

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
Company Tracking Number:  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: PL-HI4 (08)  
Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Filing at a Glance

Company: Pennsylvania Life Insurance Company

Product Name: PL-HI4 (08)

SERFF Tr Num: UNAM-125954359 State: ArkansasLH

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed

State Tr Num: 41158

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num:

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Darlene Lawrence

Disposition Date: 02/11/2009

Date Submitted: 12/18/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PLIC-Hospital Confinement Indemnity Policy

Status of Filing in Domicile:

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: 02/11/2009

Explanation for Other Group Market Type:

State Status Changed: 02/11/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

E: Pennsylvania Life Insurance Company

NAIC Company No.: 67660

FEIN No.: 23-1305366

NEW ACCIDENT AND HEALTH SUBMISSION

PL-HI4 (08) AR Daily Hospital Confinement Indemnity Benefit Policy

PL-HIR (08) Lump Sum Hospital Confinement Indemnity Rider

PL-DME (08) Durable Medical Equipment Rider

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PL-AMB (08) Ambulance Benefit Rider  
PL-ADD (08) Accidental Death and Dismemberment Rider  
PL-HI4 (08) OC AR Outline of Coverage  
PL-HI4 APP 08 AR Application for Daily Hospital Confinement 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-HI4 (08) AR provides a daily hospital confinement indemnity benefit amount up to \$600 per day. The maximum benefit is 31 days per hospitalization that restores after 60 days of not being hospitalized. There are four types of policy schedule pages corresponding to the four rate classes available; i.e. individual, individual and spouse; individual and child(ren); and family.

Rider Form PL-HIR (08) provides an optional lump sum hospital confinement indemnity benefit amount up to \$1,000 per period of hospital confinement. This benefit also restores after 60 days of not being hospitalized.

Rider Form PL-DME (08) provides a benefit of 30% of the first \$1,000 of actual charges per calendar year for durable medical equipment.

Rider Form PL-AMB (08) provides a benefit amount up to \$200 per trip to or from a hospital. It is subject to a lifetime maximum benefit of \$2,500.

Rider Form PL-ADD (08) provides a benefit amount up to \$10,000 for dismemberment or death due to an accident.

Application PL-HI4 APP 08 AR will be used with these forms and is also being submitted for approval. Please note that we have bracketed the payment modes and methods available. This will allow us to modify the payment modes and methods available in the future. The modal premiums in the Policy Schedule have also been bracketed so that they will match those in the application.

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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) 882-1054, ext. 8320. My e-mail address is Dlawrence@uafc.com. My fax number is (407) 628-9021.

## 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:	\$300.00
Retaliatory?	No
Fee Explanation:	\$50 per policy = \$50 \$50 for rates per form = \$50 x 5 = \$250
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania Life Insurance Company	\$300.00	12/18/2008	24620940

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
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 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/11/2009	02/11/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/26/2009	01/26/2009	Darlene Lawrence	02/11/2009	02/11/2009
Pending Industry Response	Rosalind Minor	12/29/2008	12/29/2008	Darlene Lawrence	01/26/2009	01/26/2009

*SERFF Tracking Number:* UNAM-125954359      *State:* Arkansas  
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*Product Name:* PL-HI4 (08)  
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## **Disposition**

Disposition Date: 02/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Resubmission Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Resubmission Letter	Approved-Closed	Yes
<b>Form (revised)</b>	Limited Benefit Hospital Indemnity Policy	Approved-Closed	Yes
<b>Form</b>	Limited Benefit Hospital Indemnity Policy	Replaced	Yes
<b>Form</b>	Lump Sum Hospital Confinement Rider	Approved-Closed	Yes
<b>Form</b>	Durable Medical Equipment Rider	Approved-Closed	Yes
<b>Form</b>	Ambulance Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Accidental Death and Dismemberment Rider	Approved-Closed	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Application	Approved-Closed	Yes
<b>Form</b>	Limited Benefit Hospital Indemnity Policy	Replaced	Yes
<b>Form</b>	Limited Benefit Hospital Indemnity Policy	Approved-Closed	Yes
<b>Rate</b>	Rates	Approved-Closed	Yes

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Product Name: PL-HI4 (08)  
Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/26/2009

Submitted Date 01/26/2009

Respond By Date

Dear Darlene Lawrence,

This will acknowledge receipt of the captioned filing.

Objection 1

- Limited Benefit Hospital Indemnity Policy (Form)

Comment: Thank you for the corrections to the policy.

I still have a problem with the language under "termination" for handicapped dependents. Your policy states that..."If you advise us within the 60 day period that the child is disabled and dependent, that child's coverage will be continued."

If I were a insured, I would think that if I do not advise you within the 60 day period, the child would no longer be insured.

The law, ACA 23-85-131, states that the coverage shall not terminate, but coverage shall continue so long as the contract remains in force and so long as the dependent remains in such condition. Please restate to comply with the law.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/11/2009

Submitted Date 02/11/2009

Dear Rosalind Minor,

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
 Company Tracking Number:  
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 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

**Comments:**

Dear Ms. Minor:

Thank you for your recent correspondence regarding the above mentioned submission. The objection stated in your letter dated January 26, 2009 has been addressed below.

**Response 1**

Comments: The "Termination" provision was revised to delete reference to advising us within a "60 day period" of the child's disability.

**Related Objection 1**

Applies To:

- Limited Benefit Hospital Indemnity Policy (Form)

Comment:

Thank you for the corrections to the policy.

I still have a problem with the language under "termination" for handicapped dependents. Your policy states that..."If you advise us within the 60 day period that the child is disabled and dependent, that child's coverage will be continued."

If I were a insured, I would think that if I do not advise you within the 60 day period, the child would no longer be insured.

The law, ACA 23-85-131, states that the coverage shall not terminate, but coverage shall continue so long as the contract remains in force and so long as the dependent remains in such condition. Please restate to comply with the law.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Limited Benefit Hospital Indemnity Policy	PL-HI4 (08) AR		Policy/Contract/Fraternal Certificate	Revised		46	Limited Benefit

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
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 Company Tracking Number:  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

Hospital  
Indemnity  
Policy.pdf

**Previous Version**

<i>Limited Benefit Hospital PL-HI4 Indemnity Policy (08) AR</i>	<i>Policy/Contract/Fraternal Revised Certificate</i>	46	Limited Benefit Hospital Indemnity Policy.pdf
<i>Limited Benefit Hospital PL-HI4 Indemnity Policy (08) AR</i>	<i>Policy/Contract/Fraternal Initial Certificate</i>	46	Limited Benefit Hospital Indemnity Policy.pdf

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*Product Name:* PL-HI4 (08)  
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No Rate/Rule Schedule items changed.

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) 628-9021.

Sincerely,  
Darlene Lawrence

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Product Name: PL-HI4 (08)  
Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/29/2008

Submitted Date 12/29/2008

Respond By Date

Dear Darlene Lawrence,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Limited Benefit Hospital Indemnity Policy (Form)

Comment: Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

### Objection 2

- Limited Benefit Hospital Indemnity Policy (Form)

Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-85-131(b) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/26/2009

Submitted Date 01/26/2009

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Resubmission letter attached.

### Related Objection 1

Applies To:

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
 Company Tracking Number:  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

- Limited Benefit Hospital Indemnity Policy (Form)

**Comment:**

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

**Related Objection 2**

**Applies To:**

- Limited Benefit Hospital Indemnity Policy (Form)

**Comment:**

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-85-131(b) and Bulletin 14-81.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Resubmission Letter

**Comment:**

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Limited Benefit Hospital Indemnity Policy	PL-HI4 (08) AR		Policy/Contract/Fraternal Certificate	Revised		46	Limited Benefit Hospital Indemnity Policy.pdf

No Rate/Rule Schedule items changed.

**Response 2**

Comments: Attached is a resubmission letter and revised policy.

**Related Objection 1**

**Applies To:**

- Limited Benefit Hospital Indemnity Policy (Form)

**Comment:**

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
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 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

**Related Objection 2**

Applies To:

- Limited Benefit Hospital Indemnity Policy (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-85-131(b) and Bulletin 14-81.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Resubmission Letter

Comment:

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Limited Benefit Hospital Indemnity Policy	PL-HI4 (08) AR		Policy/Contract/Fraternal Certificate	Revised		46	Limited Benefit Hospital Indemnity Policy.pdf
<b>Previous Version</b>							
Limited Benefit Hospital Indemnity Policy	PL-HI4 (08) AR		Policy/Contract/Fraternal Certificate	Initial		46	Limited Benefit Hospital Indemnity Policy.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Darlene Lawrence

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 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Form Schedule

**Lead Form Number:** PL-HI4 (08) AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PL-HI4 (08) AR	Policy/Cont	Limited Benefit ractal/Fraternal Hospital Indemnity Certificate	Revised	Replaced Form #: Previous Filing #:	46	Limited Benefit Hospital Indemnity Policy.pdf
Approved-Closed	PL-HIR (08)	Policy/Cont	Lump Sum Hospital ractal/Fraternal Confinement Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		42	Lump Sum Hospital Confinement Rider.pdf
Approved-Closed	PL-DME (08)	Policy/Cont	Durable Medical ractal/Fraternal Equipment Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		41	Durable Medical Equipment Rider.pdf
Approved-Closed	PL-AMB (08)	Policy/Cont	Ambulance Benefit ractal/Fraternal Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		42	Ambulance Benefit Rider.pdf

<i>SERFF Tracking Number:</i>	<i>UNAM-125954359</i>	<i>State:</i>	<i>Arkansas</i>		
<i>Filing Company:</i>	<i>Pennsylvania Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41158</i>		
<i>Company Tracking Number:</i>					
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>		
<i>Product Name:</i>	<i>PL-HI4 (08)</i>				
<i>Project Name/Number:</i>	<i>PLIC-Hospital Confinement Indemnity Policy/</i>				
Approved- Closed	PL-ADD (08)	Policy/Cont ractal/Fratern al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Accidental Death and Initial Initial	47	Accidental Death and Dismemberm ent Rider.pdf
Approved- Closed	PL-HI4 (08) OC AR	Outline of Coverage	Outline of Coverage Initial	41	Outline of Coverage.pdf
Approved- Closed	PL-HI4 APP 08 AR	Application/ Enrollment Form	Application Initial	40	Application.pd f
Approved- Closed	PL-HI4 (08) AR	Policy/Cont ractal/Fratern al Policy Certificate	Limited Benefit Hospital Indemnity Revised	Replaced Form #: Previous Filing #: 46	Limited Benefit Hospital Indemnity Policy.pdf





**LIMITED BENEFIT HOSPITAL INDEMNITY POLICY**

**Notice to Buyer: This is a Hospital Confinement Indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**  
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 Policy provides a Daily Hospital Confinement Benefit that results from sickness or accidental bodily injury. This benefit is subject to the Maximum Hospital Confinement Benefit of 31 days. This Maximum Hospital Confinement Benefit will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days in accordance with Part II. These benefits are subject to the definitions, provisions, exclusions and limitations of this Policy. This Policy is guaranteed renewable during the lifetime of the Insured. We reserve the right to change premium rates on a class basis.

**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, "You" and "Your" means the Insured named on the Policy Schedule on Page 3 and on the application. The person named as the spouse in the application will be referred to as "Covered Spouse." Child(ren) named as such in the application will be referred to as "Covered Child." "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.**

**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.

This Policy has been signed by the President and Secretary of Pennsylvania Life Insurance Company.

  
Secretary

  
President

**HOSPITAL CONFINEMENT INDEMNITY POLICY  
GUARANTEED RENEWABLE FOR LIFE  
PREMIUMS SUBJECT TO CHANGE BY CLASS  
NON-PARTICIPATING**

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APPLICATION ..... Attached

POLICY SCHEDULE

INDIVIDUAL

NAME AND ADDRESS OF INSURED:

EFFECTIVE DATE: JULY 10, 2008

JOHN A. DOE  
123 MAIN STREET  
ANYCITY, ANystate 00000

FIRST RENEWAL DATE: JULY 10, 2009

-----  
POLICY NUMBER: 0123456

GENDER: MALE

PLAN: HOSPITAL INDEMNITY

DATE OF BIRTH: 04-12-55  
-----

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

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

-----  
SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

=====

BENEFITS PAYABLE FOR INSURED:

-----

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR INSURED (IF ELECTED)\*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT  
BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE  
PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT  
OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL - PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

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**\*\*ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED AND EACH COVERED CHILD\*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

POLICY SCHEDULE

FAMILY

NAME AND ADDRESS OF INSURED: JOHN A. DOE  
123 MAIN STREET  
ANYCITY, ANYSTATE 00000  
EFFECTIVE DATE: JULY 10, 2008  
FIRST RENEWAL DATE: JULY 10, 2009

COVERED SPOUSE: MARY DOE

COVERED CHILD: As Named in the Application Unless Excluded by Endorsement

POLICY NUMBER: 0123456 GENDER: MALE

PLAN: HOSPITAL INDEMNITY DATE OF BIRTH: 04-12-55

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

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. MAXIMUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\* ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED, COVERED SPOUSE AND EACH COVERED CHILD \*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

## 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: (1) insure Covered Family Members against specified losses in the Policy Schedule resulting from Injury and Sickness; and (2) 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.

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision.

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

**HOSPITAL** means a place which: (1) operates pursuant to law; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24 hour a day nursing service by or under the supervision of graduate registered nurses (R.N.); (4) has a staff of one or more currently licensed Physicians, and (5) provides organized facilities for diagnosis and surgery, or has such facilities available on a contractual pre-arranged basis.

Other than incidentally, it must not be: (a) a nursing home; (b) a rest home; (c) a convalescent home; (d) an extended care facility; (e) a hospice; (f) a place set up mainly to treat alcoholism or drug abuse; or (g) a home for the aged.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**PERIOD OF HOSPITAL CONFINEMENT** means the number of days a Covered Family Member is confined in a Hospital. Successive Periods of Hospital Confinement due to the same or related causes, not separated by 60 days or more will be considered as one Period of Hospital Confinement. Successive Periods of Hospital Confinement due to the same or related causes, separated by 60 days or more will be considered as a new Period of Hospital Confinement.

**PHYSICIAN** means any duly licensed practitioner of the healing arts operating within the scope of his/her license. This definition excludes You or a Family Member. Family Member means anyone related to You through blood, marriage or operation of law. This includes the following relatives of You or Your spouse: parents, grandparents, siblings, children, grandchildren, aunts, uncles, cousins, nephews, nieces and in-laws.

