

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Filing at a Glance

Company: Life Insurance Company of Alabama

Product Name: LOA Cancer Forms 2009 SERFF Tr Num: WAKE-126070894 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 41833

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate Co Status: Reviewer(s): Rosalind Minor
 Author: Jennifer Snell Disposition Date: 06/16/2009
 Date Submitted: 03/16/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: LOA
 Project Number: 032009
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: This filing is currently pending in the home domicile state of Alabama.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 06/16/2009

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 06/16/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: NAIC Number: 65412/Life Insurance Company of Alabama

Submission

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Form HC81A0109 is a Transportation rider which pays a benefit for certain lodging, transportation and ambulance services.

Form HC80T0109 is a Stem Cell or Bone Marrow Transplant rider that provides an indemnity benefit when a covered person receives a peripheral Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person.

Form HC86D0109 is a Specified Disease rider which pays an indemnity benefit for a continuous hospital confinement due to a listed specified disease.

Form HC77R0109 is a Radiation/Chemotherapy rider which provides an indemnity benefit for a covered person receiving chemotherapy or radiation therapy. This rider also has a benefit for a covered person who receives Blood, Plasma or Platelets to replace/replenish normal cells during the treatment of cancer.

Application form numbers BH7509 and BH8709 will be used with the above noted forms.

The policies will be marketed to individuals by contracted agents and brokers.

Wakely Actuarial Services, Inc. appreciates the Department's time and consideration in the review of this filing for the Life Insurance Company of Alabama.

Company and Contact

Filing Contact Information

(This filing was made by a third party - WAS01)

Jennifer Snell, Compliance Analyst jennifer.snell@wakelyactuarial.com
34125 US Highway N (727) 373-4558 [Phone]
Palm Harbor, FL 34684 (727) 373-4559[FAX]

Filing Company Information

Life Insurance Company of Alabama CoCode: 65412 State of Domicile: Alabama

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

302 Broad Street
Gadsden, AL 35901
(256) 543-2022 ext. [Phone]

Group Code: -99
Group Name:
FEIN Number: 63-0321291

Company Type:
State ID Number:

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of Alabama	\$50.00	03/16/2009	26448371

SERFF Tracking Number: WAKE-126070894 State: Arkansas
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 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2009	06/16/2009
Approved-Closed	Rosalind Minor	05/04/2009	05/04/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/10/2009	04/10/2009	Jennifer Snell	04/20/2009	04/20/2009
Pending Industry Response	Rosalind Minor	03/17/2009	03/17/2009	Jennifer Snell	04/10/2009	04/10/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Application/Br Form ochure		Jennifer Snell	06/16/2009	06/16/2009
Application/Br Form ochure		Jennifer Snell	06/16/2009	06/16/2009

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Disposition

Disposition Date: 06/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Forms BH 7509AR and BH 8709AR are being approved today. The remainder of the filing will maintain the original approval date of 5/4/09.

Rate data does NOT apply to filing.

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form (revised)	Cancer Indemnity Policy	Approved-Closed	Yes
Form	Cancer Indemnity Policy	Replaced	Yes
Form	Cancer Indemnity Policy	Replaced	Yes
Form	First Occurrence Rider	Approved-Closed	Yes
Form	Increasing First Occurrence Rider	Approved-Closed	Yes
Form	Diagnostic Rider	Approved-Closed	Yes
Form	Surgical Benefit Rider	Approved-Closed	Yes
Form	Transportation Rider	Approved-Closed	Yes
Form	Transplant Rider	Approved-Closed	Yes
Form	Specified Disease Rider	Approved-Closed	Yes
Form	Radiation/Chemotherapy Rider	Approved-Closed	Yes
Form (revised)	Application/Brochure		Yes
Form	Application/Brochure	Replaced	Yes
Form	Application/Brochure	Replaced	Yes
Form (revised)	Application/Brochure		Yes
Form	Application/Brochure	Replaced	Yes
Form	Application/Brochure	Replaced	Yes
Rate	Rate Pages	Approved-Closed	Yes

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Disposition

Disposition Date: 05/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Item Type	Item Name	Item Status	Public Access
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Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
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Form	First Occurrence Rider	Approved-Closed	Yes
Form	Increasing First Occurrence Rider	Approved-Closed	Yes
Form	Diagnostic Rider	Approved-Closed	Yes
Form	Surgical Benefit Rider	Approved-Closed	Yes
Form	Transportation Rider	Approved-Closed	Yes
Form	Transplant Rider	Approved-Closed	Yes
Form	Specified Disease Rider	Approved-Closed	Yes
Form	Radiation/Chemotherapy Rider	Approved-Closed	Yes
Form (revised)	Application/Brochure		Yes
Form	Application/Brochure	Replaced	Yes
Form	Application/Brochure	Replaced	Yes
Form (revised)	Application/Brochure		Yes
Form	Application/Brochure	Replaced	Yes
Form	Application/Brochure	Replaced	Yes
Rate	Rate Pages	Approved-Closed	Yes

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/10/2009
Submitted Date 04/10/2009

Respond By Date

Dear Jennifer Snell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Indemnity Policy (Form)

Comment:

Please refer to Page 11, paragraph 4. The language in not in compliance with ACA 23-85-131(b) and Bulletin 14-81. Please remove the 31-day period.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/20/2009
Submitted Date 04/20/2009

Dear Rosalind Minor,

Comments:

This letter is in response to your objection letter dated April 10, 2009.

Response 1

Comments: The fourth paragraph of page 11 has been revised to comply with ACA 23-85-131(b).

Related Objection 1

Applies To:

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009
 - Cancer Indemnity Policy (Form)
 Comment:

Please refer to Page 11, paragraph 4. The language in not in compliance with ACA 23-85-131(b) and Bulletin 14-81. Please remove the 31-day period.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Indemnity Policy	HC75C01 09 AR		Policy/Contract/Fraternal Certificate	Initial		42	Cancer Policy HC75C01 09 AR.pdf
Previous Version							
<i>Cancer Indemnity Policy</i>	<i>HC75C01 09</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C01 09 AR.pdf
<i>Cancer Indemnity Policy</i>	<i>HC75C01 09</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C01 09 AR.pdf

No Rate/Rule Schedule items changed.

Feel free to contact me should further information be needed.

Thank you

Sincerely,

SERFF Tracking Number: WAKE-126070894 *State:* Arkansas
Filing Company: Life Insurance Company of Alabama *State Tracking Number:* 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit *Sub-TOI:* H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009
Jennifer Snell

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2009
Submitted Date 03/17/2009

Respond By Date

Dear Jennifer Snell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Indemnity Policy (Form)

Comment:

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

Objection 2

- Cancer Indemnity Policy (Form)

Comment:

Under Limitations and Exclusions, it is stated that...."This is a specified disease policy that only provides Indemnity Benefits due to Cancer. it does not provide benefits for any other sickness, condition or incapacity.

Under Rule 18, APPENDIX, 1 A(3) it is stated...."Notwithstanding any other provisions of this rule, specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other conditions(s) or disease(s), directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/10/2009
Submitted Date 04/10/2009

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Dear Rosalind Minor,

Comments:

This letter is in response to your objection letter dated March 17, 2009 in regards to the above noted filing.

