

SERFF Tracking Number: MCHX-126167562 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 42497
 Company Tracking Number: GP-09 PFP
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Filing at a Glance

Company: Union Security Insurance Company

Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In SERFF Tr Num: MCHX-126167562 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 42497

Sub-TOI: H21.000 Health - Other

Co Tr Num: GP-09 PFP

State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Reviewer(s): Rosalind Minor

Date Submitted: 05/28/2009

Disposition Date: 06/03/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 06/27/2009

Implementation Date:

State Filing Description:

General Information

Project Name: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company Status of Filing in Domicile: Authorized

Project Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company Date Approved in Domicile: 05/07/2009

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association, Employer, Trust

Filing Status Changed: 06/03/2009

Explanation for Other Group Market Type:

Deemer Date:

State Status Changed: 06/03/2009

Submitted By: SPI McHughConsulting

Created By: SPI McHughConsulting

Filing Description:

Corresponding Filing Tracking Number:

Union Security Insurance Company

NAIC # 70408 FEIN # 81-0170040

Group Insurance Worksite Program

SERFF Tracking Number: MCHX-126167562 State: Arkansas
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GP-09 PFP, et al - Policy
 See Attached Form Listing

Due to length of the filing description and the limited space in SERFF, we respectfully request you see the attached cover letter for the filing description.

Company and Contact

Filing Contact Information

Tim Hager, Compliance Assistant mcr@mchughconsulting.com
 McHugh Consulting Resources 215-230-7960 [Phone]
 350 South Main Street, Suite 103 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Union Security Insurance Company CoCode: 70408 State of Domicile: Iowa
 2323 Grand Boulevard Group Code: Company Type:
 Kansas City, MO 64108-2670 Group Name: State ID Number:
 (207) 591-3045 ext. [Phone] FEIN Number: 81-0170040

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$50.00	05/28/2009	28143893

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/03/2009	06/03/2009

SERFF Tracking Number: MCHX-126167562 *State:* Arkansas
Filing Company: Union Security Insurance Company *State Tracking Number:* 42497
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Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Disposition

Disposition Date: 06/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

The filing is being approved with a reminder that, with respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. it appears that with this being variable, that the 120 could be deleted to comply.

Rate data does NOT apply to filing.

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 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Form Listing	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance with Rule 19	Approved-Closed	Yes
Supporting Document	AR Certification of Compliance with Rule 49	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Policy Face Page	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	General Definitions	Approved-Closed	Yes
Form	Special Dependent Insurance Continuance Provisions	Approved-Closed	Yes
Form	Special Federal Continuance Provisions	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	Policy General Provisions	Approved-Closed	Yes
Form	Premiums	Approved-Closed	Yes
Form	Group Policy Application	Approved-Closed	Yes
Form	Participating Employer Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Policy Amendment Domestic Partners	Approved-Closed	Yes
Form	Policy Amendment Portability	Approved-Closed	Yes
Form	Guaranty Association Notice	Approved-Closed	Yes
Form	Notice to Insureds	Approved-Closed	Yes
Form	Group Certificate Face Page	Approved-Closed	Yes
Form	Benefit Notice	Approved-Closed	Yes
Form	Benefits Information	Approved-Closed	Yes
Form	Optional Certificate Endorsement	Approved-Closed	Yes
Form	Certificate Endorsement Domestic	Approved-Closed	Yes

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 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Form	Partners		
Form	Certificate Endorsement Portability	Approved-Closed	Yes
Form	Definitions for Accident Only Insurance	Approved-Closed	Yes
Form	Summary of Group Accident Only Insurance	Approved-Closed	Yes
Form	Schedule for Accident Only Insurance	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Accident Only Insurance	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions for Accident Only Insurance	Approved-Closed	Yes
Form	Continuity of Coverage for Accident Only Insurance	Approved-Closed	Yes
Form	Accident Only Insurance	Approved-Closed	Yes
Form	Claim Provisions for Accident Only Insurance	Approved-Closed	Yes
Form	Certificate Summary of Group Accident Only Insurance	Approved-Closed	Yes
Form	Definitions for Cancer Only Insurance	Approved-Closed	Yes
Form	Summary of Group Cancer Only Insurance	Approved-Closed	Yes
Form	Schedule for Cancer Only Insurance	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Cancer Only Insurance	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions for Cancer Only Insurance	Approved-Closed	Yes
Form	Continuity of Coverage for Cancer Only Insurance	Approved-Closed	Yes
Form	Cancer Only Insurance	Approved-Closed	Yes
Form	Claim Provisions for Cancer Only Insurance	Approved-Closed	Yes
Form	Certificate Summary of Group Cancer Only Insurance	Approved-Closed	Yes
Form	Definitions for Critical Illness Insurance	Approved-Closed	Yes
Form	Summary of Group Critical Illness Insurance	Approved-Closed	Yes
Form	Schedule for Critical Illness Insurance	Approved-Closed	Yes

SERFF Tracking Number: MCHX-126167562 State: Arkansas
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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Form	Eligibility and Termination Provisions for Critical Illness Insurance	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions for Critical Illness Insurance	Approved-Closed	Yes
Form	Continuity of Coverage for Critical Illness Insurance	Approved-Closed	Yes
Form	Critical Illness Insurance	Approved-Closed	Yes
Form	Claim Provisions for Critical Illness Insurance	Approved-Closed	Yes
Form	Certificate Summary of Group Critical Illness Insurance	Approved-Closed	Yes
Form	Definitions of Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Summary of Group Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Schedule for Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions for Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Continuity of Coverage for Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Claims Provisions for Hospital Indemnity Insurance	Approved-Closed	Yes
Form	Certificate Summary of Group Hospital Indemnity Insurance	Approved-Closed	Yes

SERFF Tracking Number: MCHX-126167562 State: Arkansas
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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
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 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Form Schedule

Lead Form Number: GP-09 PFP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/03/2009	GP-09 PFP	Policy/Cont ract/Fratern al Certificate	Group Policy Face	Initial		73.250	GP-09 PFP.PDF
Approved-Closed 06/03/2009	TOC	Policy/Cont ract/Fratern al Certificate	Table of Contents	Initial		56.000	TOC.PDF
Approved-Closed 06/03/2009	Def Gen	Policy/Cont ract/Fratern al Certificate	General Definitions	Initial		63.840	Def Gen.PDF
Approved-Closed 06/03/2009	DCont	Policy/Cont ract/Fratern al Certificate	Special Dependent Insurance Continuance	Initial		62.500	DCont.PDF
Approved-Closed 06/03/2009	COBRA	Policy/Cont ract/Fratern al Certificate	Special Federal Continuance Provisions	Initial		50.480	COBRA.PDF
Approved-Closed 06/03/2009	Gen Pro	Policy/Cont ract/Fratern al Certificate	General Provisions	Initial		50.270	Gen Pro.PDF
Approved-Closed 06/03/2009	PGen Pro	Policy/Cont ract/Fratern al Certificate	Policy General Provisions	Initial		73.420	PGen Pro.PDF
Approved-Closed	Premium	Policy/Cont ract/Fratern	Premiums	Initial		69.170	Premium.PDF

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06/03/2009	al				
Approved- App Pol	Application/ Group Policy	Initial	74.160	App Pol.PDF	
Closed	Enrollment Application				
06/03/2009	Form				
Approved- ETPT	Policy/Cont Participating	Initial	51.560	ETPT.PDF	
Closed	ract/Fratern Employer Eligibility				
06/03/2009	al and Termination				
Approved- Amd	Policy/Cont Policy Amendment	Initial	46.000	Amd.PDF	
Closed	ract/Fratern				
06/03/2009	al				
	Certificate:				
	Amendmen				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
Approved- Amd DP	Policy/Cont Policy Amendment	Initial	53.500	Amd DP.PDF	
Closed	ract/Fratern Domestic Partners				
06/03/2009	al				
	Certificate:				
	Amendmen				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
Approved- Amd Port	Policy/Cont Policy Amendment	Initial	53.280	Amd	
Closed	ract/Fratern Portability			Port.PDF	
06/03/2009	al				
	Certificate:				
	Amendmen				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
Approved- GAN AR	Other Guaranty Association	Initial	40.000	GAN AR.PDF	

SERFF Tracking Number: MCHX-126167562 State: Arkansas
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Closed	Notice						
06/03/2009	Approved- Notice AR	Other	Notice to Insureds	Initial	54.000	Notice AR.PDF	
06/03/2009	Approved- GC-09 CFP Certificate	Group Certificate	Face Page	Initial	60.160	GC-09 CFP.PDF	
06/03/2009	Approved- Ben Note	Certificate	Benefit Notice	Initial	71.130	Ben Note.PDF	
06/03/2009	Approved- Ben Info	Certificate	Benefits Information	Initial	54.700	Ben Info.PDF	
06/03/2009	Approved- Cend	Certificate	Optional Certificate	Initial	47.000	Cend.PDF	
06/03/2009	Approved- Cend DP	Certificate	Certificate	Initial	53.230	Cend DP.PDF	
06/03/2009	Approved- Cend Port	Certificate	Certificate	Initial	52.110	Cend Port.PDF	
06/03/2009	Approved- Def AO	Policy/Contract/Fraternal Certificate	Definitions for Accident Only Insurance	Initial	50.650	Def AO.PDF	
06/03/2009	Approved- Sum AO	Policy/Contract	Summary of Group	Initial	59.160	Sum AO.PDF	

SERFF Tracking Number:	MCHX-126167562	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	42497
Company Tracking Number:	GP-09 PFP		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	GP-09 PFP Group Vol AEB Combined-Union Security In		
Project Name/Number:	GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company		
Closed	ract/Fratern Accident Only		
06/03/2009	al	Insurance	Certificate
Approved- Closed	Schd AO	Schedule Pages	Schedule for Accident Only Insurance
06/03/2009			Initial
			52.000
			Schd AO.PDF
Approved- Closed	ETP AO	Policy/Cont ract/Fratern	Eligibility and Termination
06/03/2009		al	Provisions for Accident Only Insurance
			Initial
			55.680
			ETP AO.PDF
Approved- Closed	DETP AO	Policy/Cont ract/Fratern	Dependent Eligibility and Termination
06/03/2009		al	Provisions for Accident Only Insurance
			Initial
			53.320
			DETP AO.PDF
Approved- Closed	COC AO	Policy/Cont ract/Fratern	Continuity of Coverage for
06/03/2009		al	Accident Only Insurance
			Initial
			57.940
			COC AO.PDF
Approved- Closed	AO BP	Policy/Cont ract/Fratern	Accident Only Insurance
06/03/2009		al	Certificate
			Initial
			64.360
			AO BP.PDF
Approved- Closed	Clm Pro AO	Policy/Cont ract/Fratern	Claim Provisions for Accident Only Insurance
06/03/2009		al	Certificate
			Initial
			51.700
			Clm Pro AO.PDF
Approved- Closed	CSum AO	Certificate	Certificate Summary of Group Accident Only Insurance
06/03/2009			Initial
			55.880
			CSum AO.PDF
Approved- Closed	Def CO	Policy/Cont ract/Fratern	Definitions for Cancer Only Insurance
06/03/2009		al	Certificate
			Initial
			51.620
			Def CO.PDF
Approved- Closed	Sum CO	Policy/Cont ract/Fratern	Summary of Group Cancer Only
06/03/2009			Initial
			58.770
			Sum CO.PDF

SERFF Tracking Number:	MCHX-126167562	State:	Arkansas
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Company Tracking Number:	GP-09 PFP		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	GP-09 PFP Group Vol AEB Combined-Union Security In		
Project Name/Number:	GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company		
06/03/2009	al	Insurance Certificate	
Approved- Closed	Schd CO	Schedule Pages	Schedule for Cancer Only Insurance Initial
			55.000
			Schd CO.PDF
06/03/2009			
Approved- Closed	ETP CO	Policy/Cont	Eligibility and Initial
		ract/Fratern	Termination
			57.220
			ETP CO.PDF
06/03/2009	al	Provisions for Cancer Certificate	Only Insurance
Approved- Closed	DETP CO	Policy/Cont	Dependent Eligibility Initial
		ract/Fratern	and Termination
			52.720
			DETP CO.PDF
06/03/2009	al	Provisions for Cancer Certificate	Only Insurance
Approved- Closed	COC CO	Policy/Cont	Continuity of Initial
		ract/Fratern	Coverage for Cancer
			55.530
			COC CO.PDF
06/03/2009	al	Provisions for Cancer Certificate	Only Insurance
Approved- Closed	CO BP	Policy/Cont	Cancer Only Initial
		ract/Fratern	Insurance
			52.810
			CO BP.PDF
06/03/2009	al	Provisions for Cancer Certificate	Only Insurance
Approved- Closed	CIm Pro	Policy/Cont	Claim Provisions for Initial
	CO	ract/Fratern	Cancer Only
			51.610
			CIm Pro CO.PDF
06/03/2009	al	Insurance Certificate	
Approved- Closed	CSum CO	Certificate	Certificate Summary Initial
			of Group Cancer
			54.030
			CSum CO.PDF
06/03/2009			Only Insurance
Approved- Closed	Def CI	Policy/Cont	Definitions for Critical Initial
		ract/Fratern	Illness Insurance
			54.820
			Def CI.PDF
06/03/2009	al	Insurance Certificate	
Approved- Closed	Sum CI	Policy/Cont	Summary of Group Initial
		ract/Fratern	Critical Illness
			53.870
			Sum CI.PDF
06/03/2009	al	Insurance Certificate	
Approved- Closed	Schd CI	Schedule	Schedule for Critical Initial
			49.000
			Schd CI.PDF

SERFF Tracking Number: MCHX-126167562 State: Arkansas
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 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
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Closed	Pages	Illness Insurance			
06/03/2009					
Approved- ETP CI	Policy/Cont	Eligibility and	Initial	52.310	ETP CI.PDF
Closed	ract/Fratern	Termination			
06/03/2009	al	Provisions for Critical			
	Certificate	Illness Insurance			
Approved- DETP CI	Policy/Cont	Dependent Eligibility	Initial	51.380	DETP CI.PDF
Closed	ract/Fratern	and Termination			
06/03/2009	al	Provisions for Critical			
	Certificate	Illness Insurance			
Approved- COC CI	Policy/Cont	Continuity of	Initial	55.050	COC CI.PDF
Closed	ract/Fratern	Coverage for Critical			
06/03/2009	al	Illness Insurance			
	Certificate				
Approved- CI BP	Policy/Cont	Critical Illness	Initial	58.430	CI BP.PDF
Closed	ract/Fratern	Insurance			
06/03/2009	al				
	Certificate				
Approved- Clm Pro CI	Policy/Cont	Claim Provisions for	Initial	50.960	Clm Pro
Closed	ract/Fratern	Critical Illness			CI.PDF
06/03/2009	al	Insurance			
	Certificate				
Approved- CSum CI	Certificate	Certificate Summary	Initial	52.970	CSum CI.PDF
Closed		of Group Critical			
06/03/2009		Illness Insurance			
Approved- Def HI	Policy/Cont	Definitions of	Initial	50.010	Def HI.PDF
Closed	ract/Fratern	Hospital Indemnity			
06/03/2009	al	Insurance			
	Certificate				
Approved- Sum HI	Policy/Cont	Summary of Group	Initial	58.280	Sum HI.PDF
Closed	ract/Fratern	Hospital Indemnity			
06/03/2009	al	Insurance			
	Certificate				
Approved- Schd HI	Schedule	Schedule for Hospital	Initial	52.000	Schd HI.PDF
Closed	Pages	Indemnity Insurance			
06/03/2009					
Approved- ETP HI	Policy/Cont	Eligibility and	Initial	58.810	ETP HI.PDF

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Closed		ract/Fratern Termination			
06/03/2009		al Provisions for Certificate Hospital Indemnity Insurance			
Approved- Closed	DETP HI	Policy/Cont Dependent Eligibility Initial ract/Fratern and Termination		56.050	DETP HI.PDF
06/03/2009		al Provisions for Certificate Hospital Indemnity Insurance			
Approved- Closed	COC HI	Policy/Cont Continuity of Initial ract/Fratern Coverage for		52.170	COC HI.PDF
06/03/2009		al Hospital Indemnity Certificate Insurance			
Approved- Closed	HI BP AR	Policy/Cont Hospital Indemnity Initial ract/Fratern Insurance		62.740	HI BP AR.PDF
06/03/2009		al Certificate			
Approved- Closed	Clm Pro HI	Policy/Cont Claims Provisions for Initial ract/Fratern Hospital Indemnity		51.430	Clm Pro HI.PDF
06/03/2009		al Insurance Certificate			
Approved- Closed	Csum HI	Certificate Certificate Summary Initial of Group Hospital		50.630	Csum HI.PDF
06/03/2009		Indemnity Insurance			

Union Security Insurance Company agrees to provide the insurance described in this and the following pages of the *policy*, subject to payment of premiums.

1

[IMPORTANT: This is a *hospital indemnity insurance policy* which pays a fixed benefit for *hospital confinement* due to *accident and sickness*. This is NOT a medical insurance policy, a Medicare Supplement policy or a high deductible health plan. This is a limited *policy*. Read it carefully.]

Policyholder: [ABC Company, Inc.] 2

Policy Number: [G 1,234,567] 3

Delivered In: 4 [Ohio] and governed by its laws, unless otherwise preempted by federal law.

Effective Date: 5 [June 1, 2009] - The date the *policy* takes effect which is also its date of issue.

Premium Due Dates: The first premium is due on the Effective Date. [Future premiums are due on the first day of each month after that.] 6

Policy Anniversary: [June 1, 2010], and each [June 1] after that. 7

Insurance Provided: [Group *Hospital Indemnity Insurance – Contributory/Noncontributory* Group *Hospital Indemnity Insurance* for Dependents – *Contributory/Noncontributory*] 8

[signature]

[signature]

9

[Secretary]

[Executive Vice-President]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670]

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ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE.....	Error! Bookmark not defined.
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Authority	Error! Bookmark not defined.
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Proof of Loss	Error! Bookmark not defined.
Right to Examine or Interview	Error! Bookmark not defined.
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GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

[*Active work* means the expenditure of time and energy for the *policyholder* or an *associated company*, or *participating employer* at your usual place of business on a *full-time* basis.]

1

[*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder* or *participating employer*.]

2

[*Contributory* means you pay part or all of the premium.]

3

4

[*Covered dependent* means an *eligible dependent* who is insured under the *policy*.]

5

Covered person means an eligible [employee or member] of the [*policyholder*, *associated company*, *participating employer*, *plan sponsor* or *sponsoring association*] who has become insured for a coverage.

[*Doctor* means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a *doctor* by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a *doctor*. However, neither you nor a *family member* will be considered a *doctor*.]

6

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on [employment or membership in a group].

7

[*Family member* means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the *covered person*.]

8

[*Full-time* means working at least 20 hours per week, unless indicated otherwise in the *policy*.]

9

Home office means [our office in Kansas City, Missouri].

10

[*Noncontributory* means the *policyholder* pays the premium.]

11

12

[*Part-time* means working at least 15 hours per week, unless indicated otherwise in the *policy*.]

13

[*Participant* means a person or entity that agrees in writing to be bound by the trust agreement and the *policy*.]

[*Participating employer* means an employer who has met all the eligibility requirements.]

14

[*Plan sponsor* means an entity that agrees in writing, on a form acceptable to us, to offer the group insurance or policies to its employees or members and are issued to the trustee, according to the trust agreement.]

15

Policy means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

[*Proof of good health* means evidence acceptable to us of the good health of a person.]

13

GENERAL DEFINITIONS (continued)

[*Sponsoring association* means an association that agrees in writing, on a form acceptable to us, to offer the group insurance or policies to its employees or members and are issued to the trustee, according to the trust agreement.]

15

[*This trust* means the ABC Trust.]

16

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible [employee or member] of the [*policyholder, associated company, participating employer, plan sponsor or sponsoring association*] who has become insured for a coverage.

5

SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS

1

As specified below, dependent [*hospital indemnity*] insurance may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the *policy*. Premiums are required for any coverage continued.

Physically or Mentally Handicapped Dependent Children

1

Dependent [*hospital indemnity*] insurance for an *eligible dependent* child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- is unable to earn a living because of physical or mental handicap; and
- is chiefly dependent upon you for support and maintenance.

2

[We must receive notice of the above within 120 days after the child attains the age limit.] There will be no increase in premium for this continued coverage.

1

Dependent [*hospital indemnity*] insurance will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.

Students

3

Dependent [*hospital indemnity*] insurance for an *eligible dependent* child will continue beyond the date the child is no longer a student until [the earlier of:

- the end of the 3rd calendar month following the month in which the child is no longer a student; or
- the child's 25th birthday].

SPECIAL FEDERAL CONTINUANCE PROVISIONS

1

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you [and your *covered dependents*] may have the right to continue [*hospital indemnity insurance*]

2

3

coverage beyond the date insurance would otherwise terminate. You should contact [the *policyholder*] concerning your right to continue coverage.

GENERAL PROVISIONS

Entire Contract

1

The *policy* and the [*policyholder's*] application attached to it are the entire contract. Any statement made by you[, the *participating employer*] or the *policyholder* is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you [or your *beneficiary*].

2

3

Errors

An error in keeping records will not cancel insurance that should continue; nor will it continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about you or the [*policyholder's*] plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

1

Certificates

We will send certificates to the [*policyholder*] to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

1

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder*[, any employer, any *associated company*,] nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

4

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the *policy* and recovery of any amounts we have paid.

5

GENERAL PROVISIONS (continued)

Changing the Policy

The *policyholder* owns the *policy*. The *policy* may be changed at any time by an amendment agreed upon by the *policyholder* and us. [The *policy* may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the *policy* or when we are required to change the *policy*.] A change must be approved by one of our executive officers. No agent can change the *policy* or waive any of its provisions.

Required Data

The [*policyholder*] must give us all data needed to administer the insurance and determine premiums. The [*policyholder*] must also give us any other information we require. We may inspect the [*policyholder's*] records relating to the insurance provided by the *policy*.

Policyholder's Assignment

The *policyholder* may assign the *policy*. This will not affect the rights of any *covered person* [or *beneficiary*]. We will not be responsible for the validity of any assignment. We must receive written notice of an assignment at our *home office*.

When the Policy Ends

The *policy* will end on [the earliest of the following dates]:

- [the date] the grace period ends, if the premium has not been paid; or
- [the date we cancel the *policy*, after giving the *policyholder* 31 days written notice; or]
- [the date] we receive written notice from the *policyholder*, or the date shown in the notice, whichever is later.

The *policy* will also end [if the number or percentage of persons covered under the *policy* does not meet the Minimum Participation Requirements shown in the Schedule].

If the Participation Requirements are not met, we will notify the *policyholder* [31 days] in advance that insurance will end. We consider that notice is given when delivered or mailed to the last known address of the *policyholder*.

If the date the *policy* ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

PREMIUMS

Premium Payments

1

2

The *policyholder* must pay all premiums [in advance] at our *home office* or to one of our agents [or administrators]. The *policyholder* may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such *policy*.

Grace Period

3

If any premium is not paid when due, the *policy* will be in default on that date. The *policyholder* has a grace period of [31 days] after that date to pay the premium. In any case, the *policyholder* must pay the premium for coverage in force during the grace period.

Calculation of Premiums

The first premium is due on the effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance. We will furnish premium rates to the *policyholder* with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

- after [the second policy anniversary]; or
- when our risk changes.

4

Unless our risk changes:

- we will not change the rates more than once in any period of [12 consecutive months]; and
- we will give the [*policyholder* 31 days] advance written notice of an increase in rates.

5

6

APPLICATION

to Union Security Insurance Company

by [ABC Company, Inc.]

1

for group policy no. [G 1,234,567]

2

This application is executed in duplicate. One copy is to be attached to the *policy*. The other is to be returned to Union Security Insurance Company.

It is agreed that this Application replaces any prior application for the *policy*.

3

[10] or more lives must be insured on the Effective Date of the *policy*. [In addition, the number of lives to be insured on that date must be 20% of those eligible for insurance at that time.]

4

[ABC Company, Inc.]

(Full or Corporate Name of Applicant)

1

by _____

(Signature and Title)

Signed at _____

Date _____

Witness _____

(To be signed by Resident Agent where required by law)

[This copy is to remain attached to the *policy*.]

5

[This copy is to be returned to the *home office*.]

Union Security Insurance Company [2323 Grand Boulevard Kansas City
Missouri 64108-2670]

6

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS

Eligible [Participating Employers]

A [*participating employer*] will be eligible for insurance coverage for its [employees] if it satisfies the Eligibility and Participation Requirements below.

Eligibility Requirements

An employer must[:

- participate under *this trust*;
- be located in a state from which we will accept an application for insurance;
- be approved by us for coverage according to our underwriting rules in effect on the date of the application; and
- have at least 3 employees eligible for coverage].

1

Participation Requirements

A [*participating employer*] must have the following number of [employees and dependents insured:

- For any *noncontributory* insurance, all of its employees and their dependents who are eligible for insurance must become insured.
- For any *contributory* insurance:
 - if a *participating employer* has less than 4 employees eligible for insurance, all of its employees and their eligible dependents must become insured.
 - if a *participating employer* has at least 4 but less than 8 employees eligible for insurance, all but 1 employee and his or her eligible dependents must become insured.
 - if a *participating employer* has 8 or more employees eligible for insurance, 75% of its employees and their eligible dependents must become insured.]

2

[The number of eligible employees and dependents that must become insured will not include any employee or dependent who did not submit *proof of good health*, if required.] [Employees who have similar coverage as a dependent and dependents who have similar coverage as an employee will not be included to determine the above Participation Requirements.]

3

4

When a [Participating Employer's] Insurance Ends

The insurance coverage(s) for a [*participating employer*] and its [employees] will end for the reasons stated below.

- If a [*participating employer*] gives us advance written notice that insurance will end, the termination will occur on the later of the date stated in the notice or the date we receive it. In no event will the insurance continue after the grace period ends.

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS (continued)

- If any premium is not paid before the grace period ends, insurance will terminate when that period ends.
- If the [*participating employer*] fails to meet the Eligibility Requirements, the insurance will end immediately.
- If the [*participating employer*]:
 - i fails to meet the Participation Requirements[; or
 - i has less than 2 employees insured;]

5

we will notify the [*participating employer*] that the insurance will end. The insurance will end on the date stated in the notice. Notice will be given at least [31 days] before termination. We consider that notice is given when delivered or mailed to the last known address of the [*participating employer*].

6

- [If we give the *participating employer* 31 days advance written notice that insurance will end, the termination will occur on the date stated in the notice.]

7

If the date insurance ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

8

[As used in this provision, the grace period is 31 days from any premium due date.]

[The *participating employer's* insurance will not terminate if its *sponsoring association* ends its sponsorship in the Plans of Insurance.]

4

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 00,000]
Policyholder: [The ABC Company]
[Participation Number: 0]
[Participating Employer: The ABC Company]
Insurance Provided: [Group Accident Only Insurance – Contributory]
[Group Accident Only Insurance for Dependents – Contributory]
Effective Date: [July 1, 2009]

[signature] [signature]
[Secretary] [Executive Vice-President]

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of April 1, 2009].

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

By our signature below, we [decline] [accept] this Amendment:

[Policyholder] _____

By _____
Title

Date _____

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

AMENDMENT (continued)

[Effective July 1, 2009, the *policy* is amended as follows:]

14

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 00,000]
Policyholder: [The ABC Company]
[Participation Number: 0]
[Participating Employer: The ABC Company]
Insurance Provided: [Group Accident Only Insurance – Contributory]
[Group Accident Only Insurance for Dependents – Contributory]
Effective Date: [July 1, 2009]

[signature] [signature]
[Secretary] [Executive Vice-President]

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of April 1, 2009].

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

By our signature below, we [decline] [accept] this Amendment:

[Policyholder] _____

By _____
Title

Date _____

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

AMENDMENT (continued)

[Effective July 1, 2009, the *policy* is amended as follows:]

14

15

[At the request of the *policyholder*,] the term "spouse" shall also mean a [domestic partner]. A ["domestic partner"] is defined [in the *policyholder's* Declaration of Domestic Partnership agreement].

16

17

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 00,000]
Policyholder: [The ABC Company]
[Participation Number: 0]
[Participating Employer: The ABC Company]
Insurance Provided: [Group Accident Only Insurance – Contributory]
[Group Accident Only Insurance for Dependents – Contributory]
Effective Date: [July 1, 2009]

[signature]
[Secretary] [Executive Vice-President]

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of April 1, 2009].

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

By our signature below, we [decline] [accept] this Amendment:
[Policyholder] _____
By _____
Title
Date _____

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

AMENDMENT (continued)

[Effective July 1, 2009, the *policy* is amended as follows:]

14

1. The definition of *covered person* in the General Definitions is modified to read:

16

Covered person means a person who was [an eligible employee or member] insured under a group [accident only] insurance policy with us prior to becoming insured under the *policy*.

15

2. The definition of you and your in the General Definitions is modified to read:

You and your mean [an employee or member] insured under a group [accident only] policy with us prior to becoming insured under the *policy* who has met all the eligibility requirements for a coverage.

15

3. The Eligible Class provision for [employees] in the Schedule is modified to read:

[For employee insurance –] [Each person who was an employee insured under a group accident only insurance policy with us prior to becoming eligible for coverage under this *policy* and such prior policy included a Porting to a Group Portability Policy provision.]

17

- [4.] The following sentence is added to the Schedule Amount provision in the Schedule.

The [Schedule Amount] under this *policy* [for you or your *covered dependent*] will be equal to [or less than] the plan of insurance that was in force under a group [accident only] insurance policy with us prior to becoming insured under this *policy*[, as selected when you port to this *policy*].

18

- [5.] The Eligible Persons provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

To be eligible for insurance, [a person must:

- be a member of an *eligible class*; and
- have been a *covered person* insured under a group accident only insurance policy issued by us prior to porting to this *policy*.]

19

In no event is any person eligible for insurance under the *policy* if group [accident only] insurance ended under the prior policy because the person did not pay his or her share of the premium.

- [6.] The Effective Date for an Eligible Person provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

A person must apply for insurance on a form acceptable to us, and pay the premium within [31 days] after the person's coverage under the prior policy of group [accident only] insurance with us ends for a reason other than not paying his or her share of the premium. Insurance will take effect [on the date after insurance ends under the prior policy with us].

20

- [7.] The When a Person's Insurance Ends provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

A *covered person's* insurance will end [on the earliest of the following dates:

- the *policy* ends;]

21

AMENDMENT (continued)

- [the *policy* is changed to end the insurance for a person's *eligible class*;
- a person is no longer in an *eligible class*;
- a required contribution was not paid]; or
- all benefits paid or payable for the *covered person* under this *policy* reach the maximum amount payable as described in the Schedule.]

21

22

If none of above events occurs [prior to the *covered person's* 65th birthday], insurance will end on [the day before the *covered person's* 65th birthday]. If the *covered person* has not been insured under this *policy* [for 12 months on the date of his or her 65th birthday], insurance will end on the earliest of the reasons listed immediately above or [12 months from the date] the person became insured under this *policy*.

23

[8.] In the Eligible Dependents provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE the first paragraph is replaced with the following paragraphs:

Your *eligible dependent[s]* are:

- your lawful spouse, and
- your unmarried children from live birth but less than age 19, or less than age 25 if a full-time student]

who [were] insured under the prior policy of group [accident only] insurance policy issued by us prior to porting to this *policy*.

Your dependent will not be eligible under the *policy* if you are not insured under the *policy*. In no event is any dependent eligible for insurance under the *policy* if group [accident only] insurance ended under the prior policy because you did not pay your share of the premium.

24

[9.] The Dependent Effective Date provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

You must apply for dependent insurance on a form acceptable to us, and pay the premium within [31 days] after your coverage under the prior policy of group [accident only] insurance with us ends for a reason other than not paying your share of the premium. Insurance will take effect [on the date after insurance ends under the prior policy with us].

25

[10.] The When Dependent Insurance Ends provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

A dependent's insurance will end [on the earliest of the following dates:

- the *policy* ends;
- the *policy* is changed to end dependent insurance;]

26

AMENDMENT (continued)

- [that dependent is no longer eligible;
- your insurance for the same coverage under the *policy* ends;
- a required contribution for dependent insurance was not paid]; or
- all benefits paid or payable for you under this *policy* reach the maximum amount payable as described in the Schedule; or
- all benefits paid or payable for a *covered dependent* under this *policy* reach the maximum amount payable as described in the Schedule. *Critical Illness insurance* for *covered dependents* who have not reached the maximum amount payable will continue as long as all other *policy* provisions apply].

26

27

[11.] The following provision is added to the [ACCIDENT ONLY] INSURANCE pages.

Ported Insurance

Your [accident only] insurance under the prior policy ended for a reason other than you did pay your share of the premium and you elected to *port* the insurance that was currently in force. Your insurance [and your dependent insurance, if any,] under this group portability policy is a continuation of your insurance [and your dependent insurance, if any,] under the prior policy and all benefits, limitations and exclusions under the prior policy will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy. [You may either *port* the plan of insurance that was currently in force under the prior policy, or you may *port* to a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

28

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

29

[12.] The Incontestability provision in the CLAIMS PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to add the following paragraph:

Any reference to a 2 year insured period will include any time insured under the prior policy of group [accident only] insurance from which you ported.

[13.] The Certificates provision in the GENERAL PROVISIONS is changed to read as follows:

We will send a certificate to you. The certificate will state the insurance to which you are entitled. It does not change the provisions of the *policy*.

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

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

DISCLAIMER

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

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

Insurance companies or their agents are required by law to give or send you 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 coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insured 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 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 or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a 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.

NOTICE TO INSUREDS

If you have any questions about your insurance, please contact one of the following:

Union Security Insurance Company
Group Sales
9300 West 110th Street
Suite 270
Overland Park, KS 66210
Telephone: 913.469.8090

Union Security Insurance Company
Customer Relations
P.O. Box 419596
Kansas City, Missouri 64141-9958

800.442.7742

Arkansas Insurance Department
Consumer Services Division
Third and Cross Streets
Little Rock, AR 72201
Telephone: 501.371.2640

**CERTIFICATE OF
GROUP INSURANCE**

1

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your [Benefits Information form]. This Certificate is subject to the provisions of the below numbered *policy* issued by Union Security Insurance Company to the *policyholder*.

Policyholder:	[ABC Company]	2
[Participating Employer:	ABC Company]	3
Group Policy Number:	[1,234,567]	4
[Participation Number:	111111]	5
[Account Number:	1]	6
[Covered Person:	John Jones]	7
[Covered Person's Number:	12345]	8
Effective Date:	[09/01/2009]	9
Type of Insurance:	[Group Accident Only Insurance]	10

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the *policy*.

11 [signature]
[Executive Vice-President]

The Insurance in this Certificate is not in force unless accompanied by form Ben Info which names you as the *covered person* and includes the Type of Coverage and Effective Date of Coverage. Any coverage not listed on form Ben Info, even though described in this Certificate, does not apply to you.

The Insurance in this Certificate is
not in force unless accompanied by form
Ben Info.

Union Security Insurance Company

Benefit Information

1 [Covered Person's Name: John Jones Covered Person's Number: 000111222
Group Name: ABC Company Group Policy Number: 456789]

2 [Original] Effective Date of Coverage* **3** [Maximum Benefit]

Type of Coverage	[Original] Effective Date of Coverage*	[Maximum Benefit]
4 [Employee Accident Only	09/01/2009	**]
[Employee Cancer Only	09/01/2009	**]
[Employee Critical Illness	09/01/2009	**]
[Employee Hospital Indemnity	09/01/2009	**]
[Spouse Accident Only	09/01/2009	**]
[Spouse Cancer Only	09/01/2009	**]
[Spouse Critical Illness	09/01/2009	**]
[Spouse Hospital Indemnity	09/01/2009	**]
[Child Accident Only	09/01/2009	**]
[Child Cancer Only	09/01/2009	**]
[Child Critical Illness	09/01/2009	**]
[Child Hospital Indemnity	09/01/2009	**]

5

2 *The effective date of the benefits shown in the Certificate obtained from [your employer or designated website] may be later than the [Original] Effective Date of Coverage shown above. The effective date of all benefits is subject to the terms of the *policy* and this Certificate. In no event will a benefit changed or added by amendment to the *policy* become effective before the effective date of such amendment.

**The amount of insurance and benefit determining factors for this coverage appear in the Certificate obtained from [your employer or designated website].

5

6

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number:

[G 00,000]

1

Policyholder:

[The ABC Company]

2

[Participation Number:

0]

3

[Participating Employer:

The ABC Company]

4

Insurance Provided:

[Group Accident Only Insurance – Contributory]

[Group Accident Only Insurance for Dependents – Contributory]

5

Effective Date:

[July 1, 2009]

6

[This Should be Distributed to Current Persons Fitting This Class Description:]

[All employees]

7

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]

8

[Assistant Secretary]

Union Security Insurance Company

[2323 Grand Boulevard Kansas City, MO 64108-2670]

9

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective July 1, 2009, the Certificate is endorsed as follows:]

11

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number:

[G 00,000]

1

Policyholder:

[The ABC Company]

2

[Participation Number:

0]

3

[Participating Employer:

The ABC Company]

4

Insurance Provided:

[Group Accident Only Insurance – Contributory]

[Group Accident Only Insurance for Dependents – Contributory]

5

Effective Date:

[July 1, 2009]

6

[This Should be Distributed to Current Persons Fitting This Class Description:]

[All employees]

7

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]

8

[Assistant Secretary]

Union Security Insurance Company

[2323 Grand Boulevard Kansas City, MO 64108-2670]

9

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective July 1, 2009, the Certificate is endorsed as follows:]

11

12

[At the request of the *policyholder*,] the term "spouse" shall also mean a [domestic partner]. A ["domestic partner"] is defined [in the *policyholder's* Declaration of Domestic Partnership agreement].

13

14

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number:

[G 00,000]

1

Policyholder:

[The ABC Company]

2

[Participation Number:

0]

3

[Participating Employer:

The ABC Company]

4

Insurance Provided:

[Group Accident Only Insurance – Contributory]

[Group Accident Only Insurance for Dependents – Contributory]

5

Effective Date:

[July 1, 2009]

6

[This Should be Distributed to Current Persons Fitting This Class Description:]

[All employees]

7

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]

8

[Assistant Secretary]

Union Security Insurance Company

[2323 Grand Boulevard Kansas City, MO 64108-2670]

9

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective July 1, 2009, the Certificate is endorsed as follows:]

11

1. The definition of *covered person* in the General Definitions is modified to read:

13

Covered person means a person who was [an eligible employee or member] insured under a group [accident only] insurance policy with us prior to becoming insured under the *policy*.

12

2. The definition of you and your in the General Definitions is modified to read:

You and your mean [an employee or member] insured under a group [accident only] policy with us prior to becoming insured under the *policy* who has met all the eligibility requirements for a coverage.

12

3. The Eligible Class provision for employees in the Schedule is modified to read:

[For employee insurance –] [Each person who was an employee insured under a group accident only insurance policy with us prior to becoming eligible for coverage under this *policy* and such prior policy included a Porting to a Group Portability Policy provision.]

14

- [4.] The following sentence is added to the Schedule Amount provision in the Schedule.

The [Schedule Amount] under this *policy* for [you or your *covered dependent*] may be equal to [or less than] the plan of insurance that was in force under a group [accident only] insurance policy with us prior to becoming insured under this *policy* [, as selected when you port to this *policy*].

15

- [5.] The Eligible Persons provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

To be eligible for insurance, [a person must:

- be a member of an *eligible class*; and
- have been a *covered person* insured under a group accident only insurance policy issued by us prior to porting to this *policy*.]

16

In no event is any person eligible for insurance under the *policy* if group [accident only] insurance ended under the prior policy because the person did not pay his or her share of the premium.

- [6.] The Effective Date for an Eligible Person provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR ACCIDENT ONLY INSURANCE is modified to read:

A person must apply for insurance on a form acceptable to us, and pay the premium within [31 days] after the person's coverage under the prior policy of group [accident only] insurance policy with us ends for a reason other than not paying his or her share of the premium. Insurance will take effect [on the date after insurance ends under the prior policy with us].

17

ENDORSEMENT (continued)

[7]. The When a Person's Insurance Ends provision in the ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

A *covered person's* insurance will end [on the earliest of the following dates:

18

- the *policy* ends;
- the *policy* is changed to end the insurance for a person's *eligible class*;
- a person is no longer in an *eligible class*;
- a required contribution was not paid]; or
- all benefits paid or payable for a *covered person* under this *policy* reach the maximum amount payable as described in the Schedule.]

19

If none of above events occurs [prior to the *covered person's* 65th birthday], insurance will end on [the day before the *covered person's* 65th birthday]. If the *covered person* has not been insured under this *policy* [for 12 months on the date of his or her 65th birthday], insurance will end on the earliest of the reasons listed immediately above or [12 months from the date] the person became insured under this *policy*.