**REGULAR AND PERSONAL CARE** means a planned program of observation and treatment requiring personal attendance by a Physician. Once started, this program must be continued under the existing standards of medical practice for treatment of the Injury or Sickness.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Effective Date; and (2) while this Policy is in force.

## **PART II: DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT**

### **DAILY HOSPITAL CONFINEMENT BENEFIT UP TO MAXIMUM BENEFIT PERIOD OF 31 DAYS**

If Injury or Sickness results in the admittance of a Covered Family Member as a resident inpatient in a Hospital under the Regular and Personal Care of a Physician, We will pay the Daily Hospital Confinement Indemnity Benefit amount shown in the Policy Schedule on Page 3A. We will only pay if Hospital confinement is recommended by a Physician. Confinement must begin while this Policy is in force. This benefit is payable from the first day of Hospital Confinement up to the Maximum Benefit Period of 31 days per Period of Hospital Confinement.

### **RESTORATION OF MAXIMUM BENEFIT PERIOD FOR HOSPITAL CONFINEMENT**

The Maximum Benefit Period for Hospital Confinement of 31 days will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days.

There is no limit to the number of times the Maximum Benefit Period for Hospital Confinement for a Covered Family Member will be restored as long as Your Policy is kept in force by the continued payment of premiums that become due.

## **PART III: ELIGIBILITY AND TERMINATION**

**ELIGIBILITY:** The Insured, the spouse of the Insured, and all dependent children of the Insured who are over the age of one month and under the age of 18 and are not married on the Effective Date are eligible for coverage under this Policy. 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 You die, Your Covered Spouse will become the Insured. If Your 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 Policy will terminate.

**ADDING NEW FAMILY MEMBERS:** Family members who are not covered on the Effective Date, including any child under 18 years of age who is legally adopted by the Insured after the Effective Date, may be added as a Covered Family Member. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such family member is eligible and insurable; and (3) payment of the then current premium, if any. If the new family member is approved, an amendment covering such family member will be attached to this Policy. Coverage for the new family member will be controlled by the Effective Date shown on the amendment.

Coverage for Your Covered Spouse will cease on the next premium due date following the date of divorce or annulment of the marriage of You and Your Covered Spouse. If application is made within 30 days of such date, We will issue to such former spouse a new Policy that provides benefits not greater than those in this Policy. Other eligible dependents may be covered under this Policy or the new policy, but those eligible dependents may not be covered under both.

**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 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.

**EXTENDED COVERAGE:** If We accept a premium for anyone who is no longer eligible to be a Covered Family Member or after coverage would otherwise terminate, coverage will continue for such person during the period for which premium was accepted, but only to the next renewal date. This continuation of coverage does not apply if such acceptance is based on a misstatement of age. We may terminate coverage on that renewal date or any renewal date thereafter.

Termination of this Policy shall be without prejudice to any continuous claim for loss incurred while this Policy is in force. The extension of benefits beyond the termination date may depend upon continuing Hospital confinement and is limited to the duration of the benefit period and subject to all applicable provisions of the Policy.

**NEWBORN CHILDREN:** While this Policy is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 90 days. We will not require evidence of insurability. This coverage applies only to Hospital confinement for: (1) Sickness; (2) Injury; (3) medically diagnosed congenital defects or anomalies; (4) birth abnormalities; or (5) prematurity. After the first 90 days, the newborn child coverage will continue without evidence of insurability if You: (1) notify Us of the birth within 90 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 New Family Members provision in Part III of this Policy.

## **PART IV: EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

**This Policy does not cover any loss that:**

1. Occurs outside the United States of America. (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us);
2. Results from suicide or any attempt thereof (sane or insane);
3. Results from any intentionally self-inflicted Injury;
4. Results while in the military or naval service of any country (any premium paid to Us for any period not covered due to such service will be returned pro-rata upon Notice to Us);
5. Results from war (declared or undeclared), or any act of war;
6. Results from normal pregnancy and childbirth, except for complications of pregnancy;
7. Results from participation in insurrection or riot;
8. Results from mental or emotional disorders; alcoholism, or drug addiction;
9. Results from being engaged in any speed contest;
10. Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; or
11. Results from dental treatment except when such treatment results from Injury to natural teeth or gums;
12. Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly.

## **PRE-EXISTING CONDITION LIMITATION**

Subject to the Time Limit On Certain Defenses provision, this Policy will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within a 12-month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within a 12-month period preceding the Effective Date.

## **ILLEGAL OCCUPATION OR ACTIVITY**

We will not be liable for any loss which results from: (1) committing or attempting to commit a felony, whether charged or not; or (2) engaging in an illegal occupation or activity.

## **INTOXICANTS AND NARCOTICS**

We will not be liable for any loss incurred as a consequence of being: (1) intoxicated; or (2) under the influence of any narcotic unless taken on the advice of a Physician.

## **OTHER INSURANCE IN THIS COMPANY**

If You have additional coverage of this type with this Company providing a total daily hospital confinement benefit amount of more than [\$600.00] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to You.

# **PART V: GENERAL CONTRACT PROVISIONS**

**ENTIRE CONTRACT/CHANGES.** This Policy, with the application and any attached papers, including endorsements and riders of any kind, constitutes 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.**

- (a) 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.
- (b) No claim for loss incurred as defined in the Policy that starts after 12 months from the Effective Date will be reduced or denied because a sickness or physical condition not excluded from coverage by name or specific description before the date of loss had existed before the Effective Date.

**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. If We (or an agent authorized to accept payment) later accept the premium without requiring an application for reinstatement, the policy will be reinstated.

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 losses that result from an Injury sustained after the date of reinstatement, or Sickness that starts more than 10 days after such date. 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.

**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. The proceeds payable to the Insured or his 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 the Insured's death. 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.

**APPEALING A DENIAL OF BENEFITS.** If Your claim has been denied in whole or in part and You do not agree, You should write to Our Claim Office within 60 days. 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 AND AUTOPSY.** We have the right to have a Covered Family Member examined while a claim is pending:

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

We shall also have the right to have an autopsy made, at our own expense, unless prohibited by law.

**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.

**CHANGE OF BENEFICIARY.** You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in the policy.

**MISSTATEMENT OF AGE.** If the age of a Covered Family Member has been misstated in the application, the benefits will be those the premium paid would have purchased at the correct age.

**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.

**REFUND OF UNEARNED PREMIUM.** Unearned premiums shall be paid in a lump sum on a date no later than 30 days after the proof of the Insured's death has been furnished to Us.

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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



## LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER

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.

### LUMP SUM HOSPITAL CONFINEMENT INDEMNITY BENEFIT

If Injury or Sickness results in the confinement of a Covered Family Member as a resident patient in a Hospital under the Regular and Personal Care of a Physician, We will pay the Lump Sum Hospital Confinement Indemnity Benefit shown in the Policy Schedule. This benefit is payable once during any period of Hospital confinement. We will only pay for Hospital confinement recommended by a Physician. Confinement must begin while this Rider is in force.

### RESTORATION OF LUMP SUM HOSPITAL CONFINEMENT INDEMNITY BENEFIT

The Lump Sum Hospital Confinement Benefit will be restored if the Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days.

There is no limit to the number of times the Hospital Confinement Benefit for a Covered Family Member will be restored as long as Your Policy and Rider are kept in force by the continued payment of premiums that become due.

### DEFINITIONS

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision in the Policy.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Rider Effective Date; and (2) while this Rider is in force.

### PRE-EXISTING CONDITION LIMITATION

Subject to the Time Limit On Certain Defenses provision of this Rider, this Rider will not cover a loss that: (1) starts within 12 months after the Rider Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within the 12-month period preceding the Rider Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment that was received from or recommended by a Physician within the 12 month period preceding the Rider Effective Date.

### NEWBORN CHILDREN PROVISION

The Newborn Children provision in the Policy is replaced with the following provision:

**NEWBORN CHILDREN:** While this Rider is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 31 days. We will not require evidence of insurability. This coverage applies only to Hospital confinement for: (1) Sickness; (2) Injury; (3) medically diagnosed congenital defects or anomalies; (4) birth abnormalities; or (5) prematurity. After the first 31 days, the newborn child 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 New Family Member provision in Part III of this policy.

### **ADDITIONAL GENERAL PROVISIONS**

**TIME LIMIT ON CERTAIN DEFENSES:** After this Rider has been in force for 2 years, no misstatements in the application, except for a fraudulent misstatement made in writing, can be used to: (1) void the Rider; or (2) deny a claim for loss incurred that starts after the 2-year period.

No claim for loss incurred as defined in this Rider that starts after 12 months from the Rider Effective Date will be reduced or denied because a sickness or physical condition, not excluded from coverage by name or specific description before the date of loss, had existed before the Rider Effective Date.

**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 accidental Injury sustained after the date of reinstatement, and Sickness or disease beginning 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 end of the Grace Period for the payment of the premium for the Policy or this Rider; or
2. The date the Policy terminates; or
3. 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



## DURABLE MEDICAL EQUIPMENT RIDER

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.

### DURABLE MEDICAL EQUIPMENT BENEFIT

Durable Medical Equipment, as defined in this Rider, is covered if a Physician prescribes it for a Covered Family Member to use at home as a result of Injury or Sickness. We will pay the benefit shown in the Policy Schedule.

### DEFINITIONS

**CALENDAR YEAR** means the period from January 1 through December 31 of the same year.

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision in the Policy.

**DURABLE MEDICAL EQUIPMENT** means equipment which: (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical purpose; (3) generally is not useful to a person in the absence of an illness or injury; and (4) is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to, the following: hospital beds, crutches, canes, wheelchairs, walkers, peripheral circulatory aids, cervical collars, traction equipment, physiotherapy equipment, oxygen equipment and ostomy supplies.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Rider Effective Date; and (2) while this Rider is in force.

### PRE-EXISTING CONDITION LIMITATION

Subject to the Time Limit On Certain Defenses provision of this rider, this Rider will not cover a loss that: (1) starts within 12 months after the Rider Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within the 12-month period preceding the Rider Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment that was received from or recommended by a Physician within the 12 month period preceding the Rider Effective Date.

## NEWBORN CHILDREN PROVISION

The Newborn Children provision in the Policy is replaced with the following provision:

**NEWBORN CHILDREN:** While this Rider is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 31 days. We will not require evidence of insurability. This coverage applies only to benefits for Durable Medical Equipment as provided by this Rider. After the first 31 days, the newborn child 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 New Family Members provision in Part III of this policy.

## ADDITIONAL GENERAL PROVISIONS

**TIME LIMIT ON CERTAIN DEFENSES:** After this Rider has been in force for 2 years, no misstatements in the application, except for a fraudulent misstatement made in writing, can be used to: (1) void the Rider; or (2) deny a claim for loss incurred that starts after the 2-year period.

No claim for loss incurred as defined in this Rider that starts after 12 months from the Rider Effective Date will be reduced or denied because a sickness or physical condition, not excluded from coverage by name or specific description before the date of loss, had existed before the Rider Effective Date.

**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 accidental Injury sustained after the date of reinstatement and Sickness or disease beginning 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 end of the Grace Period for the payment of the premium for the Policy or this Rider; or
2. The date the Policy terminates; or
3. 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



## AMBULANCE BENEFIT RIDER

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.

### AMBULANCE BENEFIT

If, as a result of Sickness or Injury, a Covered Family Member requires transportation in an ambulance to or from a Hospital, We will pay the Ambulance Benefit shown in the Policy Schedule. This benefit is payable once during any Period of Hospital Confinement, subject to the Lifetime Maximum Benefit.

After the Lifetime Maximum Benefit has been paid for a Covered Family Member, the Ambulance Benefit will no longer be payable for that person. The premium for this Rider will be reduced by the amount of the premium attributable to that Covered Family Member, if any. We will refund any premium paid beyond the date this benefit ended with respect to that Member.

Termination of this Rider shall be without prejudice to any claim for loss incurred while this Rider was in force.

### DEFINITIONS

**COVERED FAMILY MEMBER(S)** means You, Your spouse, and Your dependent children: (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision in the Policy.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Rider Effective Date; and (2) while this Rider is in force.

### PRE-EXISTING CONDITION LIMITATION

Subject to the Time Limit On Certain Defenses provision of this Rider, this Rider will not cover a loss that: (1) starts within 12 months after the Rider Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within the 12-month period preceding the Rider Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment that was received from or recommended by a Physician within the 12 month period preceding the Rider Effective Date.

## NEWBORN CHILDREN PROVISION

The Newborn Children provision in the Policy is replaced with the following provision:

**NEWBORN CHILDREN:** While this Rider is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 31 days. We will not require evidence of insurability. This coverage applies only to transportation in an ambulance to or from a Hospital as payable by this Rider. After the first 31 days, the newborn child 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 New Family Members provision in Part III of this policy.

## ADDITIONAL GENERAL PROVISIONS

**TIME LIMIT ON CERTAIN DEFENSES:** After this Rider has been in force for 2 years, no misstatements in the application, except for a fraudulent misstatement made in writing, can be used to: (1) void the Rider; or (2) deny a claim for loss incurred that starts after the 2-year period.

No claim for loss incurred as defined in this Rider that starts after 12 months from the Rider Effective Date will be reduced or denied because a sickness or physical condition, not excluded from coverage by name or specific description before the date of loss, had existed before the Rider Effective Date.

**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 accidental Injury sustained after the date of reinstatement and Sickness or disease beginning 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 end of the Grace Period for the payment of the premium for the Policy or this Rider; or
2. The date the Policy terminates; or
3. 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



## ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

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.

### ACCIDENTAL DEATH BENEFIT

If Injury results in the death of a Covered Family Member while this Rider is in force, We will pay the Accidental Death Benefit shown in the policy schedule. This benefit is payable for each Covered Family Member. Death must occur within 90 days of the accident.

Benefits will be paid to the designated beneficiary. In the absence of a beneficiary, benefits will be paid to your estate.

### ACCIDENTAL DISMEMBERMENT BENEFIT

If Injury within 90 days after the date of the accident causing such Injury results in any of the following specific losses for a Covered Family Member, we will pay benefits of the Principal Sum stated in the Policy Schedule, for loss of:

Both Eyes .....	The Principal Sum
Both Hands or Both Arms .....	The Principal Sum
Both Feet or Both Legs .....	The Principal Sum
One Hand or Arm and One Foot or Leg .....	The Principal Sum
One Hand or Arm and One Eye.....	The Principal Sum
One Foot or Leg and One Eye.....	The Principal Sum
One Hand or One Arm.....	1/2 The Principal Sum
One Foot or One Leg.....	1/2 The Principal Sum
One Eye.....	1/2 The Principal Sum

Loss of hand or hands, or foot or feet, shall mean severance at or above the wrist joint or ankle joint, respectively; and loss of arm or arms, leg or legs, shall mean severance at or above the elbow joint or knee joint, respectively. The loss of eye or eyes shall mean the total and irrecoverable loss of the entire sight thereof. Only one of the amounts (the largest applicable thereto) will be paid for injuries resulting from any one accident.