Response 1

Comments: The handicapped dependent section of the policy has been revised to comply with ACA 23-85-131(b).

Related Objection 1

Applies To:

- Cancer Indemnity Policy (Form)

Comment:

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

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Cancer Indemnity Policy</i>	<i>HC75C0109</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C0109 AR.pdf
<i>Previous Version</i>							
<i>Cancer Indemnity Policy</i>	<i>HC75C0109</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C0109 AR.pdf

No Rate/Rule Schedule items changed.

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Response 2

Comments: The Limitations and Exclusions section of the policy and applications has been revised to comply with Rule 18, APPENDIX 1 A(3).

Related Objection 1

Applies To:

- Cancer Indemnity Policy (Form)

Comment:

Under Limitations and Exclusions, it is stated that...."This is a specified disease policy that only provides Indemnity Benefits due to Cancer. it does not provide benefits for any other sickness, condition or incapacity.

Under Rule 18, APPENDIX, 1 A(3) it is stated...."Notwithstanding any other provisions of this rule, specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other conditions(s) or disease(s), directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Cancer Indemnity Policy</i>	<i>HC75C0109</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C0109 AR.pdf
Previous Version							
<i>Cancer Indemnity Policy</i>	<i>HC75C0109</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>		42	Cancer Policy HC75C0109 AR.pdf
<i>Application/Brochure</i>	<i>BH7509</i>		<i>Application/Enrollment</i>	<i>Initial</i>		44	Cancer

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009
 AR Form Advantage
 BH7509
 AR Only
 Submission
 Copy.pdf

Previous Version

Application/Brochure BH7509 Application/Enrollment Initial Form 44 Cancer
 Advantage
 BH7509
 AL, AR,
 LA, MS,
 NC, OK
 Submission
 Copy.pdf

Application/Brochure BH8709 Application/Enrollment Initial Form 43 Cancer
 Choice
 BH8709
 AR Only
 Submission
 Copy.pdf

Previous Version

Application/Brochure BH8709 Application/Enrollment Initial Form 43 Cancer
 Choice
 BH8709
 AL, AR,
 LA, MS,
 NC, OK
 Submission
 Copy.pdf

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Amendment Letter

Amendment Date:
 Submitted Date: 06/16/2009

Comments:

Attached you will find revised applications. The only revision is that the 3rd column has been added to the grid on page 3 of each of the applications. The applications that were originally approved with this filing have not been used. Feel free to contact me should further information be needed.

Thank you

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
BH7509 AR	Application/EApplication/Initial	Application/Initial					44	Cancer Advantage BH7509 AR Only Submission Copy.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
BH8709 AR	Application/EApplication/Initial	Application/Initial					43	Cancer Choice BH8709 AR Only Submission Copy.pdf

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Form Schedule

Lead Form Number: HC75C0109 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HC75C0109 AR	Policy/Cont	Cancer Indemnity ract/Fratern Policy al Certificate	Initial		42	Cancer Policy HC75C0109 AR.pdf
Approved-Closed	HC84O0109	Policy/Cont	First Occurrence ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44	First Occurrence Rider HC84O0109. pdf
Approved-Closed	HC85F0109	Policy/Cont	Increasing First ract/Fratern Occurence Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42	Increasing First Occurrence Rider HC85F0109.p df
Approved-Closed	HC82W0109	Policy/Cont	Diagnostic Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42	Diagnostic Rider HC82W0109. pdf

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Approved- Closed	HC79S010 9	Policy/Cont Surgical Benefit ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	41	Surgical Benefits Rider HC79S0109.p df
Approved- Closed	HC81A010 9	Policy/Cont Transportation Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	42	Transportatio n Rider HC81A0109.p df
Approved- Closed	HC80T010 9	Policy/Cont Transplant Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	Transplant Rider HC80T0109.p df
Approved- Closed	HC86D010 9	Policy/Cont Specified Disease ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44	Specified Disease Rider HC86D0109.p df
Approved-	HC77R010	Policy/Cont Radiation/Chemother	Initial	43	Radiation

<i>SERFF Tracking Number:</i>	WAKE-126070894	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Life Insurance Company of Alabama	<i>State Tracking Number:</i>	41833
<i>Company Tracking Number:</i>			
<i>TOI:</i>	H071 Individual Health - Specified Disease - Limited Benefit	<i>Sub-TOI:</i>	H071.002A Dread Disease - Cancer Only
<i>Product Name:</i>	LOA Cancer Forms 2009		
<i>Project Name/Number:</i>	LOA/032009		
Closed	9	ract/Fratern apy Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Chemotherpa y Rider HC77R0109.p df
	BH7509 AR	Application/ Application/Brochure Initial Enrollment Form	44 Cancer Advantage BH7509 AR Only Submission Copy.pdf
	BH8709 AR	Application/ Application/Brochure Initial Enrollment Form	43 Cancer Choice BH8709 AR Only Submission Copy.pdf



LICOA
Life Insurance Company of Alabama
HOME OFFICE • GADSDEN, ALABAMA 35902

Protecting your financial security

CANCER INDEMNITY POLICY

LIFE INSURANCE COMPANY OF ALABAMA agrees to pay the benefits according to the provisions of this Policy. All benefits are subject to its provisions and limitations.

THIS IS A SPECIFIED DISEASE INDEMNITY POLICY WHICH ONLY PROVIDES BENEFITS FOR CANCER. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY.

Signed for the Company at Gadsden, Alabama.

Secretary

President

CONSIDERATION

This Policy is issued in consideration of the application and payment in advance of the initial premium. This Policy begins at 12:01 a.m. standard time at Your residence on the Effective Date shown on the Policy Schedule Page. It ends, subject to the Grace Period, at 12:00 midnight, on the date any renewal premium is due and not paid. The dates and premiums are shown on the Policy Schedule Page.

RIGHT TO EXAMINE POLICY FOR 10 DAYS

Within ten (10) days from receipt of this Policy, You may return it for any reason. If returned, this Policy is void. Any premiums or policy fee paid for this Policy will be refunded. The Policy may be returned to Us or the agent who sold it.

RENEWAL AND PREMIUM PROVISIONS

This Policy is Guaranteed Renewable during Your lifetime. It may be renewed on any premium due date by paying the renewal premium. It must be paid on or before its due date, or within the thirty-one (31) days that follow. We cannot refuse to renew this Policy or place any restrictions on it if the premium is paid on time.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured within a state in the same class. If We change the premium rates, We will notify the Insured before the change becomes effective in accordance with the statutes of the state where this Policy was issued. We will notify the Insured at his last known address according to Our records. Premium for this Policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

***** IMPORTANT NOTICE *****

Please read the copy of the application attached to this Policy. Carefully check the application. Write to Life Insurance Company of Alabama, P.O. Box 349, Gadsden, Alabama 35902, within ten (10) days, if any information shown on it is not correct and complete or if any past medical history has been left out on the application. This application is a part of the Policy. The Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**SPECIFIED DISEASE CANCER INDEMNITY POLICY
GUARANTEED RENEWABLE FOR LIFE
SUBJECT TO COMPANY'S RIGHT TO CHANGE
THE APPLICABLE TABLE OF PREMIUM RATES**

