

SERFF Tracking Number: UNAM-125643519 State: Arkansas
Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 38944
Company Tracking Number: PL-C1 (08) AR
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
Product Name: PL-C1 (08)
Project Name/Number: PLIC - Cancer First Diagnosis Policy/

Filing at a Glance

Company: Pennsylvania Life Insurance Company

Product Name: PL-C1 (08) SERFF Tr Num: UNAM-125643519 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 38944

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: PL-C1 (08) AR State Status: Approved-Closed

Only

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Darlene Lawrence

Disposition Date: 05/16/2008

Date Submitted: 05/12/2008

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PLIC - Cancer First Diagnosis Policy

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

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: 05/16/2008

Deemer Date:

State Status Changed: 05/16/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Pennsylvania Life Insurance Company

NAIC Company No.: 67660

FEIN No.: 23-1305366

NEW ACCIDENT AND HEALTH SUBMISSION

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PL-C1 (08) AR First Diagnosis of Cancer Benefit Policy
PL-SCR (08) Spouse First Diagnosis of Cancer Benefit Rider
PL-CCR (08) Child's First Diagnosis of Cancer Benefit Rider
OL-C1 (08) OC Outline of Coverage
PL-C1 APP (08) Application for First Diagnosis of Cancer Insurance
Actuarial Memorandum and Rates

Dear Sir/Madam:

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

Policy Form PL-C1 (08) AR provides a lump sum benefit that is payable for the First Diagnosis of Cancer that is made more than 30 days after the Effective Date and while the policy is in force.

There are two optional Riders available: Rider Form PL-SCR (08) covers the spouse of the insured and Rider Form PL-CCR (08) covers the dependent children of the insured.

Application PL-C1 APP (08) will be used with these forms and is also being submitted for approval. Please note that we have bracketed the premium payment modes available and the Maximum Benefit on page 2. This will allow us to modify the payment modes available and change the maximum benefit amount in the future. The modal premiums in the Policy Schedule on Page 3 have also been bracketed so that they too may be modified.

This coverage will be marketed on a personal contact basis by our licensed agents.

Thank you for your assistance with this filing. A postage paid envelope is enclosed for your convenience in replying. If you have any questions, please call me at (800) 275-6667, ext. 8320. My e-mail address is Dlawrence@uafc.com. My fax number is (407) 995-8021.

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 Project Name/Number: PLIC - Cancer First Diagnosis Policy/

Company and Contact

Filing Contact Information

Darlene Lawrence, dlawrence@uafc.com
 P.O. Box 958465 (407) 628-1776 [Phone]
 Lake Mary, FL 32795-8465

Filing Company Information

Pennsylvania Life Insurance Company CoCode: 67660 State of Domicile: Pennsylvania
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001
 Lake Mary, FL 32746 Group Name: State ID Number:
 (407) 995-8000 ext. [Phone] FEIN Number: 23-1305366

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per policy including related forms
 \$50 per rate filing per form
 Total \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania Life Insurance Company	\$100.00	05/12/2008	20268708

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/16/2008	05/16/2008
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
PL-C1 (08) AR	Form	Darlene Lawrence	05/16/2008	05/16/2008
Cover Letter	Supporting Document	Darlene Lawrence	05/16/2008	05/16/2008

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Disposition

Disposition Date: 05/16/2008

Implementation Date:

Status: Approved-Closed

Comment: Application Form PL-C1 APP (08)AR is being approved effective on this date. The application form that was originally submitted with the filing is being withdrawn. The remainder of the filing will remain approved effective 5/13/08.

Rate data does NOT apply to filing.

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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
Supporting Document	Cover Letter		Yes
Form	First Diagnosis of Cancer Policy	Approved-Closed	Yes
Form	Spouse First Diagnosis of Cancer Rider	Approved-Closed	Yes
Form	Child's First Diagnosis of Cancer Rider	Approved-Closed	Yes
Form	Application	Withdrawn	Yes
Form	PL-C1 (08) AR	Approved-Closed	Yes

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Disposition Date: 05/13/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form	PL-C1 (08) AR	Approved-Closed	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 05/16/2008

Comments:

Ms. Minor, per our conversation I am submitting a revised application, along with a cover letter.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Application	Application/EPL-C1 (08) enrollment Form	AR	Initial				41	PL-C1-APP AR.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:
 Cover Ltr.pdf

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Form Schedule

Lead Form Number: PL-C1 (08) AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PL-C1 (08) AR	Policy/Cont	First Diagnosis of Cancer Policy Certificate	Initial		47	First Diagnosis of Cancer Policy.pdf
Approved-Closed	PL-SCR (08)	Policy/Cont	Spouse First Diagnosis of Cancer Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		48	PLSCR 08.pdf
Approved-Closed	PL-CCR (08)	Policy/Cont	Child's First Diagnosis of Cancer Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		47	PLCCR 08.pdf
Withdrawn	PL-C1 APP (08)	Application/ Enrollment Form	Application/ Enrollment Form	Initial		41	PL-C1-APP.pdf
Approved-Closed	Application	Application/ Enrollment Form	Application/ Enrollment Form	Initial		41	PL-C1-APP AR.pdf



FIRST DIAGNOSIS OF CANCER BENEFIT POLICY

NOTICE TO BUYER: THIS IS A SPECIFIED DISEASE POLICY. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ IT CAREFULLY.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the Company.

THIRTY (30) DAY RIGHT TO EXAMINE AND RETURN YOUR POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return your Policy to Us within 30 days after receiving it. If returned, the Policy will be void from its beginning. Any premium paid will be refunded.