### DEFINITIONS

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision in the Policy.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

## NEWBORN CHILDREN PROVISION

The Newborn Children provision in the Policy is replaced with the following provision:

**NEWBORN CHILDREN:** While this Rider is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 31 days. We will not require evidence of insurability. This coverage applies only to benefits for death or dismemberment provided by this Rider which results from Injury. After the first 31 days, the newborn child 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 New Family Members provision in Part III of this policy.

## LIMITATIONS AND EXCLUSIONS

In addition to the Exclusions listed in the Policy, the following applies:

Coverage is not provided for any sickness or disease.

## ADDITIONAL GENERAL PROVISIONS

**TIME LIMIT ON CERTAIN DEFENSES:** After this Rider has been in force for 2 years, no misstatements in the application, except for a fraudulent misstatement made in writing, can 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 accidental Injury sustained 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 end of the Grace Period for the payment of the premium for the Policy or this Rider; or
2. The date the Policy terminates; or
3. 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



**LIMITED BENEFIT HOSPITAL INDEMNITY 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-HI4 (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.**

**Read your Policy Carefully.** This outline of coverage provides a very brief description of some 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!

**Limited Benefit Hospital Indemnity Coverage.** This category of coverage is designed to provide coverage in the form of a fixed benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Policy. Coverage is not provided for any benefits other than the fixed indemnity for hospital confinement and any additional benefits described below. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.

**ACCIDENT AND SICKNESS BENEFITS**

The benefits payable for a covered accident or sickness are shown below:

**LIMITED BENEFIT HOSPITAL INDEMNITY BENEFIT**

**\$ [600]** Daily benefit payable for up to 31 days when confined in a hospital as an inpatient due to a covered Injury or Sickness. Hospital Confinement must be recommended by a physician. Benefit restores after 60 consecutive days of not being confined to a hospital.

The Spouse of the Insured, if covered, will receive 100% of Proposed Insured's Benefit Amount.  
The Child(ren), if covered, will receive 50% of the Proposed Insured's Benefit Amount.

**OPTIONAL RIDER BENEFITS: The following benefits are not effective unless elected in the application and issued with the Policy. Benefits are payable for your spouse or dependent children if named in the Application.**

**LUMP SUM HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER**

**\$ [600]** Lump sum benefit when confined in a hospital as an inpatient due to a covered Injury or Sickness. Hospital confinement must be recommended by a Physician. Benefit is payable only once during any period of Hospital confinement. Benefit restores after 60 consecutive days of not being confined to a hospital.

The Spouse of the Insured, if covered, will receive 100% of Proposed Insured's Benefit Amount.  
The Child(ren), if covered, will receive 50% of the Proposed Insured's Benefit Amount.

**OPTIONAL BENEFITS (continued)**

**DURABLE MEDICAL EQUIPMENT RIDER**

30% Of the first \$1,000 of actual charges per calendar year.

**AMBULANCE BENEFIT RIDER**

\$ 200 Transportation in an ambulance to or from a hospital due to a covered Injury or Sickness. This benefit is payable once during any period of hospital confinement and is subject to a Lifetime Maximum Benefit of \$2,500.00

**ACCIDENTAL DEATH AND DISMEMBERMENT RIDER**

**\$10,000** Maximum Benefit payable for accidental death and dismemberment as a result of a covered Injury as shown on the Policy Schedule and schedule in the Rider.  
 **\$5,000**

**EXCLUSIONS AND LIMITATIONS**

**EXCLUSIONS:**

The Policy and Rider do not cover any loss that: (1) Occurs outside the United States of America, (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us); (2) Results from suicide or any attempt thereat (sane or insane); (3) Results from any intentionally self-inflicted Injury; (4) Results while in the military or naval service of any country (any premium paid to us for any period not covered due to such service will be returned pro-rata upon Notice to Us); (5) Results from war (declared or undeclared), or any act of war; (6) Results from normal pregnancy and childbirth, except for complications of pregnancy; (7) Results from participation in insurrection or riot; (8) Results from mental or emotional disorders; alcoholism, or drug addiction; (9) Results from being engaged in any speed contest; (10) Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; (11) Results from dental treatment except when such treatment results from Injury to natural teeth or gums; (12) Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly; (13) Results from committing or attempting to commit a felony or engaging in an illegal occupation or activity; or (14) Results from being intoxicated or under the influence of any narcotic unless taken on the advice of a Physician.

**PRE-EXISTING CONDITION LIMITATION:**

The Policy and Rider will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which: (1) symptoms existed within a twelve month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within 12 months of the Effective Date.

You may have only one Policy of this type with this Company.

**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 everyone's rates in Your state who is in the same insuring class.

**KEEP THIS FOR YOUR RECORDS**



**ANSWER THE FOLLOWING QUESTIONS**

- |  | <b>Proposed Insured</b>  |                          | <b>Spouse</b>            |                          | <b>Child(ren)</b>        |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                | <b>YES</b>               | <b>NO</b>                | <b>YES</b>               | <b>NO</b>                |
| 1. Are you currently bedridden, confined to a wheelchair, in a hospital or nursing home, receiving home health care or been hospitalized 3 or more times in the past 2 years? .....                                    | <input type="checkbox"/> |
| 2. Within the past 5 years have you tested positive for exposure to the Human Immunodeficiency Virus (HIV) or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ..... | <input type="checkbox"/> |
| 3. Within the past 2 years have you had, been advised you may have, been diagnosed or treated by a medical professional for Alzheimer's disease, senile dementia, organic brain disease? .....                         | <input type="checkbox"/> |
| 4. Within the past 12 months have you had, been advised you may have, been diagnosed or treated by a medical profession for  |                          |                          |                          |                          |                          |                          |
| a) Diabetes requiring insulin, kidney disease, cirrhosis of the liver, Hepatitis C? .....  | <input type="checkbox"/> |
| b) Cancer (other than skin basal cell), Leukemia, Hodgkin's disease, Lymphoma or Melanoma? .....   | <input type="checkbox"/> |
| c) Congestive heart failure, stroke (CVA), heart attack or any other heart or circulatory disorder requiring surgery? .....  | <input type="checkbox"/> |
| d) Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or other respiratory disorder? .....   | <input type="checkbox"/> |
| 5. Have you been advised during the past year to have surgery for joint disorder or replacements, or for any heart or circulatory condition that has not been performed? .....   | <input type="checkbox"/> |

**(For any "yes" answer to questions 1 - 5 above, the applicant is not eligible for coverage.)**

	<b>Proposed Insured</b>		<b>Spouse</b>		<b>Child(ren)</b>	
	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
Is this coverage replacing any health insurance in this or any other company? If "Yes," give details below.	<input type="checkbox"/>					

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

Does any person to be insured have any hospital confinement coverage currently in force with this Company or any other company? Yes  No  If yes, complete the following:

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

**TO BE COMPLETED BY THE APPLICANT**

We will take the following steps to guard against inadvertent lapsation or termination of your coverage. 1. You can name at least one person who will look after your interest at renewal time. (You can name up to three such persons). 2. Such person must be identified in the space provided below. 3. In addition to sending you the usual notice of premium due, we will notify the person(s) that you have premium due on a date which we will specify in the notice. 4. That person will be asked to remind you to pay the premium as long as you wish to continue the coverage without interruption.

Name of Individual: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City, State and Zip Code

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

**WAIVER OF ADVISOR DESIGNATION "Protection Against Unintended Lapse":**

I understand that I can designate at least one person other than myself to receive notice of termination of the policy for nonpayment of premium.

I understand that notice to my designee will not be given until 30 days after a premium is due and unpaid.

**Yes**, I elect to designate a person to receive such notice.  **No**, I elect not to designate a person to receive such notice.

This Policy will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which: (1) symptoms existed within a 12 month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within 12 months of the Effective Date.

**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, my 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 receiving: (1) An Outline of Coverage (All applicants); and (2) "A Guide to Health Insurance for People With Medicare" (for applicant age 65 and over.)**

Signature Proposed Insured: **X** \_\_\_\_\_ Signature of Spouse: **X** \_\_\_\_\_  
(if applying for coverage)

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(S). **YES NO**

Do you have any knowledge or reason to believe that replacement of existing health insurance may be involved?

\_\_\_\_\_ **X** \_\_\_\_\_ % \_\_\_\_\_  
Agent Printed Name Signature of Licensed Agent Agent Code

\_\_\_\_\_ **X** \_\_\_\_\_ % \_\_\_\_\_  
Agent Printed Name Signature of Licensed Agent Agent Code



**LIMITED BENEFIT HOSPITAL INDEMNITY POLICY**

**Notice to Buyer: This is a Hospital Confinement Indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**  
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 Policy provides a Daily Hospital Confinement Benefit that results from sickness or accidental bodily injury. This benefit is subject to the Maximum Hospital Confinement Benefit of 31 days. This Maximum Hospital Confinement Benefit will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days in accordance with Part II. These benefits are subject to the definitions, provisions, exclusions and limitations of this Policy. This Policy is guaranteed renewable during the lifetime of the Insured. We reserve the right to change premium rates on a class basis.

**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, "You" and "Your" means the Insured named on the Policy Schedule on Page 3 and on the application. The person named as the spouse in the application will be referred to as "Covered Spouse." Child(ren) named as such in the application will be referred to as "Covered Child." "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.**

**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.

This Policy has been signed by the President and Secretary of Pennsylvania Life Insurance Company.

  
Secretary

  
President

**HOSPITAL CONFINEMENT INDEMNITY POLICY  
GUARANTEED RENEWABLE FOR LIFE  
PREMIUMS SUBJECT TO CHANGE BY CLASS  
NON-PARTICIPATING**

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    Unpaid Premium ..... 10

    Refund of Unearned Premium ..... 10

APPLICATION ..... Attached

POLICY SCHEDULE

INDIVIDUAL

NAME AND ADDRESS OF INSURED:

EFFECTIVE DATE: JULY 10, 2008

JOHN A. DOE  
123 MAIN STREET  
ANYCITY, ANystate 00000

FIRST RENEWAL DATE: JULY 10, 2009

-----  
POLICY NUMBER: 0123456

GENDER: MALE

PLAN: HOSPITAL INDEMNITY

DATE OF BIRTH: 04-12-55  
-----

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

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

-----  
SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED:

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DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR INSURED (IF ELECTED)\*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT  
BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE  
PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT  
OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL - PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT  
BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT  
BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING  
HOSPITALIZED.

---

**\*\*ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED AND EACH COVERED CHILD\*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE  
PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT  
OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

POLICY SCHEDULE

FAMILY

NAME AND ADDRESS OF INSURED: EFFECTIVE DATE: JULY 10, 2008  
JOHN A. DOE FIRST RENEWAL DATE: JULY 10, 2009  
123 MAIN STREET  
ANYCITY, ANYSTATE 00000

COVERED SPOUSE: MARY DOE

COVERED CHILD: As Named in the Application Unless Excluded by Endorsement

-----  
POLICY NUMBER: 0123456 GENDER: MALE

PLAN: HOSPITAL INDEMNITY DATE OF BIRTH: 04-12-55

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

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

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SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. MAXIMUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\* ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED, COVERED SPOUSE AND EACH COVERED CHILD \*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

## 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: (1) insure Covered Family Members against specified losses in the Policy Schedule resulting from Injury and Sickness; and (2) 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.

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision.

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

**HOSPITAL** means a place which: (1) operates pursuant to law; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24 hour a day nursing service by or under the supervision of graduate registered nurses (R.N.); (4) has a staff of one or more currently licensed Physicians, and (5) provides organized facilities for diagnosis and surgery, or has such facilities available on a contractual pre-arranged basis.

Other than incidentally, it must not be: (a) a nursing home; (b) a rest home; (c) a convalescent home; (d) an extended care facility; (e) a hospice; (f) a place set up mainly to treat alcoholism or drug abuse; or (g) a home for the aged.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**PERIOD OF HOSPITAL CONFINEMENT** means the number of days a Covered Family Member is confined in a Hospital. Successive Periods of Hospital Confinement due to the same or related causes, not separated by 60 days or more will be considered as one Period of Hospital Confinement. Successive Periods of Hospital Confinement due to the same or related causes, separated by 60 days or more will be considered as a new Period of Hospital Confinement.

**PHYSICIAN** means any duly licensed practitioner of the healing arts operating within the scope of his/her license. This definition excludes You or a Family Member. Family Member means anyone related to You through blood, marriage or operation of law. This includes the following relatives of You or Your spouse: parents, grandparents, siblings, children, grandchildren, aunts, uncles, cousins, nephews, nieces and in-laws.

**REGULAR AND PERSONAL CARE** means a planned program of observation and treatment requiring personal attendance by a Physician. Once started, this program must be continued under the existing standards of medical practice for treatment of the Injury or Sickness.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Effective Date; and (2) while this Policy is in force.

## **PART II: DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT**

### **DAILY HOSPITAL CONFINEMENT BENEFIT UP TO MAXIMUM BENEFIT PERIOD OF 31 DAYS**

If Injury or Sickness results in the admittance of a Covered Family Member as a resident inpatient in a Hospital under the Regular and Personal Care of a Physician, We will pay the Daily Hospital Confinement Indemnity Benefit amount shown in the Policy Schedule on Page 3A. We will only pay if Hospital confinement is recommended by a Physician. Confinement must begin while this Policy is in force. This benefit is payable from the first day of Hospital Confinement up to the Maximum Benefit Period of 31 days per Period of Hospital Confinement.

### **RESTORATION OF MAXIMUM BENEFIT PERIOD FOR HOSPITAL CONFINEMENT**

The Maximum Benefit Period for Hospital Confinement of 31 days will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days.

There is no limit to the number of times the Maximum Benefit Period for Hospital Confinement for a Covered Family Member will be restored as long as Your Policy is kept in force by the continued payment of premiums that become due.

## **PART III: ELIGIBILITY AND TERMINATION**

**ELIGIBILITY:** The Insured, the spouse of the Insured, and all dependent children of the Insured who are over the age of one month and under the age of 18 and are not married on the Effective Date are eligible for coverage under this Policy. 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 You die, Your Covered Spouse will become the Insured. If Your 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 Policy will terminate.