TABLE OF CONTENTS

Consideration..... 1

Right To Examine Policy for 10 Days 1

Renewal and Premium Provisions 1

Important Notice 1

Policy Schedule Page 3

Definitions 4

Benefits..... 6

Daily Hospital Indemnity Benefit 7

Private Nursing Services Indemnity Benefit..... 7

Extended Care Facility Indemnity Benefit 7

Home Health Care Indemnity Benefit..... 8

Hospice Care Indemnity Benefit..... 8

Healthy Lifestyle Indemnity Benefit..... 8

Waiver of Premium Benefit..... 9

Limitations and Exclusions 9

Termination of Insurance..... 10

Right of Conversion 11

General Provisions 11

Application.....Attached

POLICY SCHEDULE PAGE

Policy Number: [12345678]
Primary Insured: [John Doe]

Policy Effective Date: [July 1, 2008]

Premium Payment Modes:

Annual: [\$xx.xx] **Semi Annual:** [\$xx.xx] **Special Monthly:** [\$xx.xx]
Quarterly: [\$xx.xx] **Monthly:** [\$xx.xx]

Mode Selected: [Annual]

Coverage Type: [Individual, Individual and Spouse, One Parent Family, Two Parent Family]

Benefit Description	Benefit Amount	Modal Premium
Base Policy		[\$ XX.XX]
Daily Hospital Indemnity Benefit	[\$ 100.00]	
Private Nursing Service Indemnity Benefit	[\$ 100.00]	
Extended Care Facility Indemnity Benefit	[\$ 75.00]	
Home Health Care Indemnity Benefit	[\$ 100.00]	
Hospice Care Indemnity Benefit	[\$ 50.00]	
Healthy Lifestyle Indemnity Benefit	[\$ 50.00]	

Benefit Description	Coverage Type	Benefit Amount	Modal Premium	Rider Effective Date
[Diagnostic Rider]	[Individual]		[\$ XX.XX]	[07/01/2008]
[Wellness Indemnity Benefit]		[\$ 25.00]		
[Diagnostic Testing Indemnity Benefit]		[\$ 500.00]		
[Annual Check-up Indemnity Benefit]		[\$ 200.00]		
[First Occurrence Rider]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[Increasing First Occurrence Rider (*)]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[(*) Benefits increase by \$25 per unit per month while the Rider is in force]				
[Radiation Chemotherapy Rider]	[Ind & Spouse]		[\$ XX.XX]	[07/01/2008]
[Initial Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Initial Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Monthly Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Monthly Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Blood, Plasma, or Platelets Indemnity Benefit]		[\$ 250.00]		
[Specified Disease Rider]	[Family – 1]	[\$ 100.00]	[\$ XX.XX]	[07/01/2008]
[Stem Cell OR Bone Marrow Transplant Rider]	[Family – 2]	[\$5,000.00]	[\$ XX.XX]	[07/01/2008]
[Surgical Benefits Rider]	[Family – 2]		[\$ XX.XX]	[07/01/2008]
[Surgical Indemnity Benefit (Non-Skin Cancer)]		[1 unit]		
[Skin Cancer Surgical Indemnity Benefit]		[1 unit]		
[Associated Surgical Procedure Indemnity Benefit]		[\$ 150.00]		
[Surgical Prosthesis Indemnity Benefit]		[\$1,500.00]		
[Non-Surgical Prosthesis Indemnity Benefit]		[\$ 150.00]		
[Second or Third Surgical Opinion Indemnity Benefit]		[\$ 175.00]		
[Reconstructive Indemnity Benefit]		[1 unit]		
[Transportation Rider]	[Family – 1]		[\$ XX.XX]	[07/01/2008]
[Transportation Benefit]		[\$1,500.00]		
[Ambulance Indemnity Benefit]		[\$ 300.00]		
[Lodging Indemnity Benefit]		[\$ 100.00]		

DEFINITIONS

“Beneficiary” means the person, persons or party designated to receive any Policy proceeds in the event of Your death. The Beneficiary for this Policy is as named on the application unless changed by You and endorsed by Us.

“Cancer” means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin’s disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis.

The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis.

Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

“Covered Persons” are indicated by the Coverage Type as shown on the Policy Schedule Page as follows:

- 1) Individual: Only the Primary Insured listed on the Policy Schedule Page is covered.
- 2) Individual and Spouse: The Primary Insured and the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement are covered.
- 3) One Parent Family: The Primary Insured and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.
- 4) Two Parent Family: The Primary Insured, the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.

Any person specifically excluded by name from coverage is NOT included as a Covered Person.

“Dependent Child” or **“Dependent Children”** means any unmarried child (natural, step or adopted) of Yours who:

- 1) is less than nineteen (19) years old and living with You; or
- 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or
- 3) is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance. We must receive proof of incapacity otherwise the insurance will terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be requested from time to time but not more often than once a year after the child attains age twenty-four (24); or
- 4) is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2) or (3) above.

The term Dependent Child(ren) does NOT include grandchild(ren) unless required by law.

Proof of legal status may be required from time to time on covered Dependent Child(ren).

“Diagnosis Date” is the day the tissue specimen, biopsy, culture, titer or blood sample is taken upon which the Positive Medical Diagnosis of Cancer is based; it is NOT the date the Positive Medical Diagnosis is communicated to the Covered Person.

“Emergency Room” or **“Emergency Department”** means the part of a Hospital designed and used for the treatment of people requiring immediate medical attention, such as victims of accidents, heart attacks or other acute medical conditions. Emergency care must be available twenty-four (24) hours a day and seven (7) days a week.

“Extended Care Facility” means a medical institution that provides prolonged care or rehabilitation for Cancer patients after confinement as an inpatient in a Hospital.

“Home Health Care Agency” means a public or private agency licensed or certified to provide Home Health Care.

“Home Health Care Services” means medically necessary care and services for a Covered Person in his home provided by a Home Health Care Agency. The plan of care must be prescribed or ordered by and periodically reviewed by an attending Physician.

“Hospice” or **“Hospice Unit”** means a licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the Covered Person’s home or on an outpatient or inpatient basis in a Hospice unit.

“Hospital” means a licensed institution located within the United States of America and its territories that:

- 1) has on its premises:
 - a) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by a licensed Physician; and
 - b) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician; and
 - c) 24-hour-a-day nursing service by graduate registered nurses; and
 - d) the patient’s written history and medical records;
- or;**
- 2) is accredited by the Joint Commission on Accreditation of Hospitals.

The term Hospital shall NOT include any institution used by a Covered Person as a place for rehabilitation; a place for rest, or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; Hospice or Hospice unit; Extended Care Facility; or facilities for the care of convalescent, rehabilitative, physical therapy or ambulatory patients.

“Immediate Family” or **“Immediate Family Member”** includes anyone related to You or Your Legal Spouse in the following manner: spouse; brothers or sisters (including stepbrothers, stepsisters, half-brothers and half-sisters); children (including stepchildren); parents (including stepparents); grandparents (including step-grandparents); grandchildren (including step-grandchildren); aunts and uncles; nieces and nephews; and spouses, as applicable, of any of the above.

“Indemnity Benefit” means any insurance benefit paid under this Policy as a result of the occurrence of a Specified Event. The benefit amount is a stated fixed amount in this Policy and is NOT dependent on any external monetary amount or cost.