20

[8.] In the Eligible Dependents provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE the first paragraph is replaced with the following paragraphs:

21

Your *eligible dependent[s]* are:

- your lawful spouse, and
- your unmarried children from live birth but less than age 19, or less than age 25 if a full-time student]

who [were] insured under the prior policy of group [accident only] insurance policy issued by us prior to porting to this *policy*.

Your dependent will not be eligible under the *policy* if you are not insured under the *policy*. In no event is any dependent eligible for insurance under the *policy* if group [accident only] insurance policy ended under the prior policy because you did not pay your share of the premium.

[9.] The Dependent Effective Date provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

22

You must apply for dependent insurance on a form acceptable to us, and pay the premium within [31 days] after your coverage under the prior policy of group [accident only] insurance policy with us ends for a reason other than not paying your share of the premium. Insurance will take effect [on the date after insurance ends under the prior policy with us].

ENDORSEMENT (continued)

[10.] The When Dependent Insurance Ends provision in the DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to read:

A dependent's insurance will end [on the earliest of the following dates:

- the *policy* ends;
- the *policy* is changed to end dependent insurance;
- that dependent is no longer eligible;
- your insurance for the same coverage under the *policy* ends;
- a required contribution for dependent insurance was not paid[]; or
- all benefits paid or payable for you under this *policy* reach the maximum amount payable as described in the Schedule; or
- all benefits paid or payable for a *covered dependent* under this *policy* reach the maximum amount payable as described in the Schedule. *Critical Illness insurance* for *covered dependents* who have not reached the maximum amount payable will continue as long as all other *policy* provisions apply].

23

24

[11.] The following provision is added to the [ACCIDENT ONLY] INSURANCE pages.

Ported Insurance

Your [accident only] insurance under the prior policy ended for a reason other than you did pay your share of the premium and you elected to *port* the insurance that was currently in force. Your insurance [and your dependent insurance, if any,] under this group portability policy is a continuation of your insurance [and your dependent insurance, if any,] under the prior policy and all benefits, limitations and exclusions under the prior policy will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy. [You may either *port* the plan of insurance that was currently in force under the prior policy, or you may *port* to a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

25

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

26

[12.] The Certificates provision in the GENERAL PROVISIONS is changed to read as follows:

We will send certificates to you. The certificate will state the insurance to which you are entitled. It does not change the provisions of the *policy*.

[13.] The Incontestability provision in the CLAIMS PROVISIONS FOR [ACCIDENT ONLY] INSURANCE is modified to add the following paragraph:

Any reference to a 2 year insured period will include any time insured under the prior policy of group [accident only] insurance from which you ported.

DEFINITIONS FOR ACCIDENT ONLY INSURANCE

Accident means a sudden, unforeseen, external and unexpected event, which results in an *injury* to you [or your *covered dependent*] and which occurs while you [or your *covered dependent* is] insured under the *policy*. *Accident* does not include any *sickness*, cerebrovascular accident (stroke) or any drug overdose unless the drugs were used as prescribed by a *doctor*.

Accident only insurance means the group accident only insurance under the *policy* issued by us to the *policyholder*.

Accidental death means death caused by an *accident*, independent of *sickness*, bodily infirmity, or any other cause and which is not excluded in the General Exclusions section.

1

Ambulatory surgical center means a licensed or accredited facility that provides medical or surgical intervention requiring care for immediate (day of procedure), pre-procedure and immediate post-procedure care. The total length of care is [less than 24 hours]. A *doctor* must be directly involved in the care.

2

Beneficiary means the person or entity you choose to receive your amount of insurance at your death.

3

Benefit year means [a calendar year beginning on January 1 of any year and ending on December 31 of that year].

4

Chip fracture means a bone *fracture diagnosed* by a *doctor* interpreting an x-ray or other imaging test showing that part of the bone close to a joint has broken-off at a ligament attachment point.

Clinic means an institution, building or part of a building where *outpatients* receive *treatment for diagnoses*.

Coma means you [or your *covered dependent* has] been *diagnosed* with a condition from which you [or your *covered dependent*] cannot be aroused and which requires an external life support system, both of which have persisted continuously for [at least 168 hours].

5

Common carrier means a transportation vehicle licensed by a government agency to charge passengers money for transportation. Under this *policy*, only the following are considered *common carriers*: buses, trolleys, airplanes, boats or trains, provided the vehicle operates on a regularly scheduled basis from point to point. Neither taxis nor chartered airplane flights are considered *common carriers* under this *policy*.

Diagnosed, diagnosis or *diagnoses* means an evaluation of your [or your *covered dependent's*] medical condition that is performed by a *doctor* whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the [American Board of Medical Specialties] criteria. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to *nationally recognized authorities*. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated:

6

- if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the [American Board of Professional Psychology] in the area of clinical neuropsychology;
- if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the [American Thoracic Society] criteria; and

6

6

DEFINITIONS FOR ACCIDENT ONLY INSURANCE (continued)

- if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the [American College of Sports Medicine or American Heart Association] standards.

6

Disabled and disability means that:

- [within 30 days] of an *off the job accident*, an *injury* prevents your *covered dependent* spouse from performing the material duties of any occupation for which your spouse is qualified by education, training, and experience;
- your *covered dependent* spouse is not working at any occupation; and
- your *covered dependent* spouse is under the regular care and attendance of a *doctor*.

7

Dislocation means a totally disconnected joint. To be covered under this *policy*, the *dislocation* must be *diagnosed* [within 72 hours] of an *accident* by a *doctor* and it must require correction by *reduction*, open or closed, performed by a *doctor*. *Dislocations* do not include subluxations.

8

Dismemberment means the total removal including amputation, or accidental cutting or tearing off substantially all of one of the body parts listed below. Under this *policy*, a body part is considered "totally removed" even if it is reattached after total removal. With the exception of the eye as noted below, loss of use is not *dismemberment*. *Dismemberment* is further defined with respect to particular body parts as follows:

- Eye: removal of the eye or permanent loss of central visual acuity that cannot be corrected to [20/200 or better];
- Arm: removal above the elbow;
- Finger: removal at or near the first interphalangeal joint where it attaches to the hand;
- Hand: removal above the wrist;
- Leg: removal above the knee;
- Foot: removal above the ankle; and
- Toe: removal at the first interphalangeal joint where it attaches to the foot.

9

Emergency room means the department of the *hospital* that is staffed 24 hours a day and equipped to provide emergency care to patients with *sicknesses* and *injuries* which may be life-threatening or require immediate medical *treatment*.

Fracture means a break in a bone. To be covered under this *policy*, the break must be *diagnosed* [within 14 days] of an *accident* by a *doctor* interpreting an x-ray or other imaging test that shows the break.

10

General anesthesia means the induction of a state of unconsciousness with the absence of pain sensation over the entire body, through the administration of anesthetic drugs used during a medical or surgical procedure. It must require respiratory support by a *doctor* or certified registered nurse anesthetist (CRNA).

DEFINITIONS FOR ACCIDENT ONLY INSURANCE (continued)

Hospital means an institution which is primarily engaged in providing, by and under the supervision of *doctors*, diagnostic and therapeutic services for medical *diagnosis*, *treatment* and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- maintain clinical records on all patients;
- have every patient be under the care of a *doctor*;
- provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse;
- be licensed or be approved by the state or local licensing agency;
- meet other health and safety requirements found necessary by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]; and
- is not primarily a *clinic*, nursing, rest or convalescent home.

6

Hospital confined or *hospital confinement* means admission to a *hospital* as an *inpatient* for [at least 24 consecutive hours] by a *doctor* for an *injury*. A *hospital* stay that does not result in charges to you [or your *covered dependent*] is not a *hospital confinement* under this *policy* unless there is no charge because the *hospital* is a United States government facility.

11

Injury means unintentional physical damage or harm caused directly by an *accident* and not due to *sickness*, disease or any other causes. The *injury* must occur while you [or your *covered dependent* is] insured under the *policy*.

Inpatient means a patient who is admitted to a *hospital* for an *injury*.

Intensive care unit (ICU) means a designated section of a *hospital* for the medical care of critically ill patients that qualifies for listing in the [American Hospital Association Guide] under its definition of an intensive care unit, a cardiac intensive care unit or a neonatal intensive care unit. An *ICU* must be separate from other ordinary *hospital* rooms or wards (including the surgical recovery ward) and be permanently equipped with lifesaving equipment including sophisticated monitoring and resuscitative equipment and there must be constant and continual observation of patients by nurses assigned exclusively to the *ICU*.

12

Lifetime means the period of time you [or your *covered dependent* is] alive.

Nationally recognized authorities means [the American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute,] and any additional organizations we choose which attain similar status.

6

Off the job accident means an *injury* to you [or your *covered dependent*] that does not arise out of or occur in the course of any work that you [or your *covered dependent* does] for pay or benefits.

On the job accident means an *injury* to you [or your *covered dependent*] that arises out of or occurs in the course of any work that you [or your *covered dependent* does] for pay or benefits.

DEFINITIONS FOR ACCIDENT ONLY INSURANCE (continued)

Outpatient means a patient who is not admitted to a *hospital* but instead is cared for elsewhere such as a *doctor's* office, *clinic* or day surgery center for an *injury*.

Paralysis means you [or your *covered dependent* has] been *diagnosed* with total and irreversible loss of voluntary movement in muscles due to *injury* of associated nerves that is consecutively present for [30 days], but shall not include any *paralysis* caused by a stroke.

13

Paraplegia means the *paralysis* of both lower extremities.

Period of disability means the time that begins on the day your *covered dependent* spouse becomes *disabled* and ends on the day your spouse is no longer *disabled*.

14

Period of hospital confinement means *hospital confinement* for a continuous and uninterrupted period of time while under the regular care and attendance of a *doctor*. A new *period of hospital confinement* will begin if a new *hospital confinement* occurs [30 or more days] after the end of the previous *hospital confinement* or if the *hospital confinement* results from a completely independent cause from the previous *hospital confinement*.

13

Physical therapist or *physiotherapist* means a licensed medical professional providing rehabilitative services and therapy to help restore bodily functions such as walking or the use of limbs.

Port means to convert to a group portability policy.

15

Prosthesis means an artificial replacement for a missing or defective body part excluding hearing aids, wigs or any dental aids.

Quadriplegia means the *paralysis* of both upper extremities and lower extremities.

Reduction means a *fracture* or *dislocation* repair procedure which may be by manipulation (closed) or surgery (open).

Rehabilitation unit means a facility or separate section of a *hospital* that is designated, staffed and equipped to provide restorative services under the supervision of a trained and experienced rehabilitation medicine *doctor*. A facility must be accredited by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)] and licensed or approved by the state or local licensing agency.

16

Second degree burns means you [or your *covered dependent* has] been *diagnosed* with damage to the epidermis and dermis skin layers.

Sickness means a disease, illness or other condition not related to *injury* including diseases or infections resulting from bug bites, stings or infestations by microorganisms.

Third degree burns means you [or your *covered dependent* has] been *diagnosed* with damage to the epidermis, dermis and hypodermis skin layers.

Treatment means any medical service, procedure, consultation, advice, tests, observation, supplies, equipment, x-rays or surgery, including the prescription of drugs or use of prescription drugs or insulin.

SUMMARY OF GROUP ACCIDENT ONLY INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Accident Only Insurance

- 1 [There may be certain benefits and amounts a *covered person* may be eligible to elect and the coverage in force for a *covered person* or *covered dependent* will depend on any elections made.]
- 2 The *policy* pays a fixed benefit when a *covered person* [or *covered dependent*] becomes *injured*[, dismembered or dies] due to a *covered accident*. The *policy* explains the situations in which a *covered person* [or *covered dependent*] will receive limited or no benefits.
- 3 [The *policy* includes a portability provision. If a person's *accident only insurance* ends under certain circumstances, it may be possible to *port* the person's *accident only insurance* and the person's dependent *accident only insurance*, if any.]
- 3 Premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid as a result of an *accident*.

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT: This is a limited *policy*.
This is an *accident only policy*.
It does not pay benefits for *sickness* or loss from any other cause.

**Please read
the insurance
policy carefully.**

SCHEDULE (continued)

13	Initial Accident Hospitalization, limited to [once each <i>benefit year</i>]:	[\$1,000]
	ICU Initial Accident Hospitalization	[\$1,500]
	(payable instead of Initial Accident Hospitalization, if confined immediately to <i>ICU</i>)	

14	Intensive Care Unit Confinement: [\$500 daily], limited to [15 days] for each <i>accident</i> [This is paid in addition to any Accident Hospital Confinement benefit.]
----	---

Accident Specific-Sum Injuries:

		3rd Degree Burns	2nd Degree Burns																								
15	<ul style="list-style-type: none"> Burns on the body's surface: <ul style="list-style-type: none"> [More than 20 but not more than 40 square centimeters] [\$1,000] [\$400] [More than 40 but not more than 65 square centimeters] [\$2,000] [\$800] [More than 65 but not more than 160 square centimeters] [\$6,000] [\$1,200] [More than 160 but not more than 225 square centimeters] [\$14,000] [\$1,600] [225 or more square centimeters] [\$20,000] [\$2,000] 																										
16	<ul style="list-style-type: none"> Skin Grafts. If you [or your <i>covered dependent</i> receives] one or more skin grafts for a <i>second degree burn</i> or a <i>third degree burn</i>, we will pay [50%] of the total burn benefit amount we paid for the burn involved. 																										
17	<ul style="list-style-type: none"> Coma: [\$20,000] 																										
18	<ul style="list-style-type: none"> Concussion (brain): [\$100] 																										
19	<ul style="list-style-type: none"> Dislocation with <i>reduction</i> under <i>general anesthesia</i>, limited to [2 <i>dislocations</i>] per <i>accident</i>. <table border="1" style="margin-left: 40px; width: 80%;"> <thead> <tr> <th></th> <th style="text-align: center;">Open Reduction</th> <th style="text-align: center;">Closed Reduction</th> </tr> </thead> <tbody> <tr> <td>Ankle or foot (excluding toes)</td> <td align="center">[\$1,000]</td> <td align="center">[\$300]</td> </tr> <tr> <td>Collar bone</td> <td align="center">[\$1,600]</td> <td align="center">[\$300]</td> </tr> <tr> <td>Hip</td> <td align="center">[\$4,000]</td> <td align="center">[\$1,000]</td> </tr> <tr> <td>Knee or shoulder</td> <td align="center">[\$1,000]</td> <td align="center">[\$400]</td> </tr> <tr> <td>Lower jaw</td> <td align="center">[\$1,000]</td> <td align="center">[\$500]</td> </tr> <tr> <td>Toe or finger</td> <td align="center">[\$200]</td> <td align="center">[\$100]</td> </tr> <tr> <td>Wrist or elbow</td> <td align="center">[\$800]</td> <td align="center">[\$400]</td> </tr> </tbody> </table> 		Open Reduction	Closed Reduction	Ankle or foot (excluding toes)	[\$1,000]	[\$300]	Collar bone	[\$1,600]	[\$300]	Hip	[\$4,000]	[\$1,000]	Knee or shoulder	[\$1,000]	[\$400]	Lower jaw	[\$1,000]	[\$500]	Toe or finger	[\$200]	[\$100]	Wrist or elbow	[\$800]	[\$400]		
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If a *doctor* performs a *reduction* for a *dislocation* without *general anesthesia*, we will pay [25%] of the amount shown for the closed *reduction dislocation*.

SCHEDULE (continued)

- 20 • Emergency dental work, limited to [1 benefit] per *accident*:

Broken teeth repaired with crowns	[\$300]
Broken teeth resulting in extractions	[\$100]

- 21 • Eye Injury:

Surgical repair	[\$500]
Removal of foreign body by a <i>doctor</i>	[\$130]

- 22 • Fractures, limited to [2 fractures] per *accident*:

	Open Reduction	Closed Reduction
Coccyx	[\$400]	[\$200]
Foot (excluding toes/heel)	[\$1,000]	[\$500]
Hand (excluding fingers)	[\$1,000]	[\$500]
Hip	[\$4,000]	[\$2,000]
Leg	[\$2,000]	[\$1,000]
Lower jaw	[\$1,000]	[\$500]
Nose, heel, or finger	[\$1,000]	[\$200]
Rib	[\$2,000]	[\$200]
Shoulder blade or forearm	[\$1,000]	[\$500]
Skull		
Depressed	[\$3,000]	[\$3,000]
Not depressed	[\$1,000]	[\$1,000]
Toe	[\$400]	[\$200]
Upper jaw, upper arm or face (excluding nose)	[\$1,200]	[\$600]
Vertebrae (body of), pelvis (excluding coccyx), or sternum	[\$2,000]	[\$1,000]
Vertebral processes	[\$2,000]	[\$300]
Wrist, elbow, ankle or kneecap	[\$1,000]	[\$500]

We will pay [25%] of the benefit amount shown for the closed *reduction* for *chip fractures* and other *fractures* not reduced by open or closed *reduction*.

- 23 • Lacerations:

Laceration(s) not requiring sutures and treated by a <i>doctor</i>	[\$100]
Single lacerations less than [5 centimeters] requiring sutures	[\$100]
Lacerations at least [5 centimeters but not more than 15 centimeters] requiring sutures (total of all lacerations)	[\$400]
Lacerations [over 15 centimeters] requiring sutures (total of all lacerations)	[\$800]

- 24 • Paralysis (payable only [once] per *lifetime*):

<i>Quadriplegia</i>	[\$50,000]
<i>Paraplegia</i>	[\$25,000]

- 25 • Surgical Procedures (performed [within 90 days] of the *accident*):

Repair of:	
Tendons and/or ligaments	[\$1,000]
Torn rotator cuffs	[\$1,000]
Ruptured discs	[\$1,000]
Torn knee cartilages	[\$1,000]
Arthroscopy without surgical repair	[\$500]
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	[\$2,000]

SCHEDULE (continued)

25	Miscellaneous surgery requiring <i>general anesthesia</i> that is not covered by any other specific-sum <i>injury</i> benefit (Only one miscellaneous surgery benefit is payable per [24 hour] period even though more than one surgical procedure may be performed)	[\$500]
26	<p>Accidental Death:</p> <p style="padding-left: 20px;">[Covered person or covered dependent spouse:] [A covered person may choose \$50,000 or \$100,000]</p> <p style="padding-left: 20px;">[Covered dependent child:] [\$20,000]</p> <p>Result of a <i>common carrier accident</i>:</p> <p style="padding-left: 20px;">[Covered person or covered dependent spouse:] [\$150,000]</p> <p style="padding-left: 20px;">[Covered dependent child:] [\$75,000]</p> <p>The <i>common carrier</i> Accidental Death benefit will be paid if death is a result of a <i>common carrier accident</i>; otherwise the regular Accidental Death benefit will be paid, but not both.</p> <p>Accidental Dismemberment:</p> <p style="padding-left: 20px;">Two eyes, feet, hands, arms or legs</p> <p style="padding-left: 40px;">[Covered person or covered dependent spouse:] [\$50,000]</p> <p style="padding-left: 40px;">[Covered dependent child:] [\$20,000]</p> <p style="padding-left: 20px;">Both arms and both legs</p> <p style="padding-left: 40px;">[Covered person or covered dependent spouse:] [\$50,000]</p> <p style="padding-left: 40px;">[Covered dependent child:] [\$20,000]</p> <p style="padding-left: 20px;">One or more fingers or toes</p> <p style="padding-left: 40px;">[Covered person or covered dependent spouse:] [\$2,500]</p> <p style="padding-left: 40px;">[Covered dependent child:] [\$1,000]</p> <p style="padding-left: 20px;">One eye, foot, hand, arm or leg</p> <p style="padding-left: 40px;">[Covered person or covered dependent spouse:] [\$12,500]</p> <p style="padding-left: 40px;">[Covered dependent child:] [\$5,000]</p>	
27	<p>Ambulance:</p> <p style="padding-left: 20px;">Ground [\$200]</p> <p style="padding-left: 20px;">Air [\$1,500]</p>	
28	Appliances (payable for [1 appliance] for any <i>accident</i>): Wheelchairs, leg or back braces, crutches or walkers	[\$125]
29	Blood/Plasma/Platelets (payable [once] for any <i>accident</i>):	[\$200]
30	Lodging: [\$100 daily], [limited to 1 benefit per day and a] <i>benefit year</i> maximum of [30 days] for each <i>accident</i>	
31	Major Diagnostic Exams:	[\$200 per <i>benefit year</i>]
32	Physical Therapy:	[\$25] per day, not to exceed [10 days] of <i>treatment</i>

SCHEDULE (continued)

33 Prosthesis: [\$500], limited to [1 *prosthesis*] per *accident*

34 Rehabilitation Unit: [\$150] per day, limited to [30 days] per period of confinement and limited to [60 days] per *benefit year*

35 Transportation: [\$500], limited to [3 round trips] per *benefit year*

36 [The following benefit is only provided if you have elected coverage for your *covered dependent* spouse and you have elected the Spouse Off the Job Accident Disability Benefit.]

Spouse Off the Job Accident Disability Benefit

Weekly Benefit: [\$50]

Date Benefits Start: For *disability* due to *accident* - [the 31st] consecutive day of *disability*

Maximum Benefit Period: [13 weeks] for any *period of disability* for any one *accident*

Benefits for less than a week will be 1/7 of the Weekly Benefit for each day of *disability*.

37

Plan Changes

[Plan Changes at Annual Enrollment

You may choose to change your plan of insurance from January 1 through January 31 of each year, the annual enrollment period agreed upon by the *policyholder* and us.

The effective date of a change made during the annual enrollment period will be the policy anniversary. Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

Change in Family Status

You may apply for insurance [or change your plan of insurance,] [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan].

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the request].

[If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be the first of the month occurring on or after the date of the request.]

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR ACCIDENT ONLY INSURANCE

1 Eligible Persons

To be eligible for insurance, [a person must:

- be a member of an *eligible class*; and
- complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that.]

Effective Date for an Eligible Person

2 [Any *non-contributory* insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]

3 [For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium.]

4 • [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]

5 • [If the application is made on the date the person becomes eligible, or within 31 days after that, insurance will take effect on the Entry Date occurring on or after the date of the application.]

6 • [If application is made more than 31 days after the day the person becomes eligible or after insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Insurance will take effect on the policy anniversary occurring on or after the date of the application.]

7 In no event will a person's insurance take effect before the [*policyholder's*] effective date.

Exception to Effective Date

8 If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

When a Person's Insurance Ends

A covered person's insurance will end [on the earliest of the following dates:

- 9
- the *policy* or *participating employer's* application ends;
 - the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
 - a person is no longer in an *eligible class*;
 - a person stops *active work*; or]

ELIGIBILITY AND TERMINATION PROVISIONS FOR ACCIDENT ONLY INSURANCE (continued)

9

- [a required contribution was not paid; or
- a person's employer is no longer a *participating employer*].

10

If your insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

11

Continuance of Insurance

If a person is unable to perform *active work* for a reason shown below, the [*policyholder*] may continue the person's insurance [and the person's dependent insurance, if any,] on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *accident only insurance* is the longest applicable period described below:

- [12 months* for *injury, sickness, or pregnancy*;
- 3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:
 - i the federal Family and Medical Leave Act; or
 - i any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.]

12

Reinstatement

If a person re-enters an Eligible Class [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR ACCIDENT ONLY INSURANCE

Eligible Dependents

Your *eligible dependent[s]* are:

- 1
- your lawful spouse, and
 - your unmarried children from live birth but less than age 19, or less than age 25 if a full-time student].

2 ["Children" include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children are also included if they depend on you for support and maintenance. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

3 An *eligible dependent* [will not] include any person who is a member of an *eligible class*. An *eligible dependent* may [not] be covered by more than 1 *covered person*.

Dependent Effective Date

4 [Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule in the *policy*.]

5 [For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.]

6

- [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]

7

- [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.]

8

- [If you apply more than 31 days after the dependent becomes eligible or after dependent insurance ended because the premium was not paid, application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of your application.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

9 [If an *eligible dependent* is in a *hospital* or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the *hospital* or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

**DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR
ACCIDENT ONLY INSURANCE (continued)**

When Dependent Insurance Ends

A dependent's insurance will end [on the earliest of the following dates:

- | | |
|----|---|
| 10 | <ul style="list-style-type: none">• the <i>policy</i> or <i>participating employer's</i> application ends;• the <i>policy</i> or <i>participating employer's</i> application is changed to end dependent insurance;• that dependent is no longer eligible;• your insurance for the same coverage under the <i>policy</i> or <i>participating employer's</i> application ends; or• a required contribution for dependent insurance was not paid; or• a person's employer is no longer a <i>participating employer</i>]. |
|----|---|

11	If your and your dependent insurance ends, you may be eligible to <i>port</i> your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.
----	--

CONTINUITY OF COVERAGE FOR ACCIDENT ONLY INSURANCE

Definitions

1

Prior plan means the [*policyholder's*] plan of group accident only insurance, if any, under which you were insured on the day before the Effective Date of the [*policy*].

2

3

Prior plan includes accident only insurance coverage provided through individual policies if:

- Your coverage was provided to classes of [employees or members] defined in terms of conditions pertaining to [employment or membership];
- Your coverage was not available to the general public and can be obtained or maintained only because of your [membership in or connection with the *policyholder*];
- Your premiums are collected through an arrangement for bulk payment of premiums such as payroll deduction; and
- The plan was sponsored by the [*policyholder*].

Prior plan benefits mean the benefits, if any, that would have been paid to you under the *prior plan* had it remained in effect, and had you continued to be insured under the *prior plan*.

Continuity of Coverage

2

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* but are not at *active work* on the Effective Date of the [*policy*].

2

If you are not at *active work* on the Effective Date of the [*policy*] due to a disability, you will not become insured under the *policy*. However, we will cover you for the *prior plan benefits* until the earliest of:

- the date you return to *active work*; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

2

If you are not at *active work* on the Effective Date of the [*policy*] due to a reason other than a disability, and would otherwise be eligible to become insured under the *policy*, we will cover you for the *prior plan benefits* until the earlier of:

- the date you return to *active work*; or
- the date coverage ends, according to the *policy*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

CONTINUITY OF COVERAGE FOR ACCIDENT ONLY INSURANCE (continued)

4

Continuity of Coverage for Your Dependents

If the *policy* replaces the *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* but are in a *hospital* or similar facility on the Effective Date of the [*policy*].

If an *eligible dependent* is in a *hospital* or similar facility on the Effective Date of the [*policy*], the dependent will not become insured under the *policy*. However, we will cover the dependent for the *prior plan benefits* until the earliest of:

- the day after the dependent leaves the *hospital* or similar facility; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

Maximum Benefit Credit

If the *policy* replaces the *prior plan*, all paid benefits applied to the maximum benefit amounts or maximum durations under the *prior plan* will also be applied to the maximum benefit amounts or maximum durations under this *policy*.

ACCIDENT ONLY INSURANCE

Insurance Provided

1

We will pay the benefit amounts shown in the Schedule if your [or your *covered dependent's*] [death, *dismemberment* or] *injury* is caused by an [*on the job accident* or] *off the job accident*. Any [death, *dismemberment*, or] *injury* must be independent of *sickness* or bodily infirmity, or of any cause other than an *accident*. Any benefits are subject to the provisions of the *policy*.

2

The following provisions set forth the benefits which are provided under this *policy*. The *accident* must occur while you [or your *covered dependent* is] insured under this *policy*. Any benefit is subject to the limitations and exclusions described in this *policy*. For benefits to be paid as a result of an *accident*, any required premiums must continue be paid[, either] under the *policy* [or under the group portability policy, if eligible].

3

[Some of the benefits described in the *policy* may not apply, depending on the plan selected.]

4

Accident Emergency Treatment

When you [or your *covered dependent* receives] *treatment* from a *doctor* in an *emergency room* for an *injury*, we will pay the Accident Emergency Treatment amount shown in the Schedule per *accident*, provided the *treatment* is received [within 72 hours] of the *accident*. This benefit will be paid [for you or your *covered dependent*] only once for each *accident* and not more than once per [24 hour] period.

5

Accident Follow-Up Treatment

When you [or your *covered dependent* receives] *treatment* in an *emergency room* for an *injury* [within 72 hours] of an *accident* and then later receives follow-up *treatment* from a *doctor* at a *doctor's* office or at a *hospital* as an *outpatient*, we will pay the Accident Follow-Up Treatment amount shown in the Schedule per day [for you or your *covered dependent*] for each *treatment*, not to exceed [6 payments] for an *accident*. The *treatment* must start no later than [30 days] from the *emergency room* or *hospital* discharge. We will not pay this benefit for the same days that the Physical Therapy benefit is paid. However, if you [or your *covered dependent* is] eligible for both the Accident Follow-Up Treatment benefit and the Physical Therapy benefit on the same day, we will pay the higher benefit.

6

Accident Hospital Confinement

We will pay the Accident Hospital Confinement amount shown in the Schedule for each day that you [or your *covered dependent* is] *hospital confined* because of an *injury*, provided that the first day of *hospital confinement* is [within 30 days] of the *accident*. We will not pay for more than [365 days] for each *accident* [and we will not pay this benefit for the same days that the Rehabilitation Unit benefit is paid. However, if you or your *covered dependent* is *hospital confined* and transferred to a bed in a *rehabilitation unit*, on the day you or your *covered dependent* is transferred and you or your *covered dependent* is eligible for both the Accident Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.]

7

Initial Accident Hospitalization

If you [or your *covered dependent* is] *hospital confined* due to an *injury*, [within 30 days] of the *accident*, we will pay the Initial Accident Hospitalization amount shown in the Schedule. If you [or your *covered dependent* is] confined immediately to the *intensive care unit*, we will pay the ICU Initial Accident Hospitalization amount shown in the Schedule instead. We will only pay the benefit under this provision once for an *accident* and only [once each *benefit year*] [for you or your *covered dependent*].

8

ACCIDENT ONLY INSURANCE (continued)

Intensive Care Unit Confinement

For each day you [or your *covered dependent* is] *hospital confined* in an *intensive care unit* due to an *injury*, we will pay, in addition to benefits payable for *hospital confinement*, the Intensive Care Unit Confinement amount shown in the Schedule, provided the first *intensive care unit* charge is incurred [within 30 days] of the *accident*. We will not pay this benefit for more than [15 days] for each *accident* [for you or your *covered dependent*].

9

Accident Specific-Sum Injuries

We will pay the Accident Specific-Sum Injuries amounts shown in the Schedule for the following benefits if you [or your *covered dependent* receives] *treatment* for the following *injuries* sustained in an *accident*.

- *Second degree burns* or *third degree burns* that cover [more than 20 square centimeters] of the body's surface, if you [or your *covered dependent* receives] *treatment* from a *doctor* [within 72 hours] of an *accident*. 10
- *Skin Grafts*. If you [or your *covered dependent* receives] one or more skin grafts for a *second degree burn* or *third degree burn*, we will pay [50%] of the total burn benefit amount we paid for the burn involved. 11
- *Coma*, *diagnosed* [within 30 days] of the *accident*. 12
- *Brain concussion*, if you [or your *covered dependent* suffers] a significant blow to the head which results in unconsciousness and is *diagnosed* by a *doctor* using x-ray, CT scan or MRI (magnetic resonance imaging) [within 72 hours] of an *accident*. 13
- *Dislocation* with *reduction* under *general anesthesia*. We will pay for no more than [2 *dislocations*] per *accident* [for you or your *covered dependent*]. Benefits are payable for only the first *dislocation* of a joint. 14

If a *doctor* performs a *reduction* for a *dislocation* without *general anesthesia*, we will pay [25%] of the amount shown in the Schedule for the closed *reduction dislocation*. 15

- *Emergency dental work* for broken teeth either repaired with crowns or extracted, which must be performed [within 72 hours] of the *accident*. We will pay for no more than [one dental benefit] per *accident* [for you or your *covered dependent*]. 16
- *Eye injury* requiring surgical repair or removal of a foreign body from the eye by a *doctor*.
- *Fractures*. We will pay [25%] of the benefit amount shown in the Schedule for the closed *reduction* for *chip fractures* and other *fractures* not reduced by open or closed *reduction*. We will pay for no more than [2 *fractures*] per *accident* [for you or your *covered dependent*] [and will pay the 2 highest applicable benefit amounts]. 17
- *Lacerations* described in the Schedule, which must be repaired [within 72 hours] of the *accident* and repaired under the attendance of a *doctor*. 13
- *Paralysis*. If you [or your *covered dependent* suffers] *paralysis* as a result of an *accident*, we will pay a benefit for *quadriplegia* or *paraplegia*. The duration of the *paralysis* must be a minimum of [30 days] and must be *diagnosed* [within 90 days] of an *accident*. This benefit will be payable [once] per *lifetime* [for you or your *covered dependent*]. 18

ACCIDENT ONLY INSURANCE (continued)

- Surgical Procedures, which must be performed [within 90 days] of an *accident*. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be paid based upon the most expensive procedure.

19

Accidental Death

If [within 365 days] of an *accident* you [or your *covered dependent* dies] due to the *accident*, we will pay the Accidental Death amount shown in the Schedule. If the death is a result of a *common carrier accident*, we will pay the *common carrier* amount shown in the Schedule instead of the regular Accidental Death benefit. If an Accidental Dismemberment benefit is paid and you [or your *covered dependent*] subsequently [dies] from the same *accident*, any Accidental Death benefit resulting from the same *accident* will be reduced by the amount of the Accidental Dismemberment benefit paid.

20

Accidental Dismemberment

If as the result of an *accident* you [or your *covered dependent* suffers] *dismemberment* [within 365 days] of the *accident*, we will pay once per *accident* the highest applicable Accidental Dismemberment amount shown in the Schedule. This benefit will not be paid if the Accidental Death benefit is paid. However, if an Accidental Dismemberment benefit is paid and you [or your *covered dependent*] subsequently [dies] from the same *accident*, any Accidental Death benefit resulting from the same *accident* will be reduced by the amount of the Accidental Dismemberment benefit paid.

Ambulance

We will pay the Ambulance amount shown in the Schedule if a licensed professional ambulance is used to transport you [or your *covered dependent*] to a *hospital* due to an *injury* [within 72 hours] of an *accident*.

21

Appliances

We will pay the Appliances amount shown in the Schedule for wheelchairs, leg or back braces, crutches or walkers if the appliance is prescribed by a *doctor* as necessary due to an *injury*. You [or your *covered dependent* is] limited to only [one appliance] amount per *accident*.

22

Blood/Plasma/Platelets

We will pay the Blood/Plasma/Platelets amount shown in the Schedule when you [or your *covered dependent* receives] a transfusion of a blood product including plasma or platelets (but not immunoglobulins) because of an *injury*. This benefit is limited to [one payment] [for you or your *covered dependent*] per *accident*.

23

Lodging

If you [or your *covered dependent* is] *hospital confined* more than [100 miles] from your [or your *covered dependent*'s] residence as a result of an *injury*, we will pay the Lodging amount shown in the Schedule for each day [you or] an adult family companion who accompanies you [or your *covered dependent*] is charged for a hotel near the *hospital*. The Lodging amount is limited to [a maximum of 1 benefit per day and] a *benefit year* maximum of [30 days] for each *accident*.

24

ACCIDENT ONLY INSURANCE (continued)

Major Diagnostic Exams

If, as a result of an *injury* and [within 72 hours] of the *accident*, a *doctor* prescribes or requests that you [or your *covered dependent* receives] an angiogram, arteriogram, CT scan, EEG (electroencephalogram), or MRI (magnetic resonance imaging), and the exam is performed in a *hospital*, *ambulatory surgery center* or *doctor's office*, we will pay the Major Diagnostic Exams amount shown in the Schedule per *benefit year* when an exam charge is incurred, unless there is no charge because the exam is performed in a United States government facility.

13

Physical Therapy

If

- you [or your *covered dependent*] received *treatment* for an *injury* in an *emergency room* or *hospital* [within 72 hours] of an *accident*;
- a *doctor* prescribes additional *treatment* with a *physical therapist* for that *injury*; and
- the *treatment* from the *physical therapist* starts [within 30 days] of the *accident* or discharge from the *hospital* or *emergency room*;

25

then we will pay the Physical Therapy amount shown in the Schedule for each day of *treatment* by the *physical therapist*. We will not pay more than [10 days] of *treatment* by the *physical therapist* and we will not pay for any such *treatment* which occurs more than [6 months] after the *accident* or *hospital* or *emergency room* discharge, whichever is later. [We will not pay this benefit if the Accident Follow-Up Treatment benefit is paid for the same days. However, if you or your *covered dependent* is eligible for both the Accident Follow-Up Treatment benefit and the Physical Therapy benefit on the same day, we will pay the higher benefit.]

Prosthesis

We will pay the Prosthesis amount shown in the Schedule for a prosthesis prescribed by a *doctor* as necessary due to an *injury*. You [or your *covered dependent* is] limited to [one *prosthesis*] per *accident*.

26

Rehabilitation Unit

We will pay the Rehabilitation Unit amount shown in the Schedule for each day you [or your *covered dependent* is] confined to a bed in a *rehabilitation unit* due to an *injury*.

We will pay this benefit for up to [30 days] for any one period of confinement in a *rehabilitation unit*. Confinements in a *rehabilitation unit* will be considered as part of the same period of confinement in a *rehabilitation unit* if they are:

- due to the same or related *accident*; and
- separated by less than [30 days].

This benefit is limited to [60 days] per *benefit year*.

The Accident Hospital Confinement benefit will not be paid for the same days that the Rehabilitation Unit benefit is paid. However, if you [or your *covered dependent* is] *hospital confined* and transferred to a bed in a *rehabilitation unit*, on the day you [or your *covered dependent* is] transferred and you [or your *covered dependent* is] eligible for both the Accident Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.

27

ACCIDENT ONLY INSURANCE (continued)

Transportation

We will pay the Transportation amount shown in the Schedule upon completion of a round trip to transport you [or your *covered dependent*] to a *hospital* if the purpose of the trip is to obtain medical care prescribed by your [or your *covered dependent's*] attending *doctor* for *treatment* of an *injury* that is not available [within 100 miles] of the *accident* or your [or your *covered dependent's*] residence. We will pay this benefit only for your [or your *covered dependent's*] transportation. [However, we will pay this benefit upon completion of round trip commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a *covered dependent* child and he or she is accompanied by a parent or guardian.] This benefit is limited to [3 round trips] per *benefit year* [for you or your *covered dependent*, including trips in which the *covered dependent* child is accompanied by a parent or guardian]. This benefit will not be paid for transportation by ground ambulance or air ambulance.

28

Spouse Off the Job Accident Disability Benefit

[This benefit applies to you only if you have elected coverage for your *covered dependent* spouse and you have elected the Spouse Off the Job Accident Disability Benefit.]

Insurance Provided

If your *covered dependent* spouse becomes *disabled* due to an *off the job accident* [within 30 days] of the *accident* that occurs while insured under the *policy*, we will pay the Spouse Off the Job Accident Disability Benefit after your spouse satisfies the Date Benefits Start provision. We will pay the Weekly Benefit as long as your *covered dependent* spouse remains *disabled*. We will not pay beyond the Maximum Benefit Period for any *period of disability* for any one *accident*. Any benefits are subject to the provisions of the *policy*.

Exclusions

We will not pay benefits for any part of a *period of disability* during which:

- your *covered dependent* spouse is working for pay or other remuneration; or
- your *covered dependent* spouse is receiving benefits under any Workers' Compensation Act (or a similar law).

We will not pay benefits for a *period of disability* if your *covered dependent* spouse becomes *disabled* as a result of:

- committing [an assault or] felony; or
- an *injury* that arises out of or occurs in the course of any occupation for pay or profit.

29

ACCIDENT ONLY INSURANCE (continued)

Beneficiary

You may change the *beneficiary* for any *accidental death* benefit at any time. Any request to name or change the *beneficiary* must be in writing on a form acceptable to us and signed by you. After we receive the request at [our *home office*], the change will take effect on the date you signed it. A *beneficiary* change will be without prejudice to us for any payment we made before we received notice in [our *home office*].

[You may also send a request to change the *beneficiary* to the main office of the *policyholder*. The change must be made in a manner acceptable to us.]

[Until you name a *beneficiary* under our *policy*, your *beneficiary* is the person or persons you last named as beneficiary under the previous group accident only policy sponsored by the *policyholder*, an *associated company*, or your employer.]

If you named more than 1 *beneficiary*, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a *beneficiary* dies before you do, the rights and interest of that *beneficiary* will end.

If no *beneficiary* is living or existing when you die, or if none was named, or if the *beneficiary* is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- [your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate].

30

a

b

c

d

Spendthrift

As permitted by law, the benefits under the *policy* are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your *beneficiary*.