**ADDING NEW FAMILY MEMBERS:** Family members who are not covered on the Effective Date, including any child under 18 years of age who is legally adopted by the Insured after the Effective Date, may be added as a Covered Family Member. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such family member is eligible and insurable; and (3) payment of the then current premium, if any. If the new family member is approved, an amendment covering such family member will be attached to this Policy. Coverage for the new family member will be controlled by the Effective Date shown on the amendment.

Coverage for Your Covered Spouse will cease on the next premium due date following the date of divorce or annulment of the marriage of You and Your Covered Spouse. If application is made within 30 days of such date, We will issue to such former spouse a new Policy that provides benefits not greater than those in this Policy. Other eligible dependents may be covered under this Policy or the new policy, but those eligible dependents may not be covered under both.

**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.

**EXTENDED COVERAGE:** If We accept a premium for anyone who is no longer eligible to be a Covered Family Member or after coverage would otherwise terminate, coverage will continue for such person during the period for which premium was accepted, but only to the next renewal date. This continuation of coverage does not apply if such acceptance is based on a misstatement of age. We may terminate coverage on that renewal date or any renewal date thereafter.

Termination of this Policy shall be without prejudice to any continuous claim for loss incurred while this Policy is in force. The extension of benefits beyond the termination date may depend upon continuing Hospital confinement and is limited to the duration of the benefit period and subject to all applicable provisions of the Policy.

**NEWBORN CHILDREN:** While this Policy is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 90 days. We will not require evidence of insurability. This coverage applies only to Hospital confinement for: (1) Sickness; (2) Injury; (3) medically diagnosed congenital defects or anomalies; (4) birth abnormalities; or (5) prematurity. After the first 90 days, the newborn child coverage will continue without evidence of insurability if You: (1) notify Us of the birth within 90 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 New Family Members provision in Part III of this Policy.

## **PART IV: EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

**This Policy does not cover any loss that:**

1. Occurs outside the United States of America. (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us);
2. Results from suicide or any attempt thereof (sane or insane);
3. Results from any intentionally self-inflicted Injury;
4. Results while in the military or naval service of any country (any premium paid to Us for any period not covered due to such service will be returned pro-rata upon Notice to Us);
5. Results from war (declared or undeclared), or any act of war;
6. Results from normal pregnancy and childbirth, except for complications of pregnancy;
7. Results from participation in insurrection or riot;
8. Results from mental or emotional disorders; alcoholism, or drug addiction;
9. Results from being engaged in any speed contest;
10. Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; or
11. Results from dental treatment except when such treatment results from Injury to natural teeth or gums;
12. Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly.

## **PRE-EXISTING CONDITION LIMITATION**

Subject to the Time Limit On Certain Defenses provision, this Policy will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within a 12-month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within a 12-month period preceding the Effective Date.

## **ILLEGAL OCCUPATION OR ACTIVITY**

We will not be liable for any loss which results from: (1) committing or attempting to commit a felony, whether charged or not; or (2) engaging in an illegal occupation or activity.

## **INTOXICANTS AND NARCOTICS**

We will not be liable for any loss incurred as a consequence of being: (1) intoxicated; or (2) under the influence of any narcotic unless taken on the advice of a Physician.

## **OTHER INSURANCE IN THIS COMPANY**

If You have additional coverage of this type with this Company providing a total daily hospital confinement benefit amount of more than [\$600.00] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to You.

# **PART V: GENERAL CONTRACT PROVISIONS**

**ENTIRE CONTRACT/CHANGES.** This Policy, with the application and any attached papers, including endorsements and riders of any kind, constitutes 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.**

- (a) 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.
- (b) No claim for loss incurred as defined in the Policy that starts after 12 months from the Effective Date will be reduced or denied because a sickness or physical condition not excluded from coverage by name or specific description before the date of loss had existed before the Effective Date.

**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. If We (or an agent authorized to accept payment) later accept the premium without requiring an application for reinstatement, the policy will be reinstated.

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 losses that result from an Injury sustained after the date of reinstatement, or Sickness that starts more than 10 days after such date. 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.

**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. The proceeds payable to the Insured or his 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 the Insured's death. 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.

**APPEALING A DENIAL OF BENEFITS.** If Your claim has been denied in whole or in part and You do not agree, You should write to Our Claim Office within 60 days. 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 AND AUTOPSY.** We have the right to have a Covered Family Member examined while a claim is pending:

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

We shall also have the right to have an autopsy made, at our own expense, unless prohibited by law.

**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.

**CHANGE OF BENEFICIARY.** You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in the policy.

**MISSTATEMENT OF AGE.** If the age of a Covered Family Member has been misstated in the application, the benefits will be those the premium paid would have purchased at the correct age.

**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.

**REFUND OF UNEARNED PREMIUM.** Unearned premiums shall be paid in a lump sum on a date no later than 30 days after the proof of the Insured's death has been furnished to Us.

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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

*SERFF Tracking Number:* UNAM-125954359      *State:* Arkansas  
*Filing Company:* Pennsylvania Life Insurance Company      *State Tracking Number:* 41158  
*Company Tracking Number:*  
*TOI:* H14I Individual Health - Hospital Indemnity      *Sub-TOI:* H14I.000 Health - Hospital Indemnity  
*Product Name:* PL-HI4 (08)  
*Project Name/Number:* PLIC-Hospital Confinement Indemnity Policy/

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
 Company Tracking Number:  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rates	PL-HI4 (08) AR	New		Rates.pdf

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Individual Base Policy -----

Base Policy - Daily benefit to maximum of 31 days per confinement, new confinement must be separated by 60 days

	50	100	150	200	250	300	350	400	450	500	550	600
18-24	102.51	118.42	133.78	149.14	164.50	179.86	195.22	210.58	225.94	241.30	256.66	272.02
25-29	102.51	118.80	135.09	151.38	167.67	183.96	200.25	216.54	232.83	249.12	265.41	281.70
30-34	102.90	121.15	139.40	157.65	175.90	194.15	212.40	230.65	248.90	267.15	285.40	303.65
35-39	106.32	128.99	151.66	174.33	197.00	219.67	242.34	265.01	287.68	310.35	333.02	355.69
40-44	112.15	141.19	170.23	199.27	228.31	257.35	286.39	315.43	344.47	373.51	402.55	431.59
45-49	119.69	156.40	193.11	229.82	266.53	303.24	339.95	376.66	413.37	450.08	486.79	523.50
50-54	128.53	173.81	219.09	264.37	309.65	354.93	400.21	445.49	490.77	536.05	581.33	626.61
55-59	141.48	198.60	255.72	312.84	369.96	427.08	484.20	541.32	598.44	655.56	712.68	769.80
60-64	164.10	241.05	318.00	394.95	471.90	548.85	625.80	702.75	779.70	856.65	933.60	1,010.55
65	181.68	273.50	365.32	457.14	548.96	640.78	732.60	824.42	916.24	1,008.06	1,099.88	1,191.70
66	187.54	284.31	381.08	477.85	574.62	671.39	768.16	864.93	961.70	1,058.47	1,155.24	1,252.01
67	193.40	295.12	396.84	498.56	600.28	702.00	803.72	905.44	1,007.16	1,108.88	1,210.60	1,312.32
68	198.81	304.85	410.89	516.93	622.97	729.01	835.05	941.09	1,047.13	1,153.17	1,259.21	1,365.25
69	204.22	314.57	424.92	535.27	645.62	755.97	866.32	976.67	1,087.02	1,197.37	1,307.72	1,418.07
70	209.64	324.31	438.98	553.65	668.32	782.99	897.66	1,012.33	1,127.00	1,241.67	1,356.34	1,471.01
71	215.05	334.03	453.01	571.99	690.97	809.95	928.93	1,047.91	1,166.89	1,285.87	1,404.85	1,523.83
72	220.47	343.77	467.07	590.37	713.67	836.97	960.27	1,083.57	1,206.87	1,330.17	1,453.47	1,576.77
73	226.02	353.47	480.92	608.37	735.82	863.27	990.72	1,118.17	1,245.62	1,373.07	1,500.52	1,627.97
74	231.57	363.17	494.77	626.37	757.97	889.57	1,021.17	1,152.77	1,284.37	1,415.97	1,547.57	1,679.17
75	237.12	372.87	508.62	644.37	780.12	915.87	1,051.62	1,187.37	1,323.12	1,458.87	1,594.62	1,730.37
76	242.68	382.59	522.50	662.41	802.32	942.23	1,082.14	1,222.05	1,361.96	1,501.87	1,641.78	1,781.69
77	248.23	392.29	536.35	680.41	824.47	968.53	1,112.59	1,256.65	1,400.71	1,544.77	1,688.83	1,832.89
78	254.47	402.43	550.39	698.35	846.31	994.27	1,142.23	1,290.19	1,438.15	1,586.11	1,734.07	1,882.03
79	260.71	412.57	564.43	716.29	868.15	1,020.01	1,171.87	1,323.73	1,475.59	1,627.45	1,779.31	1,931.17
80	266.96	422.72	578.48	734.24	890.00	1,045.76	1,201.52	1,357.28	1,513.04	1,668.80	1,824.56	1,980.32
81	273.20	432.86	592.52	752.18	911.84	1,071.50	1,231.16	1,390.82	1,550.48	1,710.14	1,869.80	2,029.46
82	279.44	443.00	606.56	770.12	933.68	1,097.24	1,260.80	1,424.36	1,587.92	1,751.48	1,915.04	2,078.60
83	285.68	453.14	620.60	788.06	955.52	1,122.98	1,290.44	1,457.90	1,625.36	1,792.82	1,960.28	2,127.74
84	291.92	463.28	634.64	806.00	977.36	1,148.72	1,320.08	1,491.44	1,662.80	1,834.16	2,005.52	2,176.88

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Individual Riders -----

**Lump Sum Rider - Per hospitalization, new  
confinement must be separated by 60 days**

	250	500	750	1,000
18-24	20.71	41.42	62.13	82.84
25-29	21.12	42.24	63.36	84.48
30-34	22.14	44.28	66.42	88.56
35-39	26.54	53.08	79.62	106.16
40-44	33.16	66.32	99.48	132.64
45-49	41.04	82.08	123.12	164.16
50-54	49.87	99.74	149.61	199.48
55-59	62.27	124.54	186.81	249.08
60-64	83.68	167.36	251.04	334.72
65	100.80	201.60	302.40	403.20
66	106.51	213.02	319.53	426.04
67	112.22	224.44	336.66	448.88
68	117.54	235.08	352.62	470.16
69	122.87	245.74	368.61	491.48
70	128.19	256.38	384.57	512.76
71	133.52	267.04	400.56	534.08
72	138.84	277.68	416.52	555.36
73	144.25	288.50	432.75	577.00
74	149.65	299.30	448.95	598.60
75	155.06	310.12	465.18	620.24
76	160.46	320.92	481.38	641.84
77	165.87	331.74	497.61	663.48
78	171.30	342.60	513.90	685.20
79	176.72	353.44	530.16	706.88
80	182.15	364.30	546.45	728.60
81	187.58	375.16	562.74	750.32
82	193.01	386.02	579.03	772.04
83	198.44	396.88	595.32	793.76
84	203.87	407.74	611.61	815.48

**DME Rider - 30% of  
first \$1,000**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
	15.53	15.84	16.61	19.91	24.87	30.78	37.40	46.70	62.76	75.60	79.88	84.17	88.16	92.15	96.14	100.14	104.13	108.19	112.24	116.30	120.35	124.40	128.48	132.54	136.61	140.69	144.76	148.83	152.90

**Ambulance Rider -  
\$200 per service**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
	6.21	6.34	6.64	7.96	9.95	12.31	14.96	18.68	25.10	30.24	31.95	33.67	35.26	36.86	38.46	40.06	41.65	43.28	44.90	46.52	48.14	49.76	51.39	53.02	54.65	56.27	57.90	59.53	61.16

**Accidental Death &  
Dismemberment Rider**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.10	13.26	14.48	15.69	16.96	18.27	19.63	21.03	22.50	24.02	25.58	27.21	28.36	30.06	31.81	33.61	35.45	37.35	39.29	41.28
	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.20	26.52	28.96	31.38	33.92	36.54	39.26	42.06	45.00	48.04	51.16	54.42	56.72	60.12	63.62	67.22	70.90	74.70	78.58	82.56

**Pennsylvania Life Insurance Company**

**Actuarial Justification of Premium Rates  
Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Individual and Spouse Base Policy -----

Base Policy - Daily benefit to maximum of 31 days per confinement, new confinement must be separated by 60 days