“Legal Spouse” means Your spouse as recognized by federal law. Once this Policy has been issued, any consideration of an addition of a spouse, whether by first marriage or remarriage, requires the submission of a completed application and is subject to Our approval. Spouse coverage terminates upon divorce of marriage. Proof of legal status may be required upon Our request from time to time on a covered spouse.

“Month-a-versary” means the monthly recurring date of your Policy Effective Date.

“Physician” means a licensed practitioner of the healing arts, as recognized by the American Medical Association, operating within the scope of his or her license other than You or an Immediate Family Member.

“Policy Effective Date” means the date the Policy is issued by Us and coverage begins. The Policy Effective Date is shown on the Policy Schedule Page.

“Positive Medical Diagnosis” means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of “malignancy” as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the Covered Person receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

“Pre-existing Condition” means a condition for which symptoms existed up to five years prior prior to the Policy Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician.

“Primary Insured” means the person named in the application and shown on the Policy Schedule Page.

“Private Nursing Service” means that the assigned nurse, who is not an Immediate Family Member, has nursing responsibilities for only one patient per shift and the nursing services must be provided by a registered graduate nurse, a registered licensed practical nurse or a licensed vocational nurse, other than the nurses or staff that are on regular duty at a Hospital or other facility in which the Covered Person is an inpatient.

“Reinstatement Date” means the date coverage under this Policy and any attached Riders becomes effective following Reinstatement. This date will be the next Month-a-versary following Our approval in writing of the Reinstatement of any coverage.

“Rider Effective Date” means the date the Rider is issued by Us and coverage begins. The Rider Effective Date is shown on the Policy Schedule Page.

“Specified Event” means a treatment, confinement, service, expense, or diagnosis as specified in the Policy or attached Rider that causes a Covered Person to be eligible for one or more benefits of the Policy or attached Riders.

“We”, “Us”, “Company” and “Our” mean the Life Insurance Company of Alabama.

“Written Notice” means a communication in writing from You on forms furnished by or acceptable to the Company. All correspondence should be sent to Our Home Office at P.O. Box 349, Gadsden, Alabama 35902.

“You”, “Your”, and “Yours” mean the Primary Insured named on the Policy Schedule Page.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Policy is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of this Policy, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Policy Effective Date; and
- 2) all other limitations, conditions and provisions of the Policy.

If Cancer is diagnosed while a Covered Person is hospitalized, benefits shall accrue from the day of admission, but not retroactive more than 30 days prior to the Diagnosis Date. No benefits shall be payable for treatment incurred prior to the 30th day after the Policy Effective Date.

Daily Hospital Indemnity Benefit

We will pay the Daily Hospital Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Daily Hospital Indemnity Benefit. The Specified Event required for the Daily Hospital Indemnity Benefit is confinement of a Covered Person in a Hospital as an inpatient for the treatment of Cancer as specified below and occurs on the date(s) the Covered Person is so confined. We will pay two (2) times the amount shown on the Policy Schedule Page starting on the thirty-first (31st) day of continuous confinement. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Private Nursing Service Indemnity Benefit

We will pay the Private Nursing Service Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Private Nursing Service Indemnity Benefit. The Specified Event required for the Private Nursing Service Indemnity Benefit is the receipt of required Private Nursing Services by a Covered Person while confined in a Hospital as an inpatient for the treatment of Cancer and occurs when the Private Nursing Services are rendered. The Private Nursing Services must be other than the nursing services regularly furnished by the Hospital and must be required and authorized by the attending Physician.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Extended Care Facility Indemnity Benefit

We will pay the Extended Care Facility Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Extended Care Facility Indemnity Benefit. The Specified Event required for the Extended Care Facility Indemnity Benefit is confinement of a Covered Person in an Extended Care Facility due to or as a result of treatment of Cancer and occurs on the date(s) the Covered Person is so confined. The Extended Care Facility confinement must start within 30 days after a Daily Hospital Indemnity Benefit is payable. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day Daily Hospital, Home Health Care and/or Hospice Care Indemnity Benefits are payable;
or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by a Covered Person and occurs when the Home Health Care Services are rendered.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by a Covered Person who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Covered Person receives Hospice services.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Healthy Lifestyle Indemnity Benefit

We will pay Healthy Lifestyle Indemnity Benefit as shown on the Policy Schedule Page for each calendar year a Covered Person incurs the Specified Event required for the Healthy Lifestyle Indemnity Benefit. The Specified Event required for the Healthy Lifestyle Indemnity Benefit is the payment of a qualifying expense for one of the activities listed below and occurs when the qualified expense is incurred by a Covered Person. Qualifying activities are the following:

- 1) joining a gym or fitness organization; or
- 2) participating in a smoking cessation program; or
- 3) joining a weight loss program.

Proof of an incurred qualifying expense may be required.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

Waiver of Premium Benefit

We will waive future premiums due for this Policy and any attached Riders when the Primary Insured incurs the Specified Event required for the Waiver of Premium Benefit. The Specified Event required for the Waiver of Premium Benefit occurs on the day after the Primary Insured has been totally and continuously Disabled due to Cancer for a period of sixty (60) days and continues until the Primary Insured is no longer both Disabled due to Cancer and under a Physician's care. We will waive the premium beginning on the Month-a-versary following the onset of the Specified Event required for the Waiver of Premium Benefit. For purposes of this benefit, Disability and Disabled mean not being able to perform all of the usual and customary duties of Your own occupation. The attending Physician must attest to Your disabling cancerous condition and specific period of disability.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

LIMITATIONS AND EXCLUSIONS

This Policy and all attached Riders have a thirty (30) day waiting period. This Policy and all attached Riders will not pay Indemnity Benefits for any Positive Medical Diagnosis of Cancer with a Diagnosis Date less than thirty (30) days after the Policy Effective Date or attached Rider Effective Dates. If any Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date within thirty (30) days after the Policy Effective Date or any Rider Effective Date, the Primary Insured may elect to void the Policy and/or any Riders. If the Primary Insured so elects, the Policy and/or all Riders will be voided and all premiums received by Life Insurance Company of Alabama for the voided Policy and/or Riders refunded as of the effective dates. Only the Policy and/or any Riders that are still within the thirty (30) day waiting period on the Diagnosis Date are eligible to be voided. ***Once voided, the Policy and/or Riders will be treated as if they never existed.***

All treatment for Cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for Cancer.

We will NOT pay any Indemnity Benefit for Specified Events related to:

- 1) Pre-existing Conditions except after two years from the Policy Effective Date or attached Rider Effective Dates; or
- 2) Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

Indemnity Benefits under this Policy or any attached Riders are NOT payable for Specified Events that occur outside the United States of America or its territories.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day a Daily Hospital Indemnity Benefit, a Home Health Care Indemnity Benefit or a Hospice Care Indemnity Benefit is payable; or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is only payable for Specified Events occurring as a result of a confinement in an Extended Care Facility that occurs within the thirty (30) days immediately after a Daily Hospital Indemnity Benefit is payable.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

TERMINATION OF INSURANCE

Insurance coverage for You and Your Legal Spouse, if covered, will continue for Your lifetime as long as premiums are paid as due.

Insurance coverage will terminate automatically for all Covered Persons as of the premium due date if premium for this Policy and any attached Riders is in default beyond the end of its Grace Period.