In this Policy, the person named as the Insured in the Policy Schedule on Page 3 will be referred to as "You", "Your", or the "Insured". "We", "Our" and "Us" means Pennsylvania Life Insurance Company. Definitions of certain capitalized terms are found in the Definitions section. This is a legal contract between You and Us. **PLEASE READ YOUR POLICY CAREFULLY.**

Please read the copy of the application attached to this Policy. This Policy was issued based on the answers recorded on the application. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Review the application and write Us at the address shown above if any information is not correct or if any past medical history has been left out.

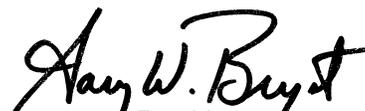
**GUARANTEED RENEWABLE FOR LIFE
COMPANY RESERVES RIGHT TO CHANGE TABLE OF PREMIUM RATES**

You have the right to continue this Policy in force by the timely payment of the required renewal premium. If this Policy is so continued, We will not: (1) place restrictions on it; or (2) terminate it.

We can change the premiums for Policies of this form issued to persons of the same insuring class in Your state. Premium changes can be made on any premium due date. We will send written notice to You of any change in premiums at least 30 days before We change your premiums. This notice will be sent to Your last address as shown in Our records.

Pennsylvania Life Insurance Company has caused this Policy to be signed by its President and Secretary.


Secretary


President

**FIRST DIAGNOSIS OF CANCER BENEFIT POLICY
THIS POLICY WILL ONLY PAY BENEFITS FOR CANCER FIRST DIAGNOSED MORE THAN 30 DAYS
AFTER THE EFFECTIVE DATE.
GUARANTEED RENEWABLE FOR LIFE
PREMIUMS SUBJECT TO CHANGE BY CLASS
NON-PARTICIPATING**

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APPLICATION Attached

POLICY SCHEDULE

NAME AND ADDRESS OF INSURED:

JOHN A. DOE
123 MAIN STREET
ANYCITY, ANYSTATE 00000

POLICY NUMBER: ABT0003

EFFECTIVE DATE: APRIL 1, 2008
FIRST RENEWAL DATE: APRIL 1, 2009

DATE OF BIRTH: 04-12-55

GENDER: MALE

PLAN: FIRST DIAGNOSIS CANCER

TOTAL ANNUAL PREMIUM*: [\$XXX.XX]
PREMIUM MODE: ANNUAL
MODE PREMIUM: [\$XXX.00]

MODE PREMIUM: [ANNUALLY: \$[XX.XX] [SEMI-ANNUALLY: \$[XX.XX]]
[QUARTERLY:\$[XX.XX]] [MONTHLY PAC: \$[XX.XX]]
[MONTHLY CREDIT CARD: \$[XX.XX]]

* THE PREMIUM MAY CHANGE ON A CLASS BASIS.

DESCRIPTION OF POLICY BENEFITS

FIRST DIAGNOSIS OF CANCER BENEFIT POLICY
[\$XXX.00] PAID FOR FIRST DIAGNOSIS OF CANCER

OPTIONAL RIDER BENEFITS

SPOUSE FIRST DIAGNOSIS OF CANCER BENEFIT RIDER
[\$XXX.00] PAID FOR FIRST DIAGNOSIS OF CANCER BY SPOUSE**
** As Named in the Application

CHILD'S FIRST DIAGNOSIS OF CANCER BENEFIT RIDER
[\$XXX.00] PAID FOR FIRST DIAGNOSIS OF CANCER PER COVERED CHILD**
** As Named in the Application. See definition of "Covered Child" in Child Rider.

SUMMARY OF PREMIUMS

	MODE PREMIUM
FIRST DIAGNOSIS OF CANCER BENEFIT POLICY	[\$XX.XX]
SPOUSE FIRST DIAGNOSIS OF CANCER BENEFIT RIDER	[\$XX.XX]
CHILD'S FIRST DIAGNOSIS OF CANCER BENEFIT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

CONSIDERATION

We have issued this Policy to You in consideration of: (1) the statements made in the application; and (2) the payment of the first premium.

INSURING CLAUSE

We hereby agree to pay the benefits described, subject to the definitions, provisions, limitations and exclusions of this Policy.

TERMS OF COVERAGE

The term of this Policy begins on the Effective Date, shown in the Policy Schedule on Page 3, at 12:01 a.m., Standard time at the place You reside. The term will end, subject to the Grace Period, at 11:59 p.m. on the date any renewal premium is due and unpaid.

Premiums are payable directly to Us or through Our authorized agent. Premiums must be paid on or before the date they are due, subject to the Grace Period.

PART I: DEFINITIONS

These are some of the key words used in this Policy. They are important in describing both Your rights and Ours.

CANCER means a disease manifested by the presence of a malignant process characterized by the uncontrolled growth and spread of malignant cells with or without the invasion of tissue, blood, or the lymphatic system.

Such cancer must be positively diagnosed by a legally licensed doctor of medicine more than 30 days after the Effective Date. The licensed doctor of medicine shall be one certified by the American Board of Pathology to practice Pathologic Anatomy or a licensed doctor of osteopathy certified by the Osteopathic Board of Pathology to practice Pathologic Anatomy.

The diagnosis must be based on microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. If a pathological diagnosis is not medically appropriate, a clinical diagnosis will be accepted.

EFFECTIVE DATE means the date coverage is effective under this Policy as shown on the Policy Schedule on Page 3 and is the date that determines the Policy anniversary.