	50	100	150	200	250	300	350	400	450	500	550	600
18-24	117.32	149.14	179.86	210.58	241.30	272.02	302.74	333.46	364.18	394.90	425.62	456.34
25-29	118.80	151.38	183.96	216.54	249.12	281.70	314.28	346.86	379.44	412.02	444.60	477.18
30-34	121.15	157.65	194.15	230.65	267.15	303.65	340.15	376.65	413.15	449.65	486.15	522.65
35-39	128.99	174.33	219.67	265.01	310.35	355.69	401.03	446.37	491.71	537.05	582.39	627.73
40-44	141.19	199.27	257.35	315.43	373.51	431.59	489.67	547.75	605.83	663.91	721.99	780.07
45-49	156.40	229.82	303.24	376.66	450.08	523.50	596.92	670.34	743.76	817.18	890.60	964.02
50-54	173.81	264.37	354.93	445.49	536.05	626.61	717.17	807.73	898.29	988.85	1,079.41	1,169.97
55-59	198.60	312.84	427.08	541.32	655.56	769.80	884.04	998.28	1,112.52	1,226.76	1,341.00	1,455.24
60-64	241.05	394.95	548.85	702.75	856.65	1,010.55	1,164.45	1,318.35	1,472.25	1,626.15	1,780.05	1,933.95
65	273.50	457.14	640.78	824.42	1,008.06	1,191.70	1,375.34	1,558.98	1,742.62	1,926.26	2,109.90	2,293.54
66	284.31	477.85	671.39	864.93	1,058.47	1,252.01	1,445.55	1,639.09	1,832.63	2,026.17	2,219.71	2,413.25
67	295.12	498.56	702.00	905.44	1,108.88	1,312.32	1,515.76	1,719.20	1,922.64	2,126.08	2,329.52	2,532.96
68	304.85	516.93	729.01	941.09	1,153.17	1,365.25	1,577.33	1,789.41	2,001.49	2,213.57	2,425.65	2,637.73
69	314.57	535.27	755.97	976.67	1,197.37	1,418.07	1,638.77	1,859.47	2,080.17	2,300.87	2,521.57	2,742.27
70	324.31	553.65	782.99	1,012.33	1,241.67	1,471.01	1,700.35	1,929.69	2,159.03	2,388.37	2,617.71	2,847.05
71	334.03	571.99	809.95	1,047.91	1,285.87	1,523.83	1,761.79	1,999.75	2,237.71	2,475.67	2,713.63	2,951.59
72	343.77	590.37	836.97	1,083.57	1,330.17	1,576.77	1,823.37	2,069.97	2,316.57	2,563.17	2,809.77	3,056.37
73	353.47	608.37	863.27	1,118.17	1,373.07	1,627.97	1,882.87	2,137.77	2,392.67	2,647.57	2,902.47	3,157.37
74	363.17	626.37	889.57	1,152.77	1,415.97	1,679.17	1,942.37	2,205.57	2,468.77	2,731.97	2,995.17	3,258.37
75	372.87	644.37	915.87	1,187.37	1,458.87	1,730.37	2,001.87	2,273.37	2,544.87	2,816.37	3,087.87	3,359.37
76	382.59	662.41	942.23	1,222.05	1,501.87	1,781.69	2,061.51	2,341.33	2,621.15	2,900.97	3,180.79	3,460.61
77	392.29	680.41	968.53	1,256.65	1,544.77	1,832.89	2,121.01	2,409.13	2,697.25	2,985.37	3,273.49	3,561.61
78	402.43	698.35	994.27	1,290.19	1,586.11	1,882.03	2,177.95	2,473.87	2,769.79	3,065.71	3,361.63	3,657.55
79	412.57	716.29	1,020.01	1,323.73	1,627.45	1,931.17	2,234.89	2,538.61	2,842.33	3,146.05	3,449.77	3,753.49
80	422.72	734.24	1,045.76	1,357.28	1,668.80	1,980.32	2,291.84	2,603.36	2,914.88	3,226.40	3,537.92	3,849.44
81	432.86	752.18	1,071.50	1,390.82	1,710.14	2,029.46	2,348.78	2,668.10	2,987.42	3,306.74	3,626.06	3,945.38
82	443.00	770.12	1,097.24	1,424.36	1,751.48	2,078.60	2,405.72	2,732.84	3,059.96	3,387.08	3,714.20	4,041.32
83	453.14	788.06	1,122.98	1,457.90	1,792.82	2,127.74	2,462.66	2,797.58	3,132.50	3,467.42	3,802.34	4,137.26
84	463.28	806.00	1,148.72	1,491.44	1,834.16	2,176.88	2,519.60	2,862.32	3,205.04	3,547.76	3,890.48	4,233.20

Pennsylvania Life Insurance Company

Actuarial Justification of Premium Rates  
Hospital Indemnity Plan and Riders

Exhibit A - Proposed Annual Premium Rates

----- Individual and Spouse Riders -----

Lump Sum Rider - Per hospitalization, new confinement must be separated by 60 days

DME Rider - 30% of first \$1,000

Ambulance Rider - \$200 per service

Accidental Death & Dismemberment Rider

	250	500	750	1,000
18-24	41.42	82.84	124.26	165.68
25-29	42.24	84.48	126.72	168.96
30-34	44.28	88.56	132.84	177.12
35-39	53.08	106.16	159.24	212.32
40-44	66.32	132.64	198.96	265.28
45-49	82.08	164.16	246.24	328.32
50-54	99.74	199.48	299.22	398.96
55-59	124.54	249.08	373.62	498.16
60-64	167.36	334.72	502.08	669.44
65	201.60	403.20	604.80	806.40
66	213.02	426.04	639.06	852.08
67	224.44	448.88	673.32	897.76
68	235.08	470.16	705.24	940.32
69	245.74	491.48	737.22	982.96
70	256.38	512.76	769.14	1,025.52
71	267.04	534.08	801.12	1,068.16
72	277.68	555.36	833.04	1,110.72
73	288.50	577.00	865.50	1,154.00
74	299.30	598.60	897.90	1,197.20
75	310.12	620.24	930.36	1,240.48
76	320.92	641.84	962.76	1,283.68
77	331.74	663.48	995.22	1,326.96
78	342.60	685.20	1,027.80	1,370.40
79	353.44	706.88	1,060.32	1,413.76
80	364.30	728.60	1,092.90	1,457.20
81	375.16	750.32	1,125.48	1,500.64
82	386.02	772.04	1,158.06	1,544.08
83	396.88	793.76	1,190.64	1,587.52
84	407.74	815.48	1,223.22	1,630.96

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
65	12.42	12.68	13.28	15.92	19.90	24.62	29.92	37.36	50.20
66	12.68	13.28	15.92	19.90	24.62	29.92	37.36	50.20	60.48
67	13.28	15.92	19.90	24.62	29.92	37.36	50.20	60.48	63.90
68	15.92	19.90	24.62	29.92	37.36	50.20	60.48	63.90	67.34
69	19.90	24.62	29.92	37.36	50.20	60.48	63.90	67.34	70.52
70	24.62	29.92	37.36	50.20	60.48	63.90	67.34	70.52	73.72
71	29.92	37.36	50.20	60.48	63.90	67.34	70.52	73.72	76.92
72	37.36	50.20	60.48	63.90	67.34	70.52	73.72	76.92	80.12
73	50.20	60.48	63.90	67.34	70.52	73.72	76.92	80.12	83.30
74	60.48	63.90	67.34	70.52	73.72	76.92	80.12	83.30	86.56
75	63.90	67.34	70.52	73.72	76.92	80.12	83.30	86.56	89.80
76	67.34	70.52	73.72	76.92	80.12	83.30	86.56	89.80	93.04
77	70.52	73.72	76.92	80.12	83.30	86.56	89.80	93.04	96.28
78	73.72	76.92	80.12	83.30	86.56	89.80	93.04	96.28	99.52
79	76.92	80.12	83.30	86.56	89.80	93.04	96.28	99.52	102.78
80	80.12	83.30	86.56	89.80	93.04	96.28	99.52	102.78	106.04
81	83.30	86.56	89.80	93.04	96.28	99.52	102.78	106.04	109.30
82	86.56	89.80	93.04	96.28	99.52	102.78	106.04	109.30	112.54
83	89.80	93.04	96.28	99.52	102.78	106.04	109.30	112.54	115.80
84	93.04	96.28	99.52	102.78	106.04	109.30	112.54	115.80	119.06

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
5,000	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.20	26.52	28.96	31.38	33.92	36.54	39.26	42.06	45.00	48.04	51.16	54.42	56.72	60.12	63.62	67.22	70.90	74.70	78.58	82.56
10,000	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.40	53.04	57.92	62.76	67.84	73.08	78.52	84.12	90.00	96.08	102.32	108.84	113.44	120.24	127.24	134.44	141.80	149.40	157.16	165.12

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- **Individual and Child(ren) Base Policy** -----

**Base Policy - Daily benefit to maximum of 31 days per confinement, new confinement must be separated by 60 days**

	50	100	150	200	250	300	350	400	450	500	550	600
18-24	114.03	141.46	168.34	195.22	222.10	248.98	275.86	302.74	329.62	356.50	383.38	410.26
25-29	119.79	153.36	186.93	220.50	254.07	287.64	321.21	354.78	388.35	421.92	455.49	489.06
30-34	125.94	167.23	208.52	249.81	291.10	332.39	373.68	414.97	456.26	497.55	538.84	580.13
35-39	129.36	175.07	220.78	266.49	312.20	357.91	403.62	449.33	495.04	540.75	586.46	632.17
40-44	131.35	179.59	227.83	276.07	324.31	372.55	420.79	469.03	517.27	565.51	613.75	661.99
45-49	135.05	187.12	239.19	291.26	343.33	395.40	447.47	499.54	551.61	603.68	655.75	707.82
50-54	141.33	199.41	257.49	315.57	373.65	431.73	489.81	547.89	605.97	664.05	722.13	780.21
55-59	151.72	219.08	286.44	353.80	421.16	488.52	555.88	623.24	690.60	757.96	825.32	892.68
60-64	171.78	256.41	341.04	425.67	510.30	594.93	679.56	764.19	848.82	933.45	1,018.08	1,102.71
65	189.36	288.86	388.36	487.86	587.36	686.86	786.36	885.86	985.36	1,084.86	1,184.36	1,283.86
66	195.22	299.67	404.12	508.57	613.02	717.47	821.92	926.37	1,030.82	1,135.27	1,239.72	1,344.17
67	201.08	310.48	419.88	529.28	638.68	748.08	857.48	966.88	1,076.28	1,185.68	1,295.08	1,404.48
68	206.49	320.21	433.93	547.65	661.37	775.09	888.81	1,002.53	1,116.25	1,229.97	1,343.69	1,457.41
69	211.90	329.93	447.96	565.99	684.02	802.05	920.08	1,038.11	1,156.14	1,274.17	1,392.20	1,510.23
70	217.32	339.67	462.02	584.37	706.72	829.07	951.42	1,073.77	1,196.12	1,318.47	1,440.82	1,563.17
71	222.73	349.39	476.05	602.71	729.37	856.03	982.69	1,109.35	1,236.01	1,362.67	1,489.33	1,615.99
72	228.15	359.13	490.11	621.09	752.07	883.05	1,014.03	1,145.01	1,275.99	1,406.97	1,537.95	1,668.93
73	233.70	368.83	503.96	639.09	774.22	909.35	1,044.48	1,179.61	1,314.74	1,449.87	1,585.00	1,720.13
74	239.25	378.53	517.81	657.09	796.37	935.65	1,074.93	1,214.21	1,353.49	1,492.77	1,632.05	1,771.33
75	244.80	388.23	531.66	675.09	818.52	961.95	1,105.38	1,248.81	1,392.24	1,535.67	1,679.10	1,822.53
76	250.36	397.95	545.54	693.13	840.72	988.31	1,135.90	1,283.49	1,431.08	1,578.67	1,726.26	1,873.85
77	255.91	407.65	559.39	711.13	862.87	1,014.61	1,166.35	1,318.09	1,469.83	1,621.57	1,773.31	1,925.05
78	262.15	417.79	573.43	729.07	884.71	1,040.35	1,195.99	1,351.63	1,507.27	1,662.91	1,818.55	1,974.19
79	268.39	427.93	587.47	747.01	906.55	1,066.09	1,225.63	1,385.17	1,544.71	1,704.25	1,863.79	2,023.33
80	274.64	438.08	601.52	764.96	928.40	1,091.84	1,255.28	1,418.72	1,582.16	1,745.60	1,909.04	2,072.48
81	280.88	448.22	615.56	782.90	950.24	1,117.58	1,284.92	1,452.26	1,619.60	1,786.94	1,954.28	2,121.62
82	287.12	458.36	629.60	800.84	972.08	1,143.32	1,314.56	1,485.80	1,657.04	1,828.28	1,999.52	2,170.76
83	293.36	468.50	643.64	818.78	993.92	1,169.06	1,344.20	1,519.34	1,694.48	1,869.62	2,044.76	2,219.90
84	299.60	478.64	657.68	836.72	1,015.76	1,194.80	1,373.84	1,552.88	1,731.92	1,910.96	2,090.00	2,269.04

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Individual and Child(ren) Riders -----

	Lump Sum Rider - Per hospitalization, new confinement must be separated by 60 days				DME Rider - 30% of first \$1,000	Ambulance Rider - \$200 per service		Accidental Death & Dismemberment Rider	
	250	500	750	1,000		18-24	25-29	5,000	10,000
18-24	36.24	72.48	108.72	144.96	27.18	10.87	18-24	21.00	42.00
25-29	44.42	88.84	133.26	177.68	33.31	13.33	25-29	25.50	51.00
30-34	53.21	106.42	159.63	212.84	39.91	15.96	30-34	30.00	60.00
35-39	57.61	115.22	172.83	230.44	43.21	17.28	35-39	30.00	60.00
40-44	59.05	118.10	177.15	236.20	44.28	17.71	40-44	27.00	54.00
45-49	61.75	123.50	185.25	247.00	46.31	18.52	45-49	24.00	48.00
50-54	67.13	134.26	201.39	268.52	50.34	20.13	50-54	22.00	44.00
55-59	76.08	152.16	228.24	304.32	57.05	22.82	55-59	20.00	40.00
60-64	94.04	188.08	282.12	376.16	70.53	28.21	60-64	18.00	36.00
65	111.16	222.32	333.48	444.64	83.37	33.35	65	18.10	36.20
66	116.87	233.74	350.61	467.48	87.65	35.06	66	19.26	38.52
67	122.58	245.16	367.74	490.32	91.94	36.78	67	20.48	40.96
68	127.90	255.80	383.70	511.60	95.93	38.37	68	21.69	43.38
69	133.23	266.46	399.69	532.92	99.92	39.97	69	22.96	45.92
70	138.55	277.10	415.65	554.20	103.91	41.57	70	24.27	48.54
71	143.88	287.76	431.64	575.52	107.91	43.17	71	25.63	51.26
72	149.20	298.40	447.60	596.80	111.90	44.76	72	27.03	54.06
73	154.61	309.22	463.83	618.44	115.96	46.39	73	28.50	57.00
74	160.01	320.02	480.03	640.04	120.01	48.01	74	30.02	60.04
75	165.42	330.84	496.26	661.68	124.07	49.63	75	31.58	63.16
76	170.82	341.64	512.46	683.28	128.12	51.25	76	33.21	66.42
77	176.23	352.46	528.69	704.92	132.17	52.87	77	34.36	68.72
78	181.66	363.32	544.98	726.64	136.25	54.50	78	36.06	72.12
79	187.08	374.16	561.24	748.32	140.31	56.13	79	37.81	75.62
80	192.51	385.02	577.53	770.04	144.38	57.76	80	39.61	79.22
81	197.94	395.88	593.82	791.76	148.46	59.38	81	41.45	82.90
82	203.37	406.74	610.11	813.48	152.53	61.01	82	43.35	86.70
83	208.80	417.60	626.40	835.20	156.60	62.64	83	45.29	90.58
84	214.23	428.46	642.69	856.92	160.67	64.27	84	47.28	94.56

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Family Base Policy -----

Base Policy - Daily benefit to maximum of 31 days per confinement, new confinement must be separated by 60 days