In the event of Your death, coverage on any remaining Covered Persons will not terminate provided We receive a copy of Your death certificate and Written Notice to continue coverage within thirty (30) days of the date of Your death. If Your covered Legal Spouse or Dependent Child dies, You may request in writing to remove them from Your coverage.

If Your Legal Spouse is a Covered Person under this Policy and You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage, insurance coverage provided by this Policy on Your former Legal Spouse will automatically terminate on the 61st day following the date of the decree of the dissolution of marriage.

Insurance coverage on a Dependent Child will terminate automatically on the earliest of the following:

- 1) the Month-a-versary following the Dependent Child's marriage; or
- 2) the Month-a-versary following the Dependent Child's nineteenth (19th) birthday, if not a full-time student at an accredited school; or
- 3) the Month-a-versary following the Dependent Child's twenty-fourth (24th) birthday, if a full-time student at an accredited school and legally dependent on You for principal support and maintenance.

Insurance coverage will not terminate due to the Dependent Child's age if the child is both:

- 1) incapable of self-sustaining employment because of mental or physical handicap; and
- 2) currently dependent upon You for support and maintenance.

You *must* provide proof of the Dependent Child's mental or physical handicap and dependence upon You.

RIGHT OF CONVERSION

If You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage and Your Legal Spouse was a Covered Person under this Policy, then Your former Legal Spouse may apply and receive, without evidence of insurability, a Policy providing coverage NOT greater than the terminated coverage. To obtain the Policy, Your former Legal Spouse must make application to Us within sixty (60) days following the date of the decree of dissolution of marriage. The Primary Insured under this Policy at the time of the dissolution of marriage shall remain the Primary Insured under this Policy. Coverage terminates automatically for the former Legal Spouse on the 61st day following the date of the decree of the dissolution of marriage. Any covered Dependent Children may be covered under either Policy, but NOT both.

A Covered Person whose dependency terminates and who desires to continue coverage as a Primary Insured under a separate Policy may do so by notifying Us of the request in writing. The Dependent Child will have the right to continue coverage as the Primary Insured under a separate Policy providing coverage NOT greater than the previous coverage without a requirement for evidence of insurability and without interruption in coverage. To obtain the Policy, the Dependent Child must make application to Us within thirty-one (31) days after the termination of insurance under this Policy.

In order to be considered for coverage, any Legal Spouse or Dependent Child not listed on the initial application must make written application.

GENERAL PROVISIONS

Claim Forms: Upon receipt of a Notice of Claim, We will send You claim forms. If these forms are not sent within fifteen (15) days, Your claim may be initiated by giving Us a written statement with sufficient documentation of the Specified Events, qualified expenses and medical records, subject to the terms and conditions of the Proof of Loss provision. Additional documentation for Proof of Loss may be required.

Conformity With State Statutes: Any provision of the Policy which, on the Policy Effective Date, is in conflict with the laws of the state in which the Policy was issued on such date is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract; Changes: The contract is made up of this Policy, its application and any attached Riders and endorsements. A copy of the application is attached. No change in this Policy will be valid unless it is approved and signed by one of Our executive officers. No agent may change this Policy or waive any of its provisions.

Fraudulent Misstatements: If You make a Fraudulent Misstatement in the application for this Policy, We may reduce or deny any claim or void the Policy at any time.

Grace Period: This Policy has a thirty-one (31) day Grace Period for paying premium. This means if a renewal premium is not paid by the date due, it may be paid during the following thirty-one (31) days. Any otherwise payable claim incurred during the Grace Period will NOT be paid until the past due premiums are paid provided the Policy has not lapsed or terminated. If You do not pay Your premium by the end of the thirty-one (31) day Grace Period, Your Policy will terminate as of the date the premium was due.

Legal Action: No legal action can be taken to receive benefits under this Policy:

- 1) less than sixty (60) days after sufficient written Proof of Loss has been furnished as required; or
- 2) more than three (3) years after the date of the Specified Event.

Misstatement of Age or Sex: If the age or sex of the Primary Insured has been misstated, all amounts payable under this Policy shall be as much as the premium paid would have purchased at the correct age and sex. If, according to the correct age, We would not have issued this Policy, We will not pay any benefits and will refund all premiums paid.

Notice of Claim: We must receive Written Notice of a claim, including the name of the Covered Person and Policy Number. Written Notice must be given within sixty (60) days of the Specified Event, or as soon as reasonably possible. Written Notice given by or on behalf of You to Our home office at P.O. Box 349, Gadsden, AL 35902, or to any authorized agent of Us, with information sufficient to identify You, shall be deemed notice to Us.

Payment of Claims: We will pay all benefits to You; benefits under this Policy are not subject to assignment. Upon receipt of Your death certificate, any benefits that have not been paid at the time of Your death may be paid to Your estate or Your designated Beneficiary. We have the right to pay up to \$3,000 of those benefits to any Immediate Family Member who We believe is justly entitled to such payment. If We make a payment under this provision in good faith, We will be released from liability to the extent of the payment.

Payment of Premium: The due date of the initial premium is the Policy Effective Date. The initial premium may be paid to the Home Office or to one of the Company's authorized agents. Premiums after the initial premium must be paid to the Home Office at P.O. Box 349, Gadsden, AL 35902. Upon receipt of Your death certificate, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date of death. The refund may be paid to Your estate or designated Beneficiary. Upon receipt of Your Written Notice to discontinue coverage, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date We received the Written Notice from You. The refund may be paid to You.

This Policy is not effective until the Policy Effective Date regardless of the date of the first premium payment if any premium is paid prior to the Policy Effective Date. Any premium received prior to issue of the Policy will be held pending issue of the Policy. If the Policy is not issued by Us, We will refund any premium being held.

If We or any third party on Our behalf receive premiums by any method (including payroll deduction and bank draft) prior to the issue of this Policy, We assume NO liability for coverage until this Policy is issued by Us.

Pre-existing Conditions: The Indemnity Benefits of this Policy and all attached Riders will NOT be payable for any Specified Events due to or resulting from Pre-existing Conditions during the first two (2) years from the Policy Effective Date and any attached Rider Effective Dates.

Proof of Loss: Written Proof of Loss must be given to Us within ninety (90) days after the date of such loss or the date of the Specified Event. Written Proof of Loss must include sufficient documentation furnished by the medical provider of the qualified treatment, expenses and medical records. If You are not able to give Us sufficient Proof of Loss within ninety (90) days of the Specified Event, the claim will not be reduced or denied if:

- 1) it was not reasonably possible to give proof in that timeframe; and
- 2) the proof is filed as soon as reasonably possible.

In no event, except the absence of legal capacity, may proof be given to Us later than one (1) year after the loss or the date of the Specified Event.

We have the right to investigate all claims thoroughly and require that You provide Us with sufficient Proof of Loss.

Reinstatement: If this Policy terminates, the Policy may be reinstated within six (6) months of termination if an application for Reinstatement is submitted to Us and all past due premiums are paid to Us. Any premium We receive after the Policy termination will be held pending approval or denial of the Reinstatement. Reinstatement must be approved or denied by Us in writing. If Reinstatement is denied by Us, any premium We received after the termination date of the Policy will be refunded.