FIRST DIAGNOSIS means the first time the Insured is diagnosed as having internal Cancer or malignant melanoma (this excludes all other skin Cancer); provided the diagnosis is made more than 30 days after the Effective Date and while this Policy is in force.

NOTICE TO US means information We have received at Our Office which is written and signed by You.

OUR OFFICE means Our Administrative Office or any other office that We may choose for the purpose of administering this Policy.

PART II: FIRST DIAGNOSIS OF CANCER BENEFIT

If the Insured receives a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer), We will pay the Insured the Benefit Amount shown in the Policy Schedule provided the First Diagnosis is made more than 30 days after the Effective Date and while this Policy is in force. The Insured is limited to one First Diagnosis benefit under the terms of this Policy. Coverage for the Insured will terminate upon the payment of the First Diagnosis of Cancer Benefit.

PART III: EXCLUSIONS AND LIMITATIONS

This Policy provides benefits only for First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer). This Policy does not cover any other disease or sickness or incapacity. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma.

OTHER INSURANCE IN THIS COMPANY

If You have additional coverage of this type with this Company providing a total lump sum benefit amount of more than [\$50,000] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to You.

PART IV: TERMINATION OF COVERAGE BY US

TERMINATION

Coverage for the Insured will terminate upon the payment of the First Diagnosis of Cancer Benefit.

If We accept a premium after a termination date, coverage will be continued until the end of the period for which the premium was accepted.

Termination of the coverage by Us will be without prejudice to any loss beginning while this Policy was in force. The coverage for that loss will not exceed a period of more than 120 days after the termination date.

PART V: GENERAL CONTRACT PROVISIONS

This section provides You with information about the General Provisions included in Your Policy.

ENTIRE CONTRACT/CHANGES. This Policy, with the application and attached papers, including endorsements and riders of any kind, is the entire contract between You and Us. No change in this Policy is effective until approved by one of Our executive officers. This approval must be in writing and noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES. After two (2) years from the Effective Date, no misstatements on the application, except for a fraudulent misstatement made in writing, can be used to void coverage or deny a claim for loss incurred.

GRACE PERIOD. This Policy has a 31 day Grace Period. This means that if a renewal premium is not paid on or before the due date, it may be paid during the following 31 days. During the Grace Period, the Policy will stay in force. If the premium is not paid within the Grace Period, the Policy will end.

REINSTATEMENT. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this Policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt, unless We have previously written to You giving Our disapproval. The reinstated Policy will cover only loss resulting from Cancer diagnosed more than 10 days after date of reinstatement. In all other respects, Your rights and Ours will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premiums We accept in connection with a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

NOTICE OF CLAIM. Written notice of claim must be given to Us within 60 days of the start of a covered loss or as soon as reasonably possible. The notice should be given to Us at Our Office. Notice should include the name of the Insured, the claimant, and the Policy Number.

CLAIM FORMS. After We receive the notice of claim, We will send the claimant Our forms for filing proof of loss. If these forms are not sent to the claimant within 15 days after notice of claim, the claimant will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss section.

PROOF OF LOSS. For any loss written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified, unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS. Benefits payable under this Policy for any loss will be payable immediately upon receipt of due written proof of loss. Any balance remaining unpaid upon the termination of our liability will be payable upon receipt of written proof of loss.

PAYMENT OF CLAIMS. Benefits will be paid to You. Loss of life benefits are payable in accordance with the Beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to Your estate. If benefits are payable to Your estate, We can pay benefits up to \$1,000.00 to someone related to You by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith. The proceeds payable to Your Beneficiary or Your estate shall include premiums paid for any period beyond the end of the policy month in which death occurred and shall be paid in a lump sum no later than 30 days after We receive proof of Your death.

APPEALING A DENIAL OF BENEFITS. If Your claim has been denied in whole or in part and You do not agree, You should write, within 60 days, to Our Claim Office. Be sure You state why You believe the claim should not have been denied and submit any data You think is appropriate. Your appeal will be referred to a Claim Committee for review and final decision. You will be notified of the final decision within 60 days after the date of Your appeal unless there are special circumstances, in which case You will be notified within 120 days.

PHYSICAL EXAMINATION. We have the right to have You examined while a claim is pending:

1. As often as reasonably necessary;
2. At our expense; and
3. By a Physician of Our choice.

LEGAL ACTION. No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy. No such action may be brought after 3 years from the time written proof of loss is required to be given.

MISSTATEMENT OF AGE. If the age of any insured person has been misstated, We may collect or refund the difference in premiums from the effective date of that person's coverage based on the correct age. If this information is learned while a claim is pending under this Policy, We may deduct any premiums due us from the claim payment.

If, as a result of misstatement of the age of any insured person, We accept premium for a period beyond the date coverage would have ceased, or if according to the correct age, coverage provided by this Policy would not have become effective, then Our liability will be limited to the refund of the premium paid for the period not covered by this Policy.

MISSTATEMENT OF TOBACCO USAGE. If the tobacco usage of any insured person has been misstated, coverage for that person will be terminated from the Effective Date. We will refund any premium paid for that person, if any, subject to the Time Limit On Certain Defenses provision.

NON-PARTICIPATING. This Policy will not share in Our surplus earnings.

PAYMENTS. All benefit payments made will be paid from Our Office.

CONFORMITY WITH STATE STATUTES. On the Effective Date, any provision of this Policy which is in conflict with the statutes of the State in which You then reside is amended to conform to the minimum requirements of those statutes.