31

General Exclusions

We will not pay benefits for you [or your *covered dependent*] if the *accident* or *injury* results, directly or indirectly, from:

- Service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not;
- War or any act of war, whether declared or not;
- Taking part in a riot or insurrection, or an act of riot or insurrection;
- Committing or attempting to commit [an assault or] felony;

32

ACCIDENT ONLY INSURANCE (continued)

- Incarceration in a penal institution of any kind;
- Intoxication (intoxication means your [or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs);
- Use of any drug, unless used as prescribed by a *doctor*;
- Intentionally self-inflicted injury[, while sane or insane]; 33
- Suicide or attempted suicide[, while sane or insane];
- Travel or flight in any kind of aircraft, including any aircraft owned by or for the [*policyholder* or an *associated company*,] except as a fare-paying passenger on a *common carrier*; 34
- Participation in any kind of sporting activity for compensation or profit, including coaching or officiating;
- Participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats;
- [Participation in mountaineering, operating a glider, bungee jumping or skydiving;] 35
- [Operating a taxi or any other delivery service for any kind of compensation or profit;] 35
- Any physical or mental *sickness* or related complications; [or]
- *Treatment* or complications of *treatment*[; or]
- [Any work you or your *covered dependent* does for pay or benefits.] 36

We will not pay benefits for you [or your *covered dependent*] relating to or resulting from any of the following:

- Services or *treatment* not included in the Schedule;
- Services or *treatment* for which you [or your *covered dependent* is] not charged, unless there is no charge because the facility is a United States government facility;
- Services or *treatment* provided by a *family member*;
- Services or *treatment* rendered or *hospital confinement* outside the United States; or
- Dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an *accident*.

ACCIDENT ONLY INSURANCE (continued)

37

Porting to a Group Portability Policy

If all of your *accident only insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to *port* your insurance [and your dependent insurance] currently in force. [You must *port* your *accident only insurance* in order to *port* your *covered dependent's accident only insurance*. A *covered dependent* may not *port* his or her *accident only insurance*.] Your insurance under the group portability policy will be a continuation of your insurance [and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *accident only insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If an *accident* occurs [within 31 days] after your *accident only insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due.

The insurance can be continued under the group portability policy [until the later of the day before your 65th birthday or 12 months from the date your coverage under the *policy* ends]. [You may either *port* the plan of insurance that is currently in force, or you may *port* to a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

Assignment

[Neither you nor your *covered dependent* can] assign any of the *accident only insurance* benefits.

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CLAIM PROVISIONS FOR ACCIDENT ONLY INSURANCE

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

Death Benefits:

We will pay the Accidental Death benefit in the event of your death to your *beneficiary*. [We will pay the Accidental Death benefit in the event of the death of your *covered dependent* to you. If you are not living or are disqualified by operation of law, we will pay the deceased dependent's estate.]

[If no *beneficiary* is living at your death, we may pay part of your *accidental death* insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.]

[All Other Benefits:]

We will pay [all other] benefits to you, if you are living. However, if medical evidence indicates that a legal guardian should be appointed, we will hold further benefits due until such time as a guardian of your estate is appointed and we will pay benefits to such guardian at that time. If any amount remains unpaid when you die, we will pay your estate.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

You [or your *beneficiary*] must send us notice of the claim. We must have written notice of any insured loss [within 30 days after it occurs], or as soon as reasonably possible. You can send the notice to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators]. We need enough information to identify you as a *covered person*.

[Within 15 days] after the date of your notice, we will send you [or your *beneficiary*] certain claim forms. The forms must be completed and sent to [our *home office* or to one of our regional group claims offices]. If you [or your *beneficiary* does] not receive the claim forms [within 15 days], we will accept a written description of the exact nature and extent of the loss.

The time limit for filing a claim is [90 days] after the date of the loss, *treatment* or service.

Proof of Loss

Written proof of loss must be furnished to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators] [within 90 days] after the occurrence or commencement of any covered loss.

In the case of claims for loss for which this *policy* provides any periodic payment contingent upon continuing loss, proof of loss must be furnished [within 90 days] after the termination of the period for which we are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

CLAIM PROVISIONS FOR ACCIDENT ONLY INSURANCE (continued)

You [or your *beneficiary*] must provide us with all of the information we specify as necessary to determine proof of loss and decide our liability. This may include but is not limited to medical records, hospital records, pharmacy records, test results, therapy and office notes, mental health progress notes, medical exams and consultations, tax returns, business records, Workers' Compensation records, payroll and attendance records, billing records, invoices, receipts, police reports[, autopsy reports] and investigative reports. 9

You [or your *beneficiary*] must provide us with a written authorization allowing the sources of relevant information to release documents to us which enables us to decide our liability. If you do not provide us with the items and authorization necessary to allow us to determine our liability, we will not pay benefits.

Right to Examine or Interview

9 We may ask you [or your *covered dependent*] to be examined as often as we require at any time we choose. [For an *accidental death* claim, we may have an exam or autopsy performed, before or after burial, where allowed by law.] We may require you [or your *covered dependent*] to be interviewed by our authorized representative. We will pay third party charges for any independent medical exam or interview which we require. If you [or your *covered dependent* fails] to attend or fully participate, we will not pay benefits.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Review Procedure

10 A review of a denial of any claim must be requested [within 60 days (180 days for Spouse Off the Job Accident Disability Benefit)] after receipt of the notice of denial.

You [or your *beneficiary* has] the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and you [or your *beneficiary*] may submit written comments, documents, records and other information relating to the claim for benefits.

10 We will review the claim after receiving the request and send a notice of our decision [within 60 days (45 days for Spouse Off the Job Accident Disability Benefit)] after we receive the request, or [within 120 days (90 days for Spouse Off the Job Accident Disability Benefit)] if special circumstances require an extension. We will state the reasons for our decision and reference the relevant provisions of the *policy*. We will also advise of further appeal rights, if any.

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person* [or the *beneficiary*].

3 No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred [or *disability* starting] after coverage has been in effect for 2 years.

CLAIM PROVISIONS FOR ACCIDENT ONLY INSURANCE (continued)

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Overpayment

We have the right to recover any overpayments due to:

- fraud; or
- any administrative error we make in processing a claim.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

We will not recover more money than the amount we paid you. However, we reserve the right to recover any prior or current overpayment from a claim under the *policy*.

SUMMARY OF GROUP ACCIDENT ONLY INSURANCE

This summary is intended to help understand your group insurance. It does not change any of its provisions.

Accident Only Insurance

1

[There may be certain benefits and amounts you may be eligible to elect and the coverage in force for you or a *covered dependent* will depend on any elections made.]

2

The *policy* pays a fixed benefit when you [or a *covered dependent* becomes] *injured*, dismembered or dies] due to a *covered accident*. The *policy* explains the situations in which you [or a *covered dependent*] will receive limited or no benefits.

3

[The *policy* includes a portability provision. If your *accident only insurance* ends under certain circumstances, it may be possible to *port* your *accident only insurance* and your dependent's *accident only insurance*, if any.]

3

Premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid as a result of an *accident*.

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT: The benefits of this certificate are provided under a limited *policy*. This is an *accident only* certificate. It does not pay benefits for *sickness* or loss from any other cause.

Please read your certificate carefully.

DEFINITIONS FOR CANCER ONLY INSURANCE

1 *Accredited practitioner* means a *naturopathic doctor, ayurvedic practitioner, acupuncturist, bio-feedback practitioner, hypnotherapist, or massage therapist* who is licensed (if applicable) under the laws of the state where *treatment* is received as qualified to treat the type of condition for which a claim is made. If licensed, the practitioner must be practicing within the scope of his or her license.

1 *Acupuncture* means a therapy that involves puncture with long thin needles into established body points for symptom relief or for anesthesia.

2 *Acupuncturist* means an *accredited practitioner* who has been trained and certified by the [National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)]. He or she may be called ["Diplomat in Acupuncture (NCCAOM)"] or represented as ["National Board Certified in Acupuncture (NCCAOM)"] and is currently licensed, if required, in the state that he or she practices.

4 *Ambulatory surgical center* means a licensed or accredited facility that provides medical or surgical intervention requiring care for immediate (day of procedure), pre-procedure and immediate post-procedure care. The total length of care is [less than 24 hours]. A *doctor* must be directly involved in the care.

5 *Ayurvedic medicine* means a practice of health promotion, disease prevention, and personal growth that includes physical, psychological and spiritual aspects. Ayurvedic practices are intended to promote well being and reduce stress and may include [yoga, meditation, massage, dietary changes and herbs].

3 *Ayurvedic practitioner* means an *accredited practitioner* who has been certified through the [American Association of Drugless Accredited Practitioners for Ayurvedic Medicine].

6 *Benefit year* means a [calendar year beginning on January 1 of any year and ending on December 31 of that year].

1 *Bio-feedback* means a therapy that trains and uses the mind to control body functions that are typically regulated automatically such as muscle tension, heart rate, blood pressure or temperature.

3 *Bio-feedback practitioner* means an *accredited practitioner* who has a bachelor's degree in a health related profession, such as a degree in medicine, osteopathy or *naturopathic* medicine and who has received certification from the [Biofeedback Society of America] and is currently licensed in the state that he or she practices.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

7

Bone marrow transplant means a procedure in which a patient's bone marrow is replaced with cellular elements to reconstitute the bone marrow. It may be preceded by chemotherapy, radiotherapy or other treatments which cause residual bone marrow to be destroyed. The collection of stem cells or other peripheral blood cells and their later reinfusion is not a *bone marrow transplant*.

8

Cancer means you [or your *covered dependent* has] been *diagnosed* with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. *Cancer* includes carcinomas in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as [myelodysplastic and myeloproliferative disorders, leukoplakia, hyperplasia, and nonmalignant melanoma will not be considered *cancer*].

Cancer only insurance means the group *cancer only insurance* under the *policy* issued by us to the *policyholder*.

Clinic means an institution, building or part of a building where *outpatients* receive *treatment for diagnoses*.

9

Cytotoxic means chemotherapeutic medications prescribed by a *doctor* for *diagnosed cancer* and that cause cell damage primarily by targeting cell growth. These medications do not include *immunotherapy*, hormones, or hormone antagonists.

10

Diagnosed, diagnosis or diagnoses means an evaluation of your [or your *covered dependent's*] medical condition that is performed by a *doctor* whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the [American Board of Medical Specialties criteria]. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to *nationally recognized authorities*. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated:

10

- if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the [American Board of Professional Psychology] in the area of clinical neuropsychology;

10

- if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the [American Thoracic Society criteria]; and

10

- if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the [American College of Sports Medicine] or [American Heart Association] standards.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

11 *Extended-care facility* means an accredited medical institution that provides prolonged skilled nursing or medical care including a skilled nursing facility, a rehabilitation unit or facility, a transition care unit or any bed designated as a swing bed, or to a section of the *hospital* used in that manner as approved by Medicare. It does not include any institution which is primarily for the care and treatment of mental disease.

General anesthesia means the induction of a state of unconsciousness with the absence of pain sensation over the entire body, through the administration of anesthetic drugs used during a medical or surgical procedure. It must require respiratory support by a *doctor* or certified registered nurse anesthetist (CRNA).

11 *Hospice* means an organization that provides medical services in an *inpatient*, *outpatient* or home setting to support and care for persons who are terminally ill with a life expectancy of [6 months or less] as certified by a *doctor*. A *hospice* must meet all of the following requirements:

- 10
- Comply with all state licensing requirements.
 - Be Medicare certified and/or accredited by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)].
 - Provide a *treatment* plan and services under the direction of a doctor.
 - An inpatient *hospice* facility must meet all of the following requirements in addition to the requirements above:
 - Be a dedicated unit within an Acute Medical Facility or a Subacute Rehabilitation Facility or a separate facility that provides hospice services on an inpatient basis.
 - Be licensed by the state in which the services are rendered to provide inpatient hospice services.
 - Be staffed by an on call doctor 24 hours per day.
 - Provide nursing services supervised by an on duty registered nurse 24 hours per day.
 - Maintain daily clinical records.
 - Admit patients who have a terminal illness.
 - Not provide patients with services that involve active intervention for the terminal illness although ongoing care for comorbid conditions and palliative care for the terminal illness may be provided.

Hospital means an institution which is primarily engaged in providing, by and under the supervision of *doctors* to *inpatients*, diagnostic and therapeutic services for medical *diagnosis*, *treatment* and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- maintain clinical records on all patients;
- have every patient be under the care of a *doctor*;
- provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse;
- be licensed or be approved by the state or local licensing agency;

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

10

- meet other health and safety requirements found necessary by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]; and
- is not primarily a *clinic*, nursing, rest or convalescent home.

13

Hospital confined or *hospital confinement* means admission to a *hospital* as an *inpatient* for [at least 24 consecutive hours] by a *doctor* for an *injury* or sickness. A *hospital* stay that does not result in charges to you [or your *covered dependent* is] not a *hospital confinement* under this *policy* unless there is no charge because the *hospital* is a United States government facility.

3

Hypnotherapist means an *accredited practitioner* who has been certified by the [American Board of Hypnotherapy] or the [American Clinical Board of Hypnotherapy].

1

Hypnosis means a change in a person's conscious awareness, induced by another person, which may alter memory and consciousness, increase susceptibility to suggestion, and bring about responses and ideas that may be considered unusual.

Injury means unintentional physical damage or harm caused directly by an *accident* and not due to *sickness*, disease or any other causes.

1

Immunotherapy means *treatments* intended to improve the immune system by providing antibodies, colony stimulating factors, or immunoglobulins for the purpose of treating *cancer*.

Inpatient means a patient who is admitted to a *hospital* for an *injury* or sickness.

14

Internal cancer means a *cancer* contained within the body. *Internal cancers* do not include *cancers* of the skin except for melanomas classified as [Clark's Level III and higher] or [a Breslow level greater than or equal to 1.5mm].

Lifetime means the period of time you [or your *covered dependent* is] alive.

15

Massage therapist means an *accredited practitioner* who is a graduate of a program accredited by the [American Massage Therapy] and has completed the [National Certification Exam].

16

Massage therapy means the manipulation of the soft tissue of the body with the objective of normalizing the tissue. Forms of *massage therapy* are limited to [sports massage, manual lymph drainage, Swedish massage, deep tissue massage, and neuro-muscular massage].

17

Mental illness means a mental disorder as listed in the [current edition of the Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]. A *mental illness*, as so defined, may be related to or be caused by physical or biological factors, or result in physical symptoms or expressions. For the purposes of the *policy*, *mental illness* does not include any mental disorder listed within any of the following categories found in the [Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]:

10

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

- Mental Retardation;
- Motor Skills Disorder;
- Pervasive Developmental Disorders;
- Delirium, Dementia, and Amnesic and other Cognitive Disorders;
- Schizophrenia; and
- Narcolepsy, Obstructive Sleep Apnea, and Sleep Disorder due to a general medical condition.

10 *Nationally recognized authorities* means the [American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute], and any additional organizations we choose which attain similar status.

18 *Naturopathic doctor* means an *accredited practitioner* who has graduated from a [four year naturopathic medical school], which is accredited by the [Council on Naturopathic Medical Education].

1 *Naturopathic treatment* means the services and *treatments* used by a *naturopathic doctor* in the course of *treatment* for a covered illness.

1 *Naturopathy/naturopathic* means the art, science, philosophy and practice of *diagnosis*, treatment and prevention of illness, using the least invasive, most physiologically supportive method possible. The practice of *naturopathy* identifies and treats the cause of an illness or disease rather than the symptoms of an illness and usually includes a plan of prevention that includes education and alteration of mental, emotional, genetic, social, spiritual and other lifestyle factors.

19 *NCI-designated cancer center* means a facility, having a current [National Cancer Institute (NCI)] designation, that provides *treatment* for or research concerning *cancer*.

20 *NCI-listed* means a *cancer treatment* protocol that is listed in the [National Cancer Institute's (NCI) Physician Data Query (PDQ)]. The [PDQ is an online database that contains] *cancer* information summaries, listings of clinical trials, and directories of *doctors* and organizations involved in *cancer* care.

Outpatient means a patient who is not admitted to a *hospital* but instead is cared for elsewhere such as a *doctor's office*, *clinic*, or day surgery center for an *injury* or sickness.

DEFINITIONS FOR CANCER ONLY INSURANCE (continued)

1 *Palliative care* means *treatment* or services designed to reduce the severity of a condition or symptoms without curing the underlying disease.

21 *Period of hospital confinement* means *hospital confinement* for a continuous and uninterrupted period of time while under the regular care and attendance of a *doctor*. A new *period of hospital confinement* will begin if a new *hospital confinement* occurs [30 or more days] after the end of the previous *hospital confinement* or if the *hospital confinement* results from a completely independent cause from the previous *hospital confinement*.

22 *Port* means to convert to a group portability policy.

23 *Prosthesis* or *prosthetic* means an artificial replacement for a missing or defective body part.

24 *Stem cell transplant* means the delivery of autologous or allogeneic stem cells to a person who has received chemotherapy or radiation to treat *internal cancer*. This definition does not include allogeneic or autogeneic bone marrow collection and infusion of bone marrow under *general anesthesia*.

25 *Timely applicant* means a person whose application for insurance is received by us no later than [31 days] after becoming eligible for insurance under the *policy*.

Treatment means any medical service, procedure, consultation, advice, tests, observation, supplies, equipment, x-rays or surgery, including the prescription of drugs or use of prescription drugs.

SUMMARY OF GROUP CANCER ONLY INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Cancer Only Insurance

1 [There may be certain benefits and amounts a *covered person* may be eligible to elect, and the coverage in force for a *covered person* or *covered dependent* will depend on any elections made.]

2 This is a *cancer only policy*. It does not pay benefits for loss from any other cause. The *policy* pays benefits if a *covered person* [or *covered dependent* is] *diagnosed* with *cancer* and receives services or *treatment* for *cancer* after the *covered person's* [or *covered dependent's*] effective date and while the *policy* is in force. The *policy* explains which expenses receive limited or no benefits. [In addition, waiting periods and pre-existing condition exclusions may apply.]

3 [The *policy* includes a portability provision. If a person's *cancer only insurance* ends under certain circumstances, it may be possible to *port* the person's *cancer only insurance* and the person's dependent *cancer only insurance*, if any.]

3 Premiums must continue to be paid, [either] under the *policy* [or under the group portability policy, if eligible, for benefits to be paid].

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT: This is a limited *policy*.

This is a *cancer only policy*.

It does not pay benefits for loss from any other cause.

**This is NOT a medical insurance *policy*, Medicare Supplement *policy*
or a high deductible health plan.**

**Please read
the insurance
policy carefully.**

SCHEDULE

1

2

[Eligible Class: For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,
who is at *active work*, and
who is working in the United States of America,
except any temporary or seasonal worker.]

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

3

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

4

[Associated Companies: None]

5

[Present Service Requirement: None

Future Service Requirement: None]

6

[Entry Date: An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

7

[Minimum Participation Requirements:]

[Number: 5]

[Percentage: 20% for employee insurance
20% for dependent insurance]

Cancer Only Insurance

8

[At the time of enrollment, you may be eligible to select the level of coverage. If you are eligible to select a level of coverage, the level selected must be the same for both you and your *covered dependents*, if any.

Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.

We will pay the benefits corresponding to the level you selected as shown below.

You may change your Plan Level according to the Plan Changes provision below.]

9

[Any limitation applies separately to you and each *covered dependent*.]

Please see the Cancer Only Insurance provisions for a complete description of benefits, limitations and exclusions.

SCHEDULE (continued)

10	<p>Maximum [Level] Without Proof of Good Health:</p> <p><i>Proof of good health</i> is required for all [levels of coverage].</p> <p>OR</p> <p>Maximum [Level] Without Proof of Good Health:</p> <p>Coverage under [Level I] is available without <i>proof of good health</i> for <i>timely applicants</i>. <i>Proof of good health</i> is always required for coverage under [Level II].</p>
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Schedule Amount:

11	Cancer Screening: Limited to [once per <i>benefit year</i>]	<u>[Level I]</u> [\$50]	<u>[Level II]</u> [\$75]
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12	Hospital Confinement: Limited to [90 days per <i>period of hospital confinement</i>]	<u>[Level I]</u> [\$200 per day]	<u>[Level II]</u> [\$400 per day]
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13	Radiation and Chemotherapy:	<u>[Level I]</u>	<u>[Level II]</u>
	[Injected Cytotoxic Medications]	[\$75 per day not to exceed \$750 per month]	[\$250 per day not to exceed \$1,500 per month]
	[First Prescription Pump Dispensed Cytotoxic Medications]	[\$75 not to exceed \$750 per month]	[\$250 not to exceed \$1,500 per month]
	[Refill Pump Dispensed Cytotoxic Medications]	[\$75 per refill not to exceed \$750 per month]	[\$250 per refill not to exceed \$1,500 per month]
	[Oral Cytotoxic Medications]	[\$75 per prescription not to exceed \$750 per month]	[\$250 per prescription not to exceed \$1,500 per month]
	[Cytotoxic Medications Administration by Any Other Method]	[\$75 per day not to exceed \$750 per month]	[\$250 per day not to exceed \$1,500 per month]
	[Radiation Therapy]	[\$150 per day]	[\$250 per day]
	[Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium]	[\$150 per insertion]	[\$250 per insertion]
	[Radiation Administration by Any Other Method]	[\$75 per day not to exceed \$750 per month]	[\$250 per day not to exceed \$1,500 per month]

SCHEDULE (continued)

14	In-hospital Blood and Plasma:	<u>[Level I]</u> [\$50]	<u>[Level II]</u> [\$50]
15	Outpatient Blood and Plasma:	<u>[Level I]</u> [\$50]	<u>[Level II]</u> [\$50]
16	Extended-care Facility: Limited to a maximum of [90 days per <i>benefit year</i>]	<u>[Level I]</u> [\$200 per day]	<u>[Level II]</u> [\$200 per day]
17	Hospice: Limited to a maximum of [100 days per <i>lifetime</i>]	<u>[Level I]</u> [\$100 per day]	<u>[Level II]</u> [\$100 per day]
18	In-hospital Doctor Visits: Limited to a maximum of [75 visits]	<u>[Level I]</u> [\$25 per daily visit]	<u>[Level II]</u> [\$25 per daily visit]
19	Post-hospital Doctor Visits: Limited to [once every 6 months] not to exceed [5 years after the <i>diagnosis of cancer</i>]	<u>[Level I]</u> [\$50 per visit]	<u>[Level II]</u> [\$50 per visit]
20	Prosthesis:	<u>[Level I]</u>	<u>[Level II]</u>
	Surgically Implanted Devices	[\$2,000 per device not to exceed a <i>lifetime</i> maximum of \$4,000]	[\$3,000 per device not to exceed a <i>lifetime</i> maximum of \$6,000]
	Other Devices	[\$200 per device not to exceed a <i>lifetime</i> maximum of \$400]	[\$300 per device not to exceed a <i>lifetime</i> maximum of \$600]
21	Ambulance Benefit: Limited to [2 one-way trips per <i>period of hospital confinement</i>]	<u>[Level I]</u> [\$250]	<u>[Level II]</u> [\$250 Ground] [\$2,000 Air]
22	Lodging: Limited to [1 benefit per day] not to exceed a maximum of [90 days per <i>benefit year</i>]	<u>[Level I]</u> [\$50 per day]	<u>[Level II]</u> [\$100 per day]

SCHEDULE (continued)

23	Second Surgical Opinion: Limited to [once per surgical procedure]	<u>[Level I]</u> [\$200]	<u>[Level II]</u> [\$200]
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24	Skin Cancer: Biopsy only Reconstructive surgery following previous excision of skin cancer Excision of skin cancer without flap or graft Excision of skin cancer with flap or graft	<u>[Level I]</u> [\$100] [\$250] [\$375] [\$600]	<u>[Level II]</u> [\$100] [\$250] [\$375] [\$600]
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25	Surgery and General Anesthesia for Internal Cancer: Limited to a [combined] maximum of [\$2,000 for Level I] for [one operation] Limited to a [combined] maximum of [\$7,500 for Level II] for [one operation]		
	<u>[Level I & II]</u> General Anesthesia Benefit	<u>[Level I & II]</u> Surgical Benefit	
	<u>Procedure</u>		
	[Mandible- Mandibulectomy	\$760	\$2,300
	Misc- Pathological hip fracture	\$400	\$1,200
	Breast – Needle biopsy	\$50	\$150
	Breast – Excisional biopsy	\$50	\$150
	Breast - Lumpectomy	\$100	\$300
	Breast - Mastectomy partial	\$100	\$300
	Breast - Mastectomy simple	\$180	\$550
	Breast - Mastectomy radical	\$400	\$1,200
	Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
	Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
	Throat - Laryngoscopy	\$50	\$150
	Throat - Tracheostomy	\$50	\$150
	Chest - Bronchoscopy	\$70	\$200
	Chest - Thoracentesis	\$50	\$150
	Chest - Thoracostomy	\$50	\$150
	Chest - Thoracotomy	\$165	\$500
	Chest - Pneumonectomy	\$400	\$1,200
	Chest - Lobectomy	\$365	\$1,100
	Chest - Wedge resection	\$250	\$750
	Misc – Venous-catheters/venous port (chemo)	\$50	\$150]

SCHEDULE (continued)

25

Surgery and General Anesthesia for Internal Cancer (continued)	[Level I & II]	[Level I & II]
<u>Procedure</u>	<u>General Anesthesia Benefit</u>	<u>Surgical Benefit</u>
[Misc – Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision of lymph nodes	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$255	\$775
Lymphatic - Lymphadenectomy (unilateral)	\$365	\$1,100
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth – Resection of palate	\$200	\$600]
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands – Radical neck dissection	\$730	\$2,200
Mouth – Tonsil/Mucous membranes	\$290	\$875
Esophagus – Resection of esophagus	\$1,155	\$3,500
Esophagus – Esophagoscopy	\$50	\$150
Stomach – Gastrosocopy	\$75	\$225
Intestines - ERCP	\$135	\$400
Esophagus – Esophagogastrectomy	\$305	\$925
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach - Gastrojejunostomy	\$265	\$800
Intestines - Resection of small intestine	\$305	\$925
Intestines - Colectomy	\$265	\$800
Intestines - Ileostomy	\$250	\$750
Intestines - Colostomy/or revision of	\$200	\$600
Intestines - Excesional on rectum for biopsy	\$70	\$200
Intestines - Abdominal-perineal resection	\$400	\$1,200
Intestines - Proctosigmoidoscopy	\$50	\$150
Intestines - Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen - Cholecystectomy	\$250	\$750
Pancreas - Pancreatectomy	\$400	\$1,200
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas - Jejunostomy	\$530	\$1,600
Abdomen – Exploratory laparotomy	\$175	\$525
Abdomen – Paracentesis	\$50	\$150
Kidney –Nephrectomy (simple)	\$300	\$900]

SCHEDULE (continued)

25

Surgery and General Anesthesia for Internal Cancer (continued)	[Level I & II]	[Level I & II]
<u>Procedure</u>	<u>General Anesthesia Benefit</u>	<u>Surgical Benefit</u>
[Kidney - Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate - Cystoscopy	\$50	\$150
Bladder - Cystoscopy	\$50	\$150
Bladder - (TUR) transurethral resection bladder tumors	\$135	\$400
Prostate - (TUR) transurethral resection prostate	\$265	\$800
Penis - amputation, partial	\$175	\$525
Penis - amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate - Needle biopsy	\$50	\$150
Prostate - Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive - Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600
Spine - Cordotomy	\$430	\$1,300
Spine - Laminectomy	\$1,090	\$3,300
Eye - Enucleation	\$265	\$800
Radium Implants - Insertion	\$365	\$1,100
Radium Implants - Removal	\$200	\$600]

SCHEDULE (continued)

26	First Occurrence: Limited to [once per <i>lifetime</i>] [A 30 day waiting period applies]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$5,000]
27	Alternative Care: Integrative Assessment and Education Benefit Limited to a [one time benefit] Palliative Care Benefit Limited to [20 visits per <i>benefit year</i>] [<i>Lifetime</i>] maximum of [2 <i>benefit years</i>] Lifestyle Benefit Limited to [20 visits per <i>benefit year</i>] [<i>Lifetime</i>] maximum of [2 <i>benefit years</i>]	<u>[Level I]</u> [Not Covered] [Not Covered] [Not Covered]	<u>[Level II]</u> [\$150] [\$50 per visit] [\$50 per visit]
28	Experimental Treatment: Oral, Injected or Pump Dispensed Medications	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$150 per day] [\$1,050 per month]
29	Medical Imaging: Limited to [once per <i>benefit year</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$100]
30	[National Cancer Institute] Evaluation/Consultation: Limited to [once per <i>lifetime</i>]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$500]
31	Anti-nausea:	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$100 per month]
32	Bone Marrow Transplant: Limited to [once per <i>lifetime</i> *] Stem Cell Transplant: Limited to [once per <i>lifetime</i> *] [*Benefits will only be paid once per <i>lifetime</i> for either a <i>bone marrow transplant</i> or <i>stem cell transplant</i> , not both.]	<u>[Level I]</u> [Not Covered] [Not Covered]	<u>[Level II]</u> [\$10,000 for you or your <i>covered dependent</i> \$1,500 to the bone marrow donor] [\$2,500]
33	Immunotherapy:	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$450 per month not to exceed a <i>lifetime</i> maximum of \$3,500]

SCHEDULE (continued)

34	<p>Home Health Care: Limited to a maximum of [10 visits after any <i>period of hospital confinement</i>] not to exceed a maximum of [30 visits per <i>benefit year</i>]</p>	<p><u>[Level I]</u> [Not Covered]</p>	<p><u>[Level III]</u> [\$50 per visit]</p>
35	<p>Nursing Services: Limited to [30 days per <i>benefit year</i>]</p>	<p><u>[Level I]</u> [Not Covered]</p>	<p><u>[Level III]</u> [\$125 per day]</p>
36	<p>Transportation: Limited to [3 round trips per <i>benefit year</i>]</p>	<p><u>[Level I]</u> [Not Covered]</p>	<p><u>[Level III]</u> [\$500 per round trip]</p>
37	<p>Reconstructive Surgery:</p> <p>[Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast)]</p> <p>[Breast Reconstruction]</p> <p>[Facial Reconstruction]</p> <p>[Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap]</p> <p>In addition, we will pay [30%] of the amounts shown above for <i>general anesthesia</i> during these procedures.</p>	<p><u>[Level I]</u></p> <p>[Not Covered]</p> <p>[Not Covered]</p> <p>[Not Covered]</p> <p>[Not Covered]</p>	<p><u>[Level III]</u></p> <p>[\$350]</p> <p>[\$700]</p> <p>[\$700]</p> <p>[\$2,500]</p>
38	<p>Outpatient Hospital Surgical Limited to [3 days per procedure]</p>	<p><u>[Level I]</u> [Not Covered]</p>	<p><u>[Level III]</u> [\$250 per day]</p>

SCHEDULE (continued)

39

Plan Changes

Plan Changes at Annual Enrollment

You may choose to change your plan of insurance, subject to any required *proof of good health*, from [January 1 through January 31] of each year, the annual enrollment period agreed upon by the [*policyholder*] and us. You must submit *proof of good health* for any plan level increase. [The amount of any increase, with or without *proof of good health*, is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

The effective date of any change made during the annual enrollment period will be [the later of the policy anniversary or the first of the month occurring on or after the date of our correspondence notifying you of our approval of you or your *covered dependent's proof of good health*, if required]. [Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

Change in Family Status

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance or increase your plan of insurance following a change in family status, you must submit *proof of good health* [for you or your *covered dependent*]. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

OR

Change in Family Status

SCHEDULE (continued)

39

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance under [Level II], or if you increase your plan of insurance following a change in family status, you must submit *proof of good health*. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the application] unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the application or the date of our correspondence notifying you of our approval of your or your *eligible dependent's proof of good health*].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the date of the change request unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the change request or the date of our correspondence notifying you of your or your *eligible dependent's proof of good health*].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE

1

Eligible Persons

To be eligible for insurance, [a person must:

- be a member of an *eligible class*; and
- complete any Service Requirement shown in the Schedule by continuous service with the employer, the policyholder, or an associated company; and
- give us proof of good health, if required.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that].

ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE (continued)

2

Effective Date for an Eligible Person

[*Proof of good health* is required for all levels of coverage. If the proof is acceptable to us, any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. *Proof of good health* is required. If the proof is acceptable to us, insurance will take effect on the following:]

- [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If the application is made on the date the person becomes eligible, or within 31 days after that, insurance will take effect on the Entry Date occurring on or after the date of the application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Insurance will take effect on the policy anniversary occurring on or after the date of the application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

OR

Effective Date for an Eligible Person

[*Proof of good health* is required for Level II. Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If a person applies before becoming eligible, *proof of good health* is required for Level II. Insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If the application is made on the date the person becomes eligible, or within 31 days after that, *proof of good health* is required for Level II. Insurance will take effect on the Entry Date occurring on or after the date of the application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the

ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE (continued)

2

Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, *proof of good health* is required for all levels of coverage and application must be made during an annual enrollment period. Insurance will take effect on the later of the policy anniversary occurring on or after the date of the application or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

3

Exception to Effective Date

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

When a Person's Insurance Ends

A *covered person's* insurance will end [on the earliest of the following dates:

4

- the *policy* or *participating employer's* application ends;]

4

- [the *policy* or *participating employer's application* is changed to end the insurance for a person's *eligible class*;
- a person is no longer in an *eligible class*;
- a person stops *active work*;
- a required contribution was not paid; or
- a person's employer is no longer a *participating employer*].

5

If your insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE (continued)

6

Continuance of Insurance

If a person is unable to perform *active work* for a reason shown below, the [*policyholder*] may continue the person's insurance [and the person's dependent insurance, if any,] on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *cancer only insurance* is the longest applicable period described below:

- [12 months* for *injury*, sickness, or pregnancy;
- 3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- the end of the period the [*policyholder*] is required to allow* for a family or medical leave of absence under:
 - the federal Family and Medical Leave Act; or
 - any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.]

7

Reinstatement

If a person re-enters an Eligible Class [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. [Any Pre-Existing Conditions provision will be applied as if insurance never ended if a person re-enters an Eligible Class immediately after the end of a family or medical leave of absence under the federal Family and Medical Leave Act or any similar state law.] All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE

Eligible Dependents

1

Your *eligible dependent*[s are:

- your lawful spouse, and
- your unmarried children from live birth but less than age 19, or less than age 25 if a full-time student].

2

[“Children” include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children are also included if they depend on you for support and maintenance. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

3

An *eligible dependent* [will not] include any person who is a member of an *eligible class*. An *eligible dependent* may [not] be covered by more than 1 *covered person*.

**DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE
(continued)**

4

Dependent Effective Date

[*Proof of good health* is required for all levels of coverage. If the proof is acceptable to us, any *noncontributory* dependent insurance will take effect on the later of the day the dependent becomes an *eligible dependent*, the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium. *Proof of good health* is required. If the proof is acceptable to us, insurance will take effect on the following:]

- [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply more than 31 days after the date the dependent becomes eligible or after dependent insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of application, or, if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

OR

Dependent Effective Date

[*Proof of good health* is required for Level II. Any *noncontributory* dependent insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If you apply before the dependent becomes eligible, *proof of good health* is required for Level II. Dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply on the date the dependent becomes eligible, or within 31 days after that, *proof of good health* is required for Level II. Dependent insurance will take effect on the Entry Date occurring on or after the date of your application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, dependent

**DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR CANCER ONLY INSURANCE
(continued)**

4

insurance will take effect on the later of the Entry Date shown in the Schedule in the] [*policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

- [If you apply more than 31 days after the date the dependent becomes eligible, or after dependent insurance ended because the premium was not paid, *proof of good health* is required for all levels of coverage and application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of application, or, if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

5

[If an *eligible dependent* is in a *hospital* or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the *hospital* or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31 day period.]

When Dependent Insurance Ends

6

A dependent's insurance will end [on the earliest of the following dates:

- the *policy* or *participating employer's* application ends;
- the *policy* or *participating employer's* application is changed to end dependent insurance;
- that dependent is no longer eligible;
- your insurance for the same coverage under the *policy* or *participating employer's application* ends; or
- a required contribution for dependent insurance was not paid; or
- a person's employer is no longer a *participating employer*].

7

If your and your dependent insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

CONTINUITY OF COVERAGE FOR CANCER ONLY INSURANCE

Definitions

1 *Prior plan* means the [policyholder's] plan of group cancer only insurance, if any, under which you were insured on the day before the Effective Date of the [policy]. 2

3 *Prior plan* includes cancer only insurance coverage provided through individual policies if:

- Your coverage was provided to classes of [employees or members] defined in terms of conditions pertaining to [employment or membership];
- Your coverage was not available to the general public and can be obtained or maintained only because of your [membership in or connection with the policyholder];
- Your premiums are collected through an arrangements for bulk payment of premiums such as payroll deduction; and
- The plan was sponsored by the [policyholder].

Prior plan benefits mean the benefits, if any, that would have been paid to you under the *prior plan* had it remained in effect, and had you continued to be insured under the *prior plan*.

Continuity of Coverage for You

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* but are not at *active work* on the Effective Date of the [policy]. 2

2 If you are not at *active work* on the Effective Date of the [policy] due to a disability, you will not become insured under the *policy*. However, we will cover you for *prior plan benefits* until the earliest of:

- the date you return to *active work*; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

If you are not at *active work* on the Effective Date of the [policy] due to a reason other than a disability, and would otherwise be eligible to become insured under the *policy*, we will cover you for *prior plan benefits* until the earlier of: 2

- the date you return to *active work*; or
- the date coverage ends according to the *policy*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

All coverage is subject to payment of premium.

CONTINUITY OF COVERAGE FOR CANCER ONLY INSURANCE (continued)

Continuity of Coverage for Your Dependents

4

If the *policy* replaces the *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* but are in a *hospital* or similar facility [on the Effective Date of the *policy*].

If an *eligible dependent* is in a *hospital* or similar facility on the Effective Date of the [*policy*], the dependent will not become insured under the *policy*. However, we will cover the dependent for the *prior plan benefits* until the earliest of:

- the day after the dependent leaves the *hospital* or similar facility ; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

Pre-Existing Conditions

5

The benefits payable may be limited or excluded due to a pre-existing condition unless certain requirements are met. If the *policy* replaces the *prior plan*, for any benefit which would be limited or excluded during the time period to which this limitation or exclusion applies, we will give you [and your *eligible dependent*] credit for time periods which were met under the prior plan by providing the lesser of:

- the benefits of the *policy* without the pre-existing conditions provision, or
- *prior plan benefits* (applying the *prior plan's* pre-existing conditions provision, if any) just as if it had remained in effect.

Any benefits payable under the conditions described above will be reduced by any benefits paid or payable by the *prior plan*.

If you [or your *eligible dependent* is] not eligible for *prior plan benefits* or benefits under the *policy* (without consideration of the pre-existing condition provision), no benefit will be paid.

Prior Plan Credit

6

In applying any waiting periods under the *policy*, we will give you [and your *eligible dependents*] credit for satisfaction or partial satisfaction of the same or similar provision under the prior plan.

CONTINUITY OF COVERAGE FOR CANCER ONLY INSURANCE (continued)

Maximum Benefit Credit

If the *policy* replaces the prior plan, all paid benefits applied to the maximum benefit amounts or maximum durations under the *prior plan* will also be applied to the maximum benefit amounts or maximum durations under this *policy*.

CANCER ONLY INSURANCE

Insurance Provided

We will pay the *cancer only* benefit amounts shown in the Schedule for covered benefits identified in the *policy* if you [or your *covered dependent* is] *diagnosed* with *cancer* and [receives] services or *treatment* for *cancer* while covered under the *policy*. Any benefits are subject to the provisions of the *policy*.

1 [Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.] A covered condition must occur while you [or your *covered dependent* is] insured under this *policy*. Benefit payments are subject to the exclusions and limitations described in this *policy*. Any

2 required premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid.

3 [If any of the benefits below require a charge and you or your *covered dependent* is not charged because the facility is a United States government facility, then we will pay the covered benefit amounts shown in the Schedule.]

Proof of Good Health

4 You [or your *covered dependent*] will be limited to the benefits under [Level I] until you [or your *covered dependent* gives] us *proof of good health*. If the proof is accepted, insurance under [Level II] will take effect [on the Entry Date occurring on or after the date of our correspondence notifying you or your *covered dependent* of our approval of your or your *covered dependent's* *proof of good health*].

Cancer Screening

5 We will pay the Cancer Screening amount shown in the Schedule if you provide proof satisfactory to us that you [or your *covered dependent* was] tested for *internal cancer* and [is] charged for undergoing a [1) colonoscopy, 2) CA 125 test, 3) chest x-ray, 4) flexible sigmoidoscopy, 5) mammogram, 6) pap smear, 7) biopsy, 8) PSA, 9) CT scans or MRI scans, 10) BRCA testing, or 11) Hemocult stool specimen] while covered under the *policy*. We will pay this benefit only [once per *benefit year*] for you [or your *covered dependent*] regardless of whether multiple tests are performed. The benefit will be paid even if *internal cancer* is not *diagnosed*. In order to receive this benefit, you must submit proof that the *internal cancer* screening test was performed by providing us with documentation from your *doctor*.

Hospital Confinement

6 We will pay the Hospital Confinement amount shown in the Schedule for each day during a *period of hospital confinement* in which you [or your *covered dependent* is] *hospital confined* as an *inpatient* for the *treatment of internal cancer*. This benefit is limited to [90 days per *period of hospital confinement*].