The reinstated Policy shall provide benefits for Cancer with a Diagnosis Date after the Reinstatement Date and while the Policy is in force. In all other respects, You and We have the same rights as before termination, subject to any added endorsements. Benefits will NOT be payable for Cancer with a Diagnosis Date prior to the Reinstatement Date.

Time Limit on Certain Defenses (Contestable Period): After two (2) years from the Policy Effective Date (or the Reinstatement Date, if the Policy has been reinstated), no misstatements, except Fraudulent Misstatements, made by You in the application (or reinstatement application) shall be used to void this Policy or to deny a claim with a Diagnosis Date after the expiration of such two (2) year period. During this two (2) year contestable period, if We do not receive sufficient documentation from You to properly investigate Your claim, We retain the right to void the Policy and refund all premiums We have received. We will provide You with Written Notice fifteen (15) days before the Policy is voided. The Diagnosis Date and/or date of a Specified Event determine whether or not a claim is within the Contestable Period, NOT when the claim is received by Us. Misstatements, including Fraudulent Misstatements, made by You on the Application (or reinstatement application) may be used by Us to void this Policy or to deny a claim with a Diagnosis Date of Cancer within two (2) years after the Policy Effective Date or within two (2) years after the Reinstatement of this Policy.

Time of Payment of Claims: Indemnity Benefits will be paid within thirty (30) working days once We receive sufficient written Proof of Loss.

If We do not pay benefits upon receipt of your claim, We shall have thirty (30) working days thereafter within which to mail to You a letter or notice which states the reasons We have for not paying the claim, either in whole or in part, and which also gives You a notice of any documents or other information needed to process the claim. When We have received sufficient written Proof of Loss from You, We shall then have thirty (30) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

FIRST OCCURRENCE RIDER

We will provide the Indemnity Benefit stated in this Rider, subject to the terms and conditions contained in this Rider and the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Skin Cancer” means malignant cancerous cells of the skin including Basal Cell Carcinoma, Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas.

FIRST OCCURRENCE INDEMNITY BENEFIT

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefit as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the First Occurrence Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

We will pay the First Occurrence Indemnity Benefit as shown on the Policy Schedule Page the first time a Covered Person incurs a Specified Event required for the First Occurrence Indemnity Benefit. The Specified Event required for the First Occurrence Indemnity Benefit is the first Positive Medical Diagnosis of Cancer other than Skin Cancer in a Covered Person’s lifetime. The Specified Event occurs on the Diagnosis Date. The First Occurrence Indemnity Benefit is increased by 40% if the Covered Person is a Dependent Child.

The First Occurrence Indemnity Benefit is payable only once per Covered Person’s lifetime.

The First Occurrence Indemnity Benefit is NOT payable for a Skin Cancer diagnosis.

LIMITATIONS AND EXCLUSIONS

The First Occurrence Indemnity Benefit is payable only once per Covered Person’s lifetime.

The First Occurrence Indemnity Benefit is NOT payable for a Skin Cancer diagnosis.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) this benefit is subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

This Rider terminates at the earliest of:

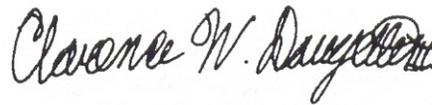
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

If the First Occurrence Indemnity Benefit is paid for a Covered Person, the coverage under this Rider automatically terminates as of the date of the Specified Event with respect to that Covered Person.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

INCREASING FIRST OCCURRENCE RIDER

We will provide the Indemnity Benefit stated in this Rider, subject to the terms and conditions contained in this Rider and the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Skin Cancer” means malignant cancerous cells of the skin including Basal Cell Carcinoma, Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas.

INCREASING FIRST OCCURRENCE INDEMNITY BENEFIT

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefit as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the Increasing First Occurrence Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

We will pay the Increasing First Occurrence Indemnity Benefit as shown on the Policy Schedule Page the first time a Covered Person incurs a Specified Event required for the Increasing First Occurrence Indemnity Benefit. The Specified Event required for the Increasing First Occurrence Indemnity Benefit is the first Positive Medical Diagnosis of Cancer other than Skin Cancer in a Covered Person’s lifetime. The Specified Event occurs on the Diagnosis Date. The initial Increasing First Occurrence Indemnity Benefit as shown on the Policy Schedule Page is increased by 40% if the Covered Person is a Dependent Child. The Increasing First Occurrence Indemnity Benefit will increase monthly as shown on the Policy Schedule Page for each month between the Rider Effective Date and the Diagnosis Date subject to receipt of all premiums when due. The benefit will stop increasing in the month of the Primary Insured’s 65th birthday. All benefit increases occur on the Rider Month-a-versary.

The Increasing First Occurrence Indemnity Benefit is only payable once per Covered Person’s lifetime.

The Increasing First Occurrence Indemnity Benefit is NOT payable for a Skin Cancer diagnosis.

LIMITATIONS AND EXCLUSIONS

The Increasing First Occurrence Indemnity Benefit is payable only once per Covered Person’s lifetime.

The Increasing First Occurrence Indemnity Benefit is NOT payable for a Skin Cancer diagnosis.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) this benefit is subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

This Rider terminates at the earliest of:

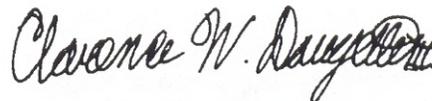
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

If the Increasing First Occurrence Indemnity Benefit is paid for a Covered Person, the coverage under this Rider automatically terminates as of the date of the Specified Event with respect to that Covered Person.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

DIAGNOSTIC RIDER

We will provide the Indemnity Benefits stated in this Rider, subject to the terms and conditions contained in this Rider and in the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

Wellness Indemnity Benefit

We will pay the Wellness Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Wellness Indemnity Benefit. The Specified Event required for the Wellness Indemnity Benefit occurs when one (1) of the listed wellness and health screening tests specified below is ordered and performed on a Covered Person. We will pay this benefit regardless of the results of the test.

Wellness and Health Screening Tests

Biopsy	Hemoccult Stool Specimen (lab confirmed)
Breast MRI (magnetic resonance imaging)	Mammogram
Breast Ultrasound	Pap Smear
CA 125 (blood test for ovarian Cancer)	PSA (blood test for prostate Cancer)
CA 15-3 (blood test for breast Cancer tumor)	Serum Protein Electrophoresis
CEA (blood test for colon Cancer)	Testicular Ultrasound
Chest X-ray	Thermography
Colonoscopy	Thin Prep
Flexible Sigmoidoscopy	Virtual Colonoscopy

The Wellness Indemnity Benefit is payable only once per calendar year per Covered Person.

Diagnostic Testing Indemnity Benefit

We will pay the Diagnostic Testing Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Diagnostic Testing Indemnity Benefit provided the Covered Person *receives* a Positive Medical Diagnosis for Cancer as the result of the diagnostic procedures and laboratory tests. The Specified Event required for the Diagnostic Testing Indemnity Benefit occurs when the diagnostic procedure or laboratory test including, but not limited to, the procedures or tests listed is performed on the Covered Person. The diagnostic procedures include, but are not limited to: x-rays, radiological exams, ultrasound and echo tests, laboratory tests, blood tests, scope procedures (colonoscopy, endoscopy, laparoscopy, etc), biopsies and scans (MRI, CT, etc.) ordered by a Physician for purposes of determining the pathological malignancy, the type and the extent of the Cancer.