UNPAID PREMIUM. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM REFUND. If an insured person dies, any unearned premium for that person will be refunded. Unearned premium is any premium paid for coverage beyond the end of the Policy month in which death occurred. This refund will be made no later than 30 days after proof of death has been furnished to Us. This provision will not apply if the premium for the remaining covered persons is the same as the current premium for this Policy.

OUR RIGHT TO EXAMINE HOSPITAL AND MEDICAL RECORDS. In the event of a claim, We retain the right to examine your hospital charts and medical records at our expense.

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PENNSYLVANIA LIFE INSURANCE CO.

HOME OFFICE: Harrisburg, Pennsylvania
ADMINISTRATIVE OFFICE:
P. O. Box 13667 Pensacola, Florida 32591-3667
(877) 366-5433



SPOUSE FIRST DIAGNOSIS OF CANCER BENEFIT RIDER

THIS RIDER WILL ONLY PAY BENEFITS FOR CANCER FIRST DIAGNOSED MORE THAN 30 DAYS AFTER THE RIDER EFFECTIVE DATE.

This Rider is made a part of the Policy to which it is attached. It is issued in consideration of Your application and the payment of the first premium. All definitions, provisions, exclusions and limitations of the Policy apply to this Rider, except as modified in this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

SPOUSE FIRST DIAGNOSIS OF CANCER BENEFIT

If the Covered Spouse receives a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer), We will pay You the Benefit Amount listed in the Policy Schedule provided the First Diagnosis is made more than 30 days after the Rider Effective Date and while this Rider is in force.

The Covered Spouse is limited to one First Diagnosis benefit under the terms of this Rider and the Policy to which it is attached. This Rider will terminate upon the payment of the First Diagnosis of Cancer Benefit.

DEFINITIONS

COVERED SPOUSE means the spouse of the Insured. Such spouse must be named in the application for this Rider.

FIRST DIAGNOSIS means the first time the Covered Spouse is diagnosed as having internal Cancer or malignant melanoma (this excludes all other skin Cancer); provided the diagnosis is made more than 30 days after the Rider Effective Date and while this Rider is in force.

RIDER EFFECTIVE DATE means the date this coverage is effective. This is the Effective Date shown on the Policy Schedule if this Rider is issued on the same date as the Policy. If this Rider is issued after the Policy, the Rider Effective Date appears on a Policy Amendment.

EXCEPTIONS AND LIMITATIONS

This Rider provides benefits only for a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer). This Rider does not cover any other disease or sickness or incapacity. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma.

ELIGIBILITY AND TERMINATION OF COVERED SPOUSE

ELIGIBILITY: Your spouse is eligible for coverage under this Rider. If the Insured dies, has received full benefits, or is terminated from the Policy, and the Insured's Spouse is covered, such Spouse will become the Insured. Such Covered Spouse must pay an Insured's premium rate beginning with the next premium renewal date.

ADDING COVERAGE FOR A SPOUSE: A spouse who is not covered when this Policy was issued, may be added as a Covered Spouse. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such spouse is eligible and insurable; and (3) payment of the then current premium. Acceptance of such spouse will be in writing and will include the effective date of such spouse's coverage.

TERMINATION: Coverage for Your spouse will terminate on the first premium renewal date following the date a final decree of dissolution of marriage (divorce) is entered by a court of jurisdiction. If application is made within 30 days of such termination date, We will issue to such spouse, without evidence of insurability, a new Policy which provides benefits not greater than those in this Rider.

EXTENDED COVERAGE: If We accept a premium after a termination date, coverage will be continued until the end of the period for which the premium was accepted.

Termination of this Rider shall be without prejudice to any loss beginning while this Rider was in force. The coverage for that loss will not exceed a period or more than 120 days after the termination date.

ADDITIONAL GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: (a) After this Rider has been in force for 2 years, misstatements in the Application, unless fraudulent, will not be used to: (1) void the Rider; or (2) deny a claim for loss incurred that starts after the 2-year period.

RIDER REINSTATEMENT: If this Rider has ended due to an unpaid renewal premium, the Policy may provide for reinstatement. If You choose to reinstate this Rider and it is approved by Us, the reinstated Rider will cover only loss resulting from Cancer diagnosed more than 10 days after the date of reinstatement, subject to any provisions noted on or attached to the reinstated Rider.

RIDER TERMINATION

This Rider will terminate and provide no further coverage upon the earliest of:

1. The payment of the First Diagnosis of Cancer Benefit for the Covered Spouse; or
2. The date the Insured dies, has received full benefits, or is terminated from the Policy, unless the Covered Spouse becomes the Insured in accordance with the Eligibility provision; or
3. The end of the Grace Period for the payment of the premium for the Policy or this Rider; or
4. The date the Policy terminates; or
5. Upon Your written request for termination of this Rider.

Other than as stated above, this Rider shall not alter, waive or extend any other provision of the Policy.

This Rider has been signed on the Rider Effective Date by:


Secretary



CHILD'S FIRST DIAGNOSIS OF CANCER BENEFIT RIDER

THIS RIDER WILL ONLY PAY BENEFITS FOR CANCER FIRST DIAGNOSED MORE THAN 30 DAYS AFTER THE RIDER EFFECTIVE DATE.

This Rider is made a part of the Policy to which it is attached. It is issued in consideration of Your application and the payment of the first premium. All definitions, provisions, exclusions and limitations of the Policy apply to this Rider, except as modified in this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

CHILD'S FIRST DIAGNOSIS OF CANCER BENEFIT

If a Covered Child receives a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer), We will pay You the Benefit Amount shown in the Policy Schedule provided the First Diagnosis is made more than 30 days after the Rider Effective Date and while this Rider is in force with respect to the Covered Child.