CANCER ONLY INSURANCE (continued)

Radiation and Chemotherapy

7

If you [or your *covered dependent* receives] *cytotoxic* medications or radiation administered by medical personnel in a *hospital, clinic* or *doctor's office* as *internal cancer treatment* for the purpose of changing or destroying abnormal tissue, then we will pay the Radiation and Chemotherapy benefits described below.

[If you or your *covered dependent* receives and is charged for an injected *cytotoxic* medication (approved by the FDA or *NCI-listed*) as *internal cancer treatment* for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Schedule for such *treatment*, not to exceed the maximum per month shown in the Schedule for all medications.]

[If you or your *covered dependent* receives and is charged for *cytotoxic internal cancer treatment* medications (approved by the FDA or *NCI-listed*) dispersed by a pump or implant for the purpose of destroying or changing abnormal tissue, then we will pay the amount shown in the Schedule for the first prescription and for each pump refill, not to exceed the maximum per month shown in the Schedule. This benefit is in addition to surgical/*general anesthesia* benefits that may also be available for installing or removing the device. Benefits are not based on the number of days of continuous infusion of the medications pumped.]

[If you or your *covered dependent* receives and is charged for *cytotoxic internal cancer treatment* medications (approved by the FDA or *NCI-listed*) administered orally at any location, we will pay the amount shown in the Schedule for each prescription not to exceed the maximum per month shown in the Schedule for all prescriptions.]

[If you or your *covered dependent* receives and is charged for radiation *internal cancer treatment* therapy administered for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Schedule for each day the radiation is administered. Benefits will not be based on the length of time the radium or radioisotope stays in the body.]

[If you or your *covered dependent* is charged for the insertion of interstitial or intracavity administration of radioisotopes or radium *internal cancer treatments* for the purpose of destroying or changing abnormal tissue, we will pay the amount shown in the Schedule. This benefit is in addition to surgical/anesthesia benefits which may also be available for insertion or removal of radiation delivery devices.]

[If you or your *covered dependent* receives [and is] charged for *cytotoxic internal cancer treatment* medications or radiation (approved by the FDA or *NCI-listed*) administered by any other method, we will pay benefits not to exceed the maximum per month shown in the Schedule.]

[We will not pay benefits for *treatment* planning, therapeutic devices, *immunotherapy*, laboratory tests, diagnostic x-rays, dosimetry or simulation associated with these procedures.]

[We will not pay benefits under this provision for *internal cancer treatment* administered on the same day as *treatments* covered by the Experimental Treatment benefit. However, if you or your *covered dependent* is eligible for both the Radiation and Chemotherapy benefit and the Experimental Treatment benefit on the same day, then we will pay the higher benefit.]

CANCER ONLY INSURANCE (continued)

In-hospital Blood and Plasma

For each day you [or your *covered dependent*], while confined as an *inpatient* in a *hospital* for *internal cancer treatment*, [receives] blood and/or plasma, we will pay the In-hospital Blood and Plasma amount shown in the Schedule.

Outpatient Blood and Plasma

For each day you [or your *covered dependent* receives] *outpatient* blood and/or plasma transfusions in a *doctor's office, clinic, hospital, or ambulatory surgical center*, we will pay the Outpatient Blood and Plasma amount shown in the Schedule. These transfusions must be directly related to *internal cancer treatment*.

Extended-care Facility

8 If we make payments under the Hospital Confinement Benefit for you [or your *covered dependent*] and you [or your *covered dependent* is] thereafter confined due to *internal cancer* to an *extended-care facility*, then we will pay the Extended-care Facility amount shown in the Schedule. We will pay for each day of confinement in an *extended-care facility* that is [within 30 days of *hospital confinement*] for *internal cancer*. Benefits are payable [for you or your *covered dependent*] for a maximum period of [90 days per *benefit year*].

This benefit will not be paid for any day that a benefit is paid under the Hospital Confinement provision of this *policy*. Confinements in an *extended-care facility* must begin [no later than 30 days] after the end of *hospital confinement*.

Hospice

9 We will pay the Hospice amount shown in the Schedule per day you [or your *covered dependent* receives] *hospice* care not to exceed a maximum of [100 days] during the *covered person's* [or *covered dependent's lifetime*].

Benefits will be paid provided your [or your *covered dependent's*] *doctor* gives a statement in writing that you [or your *covered dependent* is] terminally ill as a result of *internal cancer*, that it is no longer appropriate to intervene with medical therapies to try to cure the *internal cancer*, and your [or your *covered dependent's*] medical prognosis is a life expectancy of [less than 6 months].

This benefit is not payable for the same day [the Extended-care Facility Benefit, the Home Health Care Benefit or] the Hospital Confinement Benefit is payable. However, if you [or your *covered dependent* is] eligible for the Hospice benefit[, the Extended-care Facility benefit, the Home Health Care benefit] and the Hospital Confinement benefit on the same day, then we will pay the [highest] benefit.

In-hospital Doctor Visits

10 While you [or your *covered dependent* is] *hospital confined* for *internal cancer treatment*, we will pay the In-hospital Doctor Visits amount shown in the Schedule for each day you [or your *covered dependent* is] visited by a *doctor* for *internal cancer treatment* other than the operating surgeon not to exceed a maximum of [75 visits].

CANCER ONLY INSURANCE (continued)

Post-hospital Doctor Visits

11

If you [or your *covered dependent* visits] the *doctor* after being released from a *hospital*, we will pay the Post-hospital Doctor Visits amount shown in the Schedule [per *doctor* visit once every 6 months] not to exceed [5 years] after the *diagnosis of internal cancer* for the purpose of ongoing *cancer* evaluation.

Prosthesis

12

We will pay the Prosthesis amount shown in the Schedule for each surgically implanted *prosthetic* device not to exceed [a *lifetime*] maximum amount shown in the Schedule for you [or your *covered dependent*], if, as a direct result or consequence of surgical *treatment of internal cancer*, you [or your *covered dependent* receives] an implantable *prosthetic* device, or other non-implantable *prosthetic* devices as the result of *internal cancer treatment*.

If as a direct result or consequence of *treatment for internal cancer*, you [or your *covered dependent* receives] non-implantable *prosthetic* devices such as [voice boxes, hairpieces or removable breast *prosthesis*], we will pay the Prosthesis amount shown in the Schedule for [each non-implantable device up to the *lifetime* maximum amount shown in the Schedule for you or your *covered dependent*].

[The Prosthesis Benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure as listed under the Reconstructive Surgery Benefit.]

Ambulance

13

We will pay the Ambulance amount shown in the Schedule if a licensed professional ambulance is used to transport you [or your *covered dependent*] to a *hospital* where you [or your *covered dependent* is] *hospital confined as an inpatient for internal cancer treatment*. This benefit is limited to [two one-way trips per *period of hospital confinement*].

Lodging

14

If you [or your *covered dependent* or his/her adult family companion stays] in a hotel while you [or your *covered dependent* is] receiving *internal cancer treatment* at a *hospital* or *clinic* more than [100 miles] from your [or your *covered dependent's*] residence, we will pay the Lodging amount shown in the Schedule per day not to exceed a maximum of [1 benefit per day] and [90 days per *benefit year*]. We will not pay for any day that a hotel charge is incurred if a stay begins, if either [more than 24 hours] prior to *treatment* or [more than 24 hours] after *treatment*.

CANCER ONLY INSURANCE (continued)

Second Surgical Opinion

15 If a *doctor* has *diagnosed* you [or your *covered dependent*] with *internal cancer* requiring surgery and you [or your *covered dependent* obtains] a second surgical opinion, we will pay the Second Surgical Opinion amount shown in the Schedule when you [or your *covered dependent* obtain] a second surgical opinion from a different *doctor* regarding the *internal cancer* surgery.

This benefit will be paid [only once] per surgical procedure [and will not be payable for the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable]. [However, if the Second Surgical Opinion Benefit under this provision is payable the same day that a National Cancer Institute Evaluation/Consultation Benefit is payable, then we will pay the higher benefit.]

Skin Cancer

We will pay the Skin Cancer amount shown in the Schedule if a biopsy, reconstructive surgery following previous excision of skin *cancer*, excision of skin *cancer* without flap or graft and excision of skin *cancer* with flap or graft for *diagnosed* skin *cancer* is performed. The amount shown in the Schedule includes the amount payable for anesthesia services.

Surgery and General Anesthesia for Internal Cancer

16 If a *doctor* performs one of the procedures shown in the Schedule for the purpose of treating *internal cancer diagnosed* in you [or your *covered dependent*], we will pay the Surgery and General Anesthesia for Internal Cancer amounts shown in the Schedule, provided the [total combined] benefits payable under this provision for [one operation] is limited to the maximum shown in the Schedule. The Schedule of Operations shall not apply to surgery for skin *cancer*, which will be covered only under the Skin Cancer Benefit. [Similarly, the Schedule of Operations shall not apply to reconstructive surgery, which will be covered only under the Reconstructive Surgery Benefit.]

If more than one surgical procedure is performed through the same incision, benefits will be paid for only [one procedure] based upon the highest eligible benefit.

First Occurrence

17 When you [or your *covered dependent* is] *diagnosed* for the first time as having *internal cancer*, we will pay the First Occurrence amount shown in the Schedule for the First Occurrence Benefit.

If you [or your *covered dependent* was] *diagnosed* or treated for *internal cancer* before [the end of the 30 day waiting period that follows] your [or your *covered dependent's*] effective date, then we will not pay the First-Occurrence Benefit even if the *internal cancer* metastasizes, extends or recurs [after the end of the 30 day waiting period]. The First Occurrence Benefit is not payable for skin *cancer* classified as [Clark's Levels I and II, or a Breslow level less than 1.5 mm]. This benefit will be paid for you [or your *covered dependent* only once per *lifetime*].

CANCER ONLY INSURANCE (continued)

Alternative Care

18

The following benefits will only be payable upon the *diagnosis* of *internal cancer*. We will require that the *cancer diagnosis* be re-confirmed on a regular basis, either by proof of on-going *treatment*, or by a *doctor's* certification.

- **[Integrative Assessment and Education Benefit:** A one-time benefit per *diagnosis* of *internal cancer* amount shown in the Schedule is payable for assessment/education services performed by an *accredited practitioner*.]
- **[Palliative Care Benefit:** We will pay the amount shown in the Schedule for each visit to an *accredited practitioner*, for up to 20 visits per *benefit year* for a *lifetime* maximum of 2 *benefit years* for *acupuncture*, *massage therapy*, *bio-feedback* and *hypnosis*.]
- **[Lifestyle Benefit:** We will pay the amount shown in the Schedule for each visit for up to 20 visits per *benefit year* for a *lifetime* maximum of 2 *benefit years* to an *accredited practitioner* for the following types of alternate care: smoking cessation, Yoga, meditation, relaxation techniques, Tai-Chi and nutritional counseling.]

Experimental Treatment

19

If a *doctor* prescribes experimental *treatments* for the purpose of destroying or changing abnormal tissue, and the *treatment* is administered by medical personnel in a *doctor's* office, *clinic* or *hospital*, we will pay the Experimental Treatment amount shown in the Schedule for each day the *treatment* is administered by these medical personnel. All *treatments* must be [*NCI-listed*] as viable experimental *treatment* for *internal cancer*.

We will not pay benefits under this provision for [laboratory tests, *immunotherapy*, diagnostic x-rays, and therapeutic devices or other procedures related to these *treatments*]. [We will not pay benefits under this provision for the same day the Radiation and Chemotherapy Benefit is payable. However, if you [or your *covered dependent* is] eligible for both the Experimental Treatment benefit and the Radiation and Chemotherapy benefit on the same day, then we will pay the higher benefit.]

Medical Imaging

20

If, after an initial *diagnosis* of *internal cancer*, a follow-up evaluation is performed using any imaging test as directed by a *doctor* (except breast mammography and breast ultrasound), we will pay the Medical Imaging amount shown in the Schedule. We will only pay this benefit [once per *benefit year*] provided you [or your *covered dependent* is] charged for and these procedures are performed when you [or your dependent is] an *outpatient*.

CANCER ONLY INSURANCE (continued)

[National Cancer Institute] Evaluation/Consultation

- 21 If you [or your *covered dependent* is] *diagnosed* with *internal cancer* by a *doctor* and an evaluation or consultation is obtained at an [NCI-designated] *cancer center* strictly to determine the appropriate course of *cancer treatment*, we will pay the [National Cancer Institute] Evaluation/Consultation amount shown in the Schedule upon such evaluation or consultation. This benefit is payable only [once per *lifetime*] for you [or your *covered dependent* and is not payable for the same day the Second Surgical Opinion Benefit is payable. However, if you or your *covered dependent* is eligible for both the National Cancer Institute Evaluation/Consultation benefit and the Second Surgical Opinion benefit on the same day, then we will pay the higher benefit.] [The Transportation and Lodging benefits will apply for this evaluation or consultation provided the requirements under those benefits are met.]

Anti-nausea

- 22 If a *doctor* prescribes drugs to control nausea related to chemotherapy or radiation *internal cancer treatments*, we will pay the Anti-nausea amount shown in the Schedule for [each month] during which you [or your *covered dependent* receives and is] charged for the drugs. This benefit will be paid as long as you [or your *covered dependent* is] receiving radiation or chemotherapy *treatments* and prescribed drugs to control nausea.

Bone Marrow or Stem Cell Transplant

- 23 If you [or your *covered dependent* receives and is] charged for a *bone marrow transplant* as a result of *internal cancer*, we will pay the Bone Marrow Transplant amount shown in the Schedule [for you or your *covered dependent* and the amount shown in the Schedule to the bone marrow donor]. If you [or your *covered dependent* receives and is] charged for a peripheral *stem cell transplant* procedure to treat *internal cancer*, then we will pay the Stem Cell Transplant amount shown in the Schedule. We will pay benefits under this provision [only once] during your [or your *covered dependent's lifetime*] for either a *bone marrow transplant* or a *stem cell transplant*, not both.

Immunotherapy

- 24 If a *doctor* prescribes *immunotherapy* as a *treatment* for *internal cancer* and you [or your *covered dependent* is] charged for such *treatment*, then we will pay the Immunotherapy amount shown in the Schedule [per month] that you [or your *covered dependent* is] charged for such *treatments*, up to the [*lifetime* maximum] shown in the Schedule. [We will not pay benefits under this provision for the same *treatment* under either the Radiation and Chemotherapy benefit or the Experimental Treatment benefit. However, if you [or your *covered dependent* is] eligible for the Immunotherapy benefit, the Radiation and Chemotherapy benefit and the Experimental Treatment benefit on the same day, then we will pay the highest benefit.]

CANCER ONLY INSURANCE (continued)

Home Health Care

25

If, after you [or your *covered dependent* is] released from *hospital confinement* due to *internal cancer*, the attending *doctor* prescribes home health care or health support services and these services begin [within 7 days] of your [or your *covered dependent's*] release from *hospital confinement*, we will pay the Home Health Care amount shown in the Schedule for each home health visit up to a maximum of [10 visits] after any *period of hospital confinement*, but no more than [30 visits per *benefit year*].

To receive this benefit, the prescribing *doctor* must certify that you [or your *covered dependent* would] need to be *hospital confined* if home health care visits were not available to give you [or your *covered dependent*] necessary care and *treatment*.

We will pay benefits under this provision only if the home health care and health supportive services providers are licensed or certified and as qualified as caregivers providing comparable services at a *hospital* or other appropriate medical facility. This benefit will not be paid for any day that a benefit is paid under the Hospice Benefit. If the Home Health Care Benefit under this provision is payable the same day that a Hospice Benefit is payable, then we will pay the higher benefit.

Nursing Services

26

If the attending *doctor* prescribes for you [or your *covered dependent*] while *hospital confined* for *internal cancer* the services of private nurses, in addition to those ordinarily provided by a *hospital*, then we will pay the Nursing Services amount shown in the Schedule per day for up to [30 days per *benefit year*] that you [or your *covered dependent* is] charged for such additional full time care. Care must be provided by a licensed registered graduate nurse or licensed practical or vocational nurse, but not by a *family member*.

Transportation

27

We will pay the Transportation amount shown in the Schedule upon completion of a round trip to transport you [or your *covered dependent*] to a *hospital* or *clinic* more than [100 miles] away from your [or your *covered dependent's*] residence if the purpose of the trip is to obtain *internal cancer treatment* prescribed by your [or your *covered dependent's*] local attending *doctor*. We will pay this benefit only for your [or your *covered dependent's*] transportation. [However, we will pay this benefit for commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a *covered dependent* child and he or she is accompanied by a parent or guardian.] You [or your *covered dependent* is] limited to [3 round trips per *benefit year* for you or your *covered dependent* including trips in which the *covered dependent* child is accompanied by a parent or guardian]. This benefit does not apply to transportation by ambulance to or from any *hospital*.

CANCER ONLY INSURANCE (continued)

Reconstructive Surgery

28

We will pay the Reconstructive Surgery amount shown in the Schedule for you [or your *covered dependent*] for *internal cancer* related reconstructive surgery listed below:

- [Breast Symmetry (modification of the non-cancerous breast performed [within 5 years] of reconstructing the cancerous breast)]
- Breast Reconstruction
- Facial Reconstruction
- Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap]

In addition, we will pay [30%] of the Reconstructive Surgery amounts shown in the Schedule for *general anesthesia* during these procedures.

Outpatient Hospital Surgical

29

We will pay the Outpatient Hospital Surgical amount shown in the Schedule per day not to exceed [3 days per procedure] if you [or your *covered dependent* is] *diagnosed with internal cancer* and a *doctor* performs a surgical procedure on you [or your *covered dependent*] *diagnosed with internal cancer* and the procedure is performed on an *outpatient* basis in a *hospital* (including an *ambulatory surgical center*, but not a *doctor's office*).

Only surgeries for *internal cancer* qualify for this benefit. We will not pay this benefit if you [or your *covered dependent* is] *hospital confined* on the same day.

CANCER ONLY INSURANCE (continued)

30

Pre-Existing Conditions

We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition (defined below) unless you [or your *covered dependent* is *diagnosed*] with *cancer* after [the earlier of:

- 12 consecutive months, ending on or after the day you or your *covered dependent* became insured under the *cancer only insurance policy*, during which you or your *covered dependent* does not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, *treatment* or services, including taking drugs, medicine, insulin, or similar substances, for that condition; or
- 12 consecutive months during which you or your *covered dependent* is continuously insured under the *cancer only insurance policy*].

A "pre-existing condition" means a sickness, symptom or physical finding, or any related, sickness, symptom or physical finding, for which you [or your *covered dependent*]:

- consulted with or received advice from a licensed medical or dental practitioner; or
- received medical or dental care, *treatment*, or services, including taking drugs, medicine, insulin, or similar substances

during the [12 months] that end on the day before you [or your *covered dependent*] became insured under the *cancer only insurance policy*.

General Exclusions

We will not pay benefits for you [or your *covered dependent*] related to or resulting, directly or indirectly, from any of the following:

- services or *treatment* not included in the Schedule;
- services or *treatment* for which you [or your *covered dependent* is] not charged, unless there is no charge because the facility is a United States government facility;
- services or *treatment* provided by a *family member*;
- services or *treatment* rendered or *hospital confinement* outside the United States;
- any *cancer diagnosed* solely outside the United States;
- services or *treatment* provided primarily for cosmetic purposes;
- services or *treatment* for premalignant conditions;
- services or *treatment* for conditions with malignant potential;
- services or *treatment* for non-cancer illnesses;

CANCER ONLY INSURANCE (continued)

- service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not;
- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- 31 • committing or attempting to commit [an assault] or felony;
- incarceration in a penal institution of any kind;
- *treatment of mental illness*;
- intoxication (Intoxication means your [or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs).
- 32 • intentionally self-inflicted injury, [while sane or insane]; or
- 32 • suicide or attempted suicide, [while sane or insane].

Porting to a Group Portability Policy

33 If all of your *cancer only insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to *port* your insurance [and your dependent insurance] currently in force. [You must *port* your *cancer only insurance* in order to *port* your *covered dependent's cancer only insurance*. A *covered dependent* may not *port* his or her *cancer only insurance*.] Your insurance under the group portability policy will be a continuation of your insurance [and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *cancer only insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If you [or your *covered dependent* receives] services or *treatment* [within 31 days] after your *cancer only insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due.

The insurance can be continued under the group portability policy [until the later of the day before your 65th birthday or 12 months from the date your coverage under the policy ends]. [You may either *port* the plan of insurance that is currently in force, or you may *port* a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

CANCER ONLY INSURANCE (continued)

Assignment

34

[Neither you nor your *covered dependent* can] assign any of the *cancer only insurance* benefits.

CLAIM PROVISIONS FOR CANCER ONLY INSURANCE

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay all benefits to you. However, if medical evidence indicates that a legal guardian should be appointed, we will hold further benefits due until such time as a guardian of your estate is appointed and we will pay benefits to such guardian at that time. If any amount remains unpaid when you die, we will pay your estate.

Authority

1 The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

2 You must send us notice of the claim. We must have written notice of any insured loss [within 30 days after it occurs], or as soon as reasonably possible. You can send the notice to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators]. We need enough information to identify you as a *covered person*. 3

4 [Within 15 days] after the date of your notice, we will send you certain claim forms. The forms must be completed and sent to [our *home office* or to one of our regional group claims offices]. If you do not receive the claim forms [within 15 days], we will accept a written description of the exact nature and extent of the loss. 3

5 The time limit for filing a claim is [90 days] after the date of loss, *treatment* or service. 4

Proof of Loss

3 Written proof of loss must be furnished to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators] [within 90 days] after the occurrence or commencement of any covered loss. 5

5 In the case of claims for loss for which this *policy* provides any periodic payment contingent upon continuing loss, proof of loss must be furnished [within 90 days] after the termination of the period for which we are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

You must provide us with all of the information we specify as necessary to determine proof of loss and decide our liability. This may include but is not limited to medical records, *hospital* records, pharmacy records, test results, therapy and office notes, mental health progress notes, medical exams and consultations, tax returns, business records, payroll and attendance records, billing records, invoices, and receipts.

You must provide us with a written authorization allowing the sources of relevant information to release documents to us which enables us to decide our liability. If you do not provide us with the items and authorization necessary to allow us to determine our liability, we will not pay benefits.

CLAIM PROVISIONS FOR CANCER ONLY INSURANCE (continued)

Right to Examine or Interview

6 We may ask you [or your *covered dependent*] to be examined as often as we require at any time we choose. We will pay third party charges for any independent medical exam which we require. If you [or your *covered dependent* fails] to attend or fully participate, we will not pay benefits.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Review Procedure

7 You must request, in writing, a review of a denial of your claim [within 60 days] after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

7 We will review your claim after receiving your request and send you a notice of our decision [within 60 days] after we receive your request, or [within 120 days] if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for loss incurred after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Overpayment

We have the right to recover any overpayments due to:

- fraud; or
- any administrative error we make in processing a claim.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

We will not recover more money than the amount we paid you. However, we reserve the right to recover any prior or current overpayment from a claim under the *policy*.

SUMMARY OF GROUP CANCER ONLY INSURANCE

This summary is intended to help understand your group insurance. It does not change any of its provisions.

Cancer Only Insurance

1 [There may be certain benefits and amounts you may be eligible to elect, and the coverage in force for you or a *covered dependent* will depend on any elections made.]

This is a *cancer only policy*. It does not pay benefits for loss from any other cause. The *policy* pays benefits if you [or a *covered dependent* is] *diagnosed* with *cancer* and[receives] services or *treatment* for *cancer* after your [or a *covered dependent's*] effective date and while the *policy* is in force. The *policy* explains which expenses receive limited or no benefits. [In addition, waiting periods and pre-existing condition exclusions may apply.]

3 [The *policy* includes a portability provision. If your *cancer only insurance* ends under certain circumstances, it may be possible to *port* your *cancer only insurance* and your dependent's *cancer only insurance*, if any.]

3 Premiums must continue to be paid, [either] under the *policy* [or under the group portability policy, if eligible, for benefits to be paid].

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT: The benefits of this certificate are provided under a limited *policy*. This is a *cancer only* certificate.

It does not pay benefits for loss from any other cause. This is NOT a medical insurance certificate, Medicare Supplement certificate or a high deductible health plan.

Please read your certificate carefully.

DEFINITIONS FOR CRITICAL ILLNESS INSURANCE

Applicable percentage means the percentage of the *benefit amount* that is payable for a *critical illness* or *procedure* as listed in the Schedule.

Benefit amount means the amount of insurance specified in the Schedule which you elected and that we approved.

Benefit year means [a calendar year beginning on January 1 of any year and ending on December 31 of that year].

1

Blindness means you[or your *covered dependent* has] been *diagnosed* with an irreversible reduction in sight[, lasting at least 180 days,] that results in a corrected visual acuity of 20/400 or less or a visual field less than 20 degrees when testing both eyes together.

2

Cancer in situ means you[or your *covered dependent* has] been *diagnosed* with a cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. *Cancer in situ* includes, but is not limited to:

3

- Early prostate cancer *diagnosed* as T1N0M0 or equivalent staging; and
- Melanoma not invading the dermis.

Cancer in situ does not include:

- Other skin malignancies; or
- Pre-malignant lesions (such as intraepithelial neoplasia); or
- Benign tumors or polyps; or
- *Invasive cancer*.

Cancer in situ must be supported by a pathological *diagnosis*.

Clinic means an institution, building or part of a building where *outpatients* receive *treatment* for *diagnoses*.

Coma means you[or your *covered dependent* has] been *diagnosed* with a condition from which you[or your *covered dependent*] cannot be aroused and which requires an external life support system, both of which have persisted continuously for at least [168 hours].

4

Coronary bypass surgery means a procedure to bypass one or more diseased, narrowed or blocked coronary arteries with arterial or venous grafts and is performed by a board certified cardiovascular surgeon. Other procedures such as percutaneous transluminal coronary angioplasty (PTCA) or laser procedures are excluded.

3

Critical illness or *critical illnesses* means one of the following illnesses, *diagnosed* after your coverage effective date and while you are covered under the *policy*, and does not include any other illness, disease or health related event: [*heart attack*, *heart failure*, *major organ failure*, *stroke*, *invasive cancer*, *cancer in situ*, *coma*, *end-stage kidney disease*, *paralysis* (other than stroke), and *blindness*].

5

Critical illness insurance means the group critical illness insurance under the *policy* issued by us to the *policyholder*.

DEFINITIONS FOR CRITICAL ILLNESS INSURANCE (continued)

Diagnosed, diagnosis or diagnoses means an evaluation of your[or your *covered dependent's*] medical condition that is performed by a *doctor* whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the [American Board of Medical Specialties] criteria. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to *nationally recognized authorities*. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated:

6

- if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the [American Board of Professional Psychology] in the area of clinical neuropsychology;
- if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the [American Thoracic Society] criteria; and
- if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the [American College of Sports Medicine] or [American Heart Association] standards.

6

6

6

End-stage kidney disease means you[or your *covered dependent* has] been *diagnosed* with a renal disease that has resulted in the chronic and irreversible failure of both kidneys to function and which requires regular dialysis for a minimum of [90 days].

7

Heart attack means you[or your *covered dependent* has] been *diagnosed* with a current and new acute myocardial infarction due to blockage of one or more coronary arteries resulting in death of a portion of the heart muscle with loss of heart function. *Diagnosis* of the new heart attack must be based on new changes consistent with an evolving infarction on electrocardiogram (EKG) and concurrent with serial measurement of cardiac biomarkers of a pattern and level of enzymes confirming an acute infarction. Old, established or silent myocardial infarctions are excluded.

3

Heart failure means you[or your *covered dependent* has] been *diagnosed* with heart failure for which the only treatment option requires you[or your *covered dependent's*] heart to be replaced with a heart from a suitable human donor. In order for *heart failure* to be covered under this *policy*, the *covered person*[or *covered dependent*] must be registered with the [United Network of Organ Sharing (UNOS)].

8

Hospital means an institution which is primarily engaged in providing, by and under the supervision of *doctors* to *inpatients*, diagnostic and therapeutic services for medical *diagnosis, treatment* and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- maintain clinical records on all patients;
- have every patient be under the care of a *doctor* ;
- provide 24 hour nursing service rendered or supervised by a registered professional nurse;
- have a licensed practical or registered professional nurse on duty at all time;
- be licensed or be approved by the state or local licensing agency;
- meet other health and safety requirements found necessary by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]; and

6

DEFINITIONS FOR CRITICAL ILLNESS INSURANCE (continued)

- is not primarily a clinic, nursing, rest or convalescent home.

Injury means unintentional physical damage or harm caused directly by an accident and not due to sickness, disease or any other causes.

Inpatient means a patient who is admitted to a *hospital* for an *injury* or sickness.

Invasive cancer means you[or your *covered dependent* has] been *diagnosed* with a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of neighboring tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are considered *invasive cancer*.

3

The following are not considered *invasive cancer*:

- pre-malignant lesions (such as intraepithelial neoplasia);
- benign tumors or polyps;
- early prostate cancer *diagnosed* as T1N0M0 or equivalent staging;
- *Cancer in situ*; and
- any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive cancer must be supported by a pathological *diagnosis*.

Lifetime means the period of time you[or your *covered dependent* is] alive.

Major organ failure means you[or your *covered dependent* has] been *diagnosed* with major organ failure for which the only treatment option requires your[or your *covered dependent's*] malfunctioning organ(s) or tissue to be replaced with an organ(s) or tissue from a suitable human donor. The organs and tissues covered by this definition are limited to: [liver, kidney, lung, small intestine, pancreas, pancreas-kidney or allogeneic bone marrow]. In order for *major organ failure* to be covered under this *policy*, the *covered person*[or *covered dependent*] must be registered with the [United Network of Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP)].

8

Nationally recognized authorities means [the American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute,] and any additional organizations we choose which attain similar status.

6

Outpatient means a patient who is not admitted to a *hospital* but instead is cared for elsewhere such as a doctor's office, *clinic* or day surgery center for an *injury*.

Paralysis means you[or your *covered dependent* has] been *diagnosed* with total and irreversible loss of use of two or more limbs due to neurological *injury* or sickness of associated nerves that is continuously present for a period of at least [180 days], but shall not include any paralysis caused by a *stroke*.

2

Port means to convert to a group portability policy.

9

Procedure[or *procedures*] means[any of] the following medical procedure[s]: [*coronary bypass surgery*].

DEFINITIONS FOR CRITICAL ILLNESS INSURANCE (continued)

Stroke means you[or your *covered dependent* has] been *diagnosed* with a disease, not including transient ischemic attack (TIA), that resulted in loss of motor function in an upper and lower extremity concurrently with resulting sustained disturbance of gross and dexterous movements of those limbs, gait or station with ineffective communication or speech persisting for at least [96 hours] and this condition is expected to be permanent.

11

Timely applicant means a person whose application for insurance is made no later than [31 days] after becoming eligible for insurance under the *policy*.

12

Treatment means any medical service, procedure, consultation, advice, tests, observation, supplies, equipment, x-rays, or surgery, including the prescription of drugs or use of prescription drugs or insulin.

SUMMARY OF GROUP CRITICAL ILLNESS INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Critical Illness Insurance

[There may be certain benefits and amounts a *covered person* may elect and the coverage in force for a *covered person* will depend on the elections made.]

1

The *policy* pays a fixed benefit when a *covered person*[or *covered dependent*] is *diagnosed* with a *covered critical illness* or undergoes a *covered procedure*.

The *critical illness* must be *diagnosed* or the *procedure* undergone while a *covered person*[or *covered dependent*] is insured under this *policy* and is subject to the limitations and exclusions described in this *policy*. We will not pay benefits for any *critical illness* or *procedure* if a *covered person*[or *covered dependent*] has been *diagnosed* with that *critical illness* or has undergone that *procedure* at any time prior to the effective date of the *covered person's*[or *covered dependent's*] coverage under the *policy*.

The *policy* explains the situations in which a *covered person* or *covered dependent* will receive limited or no benefits. [In addition, pre-existing exclusions may apply to some situations.]

1

[The *policy* includes a portability provision. If a person's *critical illness insurance* ends under certain circumstances, it may be possible to *port* the person's *critical illness insurance* and the person's dependent *critical illness insurance*, if any.]

2

Premiums must continue to be paid[, either] under the *policy*[or under the group portability policy, if eligible,] for benefits to be paid.

2

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

**IMPORTANT: This is a limited *policy*.
This is a *critical illness insurance policy*.
This is NOT a medical insurance policy, a Medicare Supplement policy
or a high deductible health plan.**

**Please read
the insurance
policy carefully.**

SCHEDULE (continued)

[2. For each *covered person* who has reached age 70 or more, the amount of insurance will be 50% of the amount chosen in 1 above.*] 12

[3. For each *covered person* who has reached age 70 or more and is electing coverage for the first time, the amount of insurance will be 50% of the amount they could have otherwise elected in 1 above.* 12

*The amount will be rounded to the next higher multiple of \$1,000, if not already an exact multiple. Any reduction will take effect on the policy anniversary occurring on or after the change. Any reduction will be subject to the other provisions of the *policy*.] 13

[The amount of *critical illness insurance* may be limited by the Proof of Good Health provision.] Any reduction based on age will apply to the amount of insurance in force, taking into account the Proof of Good Health provision. 14

[Maximum Amount Without Proof of Good Health: \$5,000] 15

[*Proof of good health* is required for *timely applicants* for any amount of insurance in excess of the amount shown above. All amounts of insurance are subject to the Pre-existing Conditions provision.] 16

OR

[*Proof of good health* is required for all amounts of insurance. All amounts of insurance are subject to the Pre-existing Conditions provision.] 16

[Schedule Amount for Dependents] 17

1. A *covered person* may choose an amount of dependent *critical illness insurance* for the *covered dependent spouse* equal to any multiple of \$2,500 subject to a maximum of \$25,000.

2. A *covered person* may choose an amount of dependent *critical illness insurance* for each *covered dependent child* according to age as follows:

<u>Age</u>	<u>Amount</u>
Live birth but less than age 19 or less than age 25 if a full-time student	A <i>covered person</i> may choose \$2,500 or \$5,000

The amount of insurance for a dependent will not be more than 50% of the *covered person's* amount of insurance. This amount will be reduced if it exceeds 50% of the *covered person's* amount following an age reduction. Any reduction will take effect on the policy anniversary occurring on or after the change.

The amount of dependent *critical illness insurance* may be limited by the Proof of Good Health provision.] 18

[Dependent Maximum Amount Without Proof of Good Health: \$2,500] 19

[*Proof of good health* is required for *timely applicants* for any amount of insurance in excess of the amount shown above. All amounts of insurance are subject to the Pre-existing Conditions provision.] 20

OR

[*Proof of good health* is required for all amounts of insurance. All amounts of insurance are subject to the Pre-existing Conditions provision.]

Benefits for Covered Critical Illnesses and Procedures

SCHEDULE (continued)

Benefits for you[or your *covered dependent*] are payable under this *policy* for only the *critical illnesses* and *procedures* listed[in the categories] below. [Benefits for the *critical illnesses* and *procedures* listed in Category 3 are only available if you selected Level 2 at enrollment.]

21
22
23
24

21

You[or your *covered dependent*] will not receive more than [100%] of your Schedule Amount[in any one category][unless you are eligible for the recurrence benefit]. [In order for benefits to be paid in more than one category, there must be 6 or more consecutive months between the dates the *critical illness* is *diagnosed* or the *procedure* is undergone.] Please see the Amount of Benefit provision for a complete description of benefits.

25

[Category 1 Critical Illnesses and Procedures]	[Heart/Stroke]	[Percentage of Schedule amount]
	[Heart Attack]	100%
	[Heart Failure]	100%
	[Stroke]	100%
	[Coronary Bypass Surgery]	25%
	[Recurrence Benefit (additional benefit for a subsequent <i>diagnosis</i> of the same <i>critical illness</i> or <i>procedure</i> in this category; recurrence <i>diagnosis</i> must occur more than 18 months after any previous <i>diagnosis</i> for the same <i>critical illness</i> or <i>procedure</i> ; recurrence <i>diagnosis</i> must follow a treatment free period of at least 18 months for the same <i>critical illness</i> or <i>procedure</i>)	25% of the previously paid benefit for the same <i>critical illness</i> or <i>procedure</i>

26

[Category 2 Critical Illnesses and Procedures]	[Other Major Illnesses and Procedures]	[Percentage of Schedule Amount]
	[Blindness]	100%
	[Major Organ Failure (excluding heart failure)]	100%
	[End-stage Kidney Disease]	100%
	[Paralysis (excluding paralysis from stroke)]	100%
	[Coma]	100%
	[Recurrence Benefit (additional benefit for a subsequent <i>diagnosis</i> of the same <i>critical illness</i> or <i>procedure</i> in this category; recurrence <i>diagnosis</i> must occur more than 18 months after any previous <i>diagnosis</i> for the same <i>critical illness</i> or <i>procedure</i> ; recurrence <i>diagnosis</i> must follow a treatment free period of at least 18 months for the same <i>critical illness</i> or <i>procedure</i>)	25% of the previously paid benefit for the same <i>critical illness</i> or <i>procedure</i>

26

[Category 3 Critical Illnesses and Procedures]	[Cancer]	[Percentage of Schedule Amount]
	[Invasive Cancer]	100%
	[Cancer in situ]	25%
	[Recurrence Benefit (additional benefit for a subsequent <i>diagnosis</i> of the same <i>critical illness</i> or <i>procedure</i> in this category; recurrence <i>diagnosis</i> must occur more than 18 months after any previous <i>diagnosis</i> for the same <i>critical illness</i> or <i>procedure</i> ; recurrence <i>diagnosis</i> must follow a treatment free period of at least 18 months for the same <i>critical illness</i> or <i>procedure</i>)	25% of the previously paid benefit for the same <i>critical illness</i> or <i>procedure</i>

26

SCHEDULE (continued)

Wellness Screening Benefit Amount: [\$50]

27

Plan Changes

28

For Changes at Annual Enrollment

You may choose to change your Schedule Amount[or level of benefits], subject to any required *proof of good health*, from [January 1 through January 31] of each year, the annual enrollment period agreed upon by the [*policyholder*] and us. You must submit *proof of good health* for any increase in excess of [\$5,000] annually.[The amount of any increase, with or without *proof of good health*, is subject to the Pre-existing Conditions provision, as described in the Critical Illness Insurance provisions of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.] Any reductions based on age will apply to any increase.

The effective date of any change made during the annual enrollment period will be[the later of the policy anniversary or the first of the month occurring on or after the date of our correspondence notifying you of our approval of your or your *covered dependent's proof of good health*, if required]. [Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

Change in Family Status

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means[your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for an amount of insurance in excess of the Maximum Amount Without Proof of Good Health or increase your plan of insurance by more than [\$5,000] following a change in family status, you must submit *proof of good health*. [If you apply for an amount of dependent insurance in an amount exceeding the Dependent Maximum Amount Without Proof of Good Health, you must submit *proof of good health* for your dependent.] [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Critical Illness Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself[or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect[on the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of your or your *eligible dependent's proof of good health*, if required].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be[the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of your[or your *eligible dependent's proof of good health*, if required].

[Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR CRITICAL ILLNESS INSURANCE

Eligible Persons

To be eligible for insurance[, a person must:

- be a member of an *eligible class*;
- complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*; and
- give us *proof of good health*, if required.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that].

1

Effective Date for an Eligible Person

[*Proof of good health* is required for any amount in excess of the Maximum Amount Without Proof of Good Health. Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

2

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If a person applies before becoming eligible, *proof of good health* is required for any amount in excess of the Maximum Amount Without Proof of Good Health. Insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If the application is made on the date the person becomes eligible, or within 31 days after that, *proof of good health* is required for any amount in excess of the Maximum Amount Without Proof of Good Health. Insurance will take effect on the Entry Date occurring on or after the date of the application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, *proof of good health* is required for all amounts of coverage and application must be made during an annual enrollment period. Insurance will take effect on the later of the policy anniversary occurring on or after the date of the application or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

3

ELIGIBILITY AND TERMINATION PROVISIONS FOR CRITICAL ILLNESS INSURANCE (continued)

Exception to Effective Date

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

4

When a Person's Insurance Ends

A *covered person's* insurance will end [on the earliest of the following dates:

5

- the *policy* or *participating employer's* application ends;
- the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- a person is no longer in an *eligible class*;
- a person stops *active work*;
- a required contribution was not paid;
- a person's employer is no longer a *participating employer*; or
- all benefits paid or payable for you under this policy reach the maximum amount payable as described in the Schedule].

