisfied -Name: Outline of Coverage	Review Status: Approved-Closed	04/21/2008
Comments: The outline was also attached under the Form Schedule Tab.		
Attachment: 25936-IP OC AR.pdf		

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

Residents of this state who purchase life insurance, annuities or health and accident 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 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.

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol, Suite 2
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 coverage 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 they 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 or contracts 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 suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

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 for 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.]

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: The MEGA Life and Health Insurance Company

Form Number(s):

25936-IP AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Kay Phillips

Name

Vice President and Chief Compliance Officer

Title

April 8, 2008

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Name: Specified Disease/Condition or Major Organ Transplant Policy

Form Number: 25936-IP AR

Flesch Reading Ease Score: 52.8



Kay Phillips, Vice President and Chief Compliance Officer

April 8, 2008

Date

2. the Qualifying Event is confirmed by a Physician to have continued through the Qualification Period shown in the Policy Schedule for such Qualifying Event.

If an Insured Person dies prior to the end of the Qualification Period while a Qualifying Event which First Occurred after the Waiting Period continues, the applicable First Occurrence Benefit Amount payable for a TYPE A or TYPE B Qualifying Event will be paid.

Any Qualifying Event relating to a Major Organ Transplant is subject to the Pre-Existing Condition Limitation.

In no event will We pay more than one First Occurrence Benefit Amount for each Insured Person during the Insured Person's lifetime.

Organ Donor Benefit

If a Major Organ Donor donates a Major Organ to an Insured Person covered under the Policy, the Organ Donor Benefit Amount listed in the Policy Schedule will be paid to the Major Organ Donor, or in the event of the Major Organ Donor's death to the Major Organ Donor's estate. The Organ Donor Benefit Amount will be paid once regardless of how many organs are donated.

- E. EXCLUSIONS AND LIMITATIONS** - The First Occurrence Benefit Amount is not payable more than once for any one or all of the Qualifying Events, as defined in the Policy during an Insured Person's lifetime.

We will not pay any benefits if a Qualifying Event results from or is caused directly, indirectly, wholly or partly by:

1. war, declared or undeclared, or an act incident to war;
2. active military duty in the service of any country;
3. participation in a riot, civil commotion or insurrection;
4. intentionally self-inflicted injury, while sane or insane;
5. intentionally medically induced Qualifying Event, except in the case of Major Organ Transplant;
6. committing or trying to commit a felony or any other illegal act;
7. the voluntary intake of drugs or controlled substances, unless taken or administered as prescribed by a Physician;
8. alcohol abuse or alcoholism;
9. poison, gas or fumes voluntarily taken absorbed, or inhaled and which are not administered on the advice of a Physician;
10. bacterial infection, other than infection occurring simultaneously with or through an accidental cut or wound, or through accidental ingestion of contaminated materials; or
11. causes for which benefits are not specifically provided in the Policy.

We will not pay the First Occurrence Benefit Amount for:

1. A Qualifying Event, which First Occurs within the Waiting Period as specified in the Policy Schedule;
2. Any Qualifying Event caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex;
3. Any condition that is not diagnosed as a Qualifying Event; or
4. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a Qualifying Event, as defined in the Policy. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a Qualifying Event or as a result of treatment of a Qualifying Event.

Pre-Existing Condition - We will not provide the First Occurrence Benefit Amount for a Major Organ Transplant resulting from a Pre-Existing Condition, as defined, unless the Major Organ Transplant occurs one year after the Effective Date of Coverage for an Insured Person.

- F. RENEWABILITY** - The coverage is guaranteed renewable to age 65, subject to the Termination of Coverage provision. You may keep the coverage in force until age 65 by timely payment of the premiums. However, We may refuse renewal if We refuse to renew the coverage described in the Policy and issued on the same form number if We refuse to renew all coverage of the same form number in the state in which You reside. From time to time, We may change the rate used on a Class Basis.

- G. RIGHT TO RETURN POLICY** - PLEASE READ YOUR POLICY CAREFULLY. If You are not satisfied for any reason, return the Policy to Us at Our administrative office in North Richland Hills, Texas within 10 days after You receive it. We will refund Your premium and the Policy will be void from its Policy Effective Date.

H. PREMIUMS -

We reserve the right to change the table of premiums, on a Class Basis, becoming due under the Policy at any time and from time to time; provided, We have given the Insured Person written notice of at least 31 days prior to the effective date of the new rates. Such change will be on a Class Basis. The premium for the Policy may change in amount by reason of an increase in the Attained Age of the Insured Person.

Premiums - based on the mode of payment, checked below, the initial premiums are as follows:

Monthly (Bank Draft) Quarterly Semiannually Annually

Policy 25936-IP AR - described above	\$
_____	_____
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL	\$