	50	100	150	200	250	300	350	400	450	500	550	600
18-24	128.84	172.18	214.42	256.66	298.90	341.14	383.38	425.62	467.86	510.10	552.34	594.58
25-29	136.08	185.94	235.80	285.66	335.52	385.38	435.24	485.10	534.96	584.82	634.68	684.54
30-34	144.19	203.73	263.27	322.81	382.35	441.89	501.43	560.97	620.51	680.05	739.59	799.13
35-39	152.03	220.41	288.79	357.17	425.55	493.93	562.31	630.69	699.07	767.45	835.83	904.21
40-44	160.39	237.67	314.95	392.23	469.51	546.79	624.07	701.35	778.63	855.91	933.19	1,010.47
45-49	171.76	260.54	349.32	438.10	526.88	615.66	704.44	793.22	882.00	970.78	1,059.56	1,148.34
50-54	186.61	289.97	393.33	496.69	600.05	703.41	806.77	910.13	1,013.49	1,116.85	1,220.21	1,323.57
55-59	208.84	333.32	457.80	582.28	706.76	831.24	955.72	1,080.20	1,204.68	1,329.16	1,453.64	1,578.12
60-64	248.73	410.31	571.89	733.47	895.05	1,056.63	1,218.21	1,379.79	1,541.37	1,702.95	1,864.53	2,026.11
65	281.18	472.50	663.82	855.14	1,046.46	1,237.78	1,429.10	1,620.42	1,811.74	2,003.06	2,194.38	2,385.70
66	291.99	493.21	694.43	895.65	1,096.87	1,298.09	1,499.31	1,700.53	1,901.75	2,102.97	2,304.19	2,505.41
67	302.80	513.92	725.04	936.16	1,147.28	1,358.40	1,569.52	1,780.64	1,991.76	2,202.88	2,414.00	2,625.12
68	312.53	532.29	752.05	971.81	1,191.57	1,411.33	1,631.09	1,850.85	2,070.61	2,290.37	2,510.13	2,729.89
69	322.25	550.63	779.01	1,007.39	1,235.77	1,464.15	1,692.53	1,920.91	2,149.29	2,377.67	2,606.05	2,834.43
70	331.99	569.01	806.03	1,043.05	1,280.07	1,517.09	1,754.11	1,991.13	2,228.15	2,465.17	2,702.19	2,939.21
71	341.71	587.35	832.99	1,078.63	1,324.27	1,569.91	1,815.55	2,061.19	2,306.83	2,552.47	2,798.11	3,043.75
72	351.45	605.73	860.01	1,114.29	1,368.57	1,622.85	1,877.13	2,131.41	2,385.69	2,639.97	2,894.25	3,148.53
73	361.15	623.73	886.31	1,148.89	1,411.47	1,674.05	1,936.63	2,199.21	2,461.79	2,724.37	2,986.95	3,249.53
74	370.85	641.73	912.61	1,183.49	1,454.37	1,725.25	1,996.13	2,267.01	2,537.89	2,808.77	3,079.65	3,350.53
75	380.55	659.73	938.91	1,218.09	1,497.27	1,776.45	2,055.63	2,334.81	2,613.99	2,893.17	3,172.35	3,451.53
76	390.27	677.77	965.27	1,252.77	1,540.27	1,827.77	2,115.27	2,402.77	2,690.27	2,977.77	3,265.27	3,552.77
77	399.97	695.77	991.57	1,287.37	1,583.17	1,878.97	2,174.77	2,470.57	2,766.37	3,062.17	3,357.97	3,653.77
78	410.11	713.71	1,017.31	1,320.91	1,624.51	1,928.11	2,231.71	2,535.31	2,838.91	3,142.51	3,446.11	3,749.71
79	420.25	731.65	1,043.05	1,354.45	1,665.85	1,977.25	2,288.65	2,600.05	2,911.45	3,222.85	3,534.25	3,845.65
80	430.40	749.60	1,068.80	1,388.00	1,707.20	2,026.40	2,345.60	2,664.80	2,984.00	3,303.20	3,622.40	3,941.60
81	440.54	767.54	1,094.54	1,421.54	1,748.54	2,075.54	2,402.54	2,729.54	3,056.54	3,383.54	3,710.54	4,037.54
82	450.68	785.48	1,120.28	1,455.08	1,789.88	2,124.68	2,459.48	2,794.28	3,129.08	3,463.88	3,798.68	4,133.48
83	460.82	803.42	1,146.02	1,488.62	1,831.22	2,173.82	2,516.42	2,859.02	3,201.62	3,544.22	3,886.82	4,229.42
84	470.96	821.36	1,171.76	1,522.16	1,872.56	2,222.96	2,573.36	2,923.76	3,274.16	3,624.56	3,974.96	4,325.36

**Pennsylvania Life Insurance Company**  
**Actuarial Justification of Premium Rates**  
**Hospital Indemnity Plan and Riders**

**Exhibit A - Proposed Annual Premium Rates**

----- Family Riders -----

Lump Sum Rider - Per hospitalization, new confinement must be separated by 60 days

DME Rider - 30% of first \$1,000

Ambulance Rider - \$200 per service

Accidental Death & Dismemberment Rider

	250	500	750	1,000
18-24	56.95	113.90	170.85	227.80
25-29	65.54	131.08	196.62	262.16
30-34	75.35	150.70	226.05	301.40
35-39	84.15	168.30	252.45	336.60
40-44	92.21	184.42	276.63	368.84
45-49	102.79	205.58	308.37	411.16
50-54	117.00	234.00	351.00	468.00
55-59	138.35	276.70	415.05	553.40
60-64	177.72	355.44	533.16	710.88
65	211.96	423.92	635.88	847.84
66	223.38	446.76	670.14	893.52
67	234.80	469.60	704.40	939.20
68	245.44	490.88	736.32	981.76
69	256.10	512.20	768.30	1,024.40
70	266.74	533.48	800.22	1,066.96
71	277.40	554.80	832.20	1,109.60
72	288.04	576.08	864.12	1,152.16
73	298.86	597.72	896.58	1,195.44
74	309.66	619.32	928.98	1,238.64
75	320.48	640.96	961.44	1,281.92
76	331.28	662.56	993.84	1,325.12
77	342.10	684.20	1,026.30	1,368.40
78	352.96	705.92	1,058.88	1,411.84
79	363.80	727.60	1,091.40	1,455.20
80	374.66	749.32	1,123.98	1,498.64
81	385.52	771.04	1,156.56	1,542.08
82	396.38	792.76	1,189.14	1,585.52
83	407.24	814.48	1,221.72	1,628.96
84	418.10	836.20	1,254.30	1,672.40

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
65	42.71	49.15	56.52	63.12	69.15	77.09	87.74	103.75	133.29
66	49.15	56.52	63.12	69.15	77.09	87.74	103.75	133.29	158.97
67	56.52	63.12	69.15	77.09	87.74	103.75	133.29	158.97	167.53
68	63.12	69.15	77.09	87.74	103.75	133.29	158.97	167.53	176.11
69	69.15	77.09	87.74	103.75	133.29	158.97	167.53	176.11	184.09
70	77.09	87.74	103.75	133.29	158.97	167.53	176.11	184.09	192.07
71	87.74	103.75	133.29	158.97	167.53	176.11	184.09	192.07	200.05
72	103.75	133.29	158.97	167.53	176.11	184.09	192.07	200.05	208.05
73	133.29	158.97	167.53	176.11	184.09	192.07	200.05	208.05	216.03
74	158.97	167.53	176.11	184.09	192.07	200.05	208.05	216.03	224.15
75	167.53	176.11	184.09	192.07	200.05	208.05	216.03	224.15	232.25
76	176.11	184.09	192.07	200.05	208.05	216.03	224.15	232.25	240.37
77	184.09	192.07	200.05	208.05	216.03	224.15	232.25	240.37	248.47
78	192.07	200.05	208.05	216.03	224.15	232.25	240.37	248.47	256.57
79	200.05	208.05	216.03	224.15	232.25	240.37	248.47	256.57	264.73
80	208.05	216.03	224.15	232.25	240.37	248.47	256.57	264.73	272.85
81	216.03	224.15	232.25	240.37	248.47	256.57	264.73	272.85	280.99
82	224.15	232.25	240.37	248.47	256.57	264.73	272.85	280.99	289.15
83	232.25	240.37	248.47	256.57	264.73	272.85	280.99	289.15	297.29
84	240.37	248.47	256.57	264.73	272.85	280.99	289.15	297.29	305.43

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
65	17.08	19.67	22.60	25.24	27.66	30.83	35.09	41.50	53.31
66	19.67	22.60	25.24	27.66	30.83	35.09	41.50	53.31	63.59
67	22.60	25.24	27.66	30.83	35.09	41.50	53.31	63.59	67.01
68	25.24	27.66	30.83	35.09	41.50	53.31	63.59	67.01	70.45
69	27.66	30.83	35.09	41.50	53.31	63.59	67.01	70.45	73.63
70	30.83	35.09	41.50	53.31	63.59	67.01	70.45	73.63	76.83
71	35.09	41.50	53.31	63.59	67.01	70.45	73.63	76.83	80.03
72	41.50	53.31	63.59	67.01	70.45	73.63	76.83	80.03	83.23
73	53.31	63.59	67.01	70.45	73.63	76.83	80.03	83.23	86.41
74	63.59	67.01	70.45	73.63	76.83	80.03	83.23	86.41	89.67
75	67.01	70.45	73.63	76.83	80.03	83.23	86.41	89.67	92.91
76	70.45	73.63	76.83	80.03	83.23	86.41	89.67	92.91	96.15
77	73.63	76.83	80.03	83.23	86.41	89.67	92.91	96.15	99.39
78	76.83	80.03	83.23	86.41	89.67	92.91	96.15	99.39	102.63
79	80.03	83.23	86.41	89.67	92.91	96.15	99.39	102.63	105.89
80	83.23	86.41	89.67	92.91	96.15	99.39	102.63	105.89	109.15
81	86.41	89.67	92.91	96.15	99.39	102.63	105.89	109.15	112.41
82	89.67	92.91	96.15	99.39	102.63	105.89	109.15	112.41	115.65
83	92.91	96.15	99.39	102.63	105.89	109.15	112.41	115.65	118.91
84	96.15	99.39	102.63	105.89	109.15	112.41	115.65	118.91	122.17

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	5,000	10,000
65	33.00	37.50	42.00	42.00	39.00	36.00	34.00	32.00	30.00	30.20	60.40
66	37.50	42.00	42.00	39.00	36.00	34.00	32.00	30.00	30.00	32.52	65.04
67	42.00	42.00	39.00	36.00	34.00	32.00	30.00	30.00	30.00	34.96	69.92
68	42.00	39.00	36.00	34.00	32.00	30.00	30.00	30.00	30.00	37.38	74.76
69	39.00	36.00	34.00	32.00	30.00	30.00	30.00	30.00	30.00	39.92	79.84
70	36.00	34.00	32.00	30.00	30.00	30.00	30.00	30.00	30.00	42.54	85.08
71	34.00	32.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	45.26	90.52
72	32.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	48.06	96.12
73	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	51.00	102.00
74	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	54.04	108.08
75	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	57.16	114.32
76	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	60.42	120.84
77	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	62.72	125.44
78	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	66.12	132.24
79	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	69.62	139.24
80	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	73.22	146.44
81	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	76.90	153.80
82	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	80.70	161.40
83	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	84.58	169.16
84	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	88.56	177.12

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
 Company Tracking Number:  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	02/11/2009
<b>Comments:</b>	<p>Attached is Certificate of Compliance to comply with Rule 19.          Attached is the Guaranty Association Notice given when the policy is issued.          Attached is a Readability Certification.          Attached is the Information Notice previously approved by your Department.</p>			
<b>Attachments:</b>	<p>Certificate of Compliance.pdf          Guaranty Association Notice.pdf          Readability Certification.pdf          Information Notice.pdf</p>			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	02/11/2009
<b>Bypass Reason:</b>	This is a new application and is attached under the Forms Schedule tab.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	02/11/2009
<b>Comments:</b>				
<b>Attachment:</b>	Outline of Coverage.pdf			
<b>Satisfied -Name:</b>	Resubmission Letter	<b>Review Status:</b>	Approved-Closed	02/11/2009
<b>Comments:</b>				
<b>Attachment:</b>	Resubmission Letter.pdf			
<b>Satisfied -Name:</b>	Resubmission Letter	<b>Review Status:</b>	Approved-Closed	02/11/2009

*SERFF Tracking Number:* UNAM-125954359      *State:* Arkansas  
*Filing Company:* Pennsylvania Life Insurance Company      *State Tracking Number:* 41158  
*Company Tracking Number:*  
*TOI:* H14I Individual Health - Hospital Indemnity      *Sub-TOI:* H14I.000 Health - Hospital Indemnity  
*Product Name:* PL-HI4 (08)  
*Project Name/Number:* PLIC-Hospital Confinement Indemnity Policy/

**Comments:**

**Attachment:**

Resubmission Letter.pdf



**PENNSYLVANIA LIFE INSURANCE COMPANY**

**CERTIFICATION OF COMPLIANCE**

**LIMITED BENEFIT HOSPITAL INDEMNITY POLICY AND RIDERS**

**FORM: PL-HI4 (08) AR, et al – Limited Benefit Hospital Indemnity Policy**

We certify that this filing complies with Rule 19, Unfair Sex Discrimination In The Sale of Insurance.

  
\_\_\_\_\_  
Officer Signature

Michelle Doherty  
\_\_\_\_\_  
Officer Name

Vice President, Compliance  
\_\_\_\_\_  
Officer Title

December 16, 2008  
\_\_\_\_\_  
Date

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

Residents of Arkansas 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 insurance companies that are well managed and financially stable.

**DISCLAIMER**

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

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

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

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

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

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

## **COVERAGE**

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

## **EXCLUSIONS FROM COVERAGE**

However, persons owing such policies are Not protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- 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 an unallocated annuity contract not owned by a benefit plan or government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank 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 nonaffiliate 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 or net cash surrender values--again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

PENNSYLVANIA LIFE INSURANCE COMPANY

READABILITY SCORES

LIMITED BENEFIT HOSPITAL INDEMNITY POLICY AND RIDERS

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>FLESCH READABILITY TEST SCORE</u>
PL-HI4 (08) AR	Limited Benefit Hospital Indemnity Policy	45.6
PL-HIR (08)	Lump Sum Hospital Confinement Indemnity Rider	41.7
PL-DME (08)	Durable Medical Equipment Rider	41.3
PL-AMB (08)	Ambulance Benefit Rider	41.8
PL-ADD (08)	Accidental Death and Dismemberment Rider	46.6
PL-HI4 (08) OC AR	Outline of Coverage	41.0
PL-C1 APP (08) AR	Application	40.1

I certify that the Flesch Reading Ease Score(s) for the above form(s) is/are true and correct.