Each Covered Child is limited to one First Diagnosis of Cancer benefit under the terms of this Rider and the Policy to which it is attached. This Rider will terminate for that Covered Child upon the payment of the First Diagnosis of Cancer Benefit.

DEFINITIONS

COVERED CHILD means a dependent child, stepchild, or adopted child of the Insured or spouse over the age of one month and under age 18 who qualifies for coverage in accordance with the Eligibility provision. Such child must be named in the application for this Rider.

FIRST DIAGNOSIS means the first time the Covered Child is diagnosed as having internal Cancer or malignant melanoma (this excludes all other skin Cancer); provided the diagnosis is made more than 30 days after the Rider Effective Date and while this Rider is in force.

RIDER EFFECTIVE DATE means the date this coverage is effective. This is the Effective Date shown on the Policy Schedule if this Rider is issued on the same date as the Policy. If this Rider is issued after the Policy, the Rider Effective Date appears on a Policy Amendment.

EXCEPTIONS AND LIMITATIONS

This Rider provides benefits only for a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer). This Rider does not cover any other disease or sickness or incapacity. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma.

ELIGIBILITY AND TERMINATION FOR COVERED CHILDREN

ELIGIBILITY: All dependent children of You or Your spouse who are over the age of one month and under the age of 18 and are not married on the Rider Effective Date are eligible for coverage under this Rider. Children include stepchildren, adopted children (including a child for whom legal adoption proceedings have been started) from the date of placement in the Insured's custody, and any other child who is related to You, mainly dependent on You for care and support, and living with You in a parent-child relationship.

If the Insured dies, has received full benefits, or is terminated from this Policy, and the Insured's spouse is not covered, the eldest Covered Child will become the Insured. That Covered Child must pay an Insured's premium rate beginning with the next premium renewal date. If the eldest Covered Child has not reached the age of majority, the Rider will terminate.

ADDING A NEW CHILD: A child who is not covered on the Rider Effective Date, including any child under 18 years of age who is legally adopted by the Insured after the Rider Effective Date, may be added as a Covered Child. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such child is eligible and insurable; and (3) payment of the then current premium, if any. Acceptance of such child will be in writing and will include the effective date of such child's coverage.

TERMINATION: A child's status as a Covered Child will end at noon on the first renewal date after such child's 23rd birthday or marriage, whichever is first. This termination will not apply if:

- (a) such child is incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- (b) such child is chiefly dependent on You for support and maintenance.

This coverage will continue as long as the child remains disabled and dependent and premiums are paid. A notice of termination will be mailed to You at least 60 days before each child's age termination date.

If you advise Us within this 60 day period that the child is disabled and dependent, that child's coverage will be continued. If the coverage is continued, We may require proof of disability and dependency at any reasonable time. We will not require proof more than once a year. If You do not submit proof of disability and dependency within 60 days following Our written request, coverage for such child will terminate on the next premium renewal date.

EXTENDED COVERAGE: If We accept a premium after a termination date, coverage will be continued until the end of the period for which the premium was accepted.

Termination of this Rider shall be without prejudice to any loss beginning while this Rider was in force. The coverage for that loss will not exceed a period or more than 120 days after the termination date.

NEWBORN CHILDREN: While this Rider is in force, a child born of the Insured or Covered Spouse or any Covered Child shall be covered from the moment of birth. This coverage shall continue for 31 days. We will not require evidence of insurability. This coverage applies only to the First Diagnosis of Cancer. After the first 31 days, this coverage will continue without evidence of insurability if You: (1) notify Us of the birth within 31 days after the date of birth; and (2) pay the additional premium, if any, within 31 days of Our notifying You of the amount. If these requirements are not met, the child may be eligible for coverage under the terms of the Adding A New Child section of this Rider.

ADDITIONAL GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: (a) After this Rider has been in force for 2 years, misstatements in the Application, unless fraudulent, will not be used to: (1) void the Rider; or (2) deny a claim for loss incurred that starts after the 2-year period.

RIDER REINSTATEMENT: If this Rider has ended due to an unpaid renewal premium, the Policy may provide for reinstatement. If You choose to reinstate this Rider and it is approved by Us, the reinstated Rider will cover only loss resulting from Cancer diagnosed more than 10 days after the date of reinstatement, subject to any provisions noted on or attached to the reinstated Rider.

RIDER TERMINATION

This Rider will terminate and provide no further coverage upon the earliest of:

1. The payment of the First Diagnosis of Cancer Benefit for all children covered under this Rider; or
2. The date the Insured dies, has received full benefits, or is terminated from the Policy, unless the eldest Covered Child becomes the Insured in accordance with the Eligibility provision; or
3. The date the youngest Covered Child reaches the policy anniversary following that Child's 23rd birthday unless coverage continues due to dependency described in the Termination Provision; or
4. The end of the Grace Period for the payment of the premium for the Policy or this Rider; or
5. The date the Policy terminates; or
6. Upon Your written request for termination of this Rider.

Other than as stated above, this Rider shall not alter, waive or extend any other provision of the Policy.