The Diagnostic Testing Indemnity Benefit is only payable if the Covered Person *receives* a Positive Medical Diagnosis for Cancer as a result of the diagnostic procedures and laboratory tests.

The Diagnostic Testing Indemnity Benefit is payable once per Covered Person's lifetime.

Annual Check-up Indemnity Benefit

We will pay the Annual Check-up Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Annual Check-up Indemnity Benefit. The Specified Event required for the Annual Check-up Indemnity Benefit is an annual check-up for Cancer by a Physician after a Positive Diagnosis of Cancer and the Specified Event occurs on the date of the annual check-up.

The Annual Check-up Indemnity Benefit is limited to once per calendar year per Covered Person.

The Annual Check-up Indemnity Benefit has a lifetime maximum limit of five (5) annual check-ups per Covered Person.

LIMITATIONS AND EXCLUSIONS

The Wellness Indemnity Benefit is payable once per calendar year per Covered Person.

The Diagnostic Testing Indemnity Benefit is only payable if the Covered Person *receives* a Positive Medical Diagnosis for Cancer as a result of the diagnostic procedures and laboratory tests.

The Diagnostic Testing Indemnity Benefit is payable once per Covered Person's lifetime.

The Annual Check-up Indemnity Benefit is payable once per calendar year per Covered Person.

The Annual Check-up Indemnity Benefit has a lifetime maximum limit of five (5) annual check-ups per Covered Person.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) benefits are subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

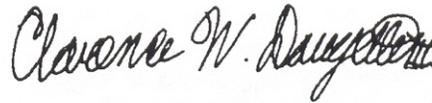
This Rider terminates at the earliest of:

- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

SURGICAL BENEFITS RIDER

We will provide the Indemnity Benefits stated in this Rider, subject to the terms and conditions contained in this Rider and in the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

Surgical Indemnity Benefit (Non-Skin Cancer)

We will pay the Surgical Indemnity Benefit (Non-Skin Cancer) listed below per unit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Surgical Indemnity Benefit (Non-Skin Cancer). The Specified Event required for the Surgical Indemnity Benefit (Non-Skin Cancer) is a surgical procedure on a Covered Person to remove cancerous tissues from a specified part of the human anatomy as listed below. The Specified Event occurs on the day of the surgical procedure.

	Benefit Amount
Bladder	[\$ 650]
Bone	[\$ 650]
Brain	[\$2,600]
Breast	[\$1,000]
Colon (intestines)	[\$1,000]
Esophagus	[\$1,000]
Heart	[\$3,250]
Kidney (1 or both)	[\$1,300]
Larynx	[\$1,000]
Liver	[\$1,650]
Lung (1 or both)	[\$1,950]
Lymph Nodes (1 or more)	[\$ 650]
Ovaries (1 or both), Cervix or Uterus	[\$1,300]
Pancreas	[\$1,650]
Prostate	[\$1,300]
Rectum	[\$1,000]
Stomach	[\$ 650]
Thyroid	[\$ 650]
All Other Parts of the Human Anatomy (1 or more)	[\$ 650]

The Surgical Indemnity Benefit (Non-Skin Cancer) is limited to one Specified Event per day. Only one Surgical Indemnity Benefit is payable per day. If a surgical procedure is performed on more than one part of the human anatomy on the same day, the highest applicable Surgical Indemnity Benefit (Non-Skin Cancer) will be payable.

The Surgical Indemnity Benefit (Non-Skin Cancer) is NOT payable for any surgical procedure that does NOT actually remove malignant cancerous cells.

The Surgical Indemnity Benefit (Non-Skin Cancer) is NOT payable for the removal of any malignant or non-malignant tissue for diagnostic purposes, including biopsies.

Skin Cancer Surgical Indemnity Benefit

We will pay the Skin Cancer Surgical Indemnity Benefit listed below per unit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Skin Cancer Surgical Indemnity Benefit. The Specified Event required for the Skin Cancer Surgical Indemnity Benefit is a surgical procedure on a Covered Person to remove the specified malignant cancerous cells from the skin as listed below. The Specified Event occurs on the day of the surgical procedure.

	Benefit Amount
Basal Cell Carcinoma	[\$ 125]
Malignant Melanoma	[\$ 400]
Squamous Cell Carcinoma and all Other Skin Carcinomas	[\$ 275]

The Skin Cancer Surgical Indemnity Benefit is NOT payable for any surgical procedure that does NOT actually remove malignant cancerous skin cells or for surgical procedures for cosmetic or reconstructive purposes.

The Skin Cancer Surgical Indemnity Benefit is NOT payable for the removal of any malignant or non-malignant tissue for diagnostic purposes, including biopsies.

Associated Surgical Procedure Indemnity Benefit

We will pay the Associated Surgical Procedure Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Associated Surgical Procedure Indemnity Benefit. The Specified Event required for the Associated Surgical Procedure Indemnity Benefit is an associated surgical procedure as listed below on a Covered Person for the treatment of Cancer that is performed as a separate surgical procedure and NOT performed concurrently and/or in conjunction with any surgical procedure listed under the Surgical Indemnity Benefit (Non-Skin Cancer) or the Skin Cancer Surgical Indemnity Benefit. The associated surgical procedures are:

- 1) Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy)
- 2) Thoracotomy
- 3) Paracentesis and Thoracentesis
- 4) Cystourethroscopy
- 5) Venous Access Ports, Shunts, Feeding Tubes and Stents

The Associated Surgical Procedure Indemnity Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure listed under the Surgical Indemnity Benefit (Non-Skin Cancer) or the Skin Cancer Surgical Indemnity Benefit.

The Associated Surgical Procedure Indemnity Benefit is NOT payable for procedures performed for diagnostic purposes, including biopsies.

The Associated Surgical Procedure Indemnity Benefit is NOT payable for any surgical procedure that is not specifically listed under the Associated Surgical Procedure Indemnity Benefit provision.

Surgical Prosthesis Indemnity Benefit

We will pay the Surgical Prosthesis Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Surgical Prosthesis Indemnity Benefit. The Specified Event Required for the Surgical Prosthesis Indemnity Benefit is the surgical implantation of the prosthetic device(s) into a Covered Person as a direct result of the surgical removal of malignant cancerous tissue. The Specified Event occurs on the day of the surgery to implant the prosthetic device(s). The surgically implanted prosthetic device(s) must be prescribed by a Physician as a direct result of the surgical removal of malignant cancerous tissue.

The Surgical Prosthesis Indemnity Benefit is payable only twice per Covered Person's lifetime.

The Surgical Prosthesis Indemnity Benefit is NOT payable for any prosthesis that is NOT surgically implanted.

The Surgical Prosthesis Indemnity Benefit is NOT payable when breast reconstruction benefits are payable.

Non-Surgical Prosthesis Indemnity Benefit

We will pay the Non-Surgical Prosthesis Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Non-Surgical Prosthesis Indemnity Benefit. The Specified Event required for the Non-Surgical Prosthesis Indemnity Benefit is the receipt by a Covered Person of a prosthetic device that does NOT require surgical implantation as a direct result of treatment for Cancer. The Specified Event occurs when the Covered Person purchases the prosthetic device. The non-surgical prosthetic device(s) must be prescribed by a Physician as a direct result of treatment for Cancer. Examples include, but are not limited to, voice boxes, hairpieces and removable breast prostheses.