If your insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

6

Continuance of Insurance

If a person is unable to perform *active work* for a reason shown below, the [*policyholder*] may continue the person's insurance[and the person's dependent insurance, if any,] on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

7

The maximum continuance for *critical illness insurance* is the longest applicable period described below:

- [12 months* for *injury*, sickness, or pregnancy;
- 3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:
 - § the federal Family and Medical Leave Act; or
 - § any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR CRITICAL ILLNESS INSURANCE (continued)

Reinstatement

If a person re-enters an Eligible Class [within 12 months] after insurance ends, the person will not have to[complete the Service Requirement again]. [Any Pre-existing Conditions provision will be applied as if insurance never ended if a person re-enters an *eligible class* immediately after the end of a family or medical leave of absence under the federal Family and Medical Leave Act or any similar state law.] All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR CRITICAL ILLNESS INSURANCE

Eligible Dependents

Your *eligible dependent*[s are:

1

- your lawful spouse, and
- your unmarried children from live birth but less than age 19 or less than age 25 if a full-time student].

[“Children” include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children are also included if they depend on you for support and maintenance. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

2

An *eligible dependent* [will not] include any person who is a member of an *eligible class*. An *eligible dependent* may [not] be covered by more than 1 *covered person*.

3

Dependent Effective Date

[*Proof of good health* is required for any amount in excess of the Dependent Maximum Amount Without Proof of Good Health. Any *noncontributory* dependent insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your dependent’s *proof of good health*.]

4

[For any *contributory* dependent insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If a person applies before the dependent becomes eligible, *proof of good health* is required for any amount in excess of the Dependent Maximum Amount Without Proof of Good Health. Insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your dependent’s *proof of good health*.]
- [If the application is made on the date the dependent becomes eligible, or within 31 days after that, *proof of good health* is required for any amount in excess of the Dependent Maximum Amount Without Proof of Good Health. Insurance will take effect on the Entry Date occurring on or after the date of the application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your dependent’s *proof of good health*.]
- [If application is made more than 31 days after the day the dependent becomes eligible, or after insurance ended because the premium was not paid, *proof of good health* is required for all amounts of coverage and application must be made during an annual enrollment period. Insurance will take effect on the later of the policy anniversary occurring on or after the date of the application or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your dependent’s *proof of good health*.]

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR CRITICAL ILLNESS INSURANCE (Continued)

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

[If an *eligible dependent* is in a *hospital* or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the *hospital* or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

5

When Dependent Insurance Ends

A dependent's insurance will end [on the earliest of the following dates:

- the *policy* or *participating employer's* application ends;
- the *policy* or *participating employer's* application is changed to end dependent insurance;
- that the dependent is no longer eligible;
- your insurance for the same coverage under the *policy* or *participating employer's* application ends;
- a required contribution for dependent insurance was not paid;
- a person's employer is no longer a *participating employer*;
- all benefits paid or payable for you under this *policy* reach the maximum amount payable as described in the Schedule; or
- all benefits paid or payable for a *covered dependent* under this *policy* reach the maximum amount payable as described in the Schedule. *Critical Illness insurance* for *covered dependents* who have not reached the maximum amount payable will continue as long as all other *policy* provisions apply].

6

If your and your dependent insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

7

CONTINUITY OF COVERAGE FOR CRITICAL ILLNESS INSURANCE

Definitions

Prior plan means the [policyholder's] plan of group critical illness insurance, if any, under which you were insured on the day before the Effective Date of the [policy].

1

2

Prior plan includes critical illness insurance coverage provided through individual policies if:

3

- Your coverage was provided to classes of [employees or members] defined in terms of conditions pertaining to [employment or membership];
- Your coverage was not available to the general public and can be obtained or maintained only because of your [membership in or connection with the *policyholder*];
- Your premiums are collected through an arrangement for bulk payment of premiums such as payroll deduction; and
- The plan was sponsored by the [policyholder].

Prior plan benefits mean the benefits, if any, that would have been paid to you under the *prior plan* had it remained in effect, and had you continued to be insured under the *prior plan*.

Continuity of Coverage for You

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* but are not at *active work* on the Effective Date of the [policy].

2

If you are not at *active work* on the Effective Date of the [policy] due to a disability, you will not become insured the *policy*. However, we will cover you for *prior plan benefits* until the earliest of:

2

- the date you return to *active work*; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

If you are not at *active work* on the Effective Date of the [policy] due to a reason other than a disability, and would otherwise be eligible to become insured under the *policy*, we will cover you for *prior plan benefits* until the earlier of:

2

- the date you return to *active work*; or
- the date coverage ends according to the *policy*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

CONTINUITY OF COVERAGE FOR CRITICAL ILLNESS INSURANCE (Continued)

Continuity of Coverage for Your Dependents

4

If the *policy* replaces the *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* but are in a *hospital* or similar facility on the Effective Date of the [*policy*].

If an *eligible dependent* is in a *hospital* or similar facility on the Effective Date of the [*policy*], the dependent will not become insured under the *policy*. However, we will cover the dependent for the *prior plan benefits* until the earliest of:

- the day after the dependent leaves the *hospital* or similar facility ; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

Pre-Existing Conditions

5

The benefits payable may be limited or excluded due to a pre-existing condition unless certain requirements are met. If the *policy* replaces the *prior plan* for any benefit which would be limited or excluded during the time period to which this limitation or exclusion applies, we will give you[and your *eligible dependent*] credit for time periods which were met under the *prior plan* by providing the lesser of:

- the benefits of the *policy* without the pre-existing conditions provision, or
- *prior plan benefits* (applying the *prior plan's* pre-existing conditions provision, if any) just as if it had remained in effect.

Any benefits payable under the conditions described above will be reduced by any benefits paid or payable by the *prior plan*.

If you[or your *eligible dependent* is] not eligible for *prior plan benefits* or benefits under the *policy* (without consideration of the pre-existing condition provision), no benefit will be paid.

Maximum Benefit Credit

All paid benefits applied to the maximum benefit amounts or maximum durations under the *prior plan* will also be applied to the maximum benefit amounts or maximum durations under this *policy*.

CRITICAL ILLNESS INSURANCE

Insurance Provided

Benefits may be payable under this *policy*. If you[or your *covered dependent* is] *diagnosed* with a *critical illness* or undergo[es] a *procedure* while insured under the *policy*, we will pay the benefits shown in the Schedule. [Some of the benefits described in the *policy* may not apply depending on the level of benefits selected.]

1

The *critical illness* must be *diagnosed* or the *procedure* undergone while you[or your *covered dependent* is] insured under this *policy* and is subject to the limitations and exclusions described in this *policy*.

We will not pay benefits for any *critical illness* or *procedure* if you[or your *covered dependent* has] been *diagnosed* with that *critical illness* or [has] undergone that *procedure* at any time prior to the effective date of your[or your *covered dependent's*] coverage under the *policy*.

Any benefits are subject to the provisions of the *policy*.

Any required premiums must continue to be paid[, either] under the *policy*[or under the group portability policy, if eligible,] for benefits to be paid.

2

Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health[or your *eligible dependent* is eligible for more than the Dependent Maximum Amount Without Proof of Good Health] shown in the Schedule, you[or your *eligible dependent*] will be limited to that Maximum until you give us *proof of good health*[for yourself or your *eligible dependent*]. If the proof is accepted, the additional amount of insurance will take effect[on the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of your[or your *eligible dependent's*] *proof of good health*, if required.

3

Amount of Benefit

We will pay the *applicable percentage* of the *benefit amount*.

After we pay benefits for a particular *critical illness* or *procedure*, we will not pay any additional benefits if you[or your *covered dependent* is] ever *diagnosed* with that *critical illness* or undergo[es] that *procedure* again[except as described in the Recurrence Benefit provision].

4

Each *critical illness* and *procedure* is included[in a specific category] in the Schedule. We will pay up to [100%] of the *benefit amount*[in each of the categories] shown in the Schedule. We will not pay more than [100%] of your[or your *covered dependent's*] *benefit amount*[in any category]. After we pay [100%] of the benefit[in a specific category], we will not pay any additional benefits for any *critical illness* or *procedure* listed[in that category][except as described in the Recurrence Benefit provision].

5

6

We will pay a *benefit amount*[in more than one category], if:

- benefits have been paid under this *policy* because you[or your *covered dependent* was] *diagnosed* with a *critical illness* or [has] undergone a *procedure*[in a specific category]; and
- you[or your *covered dependent*] is *diagnosed* with a *critical illness* or undergo[es] a *procedure*[from a different category] more than[6 consecutive months] later.

7

OR

CRITICAL ILLNESS INSURANCE (continued)

We will pay a benefit[twice during your or your *covered dependent's lifetime*], if:

- benefits have been paid under this *policy* because you[or your *covered dependent* was] *diagnosed* with a *critical illness* or [has] undergone a *procedure*[in a specific category]; and
- you[or your *covered dependent*] is *diagnosed* with a[second and different] *critical illness* or undergo[es] a[second and different] *procedure* more than[6 consecutive months] later.

7

If the date of the *diagnosis* of a *critical illness* or date of a *procedure* is the same for *critical illnesses* or *procedures* listed[in different categories], we will pay only the benefit for the *critical illness* or *procedure* with the largest *applicable percentage*.

5

Recurrence Benefit

We will pay a recurrence benefit, if

- benefits have been paid under this *policy* because you[or your *covered dependent* was] *diagnosed* with a *critical illness* or [has] undergone a *procedure*,
- you[or your *covered dependent* is] *diagnosed* with the same *critical illness* or undergo[es] the same *procedure* more than [18 months] later, and
- you[or your *covered dependent* has] not received *treatment* for the same *critical illness* or condition that led to the *procedure* for [18 consecutive months] after the *diagnosis* for the *critical illness* or after the *procedure*. For the purposes of this provision, we will not consider follow-up visits to your *doctor* or prescription medications[other than cytotoxic medications (cancer chemotherapy)] to be *treatment*.

The amount of the recurrence benefit is [25%] of the benefit previously paid because of that *critical illness* or *procedure*.

[The recurrence benefit will only be paid once in each category.]

8

CRITICAL ILLNESS INSURANCE (continued)

Wellness Screening Benefit

We will pay the Wellness Screening Benefit Amount shown in the Schedule if you provide proof satisfactory to us that you[or your *covered dependent* spouse] had a wellness screening test performed while covered under the *policy*. This benefit is limited to the wellness screening tests listed below and is limited to [one test per *benefit year*] [for you or your *covered dependent* spouse].

- [cardiac exercise stress test]
- [fasting blood glucose test]
- [blood test for lipids including total cholesterol, LDL, HDL and triglycerides]
- [breast ultrasound or mammography]
- [CA15-3 (blood test for breast cancer)]
- [CA 125 (blood test for ovarian cancer)]
- [CEA (blood test for colon cancer)]
- [chest x-ray]
- [colonoscopy]
- [flexible sigmoidoscopy]
- [hemocult stool analysis]
- [pap smear]
- [PSA (blood test for prostate cancer)]
- [serum protein electrophoresis]
- [carotid doppler]
- [electrocardiogram]
- [echocardiogram].

This benefit will be paid as long as the *policy* is in force and you[or your *covered dependent* spouse remains] covered under the *policy*. The benefit will be paid regardless of the results of the test. [The wellness screening benefit is paid in addition to any other benefits payable under the *policy*.] In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your *doctor*.

CRITICAL ILLNESS INSURANCE (continued)

Pre-Existing Conditions

We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition (defined below) unless you[or your *covered dependent* is] initially *diagnosed* with a *critical illness* or undergo[es] a *procedure* after[the earlier of:

- 12 consecutive months, ending on or after the day you or your *covered dependent* became insured under the *critical illness insurance policy*, during which you or your *covered dependent* does not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, *treatment* or services, including taking drugs, medicine, insulin, or similar substances, for that condition; or
- 12 consecutive months during which you or your *covered dependent* is continuously insured under the *critical illness insurance policy*].

A "pre-existing condition" means an *injury*, sickness, symptom or physical finding, or any related *injury*, sickness, symptom or physical finding, for which you[or your *covered dependent*]:

- consulted with or received advice from a licensed medical or dental practitioner; or
- received medical or dental care, *treatment*, or services, including taking drugs, medicine, insulin, or similar substances

during the [12 months] that end on the day before you[or your *covered dependent*] became insured under the *critical illness insurance policy*.

General Exclusions

We will not pay benefits for you[or your *covered dependent*] if the *critical illness* or *procedure* is related to or resulting directly or indirectly from:

- services or *treatment* not included in the Schedule;
- services or *treatment* for which you[or your *covered dependent* is] not charged, unless there is no charge because the facility is a United States government facility;
- services or *treatment* provided by a *family member*;
- any *critical illness* that is *diagnosed* outside of the United States;
- services or *treatment* rendered outside the United States;
- services or *treatment* provided primarily for cosmetic purposes;
- *treatment* or complications of *treatment* not related to a *critical illness* or *procedure*;
- an autologous bone marrow transplant, one in which your own bone marrow is used;
- service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not;
- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act or riot or insurrection;

CRITICAL ILLNESS INSURANCE (continued)

- committing or attempting to commit[an assault or] felony; 11
- incarceration in a penal institution of any kind;
- intoxication (intoxication means your[or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs);
- use of any drugs, unless the drugs were used as prescribed or directed by a *doctor*;
- intentionally self-inflicted injury[, while sane or insane]; or 12
- suicide or attempted suicide[, while sane or insane]. 12

Porting to a Group Portability Policy

If all of your *critical illness insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to port your insurance[and your dependent insurance] currently in force. [You must *port* your *critical illness insurance* in order to *port* your *covered dependent's critical illness insurance*. A *covered dependent* may not *port* his or her *critical illness insurance*.] Your insurance under the group portability policy will be a continuation of your insurance[and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance[and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *critical illness insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If you[or your *covered dependent* is] *diagnosed* with a covered *critical illness* or undergoes a *procedure* [within 31 days] after your *critical illness insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due. The insurance can be continued under the group portability policy until[the later of the day before your 65th birthday or 12 months from the date your coverage under the *policy* ends]. [You may either *port* the plan of insurance that is currently in force, or you may *port* to a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

Assignment

[Neither you nor your *covered dependent* can] assign any of the *critical illness insurance* benefits.

CLAIM PROVISIONS FOR CRITICAL ILLNESS INSURANCE

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay all benefits to you. However, if medical evidence indicates that a legal guardian should be appointed, we will hold further benefits due until such time as a guardian of your estate is appointed and we will pay benefits to such guardian at that time. If any amount remains unpaid when you die, we will pay your estate.

Any amount we pay in good faith releases us from further liability for that amount.

Authority

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

1

Filing a Claim

You must send us notice of the claim. We must have written notice of any insured loss [within 30 days after it occurs], or as soon as reasonably possible. You can send the notice to[our *home office*, to one of our regional group claims offices, or to one of our agents or administrators]. We need enough information to identify you as a *covered person*.

2

3

4

[Within 15 days] after the date of your notice, we will send you certain claim forms. The forms must be completed and sent to[our *home office* or to one of our regional group claims offices]. If you do not receive the claim forms [within 15 days], we will accept a written description of the exact nature and extent of the loss.

3

4

The time limit for filing a claim is [90 days] after the date of loss, *treatment* or service.

5

Proof of Loss

Written proof of loss must be furnished to[our *home office*, to one of our regional group claims offices, or to one of our agents or administrators] [within 90 days] after the occurrence or commencement of any covered loss.

3

5

In case of claims for loss for which this *policy* provides any periodic payment contingent upon continuing loss, proof of loss must be furnished [within 90 days] after the termination of the period for which we are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

5

You must provide us with all of the information we specify as necessary to determine proof of loss and decide our liability. This may include but is not limited to medical records, hospital records, pharmacy records, test results, therapy and office notes, mental health progress notes, medical exams and consultations, tax returns, business records, payroll and attendance records, billing records, invoices, receipts, police reports and investigative reports.

CLAIM PROVISIONS FOR CRITICAL ILLNESS INSURANCE (continued)

You must provide us with a written authorization allowing the sources of medical, vocational, occupational, financial, and governmental information to release documents to us which enables us to decide our liability. If you do not provide us with the items and authorization necessary to allow us to determine our liability, we will not pay benefits.

Right to Examine or Interview

We may ask you[or your *covered dependent*] to be examined as often as we require at any time we choose. We may require you[or your covered dependent] to be interviewed by our authorized representative. We will pay third party charges for any independent medical exam or interview which we require. If you[or your *covered dependent*] fails to attend or fully participate we will not pay benefits.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Review Procedure

You must request, in writing, a review of a denial of your claim [within 60 days] after you receive notice of denial.

6

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision [within 60 days] after we receive your request or [within 120 days] if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise of further appeal rights, if any.

6

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Overpayment

We have the right to recover any overpayments due to:

- fraud; or
- any administrative error we make in processing a claim.

CLAIM PROVISIONS FOR CRITICAL ILLNESS INSURANCE (continued)

You must reimburse us in full. We will determine the method by which the repayment is to be made.

We will not recover more money than the amount we paid you. However, we reserve the right to recover any prior or current overpayment from a claim under the *policy*.

SUMMARY OF GROUP CRITICAL ILLNESS INSURANCE

This summary is intended to help understand your group insurance *policy*. It does not change any of its provisions.

Critical Illness Insurance

[There may be certain benefits and amounts you may elect and the coverage in force for you will depend on the elections made.]

1

The *policy* pays a fixed benefit when you[or a *covered dependent* is] *diagnosed* with a covered *critical illness* or undergo[es] a covered *procedure*.

The *critical illness* must be *diagnosed* or the *procedure* undergone while you[or your *covered dependent*] is insured under this *policy* and is subject to the limitations and exclusions described in this *policy*. We will not pay benefits for any *critical illness* or *procedure* if you[or your *covered dependent*] has been *diagnosed* with that *critical illness* or has undergone that *procedure* at any time prior to the effective date of your[or your *covered dependent's*] coverage under the *policy*.

The *policy* explains the situations in which you [or a *covered dependent*] will receive limited or no benefits. [In addition, pre-existing exclusions may apply to some situations.]

1

[The *policy* includes a portability provision. If your *critical illness insurance* ends under certain circumstances, it may be possible to *port your critical illness insurance* and your dependent's *critical illness insurance*, if any.]

2

Premiums must continue to be paid[, either] under the *policy*[or under the group portability policy, if eligible,] for benefits to be paid.

2

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT:

The benefits of this certificate are provided under a limited *policy*.

This is a *critical illness insurance* certificate.

This is NOT a medical insurance certificate, a Medicare Supplement certificate or a high deductible health plan.

**Please read
your certificate
carefully.**

DEFINITIONS FOR HOSPITAL INDEMNITY INSURANCE

Accident means a sudden, unforeseen, external and unexpected event, which results in an *injury* to you [or your *covered dependent*] and which occurs while you [or your *covered dependent* is] insured under the *policy*. *Accident* does not include any *sickness*, cerebrovascular accident (*stroke*) or any drug overdose unless the drugs were used as prescribed by a *doctor*.

1

Ambulatory surgical center means a licensed or accredited facility that provides medical or surgical intervention requiring care for immediate (day of procedure), pre-procedure and immediate post-procedure care. The total length of care is [less than 24 hours]. A *doctor* must be directly involved in the care.

2

Benefit year means a [calendar year beginning on January 1 of any year and ending on December 31 of that year].

Clinic means an institution, building or part of a building where *outpatients* receive *treatment* for *diagnoses*.

3

Coma means you [or your *covered dependent* has] been *diagnosed* with a condition from which you [or your *covered dependent*] cannot be aroused and which requires an external life support system, both of which have persisted continuously for [at least 168 hours].

Common carrier means a transportation vehicle licensed by a government agency to charge passengers money for transportation. Under this *policy*, only the following are considered *common carriers*: buses, trolleys, airplanes, boats or trains, provided the vehicle operates on a regularly scheduled basis from point to point. Neither taxis nor chartered airplane flights are considered *common carriers* under this *policy*.

Diagnosed, diagnosis or *diagnoses* means an evaluation of [your or your *covered dependent's*] medical condition that is performed by a *doctor* whose specialty is appropriate for the condition being evaluated, and who is board certified in that specialty in accordance with the [American Board of Medical Specialties] criteria. The evaluation must include conclusions that are definite and supported by presence of symptoms, clinical signs on physical examination, and test results consistent with the most current medically accepted diagnostic standards according to *nationally recognized authorities*. In addition, the evaluation must meet one or more of the following criteria depending on the condition that is being evaluated:

4

- if cognitive function is being evaluated, the conclusions must be confirmed with neuropsychological testing conducted by a clinical psychologist at the doctorate level certified through the [American Board of Professional Psychology] in the area of clinical neuropsychology; 4
- if pulmonary function is being evaluated, the conclusion must be supported by testing performed in accordance with the [American Thoracic Society] criteria; and 4
- if the condition is evaluated using the results of exercise testing, that testing must be performed in accordance with the [American College of Sports Medicine or American Heart Association] standards. 4

5

Emergency room means the department of the *hospital* that is staffed 24 hours a day and equipped to provide emergency care to patients with *sicknesses* and *injuries* which may be life-threatening or require immediate medical *treatment*.

DEFINITIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

Experimental treatment means *treatment* for a *diagnosis* that is considered investigational, unproven or experimental by *nationally recognized authorities*.

Hospital means an institution which is primarily engaged in providing, by and under the supervision of *doctors* to *inpatients*, diagnostic and therapeutic services for medical *diagnosis*, *treatment* and care of injured, disabled, or sick persons; or rehabilitation services of injured, disabled, or sick persons. It must meet all of the following requirements:

- Maintain clinical records on all patients;
- Have every patient be under the care of a *doctor*;
- Provide 24 hour nursing service provided by a licensed practical or registered nurse and supervised by a registered professional nurse;
- Be licensed or be approved by the state or local licensing agency;
- Meet other health and safety requirements found necessary by the [Joint Commission on Accreditation of Healthcare Organizations (JCAHO)]; and
- Is not primarily a *clinic*, nursing, rest or convalescent home.

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6

Hospital confinement or *hospital confined* means admission to a *hospital* as an *inpatient* for [at least 24 consecutive hours] by a *doctor* for *sickness*[, or] *injuries* caused by an *accident*[, or for rehabilitative care]. A *hospital* stay that does not result in charges to you [or your *covered dependent*] is not a *hospital confinement* under this *policy* unless there is no charge because the *hospital* is a United States government facility.

7

Hospital indemnity insurance means the group hospital indemnity insurance under the *policy* issued by us to the *policyholder*.

Injury means unintentional physical damage or harm caused directly by an *accident* and not due to *sickness*, disease or any other causes. The *injury* must occur while you [or your *covered dependent* is] insured under the *policy*.

Inpatient means a patient who is admitted to a *hospital* for an *injury* or *sickness*.

8

Intensive care unit (ICU) means a designated section of a *hospital* for the medical care of critically ill patients that qualifies for listing in the [American Hospital Association Guide] under its definition of an intensive care unit, a cardiac intensive care unit or a neonatal intensive care unit. An *ICU* must be separate from other ordinary *hospital* rooms or wards (including the surgical recovery ward) and be permanently equipped with lifesaving equipment including sophisticated monitoring and resuscitative equipment and there must be constant and continual observation of patients by nurses assigned exclusively to the *ICU*.

5

Lifetime means the period of time you [or your *covered dependent* is] alive.

9

10

Mental illness means a mental disorder as listed in the [current edition] of the [Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]. A *mental illness*, as so defined, may be related to or be caused by physical or biological factors, or result in physical symptoms or expressions. For the purposes of the *policy*, *mental illness* does not include any mental disorder listed within any of the following categories found in the

4

DEFINITIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

10

[Diagnostic and Statistical Manual of Mental Disorders], as published by the [American Psychiatric Association]:

4

- Mental Retardation;
- Motor Skills Disorder;
- Pervasive Developmental Disorders;
- Delirium, Dementia, and Amnestic and other Cognitive Disorders;
- Schizophrenia; and
- Narcolepsy, Obstructive Sleep Apnea, and Sleep Disorder due to a general medical condition.

Nationally recognized authorities means the [American Medical Association (AMA) Council on Scientific Affairs, the AMA Diagnostic and Therapeutic Technology Assessment Project, the AMA Board of Medical Specialties, the American College of Physicians and Surgeons, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Office of Technology Assessment, the National Institutes of Health, the Health Care Finance Administration, the Agency for Health Care Policy and Research, the Department of Health and Human Services, the National Cancer Institute,] and any additional organizations we choose which attain similar status.

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Outpatient means a patient who is not admitted to *hospital* but instead is cared for elsewhere such as a *doctor's* office, *clinic* or day surgery center for an *injury* or *sickness*.

11

Paralysis means you [or your *covered dependent* has] been *diagnosed* with total and irreversible loss of use of two or more limbs due to neurological *injury* or *sickness* of associated nerves that is continuously present for a period of at least [180 days] but shall not include any *paralysis* caused by a *stroke*.

Period of hospital confinement means *hospital confinement* for a continuous and uninterrupted period of time while under the regular care and attendance of a *doctor*. A new *period of hospital confinement* will begin if a new *hospital confinement* occurs [30 or more days] after the end of a previous *hospital confinement* or if the *hospital confinement* results from a completely independent cause from the previous *hospital confinement*.

12

5

Port means to convert to a group portability policy.

13

Qualifying period means the number of consecutive hours at the beginning of your [or your *covered dependent's*] *period of hospital confinement* for *sickness* which must be met in order for benefits to be payable. The *qualifying period* under this *policy* is [72 hours]. The *qualifying period* in effect at the time the *hospital confinement* begins will apply.

14

Rehabilitation unit means a facility or separate section of a *hospital* that is designated, staffed and equipped to provide restorative services under the supervision of a trained and experienced rehabilitation medicine *doctor*. A facility must be accredited by [Joint Commission on Accreditation of Healthcare Organizations] and licensed or approved by the state or local licensing agency.

Sickness means a (1) disease, (2) disorder, (3) infection, (4) pregnancy, or (5) any other abnormal physical condition that is not caused by an *accident* or related to an *injury*.

DEFINITIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

15 *Stroke* means you [or your *covered dependent* has] been *diagnosed* with a disease or *injury* to the brain, not including transient ischemic attack (TIA), that resulted in loss of motor function in an upper and lower extremity concurrently with resulting sustained disturbance of gross and dexterous movements of those limbs, gait or station with ineffective communication or speech persisting for at least [96 hours] and this condition is expected to be permanent.

16 *Timely applicant* means a person whose application for insurance is made no later than [31 days] after becoming eligible for insurance under the *policy*.

Treatment means any medical service, procedure, consultation, advice, tests, observation, supplies, equipment, x-rays or surgery, including the prescription of drugs or use of prescription drugs or insulin.

SUMMARY OF GROUP HOSPITAL INDEMNITY INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Hospital Indemnity Insurance

1

There may be certain benefits and amounts a *covered person* may be eligible to elect, and the coverage in force for a *covered person* [or *covered dependent*] will depend on any elections made.

The *policy* pays a fixed benefit when a *covered person* [or *covered dependent*] becomes *hospital confined* due to *accident* or *sickness*. The *policy* explains the situations in which a *covered person* [or *covered dependent*] will receive limited or no benefits. [In addition, *qualifying periods* and pre-existing condition exclusions may apply to some situations.]

2

3

The *policy* includes a portability provision. If a person's *hospital indemnity insurance* ends under certain circumstances, it may be possible to *port* the person's *hospital indemnity insurance* and the person's dependent *hospital indemnity insurance*, if any.

3

Premiums must continue to be paid [either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid[, unless your premiums are waived under the Waiver of Premium provision].

3

4

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

**IMPORTANT: This is a limited *policy*.
This is a *hospital indemnity insurance policy*
that pays a fixed benefit for
hospital confinement due to *accident* or *sickness*.
It is NOT a medical insurance policy,
a Medicare Supplement policy or
a high deductible health plan.**

**Please read
the insurance
policy carefully.**

SCHEDULE (continued)

10 Coverage under [Level 1] is available without *proof of good health* for *timely applicants*. *Proof of good health* is always required for coverage under [Level II and Level III].

Schedule Amount:

11 Ambulance:

	[Level I]	[Level II]	[Level III]
Ground:	[\$100 per trip]	[\$100 per trip]	[\$100 per trip]
Air:	[\$250 per trip]	[\$250 per trip]	[\$250 per trip]

Ambulance benefit is limited to [two one-way trips per *benefit year*].

12 Coma, Stroke, or Paralysis:

	[Level I]	[Level II]	[Level III]
	[Not covered]	[\$2,500 per <i>lifetime</i>]	[\$5,000 per <i>lifetime</i>]

Coma, Stroke, or Paralysis benefit is payable [once per *lifetime*].

13 Emergency Room:

	[Level I]	[Level II]	[Level III]
	[\$25 per visit]	[\$50 per visit]	[\$100 per visit]

Emergency Room benefit is limited to [two visits per *benefit year*].

Hospital Confinement:

		[Level I*]	[Level II*]	[Level III*]	
14	Days [1 – 15]:	[\$50 per day]	[\$100 per day]	[\$150 per day]	15
16	[Days 16 – 180]:	[\$100 per day]	[\$150 per day]	[\$200 per day]	17

18 * [If you or your *covered dependent* is confined to an *intensive care unit*, the Hospital Confinement benefit payable will double until the earlier of the day you or your *covered dependent* is no longer confined to an *intensive care unit* or 7 days.]

19 Additional Hospital Confinement for Accident:

		[Level I]	[Level II]	[Level III]
	[Days 1 – 15:]	[\$50 per day]	[\$100 per day]	[\$150 per day]
	[Days 16 – 180:]	[\$100 per day]	[\$150 per day]	[\$200 per day]

20 Initial Hospitalization:

	[Level I]	[Level II]	[Level III]
	[\$75 per <i>accident</i> or <i>sickness</i>]	[\$150 per <i>accident</i> or <i>sickness</i>]	[\$200 per <i>accident</i> or <i>sickness</i>]

Initial Hospitalization benefit is limited to [one time per *benefit year*].

21 Intensive Care Unit:

	[Level I]	[Level II]	[Level III]
	[\$200 per day]	[\$300 per day]	[\$400 per day]

Intensive Care Unit benefit limited to [7 days per *period of hospital confinement*].

SCHEDULE (continued)

22	Outpatient Hospital Surgical:	[Level I]	[Level II]	[Level III]
		[\$175 per surgery]	[\$275 per surgery]	[\$375 per surgery]
Outpatient Hospital Surgical benefit is limited to [one surgery for the same <i>accident</i> or <i>sickness</i> in a 90-day period].				

23	Rehabilitation Unit:	[Level I]	[Level II]	[Level III]
		[Not covered]	[Not covered]	[\$50 per day]
Rehabilitation Unit benefit is limited to [15 days per period of confinement and 30 days per <i>benefit year</i>].				

24	Wellness Screening:	[Level I]	[Level II]	[Level III]
		[\$25 per test]	[\$50 per test]	[\$75 per test]
Wellness Screening benefit is limited to [1 test per <i>benefit year</i>].				

Plan Changes

25	Plan Changes at Annual Enrollment
	<p>You may choose to change your plan of insurance, subject to any required <i>proof of good health</i>, from [January 1 through January 31] of each year, the annual enrollment period agreed upon by the [<i>policyholder</i>] and us. You must submit <i>proof of good health</i> for any plan level increase. [The amount of any increase, with or without <i>proof of good health</i>, is subject to the Pre-Existing Conditions provision in the Hospital Indemnity Insurance provisions section of the <i>policy</i>. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]</p> <p>The effective date of any change made during the annual enrollment period will be [the later of the policy anniversary or the first of the month occurring on or after the date of our correspondence notifying you of our approval of you or your <i>covered dependent's proof of good health</i>, if required]. [Please see Exception to Effective Date if you are not at <i>active work</i> on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your <i>covered dependent</i> is in a <i>hospital</i> or similar facility on the day the change in insurance would otherwise take effect.]</p> Change in Family Status <p>You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the <i>policyholder's</i> IRC Section 125 plan]. If you apply for insurance or increase your plan of insurance following a change in family status, you must submit <i>proof of good health</i> for you or your <i>covered dependent</i>.</p> <p>If you are first applying for insurance for yourself [or for your <i>eligible dependent</i>] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the later of the date of the request or the date of our correspondence</p>

SCHEDULE (continued)

25

notifying you of our approval of your or your *eligible dependent's proof of good health*, if required].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of your or your *eligible dependent's proof of good health*, if required].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

OR

Change in Family Status

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance under [Level II or Level III], or if you increase your plan of insurance following a change in family status, you must submit *proof of good health*.

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the application] unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the application or the date of our correspondence notifying you of our approval of your or your *eligible dependent's proof of good health*].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the date of the change request unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the change request or the date of our correspondence notifying you of your or your *eligible dependent's proof of good health*].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE

Eligible Persons

To be eligible for insurance[, a person must:

- be a member of an *eligible class*;
- complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*; and
- give us *proof of good health*, if required.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that.]

1

Effective Date for an Eligible Person

[*Proof of good health* is required for all levels of coverage. If the proof is acceptable to us, any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. *Proof of good health* is required. If the proof is acceptable to us, insurance will take effect on the following:]

- [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If the application is made on the date the person becomes eligible, or within 31 days after that, insurance will take effect on the Entry Date occurring on or after the date of the application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Insurance will take effect on the policy anniversary occurring on or after the date of the application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

OR

Effective Date for an Eligible Person

[*Proof of good health* is required for Levels II and III. Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* insurance will]

2

**ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE
(continued)**

[take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

2

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If a person applies before becoming eligible, *proof of good health* is required for Levels II and III. Insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If the application is made on the date the person becomes eligible, or within 31 days after that, *proof of good health* is required for Levels II and III. Insurance will take effect on the Entry Date occurring on or after the date of the application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]
- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, *proof of good health* is required for all levels of coverage and application must be made during an annual enrollment period. Insurance will take effect on the later of the policy anniversary occurring on or after the date of the application or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of your *proof of good health*.]

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

Exception to Effective Date

3

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

When a Person's Insurance Ends

A *covered person's* insurance will end [on the earliest of the following dates:

- the *policy* or *participating employer's* application ends; 4
- the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- a person is no longer in an *eligible class*.]

**ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE
(continued)**

- [a person stops *active work*;
- a required contribution was not paid; or
- a person's employer is no longer a *participating employer*.]

4

5

If your insurance ends, you may be eligible to *port* your insurance and continue your benefits. Please see the Porting to a Group Portability Policy provision.

Continuance of Insurance

6

If a person is unable to perform *active work* for a reason shown below, the [*policyholder*] may continue the person's insurance [and the person's dependent insurance, if any,] on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *hospital indemnity insurance* is the longest applicable period described below:

- [12 months* for *injury, sickness, or pregnancy*;
- 3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- the end of the period the [*policyholder or participating employer*] is required to allow after the last day of *active work*, for a family or medical leave of absence under:
 - the federal Family and Medical Leave Act; or
 - any similar state law.

* after the last day of *active work*].

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.]

Reinstatement

7

If a person re-enters an Eligible Class [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. [Any Pre-existing Conditions provision will be applied as if insurance never ended if a person re-enters an Eligible Class immediately after the end of a family or medical leave of absence under the federal Family and Medical Leave Act or any similar state law.] All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE

Eligible Dependents

Your *eligible dependents* [are:

1

- your lawful spouse, and
- your unmarried children from live birth but less than age 19, or less than age 25 if a full-time student].

2

[“Children” include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children are also included if they depend on you for support and maintenance. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

3

An *eligible dependent* [will not] include any person who is a member of an *eligible class*. An *eligible dependent* may [not] be covered by more than 1 *covered person*.

Dependent Effective Date

4

[*Proof of good health* is required for all levels of coverage. If the proof is acceptable to us, any *noncontributory* dependent insurance will take effect on the later of the day the dependent becomes an *eligible dependent*, the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium. *Proof of good health* is required. If the proof is acceptable to us, insurance will take effect on the following:]

- [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy*, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application, or if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply more than 31 days after the date the dependent becomes eligible or after dependent insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of application, or, if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

OR

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

Dependent Effective Date

4

[*Proof of good health* is required for Levels II and III. Any *noncontributory* dependent insurance will take effect on the Entry Date shown in the Schedule unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, any *noncontributory* dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us, and agree to pay part or all of the premium. Insurance will take effect on the following:]

- [If you apply before the dependent becomes eligible, *proof of good health* is required for Levels II and III. Dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy* unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply on the date the dependent becomes eligible, or within 31 days after that, *proof of good health* is required for Levels II and III. Dependent insurance will take effect on the Entry Date occurring on or after the date of your application unless *proof of good health* is required. If *proof of good health* is required, and the proof is acceptable to us, dependent insurance will take effect on the later of the Entry Date shown in the Schedule in the *policy* or the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]
- [If you apply more than 31 days after the date the dependent becomes eligible, or after dependent insurance ended because the premium was not paid, *proof of good health* is required for all levels of coverage and application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of application, or, if later, the Entry Date occurring on or after the date of our correspondence notifying you of our approval of the *eligible dependent's proof of good health*.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

5

[If an *eligible dependent* is in a *hospital* or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the *hospital* or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

**DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR HOSPITAL INDEMNITY
INSURANCE (continued)**

When Dependent Insurance Ends

A dependent's insurance will end [on the earliest of the following dates:

- the *policy* or *participating employer's* application ends; 6
- the *policy* or *participating employer's* application is changed to end dependent insurance;
- that dependent is no longer eligible;
- your insurance for the same coverage under the *policy* ends;
- a required contribution for dependent insurance was not paid; or
- a person's employer is no longer a *participating employer*.]

7

If your and your dependent insurance ends, you may be eligible to *port* your insurance and continue benefits. Please see the Porting to a Group Portability Policy provision.

CONTINUITY OF COVERAGE FOR HOSPITAL INDEMNITY INSURANCE

Definitions

1

Prior plan means the [policyholder's] plan of group hospital indemnity insurance, if any, under which you were insured on the day before the Effective Date of the [policy].

2

Prior plan includes hospital indemnity insurance coverage provided through individual policies if:

3

- Your coverage was provided to classes of [employees or members] defined in terms of conditions pertaining to [employment or membership];
- Your coverage was not available to the general public and can be obtained or maintained only because of your [membership in or connection with the policyholder];
- Your premiums are collected through an arrangement for bulk payment of premiums such as payroll deduction; and
- The plan was sponsored by the [policyholder].

Prior plan benefits mean the benefits, if any, that would have been paid to you under the *prior plan* had it remained in effect, and had you continued to be insured under the *prior plan*.

Continuity of Coverage

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* but are not at *active work* on the Effective Date of the [policy].

2

If you are not at *active work* on the Effective Date of the [policy] due to a disability, you will not become insured under the *policy*. However, we will cover you for *prior plan benefits* until the earliest of:

2

- the date you return to *active work*; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits of the *prior plan*.

If you are not at *active work* on the Effective Date of the [policy] due to a reason other than a disability, and would otherwise be eligible to become insured under the *policy*, we will cover you for *prior plan benefits* until the earlier of:

2

- the date you return to *active work*; or
- the date coverage ends, according to the provision of the *policy*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

CONTINUITY OF COVERAGE FOR HOSPITAL INDEMNITY INSURANCE (continued)

Continuity of Coverage for Your Dependents

4

If the *policy* replaces a *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* but are in a *hospital* or similar facility on the Effective Date of the [*policy*].

5

If an *eligible dependent* is in a *hospital* or similar facility on the Effective Date of the [*policy*], the dependent will not become insured under the *policy*. However, we will cover the dependent for the *prior plan benefits* until the earliest of:

- the day after the dependent leaves the *hospital* or similar facility; or
- the date coverage ends according to the *policy*; or
- the end of any period of continuance or extension of benefits under the *prior plan*.

Any benefits payable under the conditions described above will be paid by us:

- as if the *prior plan* had remained in effect; and
- will be reduced by any benefits paid or payable by the *prior plan*.

Pre-Existing Conditions

6

The benefits payable may be limited or excluded due to a pre-existing condition unless certain requirements are met. If the *policy* replaces the *prior plan*, for any benefit which would be limited or excluded during the time period to which this limitation or exclusion applies, we will give you [and your *eligible dependent*] credit for time periods which were met under the *prior plan* by providing the lesser of:

- the benefits of the *policy* without the pre-existing conditions provision, or
- *prior plan benefits* (applying the *prior plan's* pre-existing conditions provision, if any) just as if it had remained in effect.

Any benefits payable under the conditions described above will be reduced by any benefits paid or payable by the *prior plan*.

If you [or your *eligible dependent* is] not eligible for *prior plan benefits* or benefits under the *policy* (without consideration of the pre-existing condition provision), no benefit will be paid.

Maximum Benefit Credit

If the *policy* replaces the *prior plan*, all paid benefits applied to the maximum benefit amounts or maximum durations under the *prior plan* will also be applied to the maximum benefit amounts or maximum durations under this *policy*.

HOSPITAL INDEMNITY INSURANCE

Insurance Provided

If you [or your *covered dependent* becomes] *hospital confined* due to *accident* or *sickness* while insured under the *policy*, we will pay the hospital indemnity benefits shown in the Schedule. We will continue to pay benefits during your [or your *covered dependent's*] *hospital confinement*, but not beyond the time and frequency limitations listed in the Schedule. Any benefits are subject to the provisions of the *policy*.

The following provisions set forth the benefits which are provided under this *policy*. The covered condition must occur while you [or your *covered dependent* is] insured under this *policy* and is subject to the limitations and exclusions described in this *policy*. Any required premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid[, unless your premiums are waived under the Waiver of Premium provision].