  
\_\_\_\_\_  
Officer/Signature

Michelle Doherty  
\_\_\_\_\_  
Officer Name

Vice President, Compliance  
\_\_\_\_\_  
Officer Title

December 16, 2008  
\_\_\_\_\_  
Date

**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**



**LIMITED BENEFIT HOSPITAL INDEMNITY 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-HI4 (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.**

**Read your Policy Carefully.** This outline of coverage provides a very brief description of some 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!

**Limited Benefit Hospital Indemnity Coverage.** This category of coverage is designed to provide coverage in the form of a fixed benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations contained in the Policy. Coverage is not provided for any benefits other than the fixed indemnity for hospital confinement and any additional benefits described below. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.

**ACCIDENT AND SICKNESS BENEFITS**

The benefits payable for a covered accident or sickness are shown below:

**LIMITED BENEFIT HOSPITAL INDEMNITY BENEFIT**

**\$ [600]** Daily benefit payable for up to 31 days when confined in a hospital as an inpatient due to a covered Injury or Sickness. Hospital Confinement must be recommended by a physician. Benefit restores after 60 consecutive days of not being confined to a hospital.

The Spouse of the Insured, if covered, will receive 100% of Proposed Insured's Benefit Amount.  
The Child(ren), if covered, will receive 50% of the Proposed Insured's Benefit Amount.

**OPTIONAL RIDER BENEFITS: The following benefits are not effective unless elected in the application and issued with the Policy. Benefits are payable for your spouse or dependent children if named in the Application.**

**LUMP SUM HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER**

**\$ [600]** Lump sum benefit when confined in a hospital as an inpatient due to a covered Injury or Sickness. Hospital confinement must be recommended by a Physician. Benefit is payable only once during any period of Hospital confinement. Benefit restores after 60 consecutive days of not being confined to a hospital.

The Spouse of the Insured, if covered, will receive 100% of Proposed Insured's Benefit Amount.  
The Child(ren), if covered, will receive 50% of the Proposed Insured's Benefit Amount.

**OPTIONAL BENEFITS (continued)**

**DURABLE MEDICAL EQUIPMENT RIDER**

30% Of the first \$1,000 of actual charges per calendar year.

**AMBULANCE BENEFIT RIDER**

\$ 200 Transportation in an ambulance to or from a hospital due to a covered Injury or Sickness. This benefit is payable once during any period of hospital confinement and is subject to a Lifetime Maximum Benefit of \$2,500.00

**ACCIDENTAL DEATH AND DISMEMBERMENT RIDER**

**\$10,000** Maximum Benefit payable for accidental death and dismemberment as a result of a covered Injury as shown on the Policy Schedule and schedule in the Rider.  
 **\$5,000**

**EXCLUSIONS AND LIMITATIONS**

**EXCLUSIONS:**

The Policy and Rider do not cover any loss that: (1) Occurs outside the United States of America, (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us); (2) Results from suicide or any attempt thereat (sane or insane); (3) Results from any intentionally self-inflicted Injury; (4) Results while in the military or naval service of any country (any premium paid to us for any period not covered due to such service will be returned pro-rata upon Notice to Us); (5) Results from war (declared or undeclared), or any act of war; (6) Results from normal pregnancy and childbirth, except for complications of pregnancy; (7) Results from participation in insurrection or riot; (8) Results from mental or emotional disorders; alcoholism, or drug addiction; (9) Results from being engaged in any speed contest; (10) Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; (11) Results from dental treatment except when such treatment results from Injury to natural teeth or gums; (12) Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly; (13) Results from committing or attempting to commit a felony or engaging in an illegal occupation or activity; or (14) Results from being intoxicated or under the influence of any narcotic unless taken on the advice of a Physician.

**PRE-EXISTING CONDITION LIMITATION:**

The Policy and Rider will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which: (1) symptoms existed within a twelve month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within 12 months of the Effective Date.

You may have only one Policy of this type with this Company.

**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 everyone's rates in Your state who is in the same insuring class.

**KEEP THIS FOR YOUR RECORDS**



**PENNSYLVANIA  
LIFE INSURANCE CO.**

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

January 26, 2009

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-HI4 (08) AR	Daily Hospital Confinement Indemnity Benefit Policy
PL-HIR (08)	Lump Sum Hospital Confinement Indemnity Rider
PL-DME (08)	Durable Medical Equipment Rider
PL-AMB (08)	Ambulance Benefit Rider
PL-ADD (08)	Accidental Death and Dismemberment Rider
PL-HI4 (08) OC AR	Outline of Coverage
PL-HI4 APP 08 AR	Application for Daily Hospital Confinement Insurance
Actuarial Memorandum	and Rates

Dear Ms. Minor:

Thank you for speaking with me regarding the above mentioned submission. The objections stated in your letter dated December 29, 2008, have been addressed below.

The "Newborn Children" provision has been revised to state that coverage for newborns will be provided for at least 90 days.

The following sentence was deleted from the "Termination" provision: "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".

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) 628-9021.

Sincerely,

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



**PENNSYLVANIA  
LIFE INSURANCE CO.**

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

January 26, 2009

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  
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Sincerely,

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

SERFF Tracking Number: UNAM-125954359 State: Arkansas  
 Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 41158  
 Company Tracking Number:  
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
 Product Name: PL-HI4 (08)  
 Project Name/Number: PLIC-Hospital Confinement Indemnity Policy/

## Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Limited Benefit Hospital Indemnity Policy	01/26/2009	Limited Benefit Hospital Indemnity Policy.pdf
No original date	Form	Limited Benefit Hospital Indemnity Policy	12/18/2008	Limited Benefit Hospital Indemnity Policy.pdf



**LIMITED BENEFIT HOSPITAL INDEMNITY POLICY**

**Notice to Buyer: This is a Hospital Confinement Indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**  
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 Policy provides a Daily Hospital Confinement Benefit that results from sickness or accidental bodily injury. This benefit is subject to the Maximum Hospital Confinement Benefit of 31 days. This Maximum Hospital Confinement Benefit will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days in accordance with Part II. These benefits are subject to the definitions, provisions, exclusions and limitations of this Policy. This Policy is guaranteed renewable during the lifetime of the Insured. We reserve the right to change premium rates on a class basis.

**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, "You" and "Your" means the Insured named on the Policy Schedule on Page 3 and on the application. The person named as the spouse in the application will be referred to as "Covered Spouse." Child(ren) named as such in the application will be referred to as "Covered Child." "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.**

**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.

This Policy has been signed by the President and Secretary of Pennsylvania Life Insurance Company.

  
Secretary

  
President

**HOSPITAL CONFINEMENT INDEMNITY POLICY  
GUARANTEED RENEWABLE FOR LIFE  
PREMIUMS SUBJECT TO CHANGE BY CLASS  
NON-PARTICIPATING**

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POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

=====

BENEFITS PAYABLE FOR INSURED:

-----

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR INSURED (IF ELECTED)\*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT  
BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE  
PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT  
OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL - PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED\*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. THE LUMP SUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

---

**\*\*ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED AND EACH COVERED CHILD\*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

---

BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. MAXIMUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\***

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

**\*\* ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED, COVERED SPOUSE AND EACH COVERED CHILD \*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

## 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: (1) insure Covered Family Members against specified losses in the Policy Schedule resulting from Injury and Sickness; and (2) 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.

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision.

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

**HOSPITAL** means a place which: (1) operates pursuant to law; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24 hour a day nursing service by or under the supervision of graduate registered nurses (R.N.); (4) has a staff of one or more currently licensed Physicians, and (5) provides organized facilities for diagnosis and surgery, or has such facilities available on a contractual pre-arranged basis.

Other than incidentally, it must not be: (a) a nursing home; (b) a rest home; (c) a convalescent home; (d) an extended care facility; (e) a hospice; (f) a place set up mainly to treat alcoholism or drug abuse; or (g) a home for the aged.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**PERIOD OF HOSPITAL CONFINEMENT** means the number of days a Covered Family Member is confined in a Hospital. Successive Periods of Hospital Confinement due to the same or related causes, not separated by 60 days or more will be considered as one Period of Hospital Confinement. Successive Periods of Hospital Confinement due to the same or related causes, separated by 60 days or more will be considered as a new Period of Hospital Confinement.

**PHYSICIAN** means any duly licensed practitioner of the healing arts operating within the scope of his/her license. This definition excludes You or a Family Member. Family Member means anyone related to You through blood, marriage or operation of law. This includes the following relatives of You or Your spouse: parents, grandparents, siblings, children, grandchildren, aunts, uncles, cousins, nephews, nieces and in-laws.

**REGULAR AND PERSONAL CARE** means a planned program of observation and treatment requiring personal attendance by a Physician. Once started, this program must be continued under the existing standards of medical practice for treatment of the Injury or Sickness.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Effective Date; and (2) while this Policy is in force.

## **PART II: DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT**

### **DAILY HOSPITAL CONFINEMENT BENEFIT UP TO MAXIMUM BENEFIT PERIOD OF 31 DAYS**

If Injury or Sickness results in the admittance of a Covered Family Member as a resident inpatient in a Hospital under the Regular and Personal Care of a Physician, We will pay the Daily Hospital Confinement Indemnity Benefit amount shown in the Policy Schedule on Page 3A. We will only pay if Hospital confinement is recommended by a Physician. Confinement must begin while this Policy is in force. This benefit is payable from the first day of Hospital Confinement up to the Maximum Benefit Period of 31 days per Period of Hospital Confinement.

### **RESTORATION OF MAXIMUM BENEFIT PERIOD FOR HOSPITAL CONFINEMENT**

The Maximum Benefit Period for Hospital Confinement of 31 days will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days.

There is no limit to the number of times the Maximum Benefit Period for Hospital Confinement for a Covered Family Member will be restored as long as Your Policy is kept in force by the continued payment of premiums that become due.

## **PART III: ELIGIBILITY AND TERMINATION**

**ELIGIBILITY:** The Insured, the spouse of the Insured, and all dependent children of the Insured who are over the age of one month and under the age of 18 and are not married on the Effective Date are eligible for coverage under this Policy. 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 You die, Your Covered Spouse will become the Insured. If Your 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 Policy will terminate.

**ADDING NEW FAMILY MEMBERS:** Family members who are not covered on the Effective Date, including any child under 18 years of age who is legally adopted by the Insured after the Effective Date, may be added as a Covered Family Member. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such family member is eligible and insurable; and (3) payment of the then current premium, if any. If the new family member is approved, an amendment covering such family member will be attached to this Policy. Coverage for the new family member will be controlled by the Effective Date shown on the amendment.

Coverage for Your Covered Spouse will cease on the next premium due date following the date of divorce or annulment of the marriage of You and Your Covered Spouse. If application is made within 30 days of such date, We will issue to such former spouse a new Policy that provides benefits not greater than those in this Policy. Other eligible dependents may be covered under this Policy or the new policy, but those eligible dependents may not be covered under both.

**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.

**EXTENDED COVERAGE:** If We accept a premium for anyone who is no longer eligible to be a Covered Family Member or after coverage would otherwise terminate, coverage will continue for such person during the period for which premium was accepted, but only to the next renewal date. This continuation of coverage does not apply if such acceptance is based on a misstatement of age. We may terminate coverage on that renewal date or any renewal date thereafter.

Termination of this Policy shall be without prejudice to any continuous claim for loss incurred while this Policy is in force. The extension of benefits beyond the termination date may depend upon continuing Hospital confinement and is limited to the duration of the benefit period and subject to all applicable provisions of the Policy.

**NEWBORN CHILDREN:** While this Policy is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 90 days. We will not require evidence of insurability. This coverage applies only to Hospital confinement for: (1) Sickness; (2) Injury; (3) medically diagnosed congenital defects or anomalies; (4) birth abnormalities; or (5) prematurity. After the first 90 days, the newborn child coverage will continue without evidence of insurability if You: (1) notify Us of the birth within 90 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 New Family Members provision in Part III of this Policy.

## **PART IV: EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

**This Policy does not cover any loss that:**

1. Occurs outside the United States of America. (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us);
2. Results from suicide or any attempt thereof (sane or insane);
3. Results from any intentionally self-inflicted Injury;
4. Results while in the military or naval service of any country (any premium paid to Us for any period not covered due to such service will be returned pro-rata upon Notice to Us);
5. Results from war (declared or undeclared), or any act of war;
6. Results from normal pregnancy and childbirth, except for complications of pregnancy;
7. Results from participation in insurrection or riot;
8. Results from mental or emotional disorders; alcoholism, or drug addiction;
9. Results from being engaged in any speed contest;
10. Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; or
11. Results from dental treatment except when such treatment results from Injury to natural teeth or gums;
12. Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly.

## **PRE-EXISTING CONDITION LIMITATION**

Subject to the Time Limit On Certain Defenses provision, this Policy will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within a 12-month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within a 12-month period preceding the Effective Date.

## **ILLEGAL OCCUPATION OR ACTIVITY**

We will not be liable for any loss which results from: (1) committing or attempting to commit a felony, whether charged or not; or (2) engaging in an illegal occupation or activity.

## **INTOXICANTS AND NARCOTICS**

We will not be liable for any loss incurred as a consequence of being: (1) intoxicated; or (2) under the influence of any narcotic unless taken on the advice of a Physician.

## **OTHER INSURANCE IN THIS COMPANY**

If You have additional coverage of this type with this Company providing a total daily hospital confinement benefit amount of more than [\$600.00] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to You.

<h2><b>PART V: GENERAL CONTRACT PROVISIONS</b></h2>
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**ENTIRE CONTRACT/CHANGES.** This Policy, with the application and any attached papers, including endorsements and riders of any kind, constitutes 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.**

- (a) 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.
- (b) No claim for loss incurred as defined in the Policy that starts after 12 months from the Effective Date will be reduced or denied because a sickness or physical condition not excluded from coverage by name or specific description before the date of loss had existed before the Effective Date.

**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. If We (or an agent authorized to accept payment) later accept the premium without requiring an application for reinstatement, the policy will be reinstated.

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 losses that result from an Injury sustained after the date of reinstatement, or Sickness that starts more than 10 days after such date. 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.

**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. The proceeds payable to the Insured or his 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 the Insured's death. 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.