This Rider has been signed on the Rider Effective Date by:



Secretary

PENNSYLVANIA LIFE INSURANCE COMPANY

HOME OFFICE: Harrisburg, Pennsylvania ADMINISTRATIVE OFFICE: P.O. Box 13547 • Pensacola, Florida 32591-3547

APPLICATION FOR FIRST DIAGNOSIS OF CANCER INSURANCE

APPLICATION DATE

REQUESTED EFFECTIVE DATE

POLICYHOLDER

M M D D Y Y Y Y

M M D D Y Y Y Y

NEW CURRENT REINSTATEMENT
 POLICY NO.

PROPOSED INSURED NAME

Last Suffix First MI Social Security Number
 Address (Street/Rural Route) City County State Zip Code
 area code/ telephone area code/cellular telephone best time/ day to call
 () ()
 Age Gender Birthdate (MMDDYYYY) State of Birth

Spouse to be insured (Print last name, first name, MI) Date of Birth State

	Gender	Age	Month	Day	Year	of Birth

 Child(ren) to be insured (Print last name, first name, MI) Date of Birth State

	Gender	Age	Month	Day	Year	of Birth

For additional Children, please attach a separate sheet of paper, signed by the Proposed Insured, including the above information for each child.

BENEFIT	BENEFIT AMOUNT	ANNUAL PREMIUM
First Diagnosis of Cancer Policy Benefit Amount – Proposed Insured	\$ _____	\$ _____
<input type="checkbox"/> Spouse First Diagnosis of Cancer Rider Benefit Amount	\$ _____	\$ _____
<input type="checkbox"/> Child's First Diagnosis of Cancer Rider Benefit Amount	\$ _____	\$ _____
TOTAL ANNUAL PREMIUM:		\$ _____
AMOUNT PAID WITH APPLICATION:		\$ _____

PAYMENT MODE: (check one) Annual Semiannual Quarterly Monthly
PAYMENT METHOD: (check one) Credit Card PAC Direct Bill (Quarterly or Monthly not available as Direct Bill)

ANSWER THE FOLLOWING QUESTIONS

1. In the past 5 years has any person to be insured been hospitalized, treated or been advised by a Medical Professional/Doctor, or had diagnostic procedures and follow up for:
- | | Insured
YES NO | Spouse
YES NO | Child
YES NO |
|--|---|---|---|
| a) Cancer, Malignancy, Leukemia, Melanoma, Lymphoma, Hodgkin's disease?
(If answered "Yes," that person will not be eligible for coverage.) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| b) Elevated PSA tests, Abnormal Pap test or Mammogram, Bleeding moles or Blood in the Stool? (If answered "Yes," please provide details.) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Name of Person	Details

2. In the past 10 years has any person to be insured been diagnosed as having or treated or advised to be treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or tested positive for exposure to the Human Immunodeficiency Virus (HIV) virus?
 (If answered "Yes," that person will not be eligible for coverage.)
-

3. **Tobacco Use Information: To be completed by all Applicants**
 Does any person to be insured now use or have they used tobacco products in any form within the last 12 months? (If "yes" complete information below.)

Insured	Spouse	Child
YES NO	YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Name of Person	Type	Frequency

4. Is this coverage replacing any health insurance in this or any other company?
 If "Yes," give details below.

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---	---	---

Company Name and Address	Policy No.	Type of Coverage	Effective Date	Benefits

5. Does any person to be insured have any First Diagnosis of Cancer lump sum coverage currently in force with this Company or any other company? **Yes** **No** (If "yes" complete the following.) **MAXIMUM COVERAGE AVAILABLE IS [\$50,000.]**

Name of Person	Company	Policy Description/Form No.	Amount of Coverage
			\$
			\$
			\$

AUTHORIZATION: I hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, Pharmaceutical Database, or other organization, institution or person, that has records or knowledge of me or any other family member applying for insurance to give to the Pennsylvania Life Insurance Company, or its reinsurers, any such information including, but not limited to physical and mental conditions, including psychiatric treatment and/or drug and/or alcohol abuse and/or HIV/AIDS related records. This authorization shall be valid for a period of two (2) years from the date signed. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorized representative, may receive a copy of this authorization upon request. This authorization may be revoked at any time subject to the rights of anyone who acted in reliance upon the authorization prior to notice of its revocation. This authorization may be revoked upon submission of a written notice to the Company's Administrative Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke is also subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself. Revocation or failure to sign the authorization may be a basis for denying an application or eligibility for benefits.

I AGREE THAT: 1. All answers in this application (a) are true and complete to the best of my knowledge; and (b) will be relied on to determine insurability. 2. If the minimum premium is paid on the date the application is signed, the policy and rider(s) applied for will be in effect from that date, subject to: (a) underwriting requirements; (b) the terms of the attached receipt; (c) the terms of the policy and rider(s); and (d) Pennsylvania Life's right to rescind the policy. A minimum premium is an amount equal to the full premium for the mode chosen on the application on the policy applied for. 3. If the minimum premium is not paid as provided in No. 2, then no insurance will be in effect unless; (a) during the lifetime of the person proposed for insurance, a rider is delivered and accepted and the entire first premium is paid; and (b) at the time of either delivery and acceptance or payment, whichever is later, all answers in this application are still true and complete to the best of my knowledge. 4. The agent is not authorized to waive the terms of the receipt.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I acknowledge that all persons to be covered under this policy are not covered also by any Title XIX program (Medicaid, MediCal or any similar name. I acknowledge receiving "A Guide to Health Insurance for People With Medicare" (For applicants age 65 and over).

Signature of Proposed Insured X _____

Signature of Proposed Insured Spouse X _____

Application Signed in: _____

City State Date

All premium checks must be payable to the Company; do not make check payable to the agent or leave payee blank.