1

2

4

[Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.] Please see the Schedule to verify whether the benefits described in the following provisions are covered and to verify the amount of any covered benefit.

3

Proof of Good Health

You [or your *covered dependent*] will be limited to the benefits under [Level I] until you [or your *covered dependent* gives] us *proof of good health*. If your [or your *covered dependent's*] *proof of good health* is accepted, insurance under [Level II or Level III] will take effect [on the Entry Date occurring on or after the date of our correspondence notifying you or your *covered dependent* of our approval of your *proof of good health*]. [Any increases from Level II to Level III will also require *proof of good health*.]

5

Ambulance

We will pay the Ambulance amount shown in the Schedule if a licensed professional ambulance is required to transport you [or your *covered dependent*] to a *hospital*. This benefit is not payable for *accidents* unless ambulance transportation occurs within [72 hours] of the *accident*. [This benefit is not payable for *sickness* unless you or your *covered dependent* becomes *hospital confined* within 48 hours of ambulance transportation.] This benefit is limited to [2 one-way trips per *benefit year*] [for you or your *covered dependent*].

6

Coma, Stroke, or Paralysis

We will pay the Coma, Stroke, or Paralysis amount shown in the Schedule when you [or your *covered dependent* is] first *diagnosed* by a *doctor* as having a *coma*, *stroke* or *paralysis*. This benefit is payable only once per *lifetime* [for you or your *covered dependent*].

7

Emergency Room

We will pay the Emergency Room amount shown in the Schedule when you [or your *covered dependent* receives] *treatment* in an *emergency room*. This benefit is not payable for *accidents* unless *treatment* is received within [72 hours] of the *accident*. [This benefit is not payable for *sickness* unless you or your *covered dependent* becomes *hospital confined* within 48 hours of the initial *emergency room treatment* for that *sickness*.]

8

This benefit will be paid only [once for each *accident* or *sickness* and not more than once in any 24 hour period]. This benefit is limited to [2 *emergency room* visits per *benefit year*] [for you or your *covered dependent*].

HOSPITAL INDEMNITY INSURANCE (continued)

Hospital Confinement

9 We will pay the Hospital Confinement amount shown in the Schedule for each day of a *period of hospital confinement* that you [or your *covered dependent* is] *hospital confined* to receive *treatment* because of an *accident* or *sickness*. The first day of *hospital confinement* must occur [within 30 days of an *accident*, and the *qualifying period* must be met for any *hospital confinement* due to *sickness*. If you or your *covered dependent* meets the *qualifying period* for *sickness*, payment will include benefits for the *period of hospital confinement* that occurred during the *qualifying period*.]

10

We will pay the Hospital Confinement amount shown in the Schedule for each newborn *covered dependent* child's initial *hospital confinement* after birth for a reason other than an *accident* or *sickness* until the earlier of the day the mother of the newborn *covered dependent* child is no longer *hospital confined* or 5 days. If a newborn *covered dependent* child is *hospital confined*, and *hospital confinement* is due to an *accident* or *sickness*, we will pay the Hospital Confinement benefit shown in the Schedule for a maximum of [180 days].

11

The Hospital Confinement amount payable will double if you or your *covered dependent* is confined to an *intensive care unit*. This amount is payable until the earlier of the day you or your *covered dependent* is no longer confined to an *intensive care unit* or 7 days.

12

We will not pay this benefit for more than [180 days] for any *accident* or *sickness*], and we will not pay this benefit for the same days that the Rehabilitation Unit benefit is paid. However, if you or your *covered dependent* is *hospital confined* and transferred to a bed in a *rehabilitation unit* for an *injury* or *sickness*, on the day you or your *covered dependent* is transferred and you or your *covered dependent* is eligible for both the Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.]

13

Additional Hospital Confinement for Accident

We will pay the Additional Hospital Confinement for Accident amount shown in the Schedule when you [or your *covered dependent* is] *hospital confined* due to an *accident*.

14

Hospital confinement must start [within 30 days] of the *accident*. This benefit is limited to [180 days per *accident*] [for you and your *covered dependent*]. [This benefit is paid in addition to the Hospital Confinement benefit.]

[This benefit and the Rehabilitation Unit benefit will not be paid for the same day. However, if you or your *covered dependent* is *hospital confined* and transferred to a bed in a *rehabilitation unit* for an *injury*, on the day you or your *covered dependent* is transferred and you or your *covered dependent* is eligible for both the Additional Hospital Confinement for Accident benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.]

Initial Hospitalization

15

We will pay the Initial Hospitalization amount shown in the Schedule when you [or your *covered dependent* is] [admitted to a *hospital* as an *inpatient* due to an *accident* or *sickness* for at least 12 hours]. This benefit is not payable [for *accidents*] unless you or your *covered dependent* is admitted to a *hospital* within [30 days] of [that] *accident*. We will only pay this benefit once for an *accident* [or *sickness*] and only [once per *benefit year*] [for you or your *covered dependent*].

HOSPITAL INDEMNITY INSURANCE (continued)

Intensive Care Unit Benefit

16

We will pay the Intensive Care Unit amount shown in the Schedule for each day up to [7 days per *period of hospital confinement*] during which you [or your *covered dependent* is] confined to an *intensive care unit*. This benefit is in addition to the Hospital Confinement benefit.

Outpatient Hospital Surgical

17

We will pay the Outpatient Hospital Surgical amount shown in the Schedule when an *outpatient* surgical procedure requiring anesthesia is performed at a *hospital* or *ambulatory surgical center* due to *accident* or *sickness*, and you [or your *covered dependent* incurs] an operating room charge, unless there is no charge because the facility is a United States government facility. We will not pay this benefit for surgery performed in a *doctor's* office. This benefit is payable for only [one surgery for the same *accident* or *sickness* in a 90-day period].

Rehabilitation Unit

18

We will pay the Rehabilitation Unit amount shown in the Schedule for each day you [or your *covered dependent* is] confined to a bed in a *rehabilitation unit* due to an *injury* or *sickness*.

We will pay this benefit for up to [15 days for any one period of confinement in a *rehabilitation unit*]. Confinements in a *rehabilitation unit* will be considered as part of the same period of confinement in a *rehabilitation unit* if they are:

- due to the same or related *accident* or *sickness*; and
- separated by less than [30 days].

This benefit is limited to [30 days per *benefit year*].

The Hospital Confinement benefit will not be paid for the same days that the Rehabilitation Unit benefit is paid. However, if you [or your *covered dependent* is] *hospital confined* and transferred to a bed in a *rehabilitation unit* for an *injury* or *sickness*, on the day you [or your *covered dependent* is] transferred and you [or your *covered dependent* is] eligible for both the Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.

Wellness Screening

19

We will pay the Wellness Screening amount shown in the Schedule if you provide proof satisfactory to us that you [or your *covered dependent* spouse] had a wellness screening test performed while covered under the *policy*. This benefit is limited to the wellness screening tests listed below and is limited to [one test per *benefit year*] [for you or your *covered dependent* spouse].

Wellness screening test means:

19

- [cardiac exercise stress test]
- [fasting blood glucose test]
- [blood test for lipids, including, total cholesterol, LDL, HDL and triglycerides]
- [breast ultrasound or mammography]
- [CA15-3 (blood test for breast cancer)]
- [CA 125 (blood test for ovarian cancer)]
- [CEA (blood test for colon cancer)]
- [chest x-ray]

HOSPITAL INDEMNITY INSURANCE (continued)

- [colonoscopy]
- [flexible sigmoidoscopy]
- [hemocult stool analysis]
- [pap smear]
- [PSA (blood test for prostate cancer)]
- [serum protein electrophoresis]
- [carotid doppler]
- [electrocardiogram]
- [echocardiogram]

This benefit will be paid as long as the *policy* is in force and you [or your *covered dependent* spouse remains] covered under the *policy*. The benefit will be paid regardless of the results of the test. [The wellness screening benefit is paid in addition to any other benefits payable under the *policy*.] In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your *doctor*.

20

Preexisting Conditions

We will not pay benefits for claims resulting, directly or indirectly, from a pre-existing condition (defined below) unless you [or your *covered dependent* begins] a *period of hospital confinement*, receives services or *treatment* for or is *diagnosed* with a medical condition after [the earlier of:

- 12 consecutive months, ending on or after the day you or your *covered dependent* became insured under the *hospital indemnity insurance policy*, during which you or your *covered dependent* does not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, *treatment* or services, including taking drugs, medicine, insulin, or similar substances, for that condition; or
- 12 consecutive months during which you or your *covered dependent* is continuously insured under the *hospital indemnity insurance policy*.]

A "pre-existing condition" means an *injury, sickness, pregnancy, symptom or physical finding, or any related injury, sickness, pregnancy, symptom or physical finding, for which you [or your covered dependent]:*

- consulted with or received advice from a licensed medical or dental practitioner; or
- received medical or dental care, *treatment*, or services, including taking drugs, medicine, insulin, or similar substances

during the [12 months] that end on the day before you [or your *covered dependent*] became insured under the *hospital indemnity insurance policy*.

General Exclusions

We will not pay benefits for you [or your *covered dependent*] if the *accident, injury or sickness* results, directly or indirectly, from:

- Service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries or international organization at war, whether declared or not;
- War or any act of war, whether declared or not;

HOSPITAL INDEMNITY INSURANCE (continued)

- Taking part in a riot or insurrection, or an act of riot or insurrection;
- Committing or attempting to commit [an assault or] felony; 21
- Incarceration in a penal institution of any kind;
- Intoxication (Intoxication means your [or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs);
- Use of any drug, unless used as prescribed by a *doctor*;
- Intentionally self-inflicted injury[, while sane or insane]; 22
- Suicide or attempted suicide[, while sane or insane]; 22
- Travel or flight in any kind of aircraft, including any aircraft owned by or for the *policyholder* or an *associated company*, except as a fare-paying passenger on a *common carrier*;
- Participation in any kind of sporting activity for compensation or profit including coaching or officiating;
- Participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats; or
- Participation in mountaineering, operating a glider, bungee jumping or skydiving.

We will not pay benefits for you [or your *covered dependent*] relating to or resulting from any of the following:

- Services or *treatment* for which you [or your *covered dependent*] not charged, unless there is no charge because the facility is a United States government facility;
- Services or *treatment* provided by a *family member*;
- Services or *treatment* rendered or *hospital confinement* outside the United States;
- Services or *treatment* provided primarily for cosmetic purposes;
- Services or *treatment* for which you [or a *covered dependent* receives] benefits under any Worker's Compensation Act (or a similar law);
- *Experimental treatment*;
- *Treatment of mental illness*;
- *Treatment* of drug or alcohol dependence or addiction;
- *Treatment* that is solely for the purpose of rest care or custodial care;
- Dental *treatment* unless due to an *accident*;

HOSPITAL INDEMNITY INSURANCE (continued)

- Donating an organ during the first year following your [or your *covered dependent's* effective date under the *policy*;
- Therapeutic or elective abortion, including any related complications;
- Sex change procedure;
- Reversal of sterilization;
- *Diagnosis or treatment* of infertility
- [The pregnancy of a dependent child;] or 23
- Wellness benefits[, except as provided in the Wellness Screening provision]. 3

Waiver of Premium

24

When you are *hospital confined* for [30 or more consecutive days], we will waive any monthly premiums that become due during that *period of hospital confinement* [for a maximum of 180 days.]

Porting to a Group Portability Policy

25

If all of your *hospital indemnity insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to *port* your insurance [and your dependent insurance] currently in force. [You must *port* your *hospital indemnity insurance* in order to *port* your *covered dependent's hospital indemnity insurance*. A *covered dependent* may not *port* his or her *hospital indemnity insurance*.] Your insurance under the group portability policy will be a continuation of your insurance [and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *hospital indemnity insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If an *accident or sickness* occurs [within 31 days] after your *hospital indemnity insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due.

The insurance can be continued under the group portability policy [until the later of the day before your 65th birthday or 12 months from the date your coverage under the *policy* ends]. [You may either *port* the level of insurance that is currently in force, or you may *port* a lower level of insurance. You cannot *port* to a higher level of insurance.]

25

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31-day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

HOSPITAL INDEMNITY INSURANCE (continued)

Assignment

26

[Neither you nor your *covered dependent* can] assign any of the *hospital indemnity insurance* benefits.

CLAIM PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

We will pay all benefits to you. However, if medical evidence indicates that a legal guardian should be appointed, we will hold further benefits due until such time as a guardian of your estate is appointed and we will pay benefits to such guardian at that time. If any amount remains unpaid when you die, we will pay your estate.

Authority

1

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

2

You must send us notice of the claim. We must have written notice of any insured loss [within 30 days after it occurs], or as soon as reasonably possible. You can send the notice to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators]. We need enough information to identify you as a *covered person*.

3

4

Within [15 days] after the date of your notice, we will send you certain claim forms. The forms must be completed and sent to [our *home office* or to one of our regional group claims offices]. If you do not receive the claim forms within [15 days], we will accept a written description of the exact nature and extent of the loss.

3

4

5

The time limit for filing a claim is [90 days] after the date of loss, *treatment* or service.

Proof of Loss

Written proof of loss must be furnished to [our *home office*, to one of our regional group claims offices, or to one of our agents or administrators] [within 90 days] after the occurrence or commencement of any covered loss.

3

5

In the case of claims for loss for which this *policy* provides any periodic payment contingent upon continuing loss, proof of loss must be furnished [within 90 days] after the termination of the period for which we are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

5

You must provide us with all of the information we specify as necessary to determine proof of loss and decide our liability. This may include but is not limited to medical records, hospital records, pharmacy records, test results, therapy and office notes, mental health progress notes, medical exams and consultations, tax returns, business records, Worker's Compensation records, payroll and attendance records, billing records, invoices, receipts, police reports and investigative reports.

You must provide us with a written authorization allowing the sources of relevant information to release documents to us which enable us to decide our liability. If you do not provide us with the items and authorization necessary to allow us to determine our liability, we will not pay benefits.

CLAIM PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

Right to Examine or Interview

We may ask you [or your *covered dependent*] to be examined as often as we require at any time we choose. We may require you [or your *covered dependent*] to be interviewed by our authorized representative. We will pay third party charges for any independent medical exam or interview which we require. If you [or your *covered dependent* fails] to attend or fully participate, we will not pay benefits.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the applicable statute of limitations has expired, but, in any case, not after 3 years from the date of loss.

Review Procedure

6

You must request, in writing, a review of a denial of your claim [within 60 days] after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

6

We will review your claim after receiving your request and send you a notice of our decision [within 60 days] after we receive your request, or [within 120 days] if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.

6

Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

Overpayment

We have the right to recover any overpayments due to:

- fraud; or
- any administrative error we make in processing a claim.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

CLAIM PROVISIONS FOR HOSPITAL INDEMNITY INSURANCE (continued)

We will not recover more money than the amount we paid you. However, we reserve the right to recover any prior or current overpayment from a claim under the *policy*.

SUMMARY OF GROUP HOSPITAL INDEMNITY INSURANCE

This summary is intended to help understand your group insurance *policy*. It does not change any of its provisions.

Hospital Indemnity Insurance

1

There may be certain benefits and amounts you may be eligible to elect, and the coverage in force for you [or a *covered dependent*] will depend on any elections made.

The *policy* pays a fixed benefit when you [or a *covered dependent* becomes] *hospital confined* due to *accident* or *sickness*. The *policy* explains the situations in which you [or a *covered dependent*] will receive limited or no benefits. [In addition, *qualifying periods* and pre-existing condition exclusions may apply to some situations.]

2

3

The *policy* includes a portability provision. If your *hospital indemnity insurance* ends under certain circumstances, it may be possible to *port* your *hospital indemnity insurance* and your dependent's *hospital indemnity insurance*, if any.

3

Premiums must continue to be paid [either] under the *policy* [or under the group portability policy, if eligible,] for benefits to be paid[, unless your premiums are waived under the Waiver of Premium provision].

3

4

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms "you" and "your" are used to refer to the *covered person*.

IMPORTANT:

**The benefits of this certificate are provided under a limited *policy*.
This is a *hospital indemnity insurance* certificate that pays a fixed benefit for *hospital confinement* due to *accident* or *sickness*.
It is NOT a medical insurance certificate, a Medicare Supplement certificate or a high deductible health plan.**

**Please read
your certificate
carefully.**

SERFF Tracking Number: MCHX-126167562 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 42497
 Company Tracking Number: GP-09 PFP
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	06/03/2009
Bypass Reason:	N/A, this is a group health filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	06/03/2009
Bypass Reason:	N/A, this is a group health filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/03/2009
Comments:			
Attachment:	AR Readability Certification.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	06/03/2009
Comments:			
Attachment:	Cover Letter.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	06/03/2009
Comments:			
Attachment:			

SERFF Tracking Number: MCHX-126167562 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 42497
 Company Tracking Number: GP-09 PFP
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
 Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Authorization Letter.PDF

		Item Status:	Status
			Date:
Satisfied - Item:	Form Listing	Approved-Closed	06/03/2009
Comments:			
Attachment:			
	Form Listing.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	AR Certification of Compliance with Rule 19	Approved-Closed	06/03/2009
Comments:			
Attachment:			
	AR Certification of Compliance with Rule 19.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	AR Certification of Compliance with Rule 49	Approved-Closed	06/03/2009
Comments:			
Attachment:			
	AR Certification of Compliance with Rule 49.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	06/03/2009
Comments:			
Attachment:			
	Statement of Variability.PDF		

Item Status:	Status
	Date:

SERFF Tracking Number: MCHX-126167562 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 42497
Company Tracking Number: GP-09 PFP
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: GP-09 PFP Group Vol AEB Combined-Union Security In
Project Name/Number: GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company/GP-09 PFP Group Vol AEB Combined-Union Security Insurance Company

Satisfied - Item: Application Approved-Closed 06/03/2009

Comments:

Please see the Forms Schedule.

STATE OF ARKANSAS
READABILITY CERTIFICATION

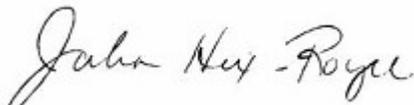
COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

FORM NUMBER	FLESCH SCORE
<i>GP-09 - Group Policy</i>	
GP-09 PFP	73.25
TOC	56.00
Def Gen	63.84
DCont	62.50
COBRA	50.48
Gen Pro	50.27
PGen Pro	73.42
Premium	69.17
App Pol	74.16
ETPT	51.56
Amd	46.00
Amd DP	53.50
Amd Port	53.28
GAN AR	40.00
Notice AR	54.00
<i>GC-09 – Group Certificate</i>	
GC-09 CFP	60.16
Ben Note	71.13
Ben Info	54.70
Cend	47.00
Cend DP	53.23
Cend Port	52.11
ACCIDENT ONLY FORMS	
FORM NUMBER	FLESCH SCORE
Def AO	50.65
Sum AO	59.16
Schd AO	52.00
ETP AO	55.68
DETP AO	53.32
COC AO	57.94
AO BP	64.36
Clm Pro AO	51.70
CSum AO	55.88

STATE OF ARKANSAS
READABILITY CERTIFICATION

CANCER ONLY FORMS	
FORM NUMBER	FLESCH SCORE
Def CO	51.62
Sum CO	58.77
Schd CO	55.00
ETP CO	57.22
DETP CO	52.72
COC CO	55.53
CO BP	52.81
Clm Pro CO	51.61
CSum CO	54.03
CRITICAL ILLNESS FORMS	
FORM NUMBER	FLESCH SCORE
Def CI	54.82
Sum CI	53.87
Schd CI	49.00
ETP CI	52.31
DETP CI	51.38
COC CI	55.05
CI BP	58.43
Clm Pro CI	50.96
CSum CI	52.97
HOSPITAL INDEMNITY FORMS	
FORM NUMBER	FLESCH SCORE
Def HI	50.01
Sum HI	58.28
Schd HI	52.00
ETP HI	58.81
DETP HI	56.05
COC HI	52.17
HI BP AR	62.74
Clm Pro HI	51.43
CSum HI	50.63

Signed: 
 Name: Julia Hix-Royer
 Title: Vice President
 Date: May 26, 2009

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McHugh Consulting Resources, Inc.

May 28, 2009

SUBMITTED VIA SERFF

Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Union Security Insurance Company
NAIC # 70408 FEIN # 81-0170040

Group Insurance Worksite Program
GP-09 PFP, et al – Policy
See Attached Form Listing

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been retained to file the attached forms on behalf of Union Security Insurance Company. We have provided an authorization letter for your files.

We attach for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed. We are submitting the above captioned forms for your review seeking approval. We respectfully request that the same Department analyst review all four products for continuity in any objections and form changes.

Form Number	Description
GP-09	Group policy form to be issued to all groups to which group accident and health insurance may be issued in your jurisdiction, except creditor groups.
GC-09	Group certificate form to be used with policy form GP-09.

The attached policy and certificate forms may include group Accident Only Insurance, Cancer Only Insurance, Critical Illness Insurance or Hospital Indemnity Insurance. Each type of insurance (Accident Only, Cancer Only, Critical Illness or Hospital Indemnity) will be issued to the eligible group policyholder as a separate insurance policy. Each employee or member of the policyholder will receive a separate certificate of insurance for each type of insurance elected.

The policy and certificate forms are being filed as insert pages. The insert pages will be combined for the insurance elected to provide a complete policy and certificate. A complete policy with appropriate insert forms will be referred to as GP-09. A complete certificate with appropriate insert forms will be referred to as GC-09. The following policy /certificate insert pages will be included in GP-09 and GC-09 as follows:

Policy form GP-09 will always include the following core insert forms:

Form Number	Description
GP-09 PFP	Policy face page (used in the policy only)
TOC	Table of Contents
Def Gen	General Definitions
DCont	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
Gen Pro	General Provisions
PGen Pro	Policy General Provisions (used in the policy only)
Premium	Premiums (used in the policy only)
App Pol	Group Policy Application (used in policy only)

Optional core insert forms may also be included with Policy form GP-09 and used for each of the four coverages.

Optional Insert pages for use with Policy form GP-09:

Form Number	Description
ETPT	Participating Employer Eligibility and Termination Provisions (may be used in policy only)
COBRA	Special Federal Continuance Provisions
Amd	Policy Amendment form used to modify variable areas of the policy forms. (used in the policy only)
Amd DP	Policy Amendment form used to allow coverage for domestic partners (used in the policy only)
Amd Port	Policy Amendment form used to provide portability (used in the policy only)

Unless indicated above that a form is used only with policy GP-09, the above described insert pages will also be used to construct a separate certificate of insurance for each insured employee or member for each of the coverages of insurance elected. The group

policyholder will elect the insurance that will be offered to their eligible employees or members and the eligible persons may enroll in the coverage or coverages of their choice.

Group Certificate form GC-09 will always include the following core insert forms:

Form Number:	Description
GC-09 CFP	Group Certificate Face Page (replaces policy form PFP)
TOC	Table of Contents
Def Gen	General Definitions
DCont	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
Gen Pro	General Provisions
GAN AR	Guaranty Association Notice
Notice AR	Notice to Insureds

Optional Insert pages for use with Certificate form GC-09:

Form Number	Description
Ben Note	Benefit Notice (new optional form used only in the certificate to refer insured to form Ben Info for information regarding their coverage)
Ben Info	Benefits Information (new optional form used only in the certificate to describe the type of coverage and effective date of coverage)
COBRA	Special Federal Continuance Provisions
Cend	Optional Certificate Endorsement form used to modify variable areas of the certificate forms (used in place of policy form Amd)
Cend DP	Certificate Endorsement form used to allow coverage for domestic partners (used in place of policy form Amd DP)
Cend Port	Certificate Endorsement form used to provide portability (used in place of policy form Amd Port)

When issuing an Accident Only group insurance policy and certificate the following insert forms will be used with the core insert forms listed above:

Forms for Accident Only Insurance provisions:

Form Number	Description
Def AO	Definitions for Accident Only Insurance
Sum AO	Summary of Group Accident Only Insurance (policy only)
Schd AO	Schedule
ETP AO	Eligibility and Termination Provisions for Accident Only Insurance
DETP AO	Dependent Eligibility and Termination Provisions for Accident Only Insurance (used only if dependent coverage is elected under the policy)
COC AO	Continuity of Coverage for Accident Only Insurance (used only transfer business)
AO BP	Accident Only Insurance
Clm Pro AO	Claim Provisions for Accident Only Insurance

CSum AO Certificate Summary of Group Accident Only Insurance (certificate only)

When issuing a Cancer Only group insurance policy and certificate, the following insert forms will be used with the core insert forms listed above:

Forms for Cancer Only Insurance provisions:

Form Number	Description
Def CO	Definitions for Cancer Only Insurance
Sum CO	Summary of Group Cancer Only Insurance (policy only)
Schd CO	Schedule
ETP CO	Eligibility and Termination Provisions for Cancer Only Insurance
DETP CO	Dependent Eligibility and Termination Provisions for Cancer Only Insurance (used only if dependent coverage is elected under the policy)
COC CO	Continuity of Coverage for Cancer Only Insurance (used only transfer business)
CO BP	Cancer Only Insurance
CI m Pro CO	Claim Provisions for Cancer Only Insurance
CSum CO	Certificate Summary of Group Cancer Only Insurance (certificate only)

When issuing a Critical Illness group insurance policy and certificate, the following insert forms will be used with the core insert forms listed above:

Forms for Critical Illness Insurance provisions:

Form Number	Description
Def CI	Definitions for Critical Illness Insurance
Sum CI	Summary of Group Critical Illness Insurance (policy only)
Schd CI	Schedule
ETP CI	Eligibility and Termination Provisions for Critical Illness Insurance
DETP CI	Dependent Eligibility and Termination Provisions for Critical Illness Insurance (used only if dependent coverage is elected under the policy)
COC CI	Continuity of Coverage for Critical Illness Insurance (used only transfer business)
CI BP	Critical Illness Insurance
CI m Pro CI	Claim Provisions for Critical Illness Insurance
CSum CI	Certificate Summary of Group Critical Illness Insurance (certificate only)

When issuing a Hospital Indemnity group insurance policy and certificate, the following insert forms will be used with the core insert forms listed above:

Forms for Hospital Indemnity Insurance provisions:

Form Number	Description
Def HI	Definitions for Hospital Indemnity Insurance

Sum HI	Summary of Group Hospital Indemnity Insurance (policy only)
Schd HI	Schedule
ETP HI	Eligibility and Termination Provisions for Hospital Indemnity Insurance
DETP HI	Dependent Eligibility and Termination Provisions for Hospital Indemnity Insurance (used only if dependent coverage is elected under the policy)
COC HI	Continuity of Coverage for Hospital Indemnity Insurance (used only transfer business)
HI BP AR	Hospital Indemnity Insurance
Clm Pro HI	Claim Provisions for Hospital Indemnity Insurance
Csum HI (certificate	Certificate Summary of Group Hospital Indemnity Insurance only)

Areas of variability within the attached forms are indicated by boxes and brackets. Statements of Variations are included with the attached forms for your reference.

The words "you" and "your," and verbs following where necessary, may be changed throughout the forms to allow flexibility to change the style of the forms to third person (i.e., "covered person").

Any attached state required notices will be updated in the future to reflect changes in law or changes in contact information.

These forms were approved in Iowa, our domiciliary state, on May 7, 2009.

Attached please find any required certifications and/or transmittal forms and filing fees. Please do not hesitate to contact the undersigned at (215) 230-7960 if there are any questions I can answer regarding this filing.

Sincerely,



Katherine Hansen, Consultant



ASSURANT
Employee
Benefits

March 12, 2009

RE: Union Security Insurance Company
NAIC 70408
FEIN 81-0170040

Dear Sir or Madam,

This letter acts as authorization for McHugh Consulting Resources and its representative analysts to file any or all policy forms as referenced on the attached form listing on behalf of the above referenced companies and to serve as the primary contact on behalf of the company regarding such filings while under review. Please contact McHugh Consulting Resources with questions or comments regarding the enclosed filing.

Sincerely,

Kenneth D. Bowen
Vice President and General Counsel
Union Security Insurance Company
2323 Grand Boulevard
Kansas City, MO 64018

**UNION SECURITY INSURANCE COMPANY
FORM LISTING**

CORE and OPTIONAL COREFORMS	
FORM NUMBER	FORM NAME
<i>GP-09 - Group Policy</i>	
GP-09 PFP	Group Policy Face Page
TOC	Table of Contents
Def Gen	General Definitions
DCont	Special Dependent Insurance Continuance Provisions
COBRA	Special Federal Continuance Provisions
Gen Pro	General Provisions
PGen Pro	Policy General Provisions
Premium	Premiums
App Pol	Group Policy Application
ETPT	Participating Employer Eligibility and Termination Provisions
Amd	Policy Amendment
Amd DP	Policy Amendment Domestic Partners
Amd Port	Policy Amendment Portability
GAN AR	Guaranty Association Notice
Notice AR	Notice to Insureds
<i>GC-09 - Group Certificate</i>	
GC-09 CFP	Group Certificate Face Page
Ben Note	Benefit Notice
Ben Info	Benefits Information
Cend	Optional Certificate Endorsement
Cend DP	Certificate Endorsement Domestic Partners
Cend Port	Certificate Endorsement Portability

ACCIDENT ONLY FORMS	
FORM NUMBER	FORM NAME
Def AO	Definitions for Accident Only Insurance
Sum AO	Summary of Group Accident Only Insurance
Schd AO	Schedule for Accident Only Insurance
ETP AO	Eligibility and Termination Provisions for Accident Only Insurance
DETP AO	Dependent Eligibility and Termination Provisions for Accident Only Insurance
COC AO	Continuity of Coverage for Accident Only Insurance
AO BP	Accident Only Insurance
Clm Pro AO	Claim Provisions for Accident Only Insurance
CSum AO	Certificate Summary of Group Accident Only Insurance

CANCER ONLY FORMS	
FORM NUMBER	FORM NAME
Def CO	Definitions for Cancer Only Insurance
Sum CO	Summary of Group Cancer Only Insurance
Schd CO	Schedule for Cancer Only Insurance
ETP CO	Eligibility and Termination Provisions for Cancer Only Insurance
DETP CO	Dependent Eligibility and Termination Provisions for Cancer Only Insurance
COC CO	Continuity of Coverage for Cancer Only Insurance
CO BP	Cancer Only Insurance

CIm Pro CO	Claim Provisions for Cancer Only Insurance
CSum CO	Certificate Summary of Group Cancer Only Insurance

CRITICAL ILLNESS FORMS	
FORM NUMBER	FORM NAME
Def CI	Definitions for Critical Illness Insurance
Sum CI	Summary of Group Critical Illness Insurance
Schd CI	Schedule for Critical Illness Insurance
ETP CI	Eligibility and Termination Provisions for Critical Illness Insurance
DETP CI	Dependent Eligibility and Termination Provisions for Critical Illness Insurance
COC CI	Continuity of Coverage for Critical Illness Insurance
CI BP	Critical Illness Insurance
CIm Pro CI	Claim Provisions for Critical Illness Insurance
CSum CI	Certificate Summary of Group Critical Illness Insurance

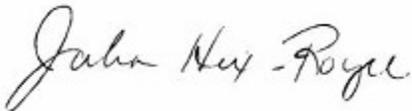
HOSPITAL INDEMNITY FORMS	
FORM NUMBER	FORM NAME
Def HI	Definitions for Hospital Indemnity Insurance
Sum HI	Summary of Group Hospital Indemnity Insurance
Schd HI	Schedule for Hospital Indemnity Insurance
ETP HI	Eligibility and Termination Provisions for Hospital Indemnity Insurance
DETP HI	Dependent Eligibility and Termination Provisions for Hospital Indemnity Insurance
COC HI	Continuity of Coverage for Hospital Indemnity Insurance
HI BP AR	Hospital Indemnity Insurance
CIm Pro HI	Claim Provisions for Hospital Indemnity Insurance
CSum HI	Certificate Summary of Group Hospital Indemnity Insurance

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

Insurer: Union Security Insurance Company

Form GP-09 PFP, et al. (Please see attached form listing)
Number(s):

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



Signature of Company Officer

Julia Hix-Royer

Name

Vice President

Title

May 26, 2009

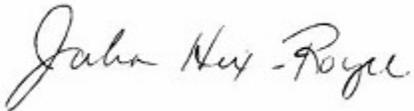
Date

CERTIFICATE OF COMPLIANCE

Insurer: Union Security Insurance Company

Form Numbers: GP-09 PFP, et al. (Please see attached form listing)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Julia Hix-Royer

Name

Vice President

Title

May 26, 2009

Date

Union Security Insurance Company
Statement of Variations
Policy Form GP-09 PFP

The variable and illustrative material in Policy Form GP-09 PFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown, be deleted in its entirety, or be changed to one of the following:

IMPORTANT: This is an *accident only policy*. It does not pay benefits for *sickness* or loss from any other cause. This is a limited *policy*. Read it carefully.

OR

IMPORTANT: This is a *cancer only policy*. It does not pay benefits for loss from any other cause. This is NOT a medical insurance policy, a Medicare Supplement policy, or a high deductible health plan. This is a limited *policy*. Read it carefully.

OR

IMPORTANT: This is a limited *policy*. This is a *critical illness insurance policy*. This is not a medical insurance policy, a Medicare Supplement policy or a high deductible health plan. Read it carefully.

2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific policy number that we assign for identification purposes.
4. This item will reflect the state in which the policy is issued.
5. This item will reflect the effective date of the policy for the specific group.
6. This item will reflect when premiums are due for the specific group.
7. This item will reflect the policy anniversary for the specific group.
8. This item will reflect the coverage(s) included in the policy.
9. This item will reflect the current company officers and their titles.
10. This may be changed because of an address change.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def Gen**

The variable and illustrative material in Policy/Certificate Insert Form Def Gen has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder, associated company or participating employer, if not applicable for a particular group. Reference to "full-time basis" may be changed to "full-time or part-time basis." A sentence may be added to state active work does not apply to a particular class of insureds (such as retirees).
2. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder or participating employer, if not applicable for a particular group.
3. This item may be included as shown, omitted entirely if coverage is noncontributory, or changed to delete "part" or "or all."
4. This item may be included as shown or omitted entirely if a group does not elect dependent coverage.
5. This item may be included as shown or reference to employee, member, policyholder, associated company, participating employer, plan sponsor or sponsoring association may be omitted if not applicable for a particular group.
6. This item may be included as shown or may be omitted entirely if the term "doctor" is not included in a particular coverage.
7. This item may be included as shown or either "employment" or "membership in a group" may be omitted if not applicable for a particular group.
8. This item may be included as shown or may be omitted entirely. Reference to one or more of the persons may be deleted.
9. This item may be included as shown or omitted entirely. The number of hours required for full-time work may range from 15 to 40 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
10. This item may be included as shown or may be revised to show another location.
11. This item may be included as shown or omitted entirely if coverage is contributory.
12. This item may be included as shown or omitted entirely. The number of hours required for part-time work may range from 10 to 30 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
13. This item may appear as shown or may be omitted entirely.
14. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business.

Policy/Certificate Insert Form Def Gen

Page 2

15. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business. Reference to trustee/trust agreement may be deleted. Reference to employees or members may be deleted.
16. This item may be deleted when the policy is not issued to a trust, or changed to include the appropriate name of the trust.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DCont

The variable and illustrative material in Policy/Certificate Insert Form DCont has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will reflect the coverage(s) included in the policy.
2. This item may appear as shown. It may also be changed to delete the 120-day limit or change to 31-365 days.
3. This item may appear as shown, may be omitted entirely, or changed to:
 - reflect the coverage(s) included in the policy
 - delete "the earlier of" and one of the bullets
 - show another time period ranging from 3rd calendar month to 6th calendar month or calendar year
 - change the child's age, ranging from 21st-30th birthday

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form COBRA**

The variable and illustrative material in Policy/Certificate Insert Form COBRA has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be deleted entirely if dependents are not insured under the policy.
2. This item will reflect the coverage(s) included in the policy.
3. "policyholder" may be changed to "participating employer" or other appropriate terminology

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Gen Pro**

The variable and illustrative material in Policy/Certificate Insert Form Gen Pro has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to include reference to a participating employer (or other appropriate entity), or "policyholder" may be changed to "participating employer" (or other appropriate entity).
2. This item may appear as shown or may be omitted entirely or may be changed to add reference to other entities such as plan sponsor or sponsoring association.
3. This item may appear as shown or may be omitted entirely if a particular coverage does not have a beneficiary provision.
4. This item may be included as shown or may be omitted entirely. If included, reference to an employer or associated company may be deleted, or reference to a participating employer or other appropriate entity may be added.
5. This item may be included as shown or may be omitted entirely in a life only policy and certificate.

**Union Security Insurance Company
Statement of Variations
Policy Insert Form PGen Pro**

The variable and illustrative material in Policy Insert Form PGen Pro has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be deleted entirely.
2. This item may appear as shown or may be changed to read "policyholder or participating employer", or another appropriate entity or entities.
3. This item may appear as shown or may be deleted entirely.
4. This item may be included as shown or may be changed to read "the date."
5. This item may be included as shown or may be deleted entirely.
6. This item may appear as shown, may be deleted entirely, "the date" may be deleted entirely, or the time period may be increased to 45 or 60 days.
7. This item may appear as shown or may be changed to show the minimum participation requirements here instead of in the Schedule. Reference to number or percentage may be deleted if not applicable.
8. This item may be included as shown or the time period may be increased to 45 or 60 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Premium

The variable and illustrative material in Policy Insert Form Premium has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or be changed to allow the policyholder to pay premiums in arrears.
2. This item may appear as shown or be deleted in its entirety.
3. This time period may be increased to a maximum of 90 days.
4. This item may appear as shown or be increased to the third policy anniversary or 36 consecutive months; it may be decreased to the first policy anniversary or 12 consecutive months; it may be changed to reflect 24 consecutive months.
5. This item may appear as shown or may be changed to show a different period of time, ranging from 6 - 36 consecutive months.
6. This item may appear as shown; the time period may be increased up to a maximum of 90 days; or reference to policyholder may be changed to other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Policy Insert Form App Pol

The variable and illustrative material in Policy Insert Form App Pol has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the name of the specific policyholder.
2. This item will indicate the specific policy number that we assign for identification purposes.
3. This item will reflect the number of lives required for the policy to take effect, subject to state law. It can range from 1 to 500 lives.
4. This item may be included as shown or deleted entirely. If included, it will reflect the participation of the group required for the policy to take effect, subject to state law. It can range from 10 to 100%.
5. There will be two copies of the Application page. One will include "This copy is to remain attached to the *policy*" and the other page will include "This copy is to be returned to the *home office*."
6. This item may be changed because of an address change.

**Union Security Insurance Company
Statement of Variations
Policy Insert Form ETPT**

The variable and illustrative material in Policy Insert Form ETPT has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, the term "participating employer" may be changed to "plan sponsor" or "sponsoring association" when coverage is marketed on this basis; and the term "employees" may be changed to "participants" or "members" or other appropriate terminology.

1. This item may appear as shown, or may be changed as follows:
 - delete one or more of the requirements
 - show a different minimum number of eligible employees required, ranging from 1-10 employees or as approved by us
 - add requirements such as nature of business, length of time in business, or membership in a sponsoring association or other entity
2. This item may appear as shown or may be changed as follows:
 - delete reference to dependents if not covered under the policy
 - delete reference to noncontributory insurance when only contributory insurance is being provided under the policy
 - deleted reference to contributory insurance when only noncontributory insurance is being provided under the policy
 - change the minimum number of eligible employees required under each open bulleted item, ranging from 1 – 10 employees, or add a percentage under each open bulleted item, ranging from 10% - 100%
 - change the percentage under the third open bulleted item, ranging from 10% - 100%
 - require a minimum percentage for all employees for contributory insurance
3. This item may appear as shown, be omitted entirely, or be modified to delete reference to dependents.
4. This item may be included as shown or may be omitted entirely.
5. This item may appear as shown, may be omitted entirely or may be changed to indicate a different minimum number of employees, ranging from 1 – 10 employees.
6. This item may appear as shown, or the time period may be increased, with a range of 31 – 90 days.
7. This item may appear as shown or may be omitted entirely. The term "participating employer" may be changed to "plan sponsor" or "sponsoring association," or other appropriate terminology when coverage is marketed on a trust or association basis. The time period may be increased, with a range of 31 – 60 days.
8. This item may be included as shown or may be changed to increase the number of days, with a range of 31 – 90 days.

**Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd**

The variable and illustrative material in Policy Amendment Form Amd has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the policy and will indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.

Policy Amendment Form Amd

Page 2

14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment and the lead-in may vary depending on the coverage being amended. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

**Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd DP**

The variable and illustrative material in Policy Amendment Form Amd DP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the policy and will indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.

Policy Amendment Form Amd DP

Page 2

14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment and the lead-in may vary depending on the coverage being amended.
15. This item may appear as shown, the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable, or the phrase may be deleted entirely.
16. The term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
17. This item may be included as shown, may be changed to include a different agreement name, or the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, the employer has its own agreement, we may refer to both.

**Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd Port**

The variable and illustrative material in Policy Amendment Form Amd Port has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the policy and will indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer or other appropriate terminology, if applicable.

Policy Amendment Form Amd Port

Page 2

14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment and the lead-in may vary depending on the coverage being amended.
15. This item may appear as shown or may be modified to delete either employee or member.
16. In this item, and throughout the form, the term "accident only" insurance may appear as shown or may be modified to reflect the coverage included in the policy.
17. This item may appear as shown or may be deleted if this Eligible Class is included in the Schedule. If included, it may be modified as follows:
 - Employees may be changed to members
 - "For employee insurance" may be deleted
18. This item may appear as shown or may be modified as follows:
 - Schedule Amount may be changed to another term such as level, plan or tier
 - "for you or your covered dependent" may be deleted if dependent coverage is not included
 - "or less than" may be deleted
 - reference to selection may be included or deleted
19. This item may appear as shown or the eligible class may be shown.
20. This item may appear as shown or may be modified as follows:
 - the 31 day time frame may be modified, ranging from 31 – 60 days
 - the effective date may be changed to the first of the month
21. This item may appear as shown or may be changed as follows:
 - indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - one or more of the reasons insurance will end may be omitted
22. This item may appear as shown for critical illness insurance or may be deleted.
23. This item may appear as shown or may be modified as follows:
 - age 65 may be modified, ranging from age 65 – 70
 - 12 months may be modified, ranging from 12 – 36 months

Policy Amendment Form Amd Port

Page 3

24. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
- delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only
25. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
- the 31 day time frame may be modified, ranging from 31 – 60 days
 - the effective date may be changed to the first of the month
26. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - one or more of the reasons insurance will end may be omitted
27. This item may appear as shown for critical illness insurance or may be deleted.
28. This item may appear as shown or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - one or both of the last two sentences may be deleted or the term plan may be changed to another term such as level or tier
29. This item may appear as shown or may be modified as follows:
- the 31 day time frame may be modified, ranging from 31 – 60 days
 - the 6 consecutive month time frame may be modified, ranging from 6 – 24 months

Union Security Insurance Company
Statement of Variations
Certificate Form GC-09 CFP

The variable and illustrative material in Certificate Form GC-09 CFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be changed to reference the Schedule.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the name of the specific participating employer or will be deleted if there is no participating employer.
4. This item will indicate the specific policy number that we assign for identification purposes.
5. This item will indicate the specific participation number that we assign for identification purposes or will be deleted.
6. This item will indicate the specific account number that we assign for identification purposes or will be deleted.
7. This item will indicate the specific name of the covered person or will be deleted.
8. This item will indicate the specific covered person's number that we assign for identification purposes or will be deleted.
9. This item will reflect the effective date of the certificate or may reference the Schedule or the Benefit Information page for the effective date.
10. This item will reflect the coverage(s) included in the certificate.
11. This item will reflect a current company officer's signature and title.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Ben Info

The variable and illustrative material in Certificate Insert Form Ben Info has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the specific information for a covered person, including the person's name, the specific policy number and person's number that we assign for identification purposes and the specific group's name. The person's number may be deleted if not used for a particular group. We may also add reference to a participating employer's name and participation number, if appropriate.
2. This item will appear as shown, may be deleted or may be changed to a different term such as "Current."
3. This item will appear as shown or may be changed to a different term such as "Benefit Amount" or "Benefit Level."
4. This item will reflect the coverage(s) included in the certificate, the effective date and maximum benefit. The maximum benefit may appear as shown, be changed to N/A or may include actual amounts or reference a level of coverage selected.
5. This item will appear as shown, either item may be deleted, or employer may be changed to another term such as policyholder or association.
6. This item may be included as shown, be deleted, or changed to show a different form number for internal identification purposes.

**Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend**

The variable and illustrative material in Certificate Endorsement Form Cend has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the Certificate and may indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement and the lead-in may vary depending on the coverage being amended. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

**Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend DP**

The variable and illustrative material in Certificate Endorsement Form Cend DP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the Certificate and may indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement and the lead-in may vary depending on the coverage being amended.
12. This item may appear as shown, the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable, or the phrase may be deleted entirely.

Certificate Endorsement Form Cend DP

Page 2

13. The term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
14. This item may be included as shown, may be changed to include a different agreement name, or the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, the employer has its own agreement, we may refer to both.

**Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend Port**

The variable and illustrative material in Certificate Endorsement Form Cend Port has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the Certificate and may indicate whether coverage is contributory, noncontributory or both. The coverages could be any of the following:

Group Accident Only Insurance
Group Accident Only Insurance for Dependents
Group Cancer Only Insurance
Group Cancer Only Insurance for Dependents
Group Critical Illness Insurance
Group Critical Illness Insurance for Dependents
Group Hospital Indemnity Insurance
Group Hospital Indemnity Insurance for Dependents
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement and the lead-in may vary depending on the coverage being amended.
12. This item may appear as shown or may be modified to delete either employee or member.
13. In this item, and throughout the form, the term "accident only" insurance may appear as shown or may be modified to reflect the coverage included in the certificate.

Certificate Endorsement Form Cend Port

Page 2

14. This item may appear as shown or may be deleted if this Eligible Class is included in the Schedule. If included, it may be modified as follows:
 - Employees may be changed to members
 - "For employee insurance" may be deleted
15. This item may appear as shown or may be modified as follows:
 - Schedule Amount may be changed to another term such as level, plan or tier
 - "for you or your covered dependent" may be deleted if dependent coverage is not included
 - "or less than" may be deleted
 - reference to selection may be included or deleted
16. This item may appear as shown or the eligible class may be shown.
17. This item may appear as shown or may be modified as follows:
 - the 31 day time frame may be modified, ranging from 31 – 60 days
 - the effective date may be changed to the first of the month
18. This item may appear as shown or may be changed as follows:
 - indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - one or more of the reasons insurance will end may be omitted
19. This item may appear as shown for critical illness insurance or may be deleted.
20. This item may appear as shown or may be modified as follows:
 - age 65 may be modified, ranging from age 65 – 70
 - 12 months may be modified, ranging from 12 – 36 months
21. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
 - delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only
22. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
 - the 31 day time frame may be modified, ranging from 31 – 60 days
 - the effective date may be changed to the first of the month

Certificate Endorsement Form Cend Port

Page 3

23. This item may appear as shown, may be deleted entirely if dependent coverage is not included, or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - one or more of the reasons insurance will end may be omitted
24. This item may appear as shown for critical illness insurance or may be deleted.
25. This item may appear as shown or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - one or both of the last two sentences may be deleted or the term plan may be changed to another term such as level or tier
26. This item may appear as shown or may be modified as follows:
- the 31 day time frame may be modified, ranging from 31 – 60 days
 - the 6 consecutive month time frame may be modified, ranging from 6 – 24 months

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def AO**

The variable and illustrative material in Policy/Certificate Insert Form Def AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or may be omitted entirely if an Accidental Death benefit is not included for a particular group.
2. This item may appear as shown or may be modified to change the number of hours, ranging from 12 – 48 hours.
3. This item may appear as shown or may be omitted entirely if an Accidental Death benefit is not included for a particular group and therefore no beneficiary is needed.
4. This item may appear as shown or may be modified to show another time period such as a 12 month period running from the policy anniversary.
5. This item may appear as shown or may be modified to show another time period, ranging from 120 – 240 hours or 5 – 10 days.
6. This item may appear as shown or may be changed to another organization(s) or changed to reflect an organization's name change.
7. This item may be included as shown or may be omitted entirely if the Spouse Off the Job Accident Disability Benefit is not included for a particular group. If included, the time frame may be changed, ranging from 10 – 60 days.
8. This item may appear as shown or may be modified to show another time period, ranging from 24 – 144 hours or 1 – 6 days.
9. This item may appear as shown or may be omitted entirely if an Accidental Dismemberment benefit is not included for a particular group. If included, the item regarding the eye may be modified to change the visual acuity to 20/400.
10. This item may appear as shown or may be modified to show another time period, ranging from 7 – 31 days.
11. This item may appear as shown or may be modified to show another time period, ranging from 12 – 48 hours.
12. This item may appear as shown or may be modified to show another publication.
13. The time frame may be changed, ranging from 10 – 60 days.
14. This item may be included as shown or may be omitted entirely if the Spouse Off the Job Accident Disability Benefit is not included for a particular group.

Policy/Certificate Insert Form Def AO

Page 2

15. This item may be included as shown or may be omitted entirely.
16. This item may be included as shown or may be omitted entirely. If included, the name of the organization may be changed to another organization(s) or changed to reflect an organization's name change.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Sum AO

The variable and illustrative material in Policy Insert Form Sum AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item will appear as shown or may be deleted entirely.
2. This item may be deleted if Accidental Death or Accidental Dismemberment is not included for a particular group.
3. This item will appear as shown or may be deleted entirely if there is no portability option.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd AO**

The variable and illustrative material in Policy/Certificate Insert Form Schd AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). Policyholder may be changed to participating employer (or other appropriate entity) or reference to associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be deleted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually, or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
 - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown or may be omitted entirely if there are no plan options to select. Reference to plan may be changed to another term such as "level" or "tier."
9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.

Policy/Certificate Insert Form Schd AO

Page 2

10. This item may appear as shown or may be modified as follows:
 - the benefit amount may be changed, ranging from \$50 - \$300
 - the 24 hour time period may be changed, ranging from 24 – 72 hours or 1 – 3 days
11. This item may appear as shown, omitted entirely, or may be modified as follows:
 - the benefit amount may be changed, ranging from \$25 - \$100
 - the 6 payments may be changed, ranging from 3 – 12 payments
12. This item may appear as shown or may be modified as follows:
 - the benefit amount may be changed, ranging from \$125 - \$500
 - the 365 day time frame may be changed, ranging from 120 – 730 days, or 6 months to 2 years/24 months
13. This item may appear as shown, omitted entirely, or may be modified as follows:
 - the benefit amount may be changed, ranging from \$500 - \$3,000
 - “once each benefit year” may be increased to 2-3 times per benefit year
14. This item may appear as shown, omitted entirely, or may be modified as follows:
 - the benefit amount may be changed, ranging from \$250 - \$1,000
 - the 15 day time frame may be changed, ranging from 7 – 30 days
 - the item referencing the Accident Hospital Confinement benefit may be deleted
15. This item may appear as shown or may be modified as follows:
 - the benefit amounts may be changed, ranging from \$200 - \$40,000
 - the minimum centimeter range may be modified, with a range of 10-30 centimeters, or the benefits may be paid based on a percentage of the body’s surface
16. This item may appear as shown or the percentage may be changed, ranging from 25% - 100%.
17. This item may appear as shown or the benefit amount may be changed, ranging from \$10,000 - \$40,000.
18. This item may appear as shown or the benefit amount may be changed, ranging from \$50 - \$200.
19. This item may appear as shown or may be modified as follows:
 - the number of dislocations may be changed, ranging from 1 – 4
 - the benefit amounts may be changed, ranging from \$50 - \$8,000
 - the percentage may be changed, ranging from 10% - 50%
20. This item may appear as shown or may be modified as follows:
 - the benefit limit per accident may be increased to 2
 - the benefit amounts may be changed, ranging from \$50 - \$600

Policy/Certificate Insert Form Schd AO

Page 3

21. This item may appear as shown or the benefit amounts may be changed, ranging from \$50 - \$1,000.
22. This item may appear as shown or may be modified as follows:
 - the number of fractures may be changed, ranging from 1 – 4
 - the benefit amounts may be changed, ranging from \$100 - \$8,000
 - the percentage may be changed, ranging from 10% - 50%
23. This item may appear as shown or may be modified as follows:
 - the benefit amounts may be changed, ranging from \$35 - \$1,600
 - the length of the lacerations may be modified, ranging from 2 – 30 centimeters
24. This item may appear as shown or may be modified as follows:
 - the benefit amounts may be changed, ranging from \$10,000 - \$100,000
 - the benefit may be payable once or twice per lifetime
25. This item may appear as shown or may be modified as follows:
 - the benefit amounts may be changed, ranging from \$250 - \$4,000
 - the 90 day time frame may be changed, ranging from 30 – 365 days
 - the 24 hour time period may be changed, ranging from 24 – 48 hours
26. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts for Accidental Death may be changed, ranging from \$10,000 - \$500,000
 - the covered person may be allowed to select the Accidental Death amount or it may be selected by the policyholder
 - reference to covered dependent spouse or covered dependent child may be deleted if a particular group covers spouses only or children only
 - the covered dependent spouse amount may be the same as the covered dependent child's amount instead of the spouse amount being the same as the covered person's amount or the spouse amount may be a separate amount
 - the benefit amounts for Accidental Dismemberment may be changed, ranging from \$500 - \$100,000
27. This item may appear as shown, may be deleted entirely, or the benefit amount may be changed, ranging from \$100 - \$3,000.
28. This item may appear as shown or may be modified as follows:
 - the benefit amount may be changed, ranging from \$50 - \$250
 - 1 or 2 appliance amounts may be payable per accident
29. This item may appear as shown or may be modified as follows:
 - the benefit amount may be changed, ranging from \$100 - \$400
 - the benefit may be payable once or twice for any accident

Policy/Certificate Insert Form Schd AO

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30. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$50 - \$200 daily
 - the benefit may be limited to 1 or 2 benefit amounts per day or the limitation may be deleted entirely
 - the 30 day time period may be changed, ranging from 15 – 60 days
31. This item may appear as shown or the benefit amount may be changed, ranging from \$100 - \$400 per benefit year.
32. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$10 - \$50 per day
 - the 10 day time period may be changed, ranging from 5 – 20 days
33. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$250 - \$1,000
 - the number of prostheses per accident may be changed, ranging from 1 - 3
34. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$75 - \$300 per day
 - the 30 day time period may be changed, ranging from 10 – 60 days
 - the 60 day time period may be changed, ranging from 30 – 120 days
35. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$250 - \$1,000
 - the number of round trips may be changed, ranging from 1 – 6
36. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the first sentence may be deleted if no election is required or may be modified to not require spouse coverage
 - the Weekly Benefit may be changed, ranging from \$50 - \$250
 - the Date Benefits Start may be changed, ranging from the first to the 31st consecutive day of disability
 - the Maximum Benefit Period may be changed, ranging from 13 weeks to 52 weeks

37. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be deleted entirely if not applicable
 - the dates of the annual enrollment period will reflect the policyholder's annual enrollment period
 - policyholder may be changed to participating employer (or other appropriate entity)
 - the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
 - reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included or deleted
 - any reference to changing plans of insurance may be included or deleted and reference to "plan" may be changed to another term such as "level" or "tier"
 - the 31 day time period may be changed, ranging from 7 – 90 days
 - the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable, one or more items may be deleted or reference to other items may be added upon policyholder request

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form ETP AO**

The variable and illustrative material in Policy/Certificate Insert Form ETP AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown, may be deleted in the Certificate or may be changed to:
 - show the eligible classes and service requirement here instead of referring to the Schedule
 - require “continuous full-time service” in the 2nd bullet or include continuous full-time service as a temporary employee
 - add reference to participating employer if the policy is issued to a trust
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement, when a policy is issued to the trustee of a trust

2. This item may appear as shown or may be deleted if only contributory insurance is provided in the policy. It may be modified as follows:
 - reference to “in the policy” may be deleted in the phrase “shown in the Schedule in the policy” or may be changed to “in the certificate”
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

3. This item may appear as shown or the section on contributory insurance may be deleted if only noncontributory insurance is provided in the policy. If only contributory insurance is provided in the policy, reference to “For any contributory insurance” may be deleted. The phrase “part or all of the premium” may be changed to “part of the premium” or “all of the premium.”

4. This item may appear as shown or may be modified as follows:
 - reference to “in the policy” may be deleted in the phrase “shown in the Schedule in the policy” or may be changed to “in the certificate”
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

5. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

6. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group

Policy/Certificate Insert Form ETP AO

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- policy ends
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date
 - delete requirement that application must be made during an annual enrollment period
7. This item may appear as shown or may be changed to “employer’s” or “participating employer’s” effective date, or other appropriate terminology.
8. The Exception to Effective Date may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
9. This item may appear as shown or may be changed as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer" and “participating employer’s application” will be deleted if the policy is not issued to a trust or “participating employer” may be changed to other appropriate terminology
 - "participating employer's application" may be changed to “participation agreement” or other appropriate terminology
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted.
10. This item may appear as shown or may be deleted entirely.
11. This item may appear as shown, be deleted entirely, or may be changed as follows:
- reference to “policyholder” may be changed to “employer” or “participating employer” or other appropriate terminology
 - reference to dependent insurance may be deleted
 - time periods shown may be changed by policyholder request, but will never exceed 24 months
 - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
 - one or more of the bulleted items may be deleted
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted.
12. This item may be included as shown, omitted entirely, or be changed as follows:
- the time period may be modified, ranging from 1 – 24 months
 - other applicable eligibility requirements may also be waived

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DETP AO**

The variable and illustrative material in Policy/Certificate Insert Form DETP AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to:
 - delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only

2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance

3. This item may appear as shown, or "will not" may be changed to "may" when an eligible dependent may include a person who is a member of an eligible class. "Not" will be deleted when an eligible dependent can be covered by more than one covered person.

4. This item may appear as shown or may be deleted if only contributory insurance is provided in the policy. It may be modified as follows:
 - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application or date signed, a billing period date, a payroll deduction date or another specific date

5. This item may appear as shown or the section on contributory insurance may be deleted if only noncontributory insurance is provided in the policy. If only contributory insurance is provided in the policy, reference to "For any contributory insurance" may be deleted. Reference to "your share of" the premium may be deleted.

6. This item may appear as shown or may be modified as follows:
 - the reference to "in the policy" in the phrase "shown in the Schedule in the policy" may be deleted or may be changed to "in the certificate"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application or date signed, a billing period date, a payroll deduction date or another specific date

Policy/Certificate Insert Form DETP AO

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7. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application or date signed, a billing period date, a payroll deduction date or another specific date
8. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date
 - delete requirement that application must be made during an annual enrollment period
9. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 31 – 60 days.
10. This item may appear as shown or may be changed as follows:
 - indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer" and "participating employer's application" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participation agreement" or other appropriate terminology
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted
11. This item may appear as shown or may be deleted entirely.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form COC AO**

The variable and illustrative material in Policy/Certificate Insert Form COC AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. Policyholder may be changed to participating employer (or other appropriate entity).
2. Policy may be changed to participating employer's participation agreement or application or other appropriate terminology.
3. This item may appear as shown, may be deleted entirely, or may be changed as follows:
 - references to employees and employment can be removed
 - references to members and membership can be removed
 - reference to "connection" with the policyholder can be removed
 - policyholder may be changed to participating employer (or other appropriate entity).
4. This item may appear as shown, may be deleted entirely when dependent insurance is not provided, or may be changed to reflect participating employer's participation agreement or application or other appropriate terminology instead of policy.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form AO BP**

The variable and illustrative material in Policy/Certificate Insert Form AO BP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or reference to either death or dismemberment may be omitted entirely if an Accidental Death benefit and/or an Accidental Dismemberment benefit is not included for a particular group.
2. This item may appear as shown or may be deleted entirely if only off the job accidents are covered for a particular group.
3. These items may appear as shown or may be deleted entirely if a portability provision is not included.
4. This item may appear as shown, may be deleted entirely, or the word "plan" may be changed to another term such as "level" or "tier."
5. These items may appear as shown or may be modified as follows:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
 - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
 - the 24 hour time period may be changed, ranging from 24 – 72 hours or 1 – 3 days
6. This item may be included as shown or may be omitted entirely. If included, it may be modified as follows:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
 - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
 - the 6 payments may be changed, ranging from 3 – 12 payments
 - the 30 day time frame may be changed, ranging from 10 – 60 days
7. These items may be included as shown or may be modified as follows:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 365 day time frame may be changed, ranging from 120 – 730 days, or 6 months to 2 years/24 months
 - reference to rehabilitation unit may be deleted entirely if a Rehabilitation Unit benefit is not included
8. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - "once each benefit year" may be increased to 2-3 times per benefit year
 - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group

Policy/Certificate Insert Form AO BP

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9. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 15 day time frame may be changed, ranging from 7 – 30 days
 - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
10. This item may appear as shown or may be modified as follows:
 - the centimeter range may vary from 10-30 centimeters, or may be changed to a percentage of the body’s surface
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
11. The percentage may be changed, ranging from 25% - 100%.
12. The 30 day time frame may be changed, ranging from 10 – 60 days.
13. The 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days.
14. The number of dislocations may be changed, ranging from 1 – 4. “For you or your covered dependent” may be deleted if dependents are not insured for a particular group.
15. The percentage may be changed, ranging from 10% - 50%.
16. These items may appear as shown or may be modified as follows:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
 - “one dental benefit” may be increased to “two dental benefits”
 - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
17. These items may appear as shown or may be modified as follows:
 - the percentage may be changed, ranging from 10% - 50%
 - “2 fractures” may be changed to 1 - 4
 - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
 - the last phrase may be deleted or the number changed to 2-4
18. These items may appear as shown or may be modified as follows:
 - the 30 day minimum duration may be changed, ranging from 15 – 60 days
 - the 90 day diagnosis time frame may be changed, ranging from 30 – 120 days
 - the benefit may be paid once or twice per lifetime
 - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
19. The 90 day time frame may be changed, ranging from 30 – 365 days.
20. These items may appear as shown or may be omitted entirely. If included, the 365 day limit may be changed, ranging from 90 – 365 days.

Policy/Certificate Insert Form AO BP

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21. This item may appear as shown or may be omitted entirely. If included, the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days.
22. This item may appear as shown or may be modified to allow two appliance amounts per accident.
23. This item may appear as shown or the benefit may be paid once or twice per accident. “For you or your covered dependent” may be deleted if dependents are not insured for a particular group.
24. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
 - 100 miles may be changed, ranging from 50 – 250 miles
 - “you or” may be deleted if dependents are not insured for a particular group
 - “a maximum of 1 benefit per day and” may be deleted or may be changed to 2 benefit amounts per day
 - the 30 day time period may be changed, ranging from 15 – 60 days
25. This item may appear as shown or may be modified as follows:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 10 day time frame may be changed, ranging from 5 – 20 days
 - the 6 months time frame may be changed, ranging from 3 – 12 months
 - reference to the Accident Follow-Up Treatment benefit may be deleted
26. This item may appear as shown or may be increased, ranging from 1- 3 prostheses.
27. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 60 day time frame may be changed, ranging from 30 – 120 days
28. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
 - the 100 mile distance may be changed, ranging from 50 – 250 miles
 - reference to commercial travel by the parent or guardian may be deleted if a particular group does not insure dependent children
 - the 3 round trip limitation may be changed, ranging from 1 – 6 round trips
 - the phrase “for you or your covered dependent, including trips in which the covered dependent child is accompanied by a parent or guardian” may be deleted if a particular group does not insure dependent children

Policy/Certificate Insert Form AO BP

Page 4

29. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
- the first sentence may be deleted if no election is required or may be modified to not require spouse coverage
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the words “assault or” may be deleted if a state does not permit an exclusion for assault
30. This item may appear as shown or may be omitted entirely if an Accidental Death benefit is not included for a particular group and therefore no beneficiary is needed. If included, it may be modified as follows:
- a. Reference to home office may be changed to include another location, such as a regional group claims office or a group sales office or an administrator.
 - b. This item may be changed to refer to participating employer (or other appropriate entity) instead of policyholder, or may be deleted entirely if the policyholder does not wish to keep beneficiary records.
 - c. This item may appear as shown or may be deleted entirely. Reference to participating employer (or other appropriate entity) may be added and reference to policyholder, associated company or employer may be deleted if not applicable for a particular group. The prior carrier’s name and/or policy number may be included.
 - d. This item may be changed to omit or add to any of the classes or add additional classes, such as a class for brothers and sisters.
31. This item may appear as shown or may be deleted entirely if the Accidental Death benefit is not included.
32. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.
33. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
34. This item may appear as shown or reference to policyholder or associated company may be deleted if not applicable to a particular group, or reference to participating employer (or other appropriate entity) may be added.
35. This item may appear as shown or may be deleted entirely.
36. This item may appear as shown or may be deleted entirely if a group has chosen 24 hour coverage.

Policy/Certificate Insert Form AO BP

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37. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - any 31 day time frame may be changed, ranging from 31 – 60 days
 - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
 - one or both of the last two sentences in the 5th paragraph may be deleted or plan may be changed to another term such as level or tier
 - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
38. This item may appear as shown or may be changed to read “You cannot.”

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Clm Pro AO

The variable and illustrative material in Policy/Certificate Form Clm Pro AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown, may be omitted entirely if an Accidental Death benefit is not included for a particular group, or may be modified to delete the second paragraph.
2. This item may appear as shown or references to "all other" benefits may be deleted if the Death Benefits section is deleted.
3. This item may appear as shown or may be omitted entirely.
4. This item may appear as shown or reference to beneficiary, here and throughout this form, may be deleted if an Accidental Death benefit is not included for a particular group and therefore a beneficiary reference is not needed.
5. This time period may be increased from 30 days to 45 days.
6. This item may appear as shown, or locations may be deleted.
7. This time period may be increased from 15 days to 30 days.
8. This time period may be increased from 90 days to 120 days.
9. This item may appear as shown or may be deleted if an Accidental Death benefit is not included for a particular group.
10. This item may appear as shown, reference to Spouse Off the Job Accident Disability Benefit may be deleted, or the time frames may be changed to comply with any federal requirements.

**Union Security Insurance Company
Statement of Variations
Certificate Insert Form CSum AO**

The variable and illustrative material in Certificate Insert Form CSum AO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item will appear as shown or may be deleted entirely.
2. This item may be deleted if Accidental Death or Accidental Dismemberment is not included for a particular group.
3. This item will appear as shown or may be deleted entirely if there is no portability option.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def CO**

The variable and illustrative material in Policy/Certificate Insert Form Def CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or omitted entirely if the Alternative Care benefit is not included.
2. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to change the name of the certifying organization or title.
3. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to change the name of the certifying organization.
4. This item may appear as shown or may be modified to change the number of hours, ranging from 12 – 48 hours.
5. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or modified to remove, add or change the ayurvedic practices.
6. This item may appear as shown or may be modified to show another time period such as a 12 month period running from the policy anniversary.
7. This item may appear as shown or omitted entirely if the Bone Marrow Transplant benefit is not included.
8. This item may appear as show or modified to remove or add potential malignant conditions.
9. This item may appear as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included.
10. This item may appear as shown or may be modified to change the organization(s).
11. This item may appear as shown or omitted entirely if the Extended-care Facility benefit is not included.
12. This item may appear as shown or may be modified to show another time period, ranging from 3-12 months.
13. This item may appear as shown or may be modified to show another time period, ranging from 12-48 hours.
14. This item may appear as shown or may be modified to change the melanoma classification
15. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or may be modified to change the accrediting association or the name of the exam.
16. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included or may be modified to remove, add or change the forms of massage therapy.

Statement of Variations
Policy/Certificate Insert Form Def CO
Page 2

17. This item may appear as shown or may be modified to change the edition or the name of the publication.
18. This item may appear as shown, omitted entirely if the Alternative Care benefit is not included, modified to change medical school requirement or the name of the accrediting organization.
19. This item may appear as shown, omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included or modified to change the name of the designation.
20. This item may appear as shown, omitted entirely if the Radiation and Chemotherapy benefit is not included or modified to change the name or description of the data query.
21. This item may appear as shown or may be modified to show another time period, ranging from 10-60 days.
22. This item may be included as shown or may be omitted entirely.
23. This item may appear as shown or omitted entirely if the Prosthesis benefit is not included.
24. This item may appear as shown or omitted entirely if the Stem Cell Transplant benefit is not included.
25. This item may appear as shown, omitted entirely, or may be modified to show another time period, ranging from 30-60 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Sum CO

The variable and illustrative material in Policy Insert Form Sum CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

On this form, any reference to covered dependents may be deleted if a particular group does not insure dependents.

1. This item may appear as shown or omitted entirely if a covered person cannot elect benefits.
2. This item may appear as shown, omitted entirely or changed to remove references to waiting periods or pre-existing condition exclusions if not applicable.
3. This item may appear as shown or omitted entirely if portability is not included.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd CO**

The variable and illustrative material in Policy/Certificate Insert Form Schd CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). "Policyholder may be changed to participating employer or other appropriate entity; "or an associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be omitted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
 - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown or may be omitted entirely if there are no plan options to select. Reference to plan level may be changed to another term such as tier.

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9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.
10. There are two versions of the provision shown. The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage. Each version may appear as shown or may be omitted entirely. If included each version may be modified as follows:
 - The first version may be modified to remove reference to levels if only one level is offered.
 - The second version may be changed to require proof of good health only for Level 2 or remove references to levels if only one level is offered.
11. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
 - once per benefit year may be increased to 2-3 times per benefit year
 - the benefit amount may be changed, ranging from Not Covered or \$0 - \$200
12. This item may be included as shown or modified as follows:
 - the 90 day time frame may be changed, ranging from 30-365 days
 - the benefit amount may be changed, ranging from \$0 - \$800
13. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
 - Injected Cytotoxic Medications may be included as shown or omitted entirely if injected medications are not included
 - First Prescription and Refill Pump Dispensed Cytotoxic Medications may be included as shown or omitted entirely if pump dispensed medication are not included
 - Oral Cytotoxic Medications may be included as shown or omitted entirely if oral medications are not included
 - Cytotoxic Medications and Radiation Administration by Any Other Method may be included as shown or omitted entirely if other administration methods are not included
 - Radiation Therapy may be included as shown or omitted entirely if radiation therapy is not included
 - Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium may be included as shown or omitted entirely if not included.
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$3,000
14. This item may be included as shown or modified as follows:
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
15. This item may be included as shown or modified as follows:
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
16. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
 - the 90 days time frame may be changed, ranging from 30-120 days

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- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
17. This item may be included as shown. If included, it may be modified as follows:
- the 100 days time frame may be changed, ranging from 30 - 365 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
18. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- the 75 visits may be changed, ranging from 10-225 visits
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
19. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- once every 6 months may be increased to 2-3 doctor visits every 3-12 months
 - 5 years may be changed, ranging from 1-10 years
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
20. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
- lifetime may be deleted
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
21. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
- 2 one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$4,000
22. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:
- 1 benefit per day may be increased to 2-3 benefits per day
 - 90 days may be changed, ranging from 30-120 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
23. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
- once may be increased to 2-3 times
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
24. This item may be included as shown or modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,200
25. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- combined may be deleted if not limited to a combined total

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- one operation may be increased to 2-3 operations
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
 - each procedure may be included as shown, deleted, changed to add a procedure, or the name of the procedure is changed due to current medical terminology
26. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
 - once may be changed to 2-3 times
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$10,000
27. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- one may be increased to 2-3 times
 - 20 visits may be changed, ranging from 10-40 visits
 - 2 benefit years may be changed, ranging from 1-4
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
28. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$3,000
29. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not included. If included, it may be modified as follows:
- once per benefit year may be increased to 2-3 times per benefit year
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
30. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:
- National Cancer Institute may be included as shown or modified to change the name of the organization
 - once per lifetime may be increased to 2-3 times per lifetime
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
31. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
32. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:
- once per lifetime may be increased to 2-3 times per lifetime
 - the reference to a bone marrow donor benefit may be deleted if a bone marrow donor benefit is not included
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$20,000
33. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:

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- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$7,200
34. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:
- 10 visits may be changed, ranging from 1-20
 - 30 visits may be changed, ranging from 10-60
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
35. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:
- 30 days may be changed, ranging from 10-60 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
36. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:
- 3 round trips may be changed, ranging from 1-6 round trips
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
37. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- the types of reconstructive surgeries may be included as shown, omitted entirely, or changed to add a type of surgery or change the name of the surgery
 - 30% may be changed, ranging from 10-60%
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$5,000
38. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- 3 days may be changed, ranging from 1-6 days
 - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$750
39. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be omitted entirely if not applicable
 - the dates of the annual enrollment period will reflect the policyholder's annual enrollment period
 - policyholder may be changed to participating employer or other appropriate entity
 - references to Pre-existing Conditions provision and pre-existing condition may be omitted entirely
 - the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
 - reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included as shown or omitted entirely
 - the 31 day time period may be changed, ranging from 7 – 90 days
 - the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable; one or more items may be deleted or reference to other items may be added upon policyholder request

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- There are 2 versions of the Changes in Family Status provision shown. The first version will appear as shown if proof of good health is required for all levels of coverage. The second version will appear as shown if proof of good health is only required for certain levels of coverage.
- The variations listed above will apply to both versions.
- The second version can also be changed to require proof of good health only for Level 2 or remove references to Levels if only one level is offered.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form ETP CO**

The variable and illustrative material in Policy/Certificate Insert Form ETP CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown, be deleted entirely or may be changed to:
 - show the eligible classes and service requirement here instead of referring to the Schedule
 - require "continuous full-time service" in the 2nd bullet or include continuous full-time service as a temporary employee
 - add reference to participating employer if the policy is issued to a trust
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - delete proof of good health as a requirement for coverage
 - state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement, when a policy is issued to the trustee of a trust

2. This item may appear as shown, be deleted entirely or may be changed to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - references to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate"
 - the phrase "part or all of the premium" may be changed to "part of the premium" or "all of the premium"
 - omit references to proof of good health
 - change the period of time to range within 30 – 90 days
 - indicate that insurance may take effect at different times including immediately, first of the month, policy anniversary, on the Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - third bullet may vary as follows:
 - change the time period to range within 30 – 90 days from the application date
 - insurance may take effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, the date we approve the proof of good health or date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date or payroll deduction date proof of good health or waiting periods

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Policy/Certificate Insert Form ETP CO

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- may be waived under certain circumstances, such as requiring the satisfaction of a pre-existing condition instead of requiring proof of good health or waiving the proof of good health requirements or waiting period if the person enrolls within a specified period of time ranging within 30 - 90 days; enrolling during the employer-specific annual enrollment period occurring after the person first becomes eligible; at the policyholder's request; because of the plan design that has been chosen by the policyholder
 - omit references to proof of good health
 - allow a person to enroll within a range of 30 – 90 days after coverage under another group policy ends
 - "policyholder" may be changed to "participating employer" or other appropriate terminology
 - There are 2 versions of the provision shown:
 - the first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage
 - the variations listed above will apply to both versions.
 - the second version can also be changed to require proof of good health only for Level 2, remove references to Levels if only one level is offered, or remove references to proof of good health
3. This item may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
4. This item may appear as shown or may be changed to:
- indicate another date for termination of insurance, such as premium due date, end of the month, the first of the following month or policy anniversary
 - references to "participation employer" and "participating employer's application" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - "participation employer's application" may be changed to "participation agreement" or other appropriate terminology
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted.
5. This item may appear as shown or may be deleted entirely.
6. This item may appear as shown, may be deleted entirely, or may be changed to:
- time periods shown may be changed by policyholder request, but will never exceed 24 months
 - reference to dependent insurance may be deleted
 - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
 - one or more of the bulleted items may be deleted
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted
 - reference to "policyholder" may be changed to "employer" or "participating employer" or other appropriate entity

Statement of Variations
Policy/Certificate Insert Form ETP CO
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7. This item may be included as shown, may be deleted entirely, or may be changed as follows:
- the time period may be increased up to 24 months or decreased to 1 month
 - other provisions, such as proof of good health or pre-existing conditions, may not have to be satisfied again
 - the statement concerning the pre-existing provision may be deleted entirely

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DETP CO**

The variable and illustrative material in Policy/Certificate Insert Form DETP CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown or may be changed to:
 - delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only
2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance
3. This item may appear as shown, or "will not" may be changed to "may" when an eligible dependent may include a person who is a member of an eligible class. "Not" will be deleted when an eligible dependent can be covered by more than one covered person.
4. This item may appear as shown or may be changed to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - omit references to proof of good health
 - omit reference to "your share of" the premium
 - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate."
 - change the period of time to range within 30 – 90 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, date of application or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - third bullet may be changed to:
 - refer to a different length of time for application, ranging from 30 - 60 days
 - indicate that the insurance takes effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, a billing period date, payroll deduction date or another specific date
 - proof of good health may be waived under certain circumstances, such as if the person enrolls within a specified period of time (ranging from 30 - 90 days) of becoming eligible, or enrolling during a specified open enrollment period, or

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Policy/Certificate Insert Form DETP CO

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- enrolling during the next annual enrollment period occurring after the person first becomes eligible, or at the policyholder's request, or because of the plan design that has been chosen by the policyholder
 - omit references to proof of good health
 - allow a person to enroll within 30 - 90 days after coverage under another group policy ends
 - require enrollees to wait until a time specified by the policyholder to apply for insurance
 - delete requirement that application must be made during an annual enrollment period
- There are 2 versions of the Dependent Effective Date provision shown:
 - The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage.
 - the variations listed above will apply to both versions
 - the second version can also be changed to require proof of good health only for Level 2, remove references to Levels if only one level is offered or remove references to proof of good health
5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 31-60 days.
6. This item may appear as shown or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer's application" and "participating employer" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - "participation employer's application" may be changed to "participating agreement", or other appropriate terminology
 - reference to required contribution may be deleted if the coverage is non-contributory
 - one or more of the reasons insurance will end may be omitted
7. This item may appear as shown or may be deleted entirely.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Form COC CO

The variable and illustrative material in Policy/Certificate Insert Form COC CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or be modified to change policyholder's to participating employer's.
2. This item may appear as shown or be modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology.
3. This item may appear as shown, be omitted entirely, or modified as follows:
 - references to employees and employment may be removed
 - references to members and membership may be removed
 - reference to "connection" with the policyholder may be removed
 - policyholder may be changed to participating employer
4. This item may appear as shown, be omitted entirely when dependent insurance is not provided, or may be changed to reflect the participating employer's participation agreement or application or other appropriate terminology instead of policy.
5. This section may appear as shown, be omitted entirely, or may be changed to remove references to eligible dependent when dependent insurance is not provided.
6. This section may appear as shown, be omitted entirely if waiting periods do not apply, or may be changed to remove references to eligible dependent when dependent insurance is not provided.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form CO BP**

The variable and illustrative material in Policy/Certificate Insert Form CO BP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. This item may be included as shown or omitted entirely if there is only one level of benefits.
2. This item may be included as shown or omitted entirely if portability is not included.
3. This item may be included as shown or omitted entirely if the benefits do not require a charge in order to be paid.
4. This item may be included as shown or omitted entirely if proof of good health is required for all benefit levels. If included, "Level I" and "Level II" may be changed to other terms such as "plan", "tier" or another marketing name.
5. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
 - add, remove or change the name of the tests to reflect current medical terminology
 - once per benefit year may be increased to 2-3 times per benefit year
6. This item may be included as shown and modified as follows:
 - the 90 day time frame may be changed, ranging from 30-365 days
7. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
 - the injected medication paragraph may be included as shown or omitted entirely if injected medications are not included
 - the terms "FDA" and "NCI-listed" may be included as shown or modified to change the name of the organization
 - the maximum per month could be changed to maximum per day or week
 - the medications dispersed by pump paragraph may be included as shown or omitted entirely if pump medications are not included.
 - the medications administered orally paragraph may be included as shown or omitted entirely if oral medications are not included
 - the radiation paragraph may be included as shown or omitted entirely if radiation is not included
 - the insertion of interstitial or intracavity administration of radioisotopes or radium paragraph may be included as shown or omitted entirely if it's not included.
 - the medication or radiation administered by any other method paragraph may be included as shown or omitted entirely if other administration methods are not included

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Policy/Certificate Insert Form CO BP
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- the benefit not paid for sentence may be included as shown, omitted entirely or changed to add, remove or change the name of the services
 - the Experimental Treatment paragraph may be included as shown or omitted entirely if the Experimental Treatment benefit is not included.
8. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
- the 30 day time frame for hospital confinement may be changed, ranging from 10-60 days
 - the maximum period of 90 days time frame may be changed, ranging from 30-120 days
 - the no later than 30 days time frame may be changed, ranging from 10-60 days
9. This item may be included as shown. If included, it may be modified as follows:
- the 100 days time frame may be changed, ranging from 30 - 365 days
 - the reference to the Extended-care Facility and/or Home Health Care benefits may be included as shown or omitted entirely if the Extended-care Facility benefit and/or the Home Health Care benefit are not included
10. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- the maximum of 75 visits may be changed, ranging from 10-225 visits
11. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- once every 6 months may be increased to 2-3 doctor visits every 3-12 months
 - 5 years may be changed, ranging from 1-10 years
12. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
- lifetime may be included as shown or omitted entirely
 - non-implantable prosthetic devices may be changed to add, remove or change the name of the prosthetic devices.
 - each non-implantable device may be increased to 2-3 non-implantable devices
 - the reference to the Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
13. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
- two one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
14. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:
- "or your covered dependent or his/her adult family companion stays" may be deleted if dependents are not insured for a particular group
 - 100 miles may be changed, ranging from 50-250 miles
 - "1 benefit per day" may be increased to 2-3 benefits per day

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- "90 days per benefit year" may be changed, ranging from 30-120 days per benefit year
 - "more than 24 hours" may be changed, ranging from 12-48 hours
15. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
- only once may be increased to 2-3 times per surgical procedure
 - the reference to the National Cancer Institute Evaluation/Consultation benefit may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included
16. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- total combined may be included as shown or omitted entirely if not limited to a combined total
 - one operation may be increased to 2-3 operations
 - the reference to Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
17. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
 - the reference to Clark's Levels I and II, or a Breslow level less than 1.5 mm may be included as shown or modified
 - only once per lifetime may be changed to 2-3 times per lifetime
18. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- The Integrative Assessment and Education benefit may be included as shown or omitted entirely if the Integrative Assessment and Education benefit is not included. Also, one-time benefit may be increased to 2-3 time benefit.
 - The Palliative Care benefit may be included as shown or omitted entirely if the Palliative Care benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The list of services may be included as shown or changed to add, remove or change the name of the service.
 - The Lifestyle benefit may be included as shown or omitted entirely if the Lifestyle benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The types of services may be included as shown or changed to add, remove or change the name of the services.
19. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- "NCI-listed" may be included as shown or changed to another appropriate term
 - the benefits not paid for sentence may be included as shown or changed to add, remove or change the name of the procedures listed
 - The reference to Radiation and Chemotherapy benefits may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included
20. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not

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included. If included, it may be modified as follows:

- once per benefit year may be increased to 2-3 times per benefit year

21. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:

- "National Cancer Institute" may be included as shown or modified to change the name of the organization
- "NCI-designated" may be included as shown, omitted entirely, or modified to change the name of the organization
- once may be increased to 2-3 times
- the reference to Second Surgical Opinion benefits may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included
- the reference to Transportation and Lodging benefits may be included as shown or omitted entirely if the Transportation and Lodging benefits are not included

22. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:

- each month may be changed to each day

23. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:

- the reference to paying a benefit to a bone marrow donor may be included as shown or omitted entirely
- only once may be increased to only 2-3 times

24. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:

- the reference to Radiation and Chemotherapy benefits and/or Experimental Treatment may be included as shown or omitted entirely if the Radiation and Chemotherapy benefits and/or the Experimental Treatment benefit is not included

25. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:

- "within 7 days" may be changed, ranging from 1-14 days
- "10 visits" may be changed, ranging from 1-20 visits
- "30 visits per benefit year" may be changed, ranging from 10-60 visits per benefit year

26. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:

- "30 days per benefit year" may be changed, ranging from 10-60 days per benefit year

27. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:

- "100 miles" may be changed, ranging from 50-250 miles
- the reference to commercial travel for a parent or guardian may be included as shown or deleted entirely if dependents are not covered for a particular group
- "3 round trips per benefit year" may be changed, ranging from 1-6 round trips per benefit

Statement of Variations
Policy/Certificate Insert Form CO BP

Page 5

year

28. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- The types of reconstructive surgeries may be included as shown or changed to add, remove or change the name of the surgery
 - "30%" may be changed, ranging from 10-60%
29. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- "3 days per procedure" may be changed, ranging from 1-6 days per procedure
30. This item may be included as shown or omitted entirely if the Pre-Existing Conditions provision is not included. If included, it may be modified as follows:
- the time periods may be changed, ranging from 3 months up to 24 months, or as allowed by the state
 - the treatment free requirement after the effective date may be deleted if allowed by the state
 - the time insured requirement may be deleted if allowed by the state
31. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.
32. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
33. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - any 31 day time frame may be changed, ranging from 31 – 60 days
 - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
 - one or both of the last two sentences in the 5th paragraph may be deleted
 - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
34. This item may appear as shown or may be changed to read "You cannot."