**APPEALING A DENIAL OF BENEFITS.** If Your claim has been denied in whole or in part and You do not agree, You should write to Our Claim Office within 60 days. 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 AND AUTOPSY.** We have the right to have a Covered Family Member examined while a claim is pending:

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

We shall also have the right to have an autopsy made, at our own expense, unless prohibited by law.

**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.

**CHANGE OF BENEFICIARY.** You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in the policy.

**MISSTATEMENT OF AGE.** If the age of a Covered Family Member has been misstated in the application, the benefits will be those the premium paid would have purchased at the correct age.

**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.

**REFUND OF UNEARNED PREMIUM.** Unearned premiums shall be paid in a lump sum on a date no later than 30 days after the proof of the Insured's death has been furnished to Us.

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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



**LIMITED BENEFIT HOSPITAL INDEMNITY POLICY**

**Notice to Buyer: This is a Hospital Confinement Indemnity Policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.**  
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 Policy provides a Daily Hospital Confinement Benefit that results from sickness or accidental bodily injury. This benefit is subject to the Maximum Hospital Confinement Benefit of 31 days. This Maximum Hospital Confinement Benefit will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days in accordance with Part II. These benefits are subject to the definitions, provisions, exclusions and limitations of this Policy. This Policy is guaranteed renewable during the lifetime of the Insured. We reserve the right to change premium rates on a class basis.

**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, "You" and "Your" means the Insured named on the Policy Schedule on Page 3 and on the application. The person named as the spouse in the application will be referred to as "Covered Spouse." Child(ren) named as such in the application will be referred to as "Covered Child." "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.**

**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.

This Policy has been signed by the President and Secretary of Pennsylvania Life Insurance Company.

  
Secretary

  
President

**HOSPITAL CONFINEMENT INDEMNITY POLICY  
GUARANTEED RENEWABLE FOR LIFE  
PREMIUMS SUBJECT TO CHANGE BY CLASS  
NON-PARTICIPATING**

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POLICY SCHEDULE

INDIVIDUAL

NAME AND ADDRESS OF INSURED:

EFFECTIVE DATE: JULY 10, 2008

JOHN A. DOE  
123 MAIN STREET  
ANYCITY, ANystate 00000

FIRST RENEWAL DATE: JULY 10, 2009

-----  
POLICY NUMBER: 0123456

GENDER: MALE

PLAN: HOSPITAL INDEMNITY

DATE OF BIRTH: 04-12-55  
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TOTAL ANNUAL PREMIUM\*: [ \$XXX.XX ]

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

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SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED:

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DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT  
OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60  
CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR INSURED (IF ELECTED)\*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER  
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[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

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[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE  
PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT  
OF \$2,500.00

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[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

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[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)



POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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**\*\*ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED AND EACH COVERED CHILD\*\***

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

POLICY SCHEDULE

FAMILY

NAME AND ADDRESS OF INSURED: EFFECTIVE DATE: JULY 10, 2008  
JOHN A. DOE FIRST RENEWAL DATE: JULY 10, 2009  
123 MAIN STREET  
ANYCITY, ANYSTATE 00000

COVERED SPOUSE: MARY DOE

COVERED CHILD: As Named in the Application Unless Excluded by Endorsement

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POLICY NUMBER: 0123456 GENDER: MALE

PLAN: HOSPITAL INDEMNITY DATE OF BIRTH: 04-12-55

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

PREMIUM MODE: ANNUAL

MODE PREMIUM: [ \$XXX.XX ]

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

\*THE PREMIUM MAY CHANGE ON A CLASS BASIS.

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SUMMARY OF ALL PREMIUMS

	MODE PREMIUM
DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY	[\$XX.XX]
LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER	[\$XX.XX]
DURABLE MEDICAL EQUIPMENT RIDER	[\$XX.XX]
AMBULANCE BENEFIT RIDER	[\$XX.XX]
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	[\$XX.XX]
TOTAL MODE PREMIUM AMOUNT	[\$XXX.XX]

POLICY SCHEDULE CONTINUED

DESCRIPTION OF POLICY BENEFITS

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BENEFITS PAYABLE FOR INSURED AND COVERED SPOUSE:

DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT  
[\$400.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT IS RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR INSURED AND COVERED SPOUSE \*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$1,000.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

BENEFITS PAYABLE FOR EACH COVERED CHILD:

DAILY HOSPITAL CONFINEMENT INDEMNITY POLICY BENEFIT  
[\$200.00] PER DAY PAYABLE UP TO THE MAXIMUM HOSPITAL CONFINEMENT BENEFIT OF 31 DAYS. MAXIMUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\*OPTIONAL RIDER BENEFITS FOR EACH COVERED CHILD \*\*

LUMP SUM HOSPITAL CONFINEMENT INDEMNITY RIDER  
[\$500.00] LUMP SUM BENEFIT FOR HOSPITAL CONFINEMENT. PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT. LUMP SUM HOSPITAL CONFINEMENT BENEFIT RESTORED AFTER 60 CONSECUTIVE DAYS OF NOT BEING HOSPITALIZED.

\*\* ALL OTHER OPTIONAL RIDER BENEFITS FOR INSURED, COVERED SPOUSE AND EACH COVERED CHILD \*\*

DURABLE MEDICAL EQUIPMENT RIDER  
[30%] OF THE FIRST \$1,000 OF ACTUAL CHARGES PER CALENDAR YEAR

AMBULANCE BENEFIT RIDER  
[\$200.00] AMBULANCE BENEFIT PER TRIP TO OR FROM A HOSPITAL- PAYABLE ONCE PER PERIOD OF HOSPITAL CONFINEMENT – SUBJECT TO LIFETIME MAXIMUM BENEFIT OF \$2,500.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER  
[\$5,000.00] ACCIDENTAL DEATH BENEFIT  
[\$5,000.00] PRINCIPAL SUM FOR DISMEMBERMENT (SEE SCHEDULE IN RIDER.)

## 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: (1) insure Covered Family Members against specified losses in the Policy Schedule resulting from Injury and Sickness; and (2) 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.

**COVERED FAMILY MEMBER(S)** means You, Your Covered Spouse, and Your Covered Child(ren): (1) who are named in the application or subsequently added; and (2) who are eligible under the terms of the Eligibility and Termination Provision.

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

**HOSPITAL** means a place which: (1) operates pursuant to law; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24 hour a day nursing service by or under the supervision of graduate registered nurses (R.N.); (4) has a staff of one or more currently licensed Physicians, and (5) provides organized facilities for diagnosis and surgery, or has such facilities available on a contractual pre-arranged basis.

Other than incidentally, it must not be: (a) a nursing home; (b) a rest home; (c) a convalescent home; (d) an extended care facility; (e) a hospice; (f) a place set up mainly to treat alcoholism or drug abuse; or (g) a home for the aged.

**INJURY** means accidental bodily injury sustained: (1) directly and independently of disease or bodily infirmity, or any other causes; and (2) 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.

**PERIOD OF HOSPITAL CONFINEMENT** means the number of days a Covered Family Member is confined in a Hospital. Successive Periods of Hospital Confinement due to the same or related causes, not separated by 60 days or more will be considered as one Period of Hospital Confinement. Successive Periods of Hospital Confinement due to the same or related causes, separated by 60 days or more will be considered as a new Period of Hospital Confinement.

**PHYSICIAN** means any duly licensed practitioner of the healing arts operating within the scope of his/her license. This definition excludes You or a Family Member. Family Member means anyone related to You through blood, marriage or operation of law. This includes the following relatives of You or Your spouse: parents, grandparents, siblings, children, grandchildren, aunts, uncles, cousins, nephews, nieces and in-laws.

**REGULAR AND PERSONAL CARE** means a planned program of observation and treatment requiring personal attendance by a Physician. Once started, this program must be continued under the existing standards of medical practice for treatment of the Injury or Sickness.

**SICKNESS** means sickness or disease first manifesting itself: (1) more than 30 days after the Effective Date; and (2) while this Policy is in force.

## **PART II: DAILY HOSPITAL CONFINEMENT INDEMNITY BENEFIT**

### **DAILY HOSPITAL CONFINEMENT BENEFIT UP TO MAXIMUM BENEFIT PERIOD OF 31 DAYS**

If Injury or Sickness results in the admittance of a Covered Family Member as a resident inpatient in a Hospital under the Regular and Personal Care of a Physician, We will pay the Daily Hospital Confinement Indemnity Benefit amount shown in the Policy Schedule on Page 3A. We will only pay if Hospital confinement is recommended by a Physician. Confinement must begin while this Policy is in force. This benefit is payable from the first day of Hospital Confinement up to the Maximum Benefit Period of 31 days per Period of Hospital Confinement.

### **RESTORATION OF MAXIMUM BENEFIT PERIOD FOR HOSPITAL CONFINEMENT**

The Maximum Benefit Period for Hospital Confinement of 31 days will be restored if a Covered Family Member has not been confined to a Hospital for a period of 60 consecutive days.

There is no limit to the number of times the Maximum Benefit Period for Hospital Confinement for a Covered Family Member will be restored as long as Your Policy is kept in force by the continued payment of premiums that become due.

## **PART III: ELIGIBILITY AND TERMINATION**

**ELIGIBILITY:** The Insured, the spouse of the Insured, and all dependent children of the Insured who are over the age of one month and under the age of 18 and are not married on the Effective Date are eligible for coverage under this Policy. 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 You die, Your Covered Spouse will become the Insured. If Your 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 Policy will terminate.

**ADDING NEW FAMILY MEMBERS:** Family members who are not covered on the Effective Date, including any child under 18 years of age who is legally adopted by the Insured after the Effective Date, may be added as a Covered Family Member. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such family member is eligible and insurable; and (3) payment of the then current premium, if any. If the new family member is approved, an amendment covering such family member will be attached to this Policy. Coverage for the new family member will be controlled by the Effective Date shown on the amendment.

Coverage for Your Covered Spouse will cease on the next premium due date following the date of divorce or annulment of the marriage of You and Your Covered Spouse. If application is made within 30 days of such date, We will issue to such former spouse a new Policy that provides benefits not greater than those in this Policy. Other eligible dependents may be covered under this Policy or the new policy, but those eligible dependents may not be covered under both.

**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 for anyone who is no longer eligible to be a Covered Family Member or after coverage would otherwise terminate, coverage will continue for such person during the period for which premium was accepted, but only to the next renewal date. This continuation of coverage does not apply if such acceptance is based on a misstatement of age. We may terminate coverage on that renewal date or any renewal date thereafter.

Termination of this Policy shall be without prejudice to any continuous claim for loss incurred while this Policy is in force. The extension of benefits beyond the termination date may depend upon continuing Hospital confinement and is limited to the duration of the benefit period and subject to all applicable provisions of the Policy.

**NEWBORN CHILDREN:** While this Policy is in force, a child born of the Insured or spouse shall automatically be covered from the moment of birth, but only for 31 days. We will not require evidence of insurability. This coverage applies only to Hospital confinement for: (1) Sickness; (2) Injury; (3) medically diagnosed congenital defects or anomalies; (4) birth abnormalities; or (5) prematurity. After the first 31 days, the newborn child 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 New Family Members provision in Part III of this Policy.

## **PART IV: EXCLUSIONS AND LIMITATIONS**

### **EXCLUSIONS**

**This Policy does not cover any loss that:**

1. Occurs outside the United States of America. (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us);
2. Results from suicide or any attempt thereof (sane or insane);
3. Results from any intentionally self-inflicted Injury;
4. Results while in the military or naval service of any country (any premium paid to Us for any period not covered due to such service will be returned pro-rata upon Notice to Us);
5. Results from war (declared or undeclared), or any act of war;
6. Results from normal pregnancy and childbirth, except for complications of pregnancy;
7. Results from participation in insurrection or riot;
8. Results from mental or emotional disorders; alcoholism, or drug addiction;
9. Results from being engaged in any speed contest;
10. Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; or
11. Results from dental treatment except when such treatment results from Injury to natural teeth or gums;
12. Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly.

## **PRE-EXISTING CONDITION LIMITATION**

Subject to the Time Limit On Certain Defenses provision, this Policy will not cover a loss that: (1) starts within 12 months after the Effective Date; and (2) is caused by a Pre-Existing Condition.

"Pre-Existing Condition" means a condition for which: (1) symptoms existed within a 12-month period preceding the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (2) medical advice or treatment was received from or recommended by a Physician within a 12-month period preceding the Effective Date.

## **ILLEGAL OCCUPATION OR ACTIVITY**

We will not be liable for any loss which results from: (1) committing or attempting to commit a felony, whether charged or not; or (2) engaging in an illegal occupation or activity.

## **INTOXICANTS AND NARCOTICS**

We will not be liable for any loss incurred as a consequence of being: (1) intoxicated; or (2) under the influence of any narcotic unless taken on the advice of a Physician.

## **OTHER INSURANCE IN THIS COMPANY**

If You have additional coverage of this type with this Company providing a total daily hospital confinement benefit amount of more than [\$600.00] for each covered person, the excess insurance shall be void. The premiums paid for the excess shall be returned to You.

# **PART V: GENERAL CONTRACT PROVISIONS**

**ENTIRE CONTRACT/CHANGES.** This Policy, with the application and any attached papers, including endorsements and riders of any kind, constitutes 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.**

- (a) 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.
- (b) No claim for loss incurred as defined in the Policy that starts after 12 months from the Effective Date will be reduced or denied because a sickness or physical condition not excluded from coverage by name or specific description before the date of loss had existed before the Effective Date.

**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. If We (or an agent authorized to accept payment) later accept the premium without requiring an application for reinstatement, the policy will be reinstated.

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 losses that result from an Injury sustained after the date of reinstatement, or Sickness that starts more than 10 days after such date. 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.

**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. The proceeds payable to the Insured or his 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 the Insured's death. 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.

**APPEALING A DENIAL OF BENEFITS.** If Your claim has been denied in whole or in part and You do not agree, You should write to Our Claim Office within 60 days. 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 AND AUTOPSY.** We have the right to have a Covered Family Member examined while a claim is pending:

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

We shall also have the right to have an autopsy made, at our own expense, unless prohibited by law.

**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.

**CHANGE OF BENEFICIARY.** You can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change in the policy.

**MISSTATEMENT OF AGE.** If the age of a Covered Family Member has been misstated in the application, the benefits will be those the premium paid would have purchased at the correct age.

**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.

**REFUND OF UNEARNED PREMIUM.** Unearned premiums shall be paid in a lump sum on a date no later than 30 days after the proof of the Insured's death has been furnished to Us.

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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