I HEREBY CERTIFY THAT I HAVE TRULY AND ACCURATELY RECORDED ON THIS APPLICATION THE INFORMATION SUPPLIED BY THE APPLICANT.

Do you have any knowledge or reason to believe that replacement of existing health insurance may be involved? **YES** **NO**

Agent Printed Name **X** _____ % _____
 Signature of Licensed Agent Agent Code

Agent Printed Name **X** _____ % _____
 Signature of Licensed Agent Agent Code

3. **Tobacco Use Information: To be completed by all Applicants**
 Does any person to be insured now use or have they used tobacco products in any form within the last 12 months? (If "yes" complete information below.)

Insured	Spouse	Child
YES NO	YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Name of Person	Type	Frequency

4. Is this coverage replacing any health insurance in this or any other company? If "Yes," give details below.

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---	---	---

Company Name and Address	Policy No.	Type of Coverage	Effective Date	Benefits

5. Does any person to be insured have any First Diagnosis of Cancer lump sum coverage currently in force with this Company or any other company? Yes No (If "yes" complete the following.) **MAXIMUM COVERAGE AVAILABLE IS [\$50,000.]**

Name of Person	Company	Policy Description/Form No.	Amount of Coverage
			\$
			\$
			\$

AUTHORIZATION: I hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, Pharmaceutical Database, or other organization, institution or person, that has records or knowledge of me or any other family member applying for insurance to give to the Pennsylvania Life Insurance Company, or its reinsurers, any such information including, but not limited to physical and mental conditions, including psychiatric treatment and/or drug and/or alcohol abuse and/or HIV/AIDS related records. This authorization shall be valid for a period of two (2) years from the date signed. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorized representative, may receive a copy of this authorization upon request. This authorization may be revoked at any time subject to the rights of anyone who acted in reliance upon the authorization prior to notice of its revocation. This authorization may be revoked upon submission of a written notice to the Company's Administrative Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke is also subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself. Revocation or failure to sign the authorization may be a basis for denying an application or eligibility for benefits.

I AGREE THAT: 1. All answers in this application (a) are true and complete to the best of my knowledge; and (b) will be relied on to determine insurability. 2. If the minimum premium is paid on the date the application is signed, the policy and rider(s) applied for will be in effect from that date, subject to: (a) underwriting requirements; (b) the terms of the attached receipt; (c) the terms of the policy and rider(s); and (d) Pennsylvania Life's right to rescind the policy. A minimum premium is an amount equal to the full premium for the mode chosen on the application on the policy applied for. 3. If the minimum premium is not paid as provided in No. 2, then no insurance will be in effect unless; (a) during the lifetime of the person proposed for insurance, a rider is delivered and accepted and the entire first premium is paid; and (b) at the time of either delivery and acceptance or payment, whichever is later, all answers in this application are still true and complete to the best of my knowledge. 4. The agent is not authorized to waive the terms of the receipt.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I acknowledge that all persons to be covered under this policy are not covered also by any Title XIX program (Medicaid, MediCal or any similar name). I acknowledge receiving: (1) An Outline of Coverage (All applicants); and (2) "A Guide to Health Insurance for People With Medicare" (For applicants age 65 and over).

Signature of Proposed Insured X _____

Signature of Proposed Insured Spouse X _____

Application Signed in: _____

City State Date

All premium checks must be payable to the Company; do not make check payable to the agent or leave payee blank.

I HEREBY CERTIFY THAT I HAVE TRULY AND ACCURATELY RECORDED ON THIS APPLICATION THE INFORMATION SUPPLIED BY THE APPLICANT.

Do you have any knowledge or reason to believe that replacement of existing health insurance may be involved? YES NO

Agent Printed Name **X** _____ % _____
 Signature of Licensed Agent Agent Code

Agent Printed Name **X** _____ % _____
 Signature of Licensed Agent Agent Code

SERFF Tracking Number: UNAM-125643519 *State:* Arkansas
Filing Company: Pennsylvania Life Insurance Company *State Tracking Number:* 38944
Company Tracking Number: PL-C1 (08) AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit *Sub-TOI:* H071.002A Dread Disease - Cancer Only
Product Name: PL-C1 (08)
Project Name/Number: PLIC - Cancer First Diagnosis Policy/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125643519 State: Arkansas
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 38944
 Company Tracking Number: PL-C1 (08) AR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: PL-C1 (08)
 Project Name/Number: PLIC - Cancer First Diagnosis Policy/

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 05/13/2008

Comments:

Attached is the Readability Certification
 Attached is the Important Notice, form M-0329 AR, previously approved by your Department

Attachments:

M-0329 AR.pdf
 Readability.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/13/2008

Bypass Reason: The application is a new form and will be attached under the Form Schedule page

Comments:

Satisfied -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 05/13/2008

Comments:

Actuarial Memo and Rates attached

Attachment:

Act Memo and Rates.pdf

Satisfied -Name: Outline of Coverage **Review Status:** Approved-Closed 05/13/2008

Comments:

Outline of Coverage

Attachment:

PL-C1 08 0C.pdf

Satisfied -Name: Cover Letter **Review Status:** 05/16/2008

Comments:

SERFF Tracking Number: UNAM-125643519 *State:* Arkansas
Filing Company: Pennsylvania Life Insurance Company *State Tracking Number:* 38944
Company Tracking Number: PL-C1 (08) AR
TOI: H071 Individual Health - Specified Disease - Limited Benefit *Sub-TOI:* H071.002A Dread Disease - Cancer Only
Product Name: PL-C1 (08)
Project Name/Number: PLIC - Cancer First Diagnosis Policy/