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Clm Pro CO

The variable and illustrative material in Policy/Certificate Insert Form Clm Pro CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or omitted entirely.
2. This time period may be increased from 30 days to 60 days.
3. This item may appear as shown, or locations may be omitted entirely.
4. This time period may be increased from 15 days to 30 days.
5. This time period may be increased from 90 days to 120 days.
6. References to covered dependent may be deleted if not applicable.
7. This time period may appear as shown or the time frames may be changed to comply with any federal requirements.

**Union Security Insurance Company
Statement of Variations
Certificate Insert Form CSum CO**

The variable and illustrative material in Certificate Insert Form CSum CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

On this form, any reference to covered dependents may be deleted if a particular group does not insure dependents.

1. This item may appear as shown or omitted entirely if a covered person cannot elect benefits.
2. This item may appear as shown, omitted entirely or changed to remove references to waiting periods or pre-existing condition exclusions if not applicable.
3. This item may appear as shown or omitted entirely if portability is not included.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def CI**

The variable and illustrative material in Policy/Certificate Insert Form Def CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This information may be modified to reflect a different 12 month time period.
2. This item may appear as shown or may be omitted entirely if this benefit is not included for a particular group. If included, the item regarding the length of time the blindness must have lasted prior to filing a claim may be changed, ranging from 30 – 240 days.
3. This item may appear as shown or may be omitted entirely if this benefit is not included for a particular group.
4. This item may appear as shown or may be omitted entirely if a coma benefit is not included for a particular group. If included, the time frame may be changed from 12 - 240 hours.
5. The list of illnesses may be modified to include or delete specific illnesses dependent on whether the benefit is included in a particular group.
6. This item may appear as shown or may be changed to another organization(s) or changed to reflect an organization's name change.
7. This item may appear as shown or may be omitted entirely if this benefit is not included for a particular group. If included, the item regarding the length of time for dialysis may be changed, ranging from 30 – 180 days.
8. This item may appear as shown or may be omitted entirely if this benefit is not included for a particular group. If included, United Network of Organ Sharing (UNOS) may be changed to another organization(s) or changed to reflect the organization's name change.
9. This item may be included as shown or may be omitted entirely.
10. The list of procedures may be modified to include or delete specific procedures dependent on whether the benefit is included in a particular group.
11. This item may appear as shown or may be omitted entirely if a stroke benefit is not included for a particular group. If included, the time frame may be changed from 48 – 180 hours or 2 – 7 days.
12. This item may be included as shown or the time period may be changed; ranging from 30 – 90 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Sum CI

The variable and illustrative material in Policy Form Sum CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item will appear as shown or be deleted entirely.
2. This item will appear as shown or be deleted entirely if there is no portability option.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd CI**

The variable and illustrative material in Policy/Certificate Insert Form Schd CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered or eligible dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely if only one plan, level, tier, etc. is offered.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). "Policyholder" may be changed to "participating employer" (or other appropriate entity). Reference to an "associated company" may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be deleted entirely. Reference to an "application" may be changed to other terminology such as "participation agreement".
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually or a specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
 - the Percentage may be included or deleted and may range from None - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown, may be omitted entirely or may be modified as follows:
 - if the Schedule Amount is the only variable that an eligible person may select, it may read "At the time of enrollment, you may be eligible to select a Schedule Amount." and the second sentence in the first paragraph will be deleted

Policy/Certificate Insert Form Schd CI

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- If only one level is offered, it may read “At the time of enrollment, you may be eligible to select a Schedule Amount.” and the second sentence in the first paragraph, second paragraph, third paragraph, fourth paragraph will be deleted
 - The term “Level” may be replaced with other terms such as “plan” or “tier” or other terms that reflect the applicable marketing name of the product, level, plan or tier offered
 - The term “Categories” may be replaced with other terms such as “Sections” or other terms that describe the group of illnesses or procedures
9. This item may appear as shown, may be omitted entirely or may be modified to delete the reference to “or the level of benefits” if only one level is offered or if the eligible person may choose the Schedule Amount but not a level of benefits.
10. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.
11. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- The amount of insurance may be based on age, years of service, job title, pay, being insured under the prior plan, or other classifications, or have one amount for all eligible persons
 - The age reference may be included (ranging from 60 – 80) or deleted
 - We may specify noncontributory and contributory insurance amounts if both are provided
 - The eligible person may be allowed to choose an amount of insurance, in specified increments, with a minimum and maximum provided; ranging from \$2,500 to \$100,000
12. This item may appear as shown or may be modified as follows:
- Other ages may be shown, ranging from 60 to 80
 - Other percentages may be shown (1 – 10% each year, or a 25 – 75% reduction at specified years) or a flat amount may be shown
 - The amount may be reduced from the current inforce amount or from the original amount
 - Coverage for retirees, if available on a plan, may be terminated at a certain age (55 – 80) or after being insured for a certain number of years (1 – 25 years)
13. This item may appear as shown, may be deleted if there is no rounding, or modified as follows:
- This item may be changed if insurance amounts are rounded to a different multiple; next higher, next lower or nearer \$1, \$10, \$100, \$500, \$1,000, \$5,000, \$10,000
 - The effective date may be immediate, policy anniversary, first of the following month, or another specific date
14. This item may be included as shown or deleted entirely if the entire amount is guarantee issue and no proof of good health is required.
15. This item may appear as shown, may be deleted if the entire amount is guarantee issue and therefore no proof of good health is required for any amount, or may be modified as follows:
- The amount may range from \$0 to \$100,000
 - May be different amounts for contributory and noncontributory coverage
 - May be different amounts based on age, and may range from 60 – 80
 - This item may vary by class or being insured under a prior plan
16. There are two versions of the provision shown. Neither version will appear if the Maximum Amount Without Proof of Good Health is deleted. The first version will appear if proof of good health is required for certain amounts of insurance. The first version can also be changed to require proof of good health only for specific levels, plans or tiers. The second version will appear if proof of good health is required for all amounts of insurance. The sentence referring to Pre-existing Conditions may be deleted from either version.

17. The Schedule Amount for Dependents may appear as shown, may be deleted entirely or deleted for either spouse or child, or may be modified as follows:
 - The maximum may range from \$1,000 to \$100,000 for a spouse
 - The amounts for a child may range from \$1,000 to \$25,000
 - The dependent amount limitation of 50% may be changed to allow an amount equal to the employee's or amount; however, will not exceed the amount of insurance for which the employee is eligible
 - Maximum child age may vary from 19 – 30 years and student language may be included or deleted
 - The employee may be allowed to choose an amount of dependent insurance, in specified increments or from a selection of flat amounts, with a minimum and maximum provided
18. This sentence may be included as shown or deleted entirely if the entire amount is guarantee issue and no proof of good health is required.
19. This item may appear as shown, may be deleted if the entire amount is guarantee issue and therefore no proof of good health is required for any amount, or may be modified as follows:
 - The amount may range from \$0 to \$100,000
 - There may be different amounts for contributory and noncontributory coverage
 - There may be different amounts for spouses over a certain age on their effective date, ranging from age 60 – 80
 - This item may vary by class or being insured under a prior plan
20. There are two versions of the provision shown. Neither version will appear if the Dependent Maximum Amount Without Proof of Good Health is deleted. The first version will appear if proof of good health is required for certain amounts of insurance. The first version can also be changed to require proof of good health only for specific levels, plans or tiers. The second version will appear if proof of good health is required for all amounts of insurance. The sentence referring to Pre-existing Conditions may be deleted from either version.
21. The references to a "category" may be deleted or amended to reflect a single category if all benefits are moved to one category.
22. This sentence may appear as shown, may be deleted if there are no multiple categories, may be deleted if the eligible person does not have the option of choosing a level, or may be modified to replace the terms "Category" and/or "Level" with other terms.
23. The reference to a percentage may change depending on whether there is a single category of benefits or multiple categories, ranging from 100% - 300%.
24. The reference to a "Recurrence Benefit" may be deleted if this benefit is not included for a particular group or not included in a specific level.
25. This item may appear as shown, be deleted entirely or may be modified as follows (dependent upon whether the benefits are included in multiple categories or one category):
 - The reference to "6 consecutive months" may range from 3 consecutive months to 12 consecutive months.
 - If the illnesses and procedures are all included in one category, the reference to "in more than one category" may be changed to "for an additional critical illness or procedure"
26. The chart of critical illness and procedures may be amended as follows:
 - The table may appear as one category or multiple categories
 - The first column headings may be changed to allow for more or fewer categories and/or

- to reflect a marketing name
 - The second column headings may be changed to allow various groupings of illnesses and procedures such as a general “Critical Illnesses and Procedures” if all are listed in one category
 - The third column headings may be changed to allow for a different name for the amounts given, such as “Percentage of Benefit Amount”
 - Each individual critical illness and procedure may be deleted from the chart or moved to a different category
 - Each individual critical illness or procedure’s percentage amount may change, ranging from 25 – 100%
 - The recurrence benefit may be deleted entirely or may be deleted from specific categories
27. This item may appear as shown, be deleted entirely if the wellness screening benefit is not available for a particular group or level, or may be modified to change the amount, ranging from \$25 - \$100.
28. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be deleted entirely if not applicable
 - Any reference to changing a “level” of insurance may be included or deleted and reference to “level” may be changed to another term such as “plan”
 - The dates of the annual enrollment period will reflect the policyholder’s annual enrollment period
 - Policyholder may be changed to participating employer (or other appropriate entity)
 - References to pre-existing condition provision and pre-existing condition may be deleted entirely
 - The effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
 - Reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included or deleted
 - The 31 day time period may be changed, ranging from 7 – 90 days
 - The change in family status definition may be modified to delete reference to the policyholder’s IRC Section 125 plan, if not applicable; one or more items may be deleted or reference to other items may be added upon policyholder request
 - The amount of \$5,000 may appear as shown or may range from \$0 - \$20,000
 - The sentence referring to the dependent insurance may appear as shown, may be deleted entirely if dependent coverage is not included in a particular group, or may be modified to change “exceeding the Dependent Maximum Amount Without Proof of Good Health” to exceeding a specified amount, ranging from \$0 to \$10,000
 - References to your “eligible dependent” may be deleted if dependent insurance is not included in a particular group

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form ETP CI

The variable and illustrative material in the Policy/Certificate Form ETP CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. The Eligible Persons provision may appear as shown, be deleted in the Certificate or may be modified to:
 - show the eligible classes and service requirement here instead of referring to the Schedule in the 2nd bullet, require “continuous full-time service” or include “continuous full-time service as a temporary employee”
 - add reference to participating employer if the policy is issued to a trust
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - delete proof of good health as a requirement for coverage
 - state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement, when a policy is issued to the trustee of a trust

2. The Effective Date for an Eligible Person provision may appear as shown or may be modified to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - delete reference to “For any contributory insurance”, if only contributory insurance is provided in the policy
 - change the phrase “part or all of the premium” to “part of the premium” or “all of the premium”
 - reference to “in the policy” may be deleted in the phrase “shown in the Schedule in the policy” or may be changed to “in the certificate”
 - change the time periods to range within 30 – 90 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 – 90 days after coverage under another group policy ends
 - omit references to proof of good health
 - waive the proof of good health requirement under certain circumstances, such as if the person enrolls within a specified period of time (ranging from 30 - 90 days) of becoming eligible, or enrolling during a specified open enrollment period, or enrolling during the next annual enrollment period occurring after the person first becomes eligible, or at the policyholder's request, or because of the plan design that has been chosen by the policyholder
 - require proof of good health for specific levels of insurance
 - allow a person who is a new hire to enroll during the next annual enrollment period up to the guarantee issue amount without providing proof of good health
 - delete the requirement that “application must be made during an annual enrollment period”

3. This item may appear as shown or “policyholder” may be replaced with “participating employer” or other appropriate terminology.

4. The Exception to Effective Date provision may appear as shown or may be deleted for the whole group or certain classes when “active work” is not a condition of coverage.

5. The When a Person's Insurance Ends provision may appear as shown or may be modified to:

Policy Insert Form ETP CI

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- indicate another date for termination of insurance, such as premium due date, end of the month, or the first of the following month or policy anniversary
 - references to "participating employer's application" and "participating employer" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - references to "participating employer's application" may be changed to "participation agreement" or other appropriate terminology
 - delete reference to "contribution" if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted
6. This item may appear as shown or be deleted entirely if a portability provision is not included.
7. The Continuance of Insurance provision may appear as shown, be deleted entirely, or may be modified to:
- change the time periods shown at policyholder request, never to exceed 24 months
 - show different reasons for not performing *active work*: such as medical, maternity or parental leave; personal leave; sabbatical leave
 - delete one or more of the bulleted items
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted
 - replace references to "policyholder" with "employer", "participating employer" or other appropriate entity
 - reference to dependent insurance may be deleted
8. The Reinstatement provision may be included as shown, omitted entirely, or be modified to:
- increase or decrease the time period; ranging from 1 to 24 months
 - amend "complete the Service Requirement again" to also allow other provisions, such as proof of good health or pre-existing conditions
 - delete the statement concerning the pre-existing provision when there is no pre-existing provision

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DETP CI

The variable and illustrative material in Policy/Certificate Form DETP CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be modified to:
 - delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only

2. This item may appear as shown, be deleted entirely if children are not covered, or may be modified to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance

3. This item may appear as shown, or "will not" may be changed to "may" when an eligible dependent may include a person who is a member of an eligible class. "Not" will be deleted when an eligible dependent can be covered by more than one covered person.

4. The Dependent Effective Date provision may appear as shown or may be modified to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - delete reference to "For any contributory insurance", if only contributory insurance is provided in the policy
 - change the phrase "part or all of the premium" to "part of the premium" or "all of the premium"
 - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate"
 - change the time periods to range within 30 – 90 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 – 90 days after coverage under another group policy ends
 - omit references to proof of good health
 - waive the proof of good health requirement under certain circumstances, such as if the person enrolls within a specified period of time (ranging from 30 - 90 days) of becoming eligible, or enrolling during a specified open enrollment period, or enrolling during the next annual enrollment period occurring after the person first becomes eligible, or at the policyholder's request, or because of the plan design that has been chosen by the policyholder
 - require proof of good health for specific levels of insurance
 - delete the requirement that "application must be made during an annual enrollment period"

Policy/Certificate Insert Form DETP CI

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5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 30 – 60 days.
6. The When Dependent Insurance Ends provision may appear as shown or may be modified to:
 - indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer's application" and "participating employer" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - references to "participating employer's application" may be changed to "participation agreement" or other appropriate terminology
 - delete reference to "contribution" if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted
7. This item may appear as shown or be deleted entirely if a portability provision is not included.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Form COC CI**

The variable and illustrative material in Policy/Certificate Form COC CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. Policyholder may be changed to participating employer (or other appropriate entity).
2. Policy may be changed to participating employer's participation agreement or application or other appropriate terminology.
3. This item may appear as shown, may be deleted entirely, or may be changed to:
 - references to employees and employment can be removed
 - references to members and membership can be removed
 - reference to "connection" with the policyholder can be removed
 - policyholder may be changed to participating employer (or other appropriate entity)
4. This item may appear as shown, may be deleted entirely when dependent insurance is not provided, or may be changed to reflect participating employer's participation agreement or application or other appropriate terminology instead of policy.
5. This item may appear as shown, may be deleted entirely, or may be changed to remove references to eligible dependent when dependent insurance is not provided.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form CI BP**

The variable and illustrative material in Policy/Certificate Insert Form CI BP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown, be omitted entirely, or be amended to change the word "level" to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered.
2. These items may appear as shown or may be deleted entirely if a portability provision is not included.
3. This item may appear as shown, be omitted entirely or be modified to:
 - delete the references to a dependent
 - indicate that insurance may take effect at different times including immediately, first of the month, policy anniversary, on the Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date or payroll deduction date
4. The reference to a "Recurrence Benefit" may be deleted if this benefit is not included for a particular group or not included in a specific level.
5. The references to a "category" may be deleted or amended to reflect a single category if all benefits are moved to one category.
6. The reference to a percentage may change depending on whether there is a single category of benefits or multiple categories, ranging from 100% - 300%.
7. Only one of the boxes will appear depending on whether the benefits are included in multiple categories or one category:
 - the first box may be included as shown or the reference to "6 consecutive months" may range from 3 consecutive months to 12 consecutive months
 - the second box will be included if the benefits are included in one category and may be included as shown or "twice" may range from once to three times
 - references to a "category" may be deleted or amended to reflect a single category if all benefits are moved to one category
8. This item may appear as shown, may be omitted entirely if this benefit is not included for a particular group or be changed as follows:
 - the reference to "18 months" may be changed, ranging from 6 months to 24 months
 - the reference to "18 consecutive months" may be changed, ranging from 6 consecutive months to 24 consecutive months
 - the references to "25%" may be changed, ranging from 25% to 100%
 - the reference to "100%" may be changed, ranging from 25% to 100%
 - the reference to "recurrence benefit will only be paid once in each category" may be changed to twice or three times if all benefits are included in one category

Policy/Certificate Insert Form CI BP

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9. This item may appear as shown, be omitted entirely if this benefit is not included for a particular group or be changed as follows:
 - the reference to “one test per benefit year” may change, ranging from one test to three tests per benefit year
 - the reference to “covered dependent spouse” may appear as shown, be deleted or be changed to “your covered dependent”
 - test(s) or Screening(s) may be deleted or their names may be changed to reflect current medical terminology
 - the sentence, “The wellness screening benefit is paid in addition to any other benefits payable under the policy.”, may appear as shown, be omitted entirely, or be changed to state that it may be paid instead of another benefit payable under the policy
10. This item may be included as shown, omitted entirely, or changed as follows:
 - the time periods may be changed, ranging from 3 months up to 24 months, or as allowed by the state
 - the treatment free requirement after the effective date may be deleted if allowed by the state
 - the time insured requirement may be deleted if allowed by the state
11. This item may be included as shown or may be deleted entirely if a state does not permit an exclusion for assault.
12. This item may be included as shown or sane and/or insane may be deleted if not permitted in a state.
13. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - any 31 day time frame may be changed, ranging from 31 – 60 days
 - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
 - one or both of the last two sentences in the 4th paragraph may be deleted or “plan” may be changed to another term such as “level” or “tier”
 - the 6 consecutive months time frame may be modified, ranging from 6 – 24 consecutive months
14. This item may appear as shown or may be changed to read “You cannot.”

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Clm Pro CI

The variable and illustrative material in Policy/Certificate Form Clm Pro CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item will appear as shown or may be deleted entirely.
2. This time period may be increased from 30 days to 45 days.
3. This item may appear as shown, or locations may be deleted.
4. This time period may be increased from 15 days to 30 days.
5. This time period may be increased from 90 days to 120 days.
6. This item may appear as shown or the time frames may be changed to comply with any federal requirements.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form CSum CI

The variable and illustrative material in Certificate Form CSum CI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item will appear as shown or be deleted entirely.
2. This item will appear as shown or be deleted entirely if there is no portability option.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def HI**

The variable and illustrative material in Policy/Certificate Insert Form Def HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown, may be deleted entirely, or may be modified to change the number of hours, ranging from 12 – 48 hours.
2. This item may appear as shown or may be modified to show another time period such as a 12 month period running from the policy anniversary.
3. This item may appear as shown, may be deleted entirely or may be modified to show another time period, ranging from 120 – 240 hours or 5 – 10 days.
4. This item may appear as shown or may be changed to another organization(s) or changed to reflect an organization's name change.
5. This item may appear as shown or may be deleted entirely.
6. This item may appear as shown or may be modified to show another time period, ranging from 12 – 48 hours.
7. Rehabilitative care reference may be deleted entirely. If rehabilitative care reference is omitted, "or" will appear between "sickness" and "injuries", and the comma after sickness will be deleted.
8. This item may appear as shown, may be deleted entirely or may be modified to show another publication.
9. This item may appear as shown or may be modified to show another edition.
10. This item may appear as shown or may be modified to show another publication.
11. This item may appear as shown, may be deleted entirely or may be modified to show another time period, ranging from 30 – 360 days.
12. The time period may be changed, ranging from 10 – 60 days.
13. This item may appear as shown, may be deleted entirely or may be modified to show another time period, ranging from 1 – 336 hours or 1 – 14 days.
14. This item may be included as shown or may be deleted entirely. If included, the name of the organization may be changed to another organization(s) or changed to reflect an organization's name change.
15. This time period may be changed, ranging from 48 – 180 hours or 2 – 7 days.
16. This item may be included as shown, may be omitted entirely, or may be modified to show another time frame, ranging from 31 – 90 days.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Sum HI

The variable and illustrative material in Policy Form Sum HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or may be deleted entirely.
2. This item may appear as shown, may be deleted entirely or may be changed to remove references to qualifying periods or pre-existing condition exclusions.
3. This item may appear as shown or may be deleted entirely if there is no portability option.
4. This item may appear as shown or may be deleted entirely if Waiver of Premium provision is not included.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd HI**

The variable and illustrative material in Policy/Certificate Insert Form Schd HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). Policyholder may be changed to participating employer (or other appropriate entity) or reference to associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be deleted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually, or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
 - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan

Policy/Certificate Insert Form Schd HI

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8. This item may appear as shown, may be omitted entirely if there are no plan options to select, or may be changed to refer only to Level I and Level II if there are only 2 plan options available.
9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.
10. There are 2 versions of the provision shown. The first version will appear if proof of good health is required for all levels of coverage and can be changed to remove the reference to levels if only 1 level of coverage is offered. The second version will appear if proof of good health is only required for certain levels of coverage and can be changed to: require proof of good health only for Level 3, require proof of good health for Level 2 and Level 3, or remove references to Level 3 if only 2 levels are offered.
11. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts may be changed, ranging from “Not covered” or \$0 - \$1,000
 - the 2 one-way trip limitation may appear as shown or may be changed to reflect 1 – 4 trips, and the trips can be changed to reflect round trip or one-way
12. This item may appear as shown, may be deleted entirely, or may be modified to change the benefit amounts, ranging from “not covered” or \$0 - \$10,000.
13. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts may be changed, ranging from “not covered” or \$0 - \$250
 - the limitation of 2 emergency room visits per benefit year may appear as shown or may be changed to reflect a range of 1 – 4 emergency room visits per benefit year
14. The days reflected may appear as shown or may be modified, ranging from 10 – 365.
15. The benefit amounts reflected may appear as shown or may be modified, ranging from “not covered” or \$0 - \$500.
16. The days reflected may appear as shown, may be deleted entirely, or may be modified, ranging from 11 – 365.
17. The benefit amounts reflected may appear as shown, may be deleted entirely, or may be modified, ranging from “not covered” or \$0 - \$500.
18. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the sentence regarding confinement in an intensive care unit may appear as shown, may be deleted entirely or may be modified to change the 7 day time period, ranging from 1 – 31 days

Policy/Certificate Insert Form Schd HI

Page 3

19. This item may appear as shown, may be deleted entirely or may be modified as follows:
 - the days reflected may appear as shown, be deleted entirely, or may be modified, ranging from 10 – 365
 - the benefit amounts reflected may appear as shown, be deleted entirely, or may be modified, ranging from “not covered” or \$0 - \$500
20. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts reflected may change, ranging from “not covered” or \$0 - \$500
 - the once per benefit year limitation can be changed, ranging from 1 – 4 times per benefit year
21. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts reflected may change, ranging from “not covered” or \$0 - \$1,000
 - the 7 day time period may change, ranging from 1 – 31 days
22. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts reflected may change, ranging from “not covered” or \$0 - \$1,000
 - the limitation of one surgery for the same accident or sickness in any 90-day period may change, ranging from 1 – 4 surgeries or any 30 – 180 day period.
23. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts may be changed, ranging from “not covered” or \$0 - \$500
 - the 15 day time period may be changed, ranging from 5 – 45 days
 - the 30 day time period may be changed, ranging from 10 – 60 days
24. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - the benefit amounts may be changed, ranging from “not covered” or \$0 - \$250
 - the limitation of one test per benefit year may be changed, ranging from 1 – 4 tests per benefit year
25. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - Plan Changes at Annual Enrollment may be deleted entirely if not applicable
 - In the two versions of the Change in Family Status provision, the first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage. The second version can be changed to: require proof of good health only for Level 3, require proof of good health for Level 2 and Level 3, or remove references to Level 3 if only 2 levels are offered.
 - the dates of the annual enrollment period will reflect the policyholder’s annual enrollment period
 - policyholder may be changed to participating employer (or other appropriate entity)
 - references to pre-existing condition provision and pre-existing condition may be deleted entirely
 - the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us

- reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included or deleted
- the 31 day time period may be changed, ranging from 7 – 90 days
- the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable, one or more items may be deleted or reference to other items may be added upon policyholder request

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form ETP HI**

The variable and illustrative material in Policy/Certificate Insert Form ETP HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown, be deleted in the Certificate or may be changed to:
 - show the eligible classes and service requirement here instead of referring to the Schedule
 - require "continuous full-time service" in the 2nd bullet or include continuous full-time service as a temporary employee
 - add reference to participating employer if the policy is issued to a trust
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - delete proof of good health as a requirement for coverage
 - state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement, when a policy is issued to the trustee of a trust

2. This item may appear as shown, be deleted entirely or may be changed to:
 - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate"
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - If only contributory insurance is provided in the policy, reference to "For any contributory insurance" may be deleted. The phrase "part or all of the premium" may be changed to "part of the premium" or "all of the premium."
 - omit references to proof of good health
 - change the period of time to range within 30 – 90 days
 - indicate that insurance may take effect at different times including immediately, first of the month, policy anniversary, on the Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - third bullet may vary as follows:
 - change the time period to range within 30 – 90 days from the application date
 - insurance may take effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, the date we approve the proof of good health or date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date or payroll deduction date
 - delete requirement that application must be made during an annual enrollment period

Policy Insert Form ETP HI

page 2

- proof of good health or waiting periods may be waived under certain circumstances, such as requiring the satisfaction of a pre-existing condition instead of requiring proof of good health or waiving the proof of good health requirements or waiting period if the person enrolls within a specified period of time ranging within 30 - 90 days; enrolling during the employer-specific annual enrollment period occurring after the person first becomes eligible; at the policyholder's request; because of the plan design that has been chosen by the policyholder
 - omit references to proof of good health
 - allow a person to enroll within a range of 30 – 90 days after coverage under another group policy ends
 - “policyholder” may be changed to “participating employer” or other appropriate terminology
 - There are 2 versions of the provision shown:
 - The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage.
 - The variations listed above will apply to both versions.
 - The second version can also be changed to: require proof of good health only for Level 3, require proof of good health for Level 2 and Level 3, remove references to Level 3 if only 2 levels are offered, remove references to Levels if only one level is offered, remove references to proof of good health.
3. This item may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
4. This item may appear as shown or may be changed to:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer" and "participating employer's application" will be deleted if the policy is not issued to a trust or “participating employer” may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participation agreement" or other appropriate terminology
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted.
5. This item may appear as shown or may be deleted entirely.
6. This item may appear as shown, may be deleted entirely, or may be changed to:
- time periods shown may be changed by policyholder request, but will never exceed 24 months
 - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
 - one or more of the bulleted items may be deleted
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted
 - reference to “policyholder” may be changed to “employer” or “participating employer” (or other appropriate entity)
 - reference to dependent insurance may be deleted

Policy Insert Form ETP HI

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7. This item may be included as shown, may be deleted entirely, or may be changed as follows:
- the time period may be increased up to 24 months or decreased to 1 month
 - other provisions, such as proof of good health or pre-existing conditions, may not have to be satisfied again
 - the statement concerning the pre-existing provision may be deleted entirely

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DETP HI**

The variable and illustrative material in Policy/Certificate Insert Form DETP HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown or may be changed to:
 - delete reference to "students"
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only

2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance

3. This item may appear as shown, or "will not" may be changed to "may" when an eligible dependent may include a person who is a member of an eligible class. "Not" will be deleted when an eligible dependent can be covered by more than one covered person.

4. This item may appear as shown or may be changed to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - If only contributory insurance is provided in the policy, reference to "For any contributory insurance" may be deleted
 - omit references to proof of good health
 - omit reference to "your share of" the premium
 - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate."
 - change the period of time to range within 30 – 90 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, date of application or date signed, a billing period date, payroll deduction date or another specific date
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - third bullet may be changed to:
 - refer to a different length of time for application, ranging from 30 - 90 days
 - indicate that the insurance takes effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of

the application or date signed, a billing period date, payroll deduction date or another specific date

Policy/Certificate Insert Form DETP HI

Page 2

- proof of good health may be waived under certain circumstances, such as if the person enrolls within a specified period of time (ranging from 30 - 90 days) of becoming eligible, or enrolling during a specified open enrollment period, or enrolling during the next annual enrollment period occurring after the person first becomes eligible, or at the policyholder's request, or because of the plan design that has been chosen by the policyholder
 - omit references to proof of good health
 - allow a person to enroll within 30 - 90 days after coverage under another group policy ends
 - require enrollees to wait until a time specified by the policyholder to apply for insurance
 - delete requirement that application must be made during an annual enrollment period
- There are 2 versions of the Dependent Effective Date provision shown:
 - The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage
 - The variations listed above will apply to both versions
 - The second version can also be changed to: require proof of good health only for Level 3, require proof of good health for Level 2 and Level 3, remove references to Level 3 if only 2 levels are offered, remove references to Levels if only one level is offered, remove references to proof of good health
5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 31 – 60 days.
6. This item may appear as shown or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - references to "participating employer's application" and "participating employer" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
 - "participation employer's application" may be changed to "participating agreement", or other appropriate terminology
 - reference to required contribution may be deleted if the coverage is non-contributory
 - one or more of the reasons insurance will end may be omitted
7. This item may appear as shown or may be deleted entirely.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Form COC HI**

The variable and illustrative material in Policy/Certificate Form COC HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. policyholder may be changed to participating employer or other appropriate entity.
2. policy may be changed to participating employer's participation agreement or application or other appropriate terminology.
3. this item may appear as shown, may be deleted entirely, or may be changed to:
 - references to employees and employment can be removed
 - references to members and membership can be removed
 - reference to "connection" with the policyholder can be removed
 - policyholder may be changed to participating employer or other appropriate entity.
4. this item may appear as shown, may be deleted entirely when dependent insurance is not provided, or may be changed to reflect participating employer's participation agreement or application or other appropriate terminology instead of policy.
5. this item may appear as shown, may be deleted entirely, or may be changed to reflect participating employer's participation agreement or application (or other appropriate terminology) instead of policy.
6. this item may appear as shown, may be deleted entirely, or may be changed to remove references to eligible dependent when dependent insurance is not provided.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form HI BP AR**

The variable and illustrative material in Policy/Certificate Insert Form HI BP AR has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. The term "either" may appear as shown or may be deleted entirely if there is no group portability policy.
2. This item may appear as shown or may be deleted entirely if there is no group portability policy.
3. This item may appear as shown or may be deleted entirely if there is no Waiver of Premium provision.
4. This item may appear as shown or may be deleted entirely.
5. This item may appear as shown, may be deleted entirely or may be changed to:
 - benefits may be available under Level I and Level II without proof of good health
 - Level III may be the only level that requires proof of good health
 - references to Level II and Level III may be removed if only 1 or 2 levels are available
 - indicate that insurance may take effect at different times including immediately, first of the month, policy anniversary, on the Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date or payroll deduction date
 - sentence regarding increase in coverage may appear as shown, be deleted entirely or be changed to state that any increases from Level I to Level II will require proof of good health
 - as stated above, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered and references to levels may be deleted entirely if there is only one level of coverage
6. This item may appear as shown, may be deleted entirely or may be modified as follows:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days;
 - the sentence regarding *sickness* may appear as shown, be deleted entirely or the 48 hour time period may be changed, ranging from 12 – 144 hours or 1 – 6 days;
 - the 2 one-way trip limitation may appear as shown or may be changed to reflect 1 – 4 trips, and the trips can be changed to reflect round trip or one-way
 - "for you or your *covered dependent*" may be deleted if dependents are not insured for a particular group

Policy/Certificate Insert Form HI BP AR
Page 2

7. This item may be included as shown or may be deleted entirely. If included, it may be modified to delete "for you or your *covered dependent*" if dependents are not insured for a particular group.
8. This item may appear as shown, may be deleted entirely, or may be changed to:
 - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
 - the sentence regarding *sickness* may appear as shown, may be deleted entirely or the 48 hour time period may be changed, ranging from 12 – 144 hours or 1 – 6 days
 - the limitations of once for each *accident* and *sickness* and not more than once in any 24-hour period may appear as shown or may be changed to delete the limitation of once for each accident and sickness; or delete the limitation of not more than once in any 24-hour period; or once can range from once – 4 times, or can be changed to state 1 time, 2 times, etc.; or 24-hour time period can range from 24 – 72 hours.
 - the limitation of 2 emergency room visits per benefit year may appear as shown or may be changed to reflect a range of 1 – 4 emergency room visits per benefit year.
 - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
9. This item may be appear as shown or may be modified as follows:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - references to qualifying period may be deleted if there is no qualifying period.
10. This item may appear as shown or may be omitted entirely.
11. This item may appear as shown or may be omitted entirely. If included, it may be modified to change the 7 day time period, ranging from 1 – 31 days.
12. This item may appear as shown or the 180-day time frame may be changed, ranging from 30 – 365 days.
13. References to rehabilitation unit may be deleted entirely if a Rehabilitation Unit benefit is not included
14. This item may appear as shown, may be deleted entirely, or may be changed to:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 180 day time frame may be changed, ranging from 30 – 365 days
 - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
 - sentence stating that benefit is in addition to Hospital Confinement benefit may be changed to state that benefit is not in addition to hospital confinement benefit or may be deleted entirely
 - reference to rehabilitation unit may be deleted entirely if a Rehabilitation Unit benefit is not included

Policy/Certificate Insert Form HI BP AR

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15. This item may appear as shown, may be deleted entirely, or may be changed to:
 - The statement “admitted to a hospital as an inpatient due to an accident or sickness for at least 12 hours” may be changed to “hospital confined due to an accident or sickness”
 - “or sickness” may appear as shown or may be deleted entirely
 - 12 hour time period may be changed, ranging from 1 hour – 72 hours or 1 day – 3 days
 - “for accidents” may appear as shown or be deleted entirely
 - the 30-day time period may be changed, ranging from 10 – 60 days
 - “that” may be changed to “an”
 - the once per benefit year limitation can be changed, ranging from 1 – 4 times per benefit year
 - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
16. This item may appear as shown, may be deleted entirely, or the 7 day time period may change, ranging from 1 – 31 days.
17. This item may appear as shown, may be deleted entirely, or the limitation of one surgery for the same accident or sickness in any 90-day period may change, ranging from 1 – 4 surgeries or a 30 – 180 day period.
18. This item may appear as shown, may be deleted entirely, or may be changed to:
 - the 15 day time period may be changed, ranging from 5 – 45 days
 - the 30 day time periods may be changed, ranging from 10 – 60 days
19. This item may appear as shown, may be deleted entirely, or may be changed to:
 - reference to covered dependent spouse may be deleted entirely or may be changed to “your covered dependent”
 - the limitation of one test per benefit year may be changed, ranging from 1 – 4 tests per benefit year
 - each of the tests listed may appear as shown, may be deleted entirely or may be changed to reflect the most current medical terminology; or
 - the sentence, “The wellness screening benefit is paid in addition to any other benefits payable under the policy.”, may appear as shown, be deleted entirely, or be changed to state that it may be paid instead of another benefit payable under the policy.
20. This item may be included as shown or may omitted entirely if the Pre-Existing Conditions provision is not included. If included, it may be modified as follows:
 - the time periods may be changed, ranging from 3 months up to 24 months, or as allowed by the state
 - the treatment free requirement after the effective date may be deleted if allowed by the state
 - the time insured requirement may be deleted if allowed by the state
21. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.

Policy/Certificate Insert Form HI BP AR

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22. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
23. This item may appear as shown or may be deleted entirely if dependents are not insured for a particular group.
24. This item may appear as shown, may be deleted entirely, or may be changed to:
 - the 30 day time frame may be changed, ranging from 10 – 60 days
 - the 180 day time frame may be deleted entirely or changed, ranging from 30 – 365 days.
25. This item may appear as shown, may be deleted entirely, or may be modified as follows:
 - reference to porting dependent insurance may be deleted if a particular group does not insure dependents
 - any 31 day time frame may be changed, ranging from 31 – 60 days
 - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
 - one or both of the last two sentences in the 5th paragraph may be deleted
 - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
26. This item may appear as shown or may be changed to read “You cannot.”

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Clm Pro HI

The variable and illustrative material in Policy/Certificate Form Clm Pro HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or may be deleted entirely.
2. This time period may be increased from 30 days to 45 days.
3. This item may appear as shown, or locations may be deleted.
4. This time period may be increased from 15 days to 30 days.
5. This time period may be increased from 90 days to 120 days.
6. This item may appear as shown or the time frames may be changed to comply with any federal requirements.

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form CSum HI**

The variable and illustrative material in Certificate Form CSum HI has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or may be deleted entirely.
2. This item may appear as shown, may be deleted entirely or may be changed to remove references to qualifying periods or pre-existing condition exclusions.
3. This item may appear as shown or may be deleted entirely if there is no portability option.
4. This item may appear as shown or may be deleted entirely if Waiver of Premium provision is not included.