Attachment:
Cover Ltr.pdf

NOTICE TO POLICYHOLDER

Any questions concerning this policy may be addressed to:

**POLICYHOLDER SERVICE OFFICE OF
PENNSYLVANIA LIFE INSURANCE COMPANY**

P.O. BOX 958465

LAKE MARY, FLORIDA 32795-8465

TELEPHONE: (800) 275-7366

Name of Agent (please print) _____

Agent's Address _____

Agent's Telephone Number _____

If we at Pennsylvania Life Insurance Company 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, ARKANSAS 72201-1904

TELEPHONE: (800) 852-5494

(501) 371-2640

PENNSYLVANIA LIFE INSURANCE COMPANY

READABILITY SCORES

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>FLESCH READABILITY TEST SCORE</u>
PL-C1 (08) AR	First Diagnosis of Cancer Benefit Policy	46.7
PL-SCR (08)	Spouse First Diagnosis of Cancer Rider	48.0
PL-CCR (08)	Child's First Diagnosis of Cancer Rider	47.1
PL-C1 (08) OC	Outline of Coverage	45.0
PL-C1 APP (08)	Application	40.8



Doris Fisher
Assistant Secretary



FIRST DIAGNOSIS OF CANCER BENEFIT POLICY

SPECIFIED DISEASE COVERAGE

FIRST DIAGNOSIS OF CANCER BENEFIT COVERAGE

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE FOR POLICY FORM PL-C1 (08)

This policy IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the Company.

This 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 YOUR POLICY AND RIDER CAREFULLY -- This outline of coverage provides a very brief description of the important features of your coverage. This is not the insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY AND RIDER CAREFULLY!**

SPECIFIED DISEASE COVERAGE -- Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses. This Policy provides a first diagnosis benefit when a covered person is first diagnosed with Cancer.

THIS POLICY WILL ONLY PAY BENEFITS FOR CANCER FIRST DIAGNOSED MORE THAN 30 DAYS AFTER THE POLICY DATE.

FIRST DIAGNOSIS OF CANCER BENEFIT

The following benefits are not effective, unless elected in the Application and shown in the Policy Schedule.

INSURED

\$ _____

This Benefit amount is payable if the Insured receives a First Diagnosis of internal Cancer or malignant melanoma (This excludes all other skin Cancer), provided the First Diagnosis is made more than 30 days after the Effective Date and while the Policy is in force. The Insured is limited to one First Diagnosis benefit.

OPTIONAL FIRST DIAGNOSIS OF CANCER BENEFIT RIDERS: The following benefits are not effective unless elected in the application.

THESE RIDERS WILL ONLY PAY BENEFITS FOR CANCER FIRST DIAGNOSED MORE THAN 30 DAYS AFTER THE RIDER EFFECTIVE DATE.

SPOUSE

\$ _____

This Benefit amount is payable if a Covered Spouse receives a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other Skin Cancer), provided the First Diagnosis is made more than 30 days after the Rider Effective Date and while the Rider is in force. The Covered Spouse is limited to one First Diagnosis benefit.

CHILD

\$ _____

This Benefit amount is payable if a Covered Child receives a First Diagnosis of internal Cancer or malignant melanoma (this excludes all other Skin Cancer), provided the First Diagnosis is made more than 30 days after the Rider Effective Date and while the Rider is in force with respect to the Covered Child. Each Covered Child is limited to one First Diagnosis benefit.

LIMITATIONS AND EXCLUSIONS

ONLY BENEFITS FOR CANCER: This Policy provides benefits only for First Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin Cancer). This Policy does not cover any other disease or sickness or incapacity. No benefit is payable for the diagnosis of skin Cancer other than malignant melanoma. Each covered person is limited to one First Diagnosis benefit.

OTHER INSURANCE IN THIS COMPANY: If the Insured has additional coverage of this type with this Company providing a total lump sum benefit amount of more than [\$50,000] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to the Insured.

RENEWABILITY OF THIS POLICY

The Company guarantees to renew this Policy for life by the timely payment of the required renewal premium when due.

The Company may change Your renewal rates, but only if they change the rates for everyone in Your state who is in the same insuring class.

KEEP THIS FOR YOUR RECORDS

This outline is a summary of the policy applied for. The policy should be consulted to determine governing policy provisions.



1001 Heathrow Park Lane, Suite 5001
Lake Mary, FL 32746
800 275 6667 toll-free
407 995 8007 phone
407 995 8047 fax
www.pennlife.com

May 16, 2008

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

RE: **Pennsylvania Life Insurance Company**
NAIC Company No.: 67660 FEIN No.: 23-1305366

NEW ACCIDENT AND HEALTH SUBMISSION

PL-C1 APP (08) AR Application for First Diagnosis of Cancer Insurance

Dear Ms. Minor:

Thank you for speaking with me regarding this filing. Per our conversation, the application has been revised so that the applicant can acknowledge receipt of the outline of coverage. The form number was changed to be Arkansas state specific, PL-C1 APP (08) AR.

No other changes have been made to this filing.

Thank you for your assistance with this filing. If you have any questions, please call me at (800) 882-1054, ext. 8320. My e-mail address is Dlawrence@uafc.com. My fax number is (407) 995-8021.

Sincerely,

A handwritten signature in cursive script that reads 'Darlene J. Lawrence'.

Darlene J. Lawrence, ACS, AIAA, AIRC, HIA, MHP
Senior Product Filing Analyst