The Non-Surgical Prosthesis Indemnity Benefit is payable only twice per Covered Person's lifetime.

The Non-Surgical Prosthesis Indemnity Benefit is NOT payable for any prosthesis that is surgically implanted.

Second or Third Surgical Opinion Indemnity Benefit

We will pay the Second or Third Surgical Opinion Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Second or Third Surgical Opinion Indemnity Benefit. The Specified Event required for the Second or Third Surgical Opinion Indemnity Benefit is the consultation with a Physician for a second or a third surgical opinion before surgery is to be performed. The Specified Event occurs when the Covered Person receives the second or the third surgical opinion.

The Second or Third Surgical Opinion Indemnity Benefit is limited to only one (1) second and one (1) third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue per Covered Person. Evidence that a second or third opinion was obtained may be required.

Reconstructive Indemnity Benefit

We will pay the Reconstructive Indemnity Benefit listed below per unit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Reconstructive Indemnity Benefit. The Specified Event required for the Reconstructive Indemnity Benefit is the reconstructive surgical procedure as listed below on a Covered Person as a result of the treatment of Cancer. The Specified Event occurs on the day the surgical reconstruction is started.

	Benefit Amount
Total Breast Reconstruction (including symmetry of non-diseased breast)	[\$1,250]
Partial Breast Reconstruction (including symmetry of non-diseased breast)	[\$1,000]

Skin Grafts
All Other Reconstructive Surgical Procedures

[\$ 200]
[\$ 300]

The Reconstructive Indemnity Benefit includes procedures for surgically implanted breast implants.

The Reconstruction Indemnity Benefit is NOT payable when the Surgical Prosthesis Benefit is payable.

The Reconstruction Indemnity Benefit is limited to two (2) reconstructive procedures per specified part of the human anatomy listed under the Surgical Indemnity Benefit (Non-Skin Cancer) or skin Cancer sites per Covered Person's lifetime.

LIMITATIONS AND EXCLUSIONS

The Surgical Indemnity Benefit (Non-Skin Cancer) is limited to one Specified Event per day. Only one Surgical Indemnity Benefit is payable per day. If a surgical procedure is performed on more than one part of the human anatomy on the same day, the highest applicable Surgical Indemnity Benefit (Non-Skin Cancer) will be payable.

The Surgical Indemnity Benefit (Non-Skin Cancer) is NOT payable for any surgical procedure that does NOT actually remove malignant cancerous cells.

The Surgical Indemnity Benefit (Non-Skin Cancer) is NOT payable for the removal of any malignant or non-malignant tissue for diagnostic purposes, including biopsies.

The Skin Cancer Surgical Indemnity Benefit is NOT payable for any surgical procedure that does NOT actually remove malignant cancerous skin cells or for surgical procedures for cosmetic or reconstructive purposes.

The Skin Cancer Surgical Indemnity Benefit is NOT payable for the removal of any malignant or non-malignant tissue for diagnostic purposes, including biopsies.

The Associated Surgical Procedure Indemnity Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure listed under the Surgical Indemnity Benefit (Non-Skin Cancer) or the Skin Cancer Surgical Indemnity Benefit.

The Associated Surgical Procedure Indemnity Benefit is NOT payable for procedures performed for diagnostic purposes, including biopsies.

The Associated Surgical Procedure Indemnity Benefit is NOT payable for any surgical procedure that is not specifically listed under the Associated Surgical Procedure Indemnity Benefit provision.

The Surgical Prosthesis Indemnity Benefit is payable only twice per Covered Person's lifetime.

The Surgical Prosthesis Indemnity Benefit is NOT payable for any prosthesis that is NOT surgically implanted.

The Surgical Prosthesis Indemnity Benefit is NOT payable when breast reconstruction benefits are payable.

The Non-Surgical Prosthesis Indemnity Benefit is payable only twice per Covered Person's lifetime.

The Non-Surgical Prosthesis Indemnity Benefit is NOT payable for any prosthesis that is surgically implanted.

The Second or Third Surgical Opinion Indemnity Benefit is limited to only one (1) second and one (1) third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue per Covered Person. Evidence that a second or third opinion was obtained may be required.

The Reconstruction Indemnity Benefit is NOT payable when the Surgical Prosthesis Benefit is payable.

The Reconstruction Indemnity Benefit is limited to two (2) reconstructive procedures per specified part of the human anatomy listed under the Surgical Indemnity Benefit (Non-Skin Cancer) or skin Cancer sites per Covered Person's lifetime.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) benefits are subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

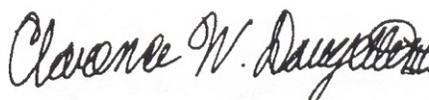
This Rider terminates at the earliest of:

- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA

P.O. Box 349

Gadsden, Alabama 35902

TRANSPORTATION RIDER

We will provide the Indemnity Benefits stated in this Rider, subject to the terms and conditions contained in this Rider and the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Ambulance” means a specially equipped automobile or other vehicle providing transportation of the sick or injured. The Ambulance service must be a licensed Ambulance service or a Hospital owned Ambulance for transporting a sick or injured person.

“Common Carrier” means only the following: commercial airlines, passenger trains, or intercity bus lines. It does NOT include taxis, intra-city bus lines or private charter aircraft.

“Lodging Facility” means a commercial facility whose primary purpose is to provide sleeping quarters for customers such as hotels, motels, or inns and does NOT include medical facilities.

“Usual and Customary Charge” means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do NOT include any amounts that are written off, credited or discounted by the provider.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefit as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

Transportation Benefit

We will pay the Transportation Benefit if a Covered Person incurs a Specified Event required for the Transportation Benefit. The Specified Event required for the Transportation Benefit is travel by the Covered Person of greater than fifty (50) miles one-way from the Covered Person’s home for the treatment of Cancer within the United States of America and its territories and occurs on the date the Covered Person starts the trip. The Transportation Benefit pays the Usual and Customary Charge for coach fare by Common Carrier for round trip transportation (air, rail, or bus) for the Covered Person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the Covered Person’s home to allow the Covered Person to receive treatment for Cancer.

When transportation for the Covered Person is provided by private vehicle, We will pay \$0.50 per mile round trip, if treatment is received greater than fifty (50) miles one-way from the Covered Person's home, up to the maximum transportation benefit as shown on the Policy Schedule Page for the Covered Person only.

The Transportation Benefit is limited to the maximum of \$1,500 per treatment round trip, including any adult companion expenses, and is only payable for treatments within the United States of America and its territories.

Ambulance Indemnity Benefit

We will pay the Ambulance Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Ambulance Indemnity Benefit. The Specified Event required for the Ambulance Indemnity Benefit is transportation of a Covered Person for the treatment of Cancer by Ambulance, either ground or air, to or from a Hospital and occurs when the Covered Person is transported in the Ambulance. This benefit is increased to five (5) times the stated ground Ambulance Transportation Benefit if air Ambulance transportation is necessary.

The Ambulance Indemnity Benefit is limited to six (6) one-way trips for treatment of Cancer within the United States of America and its territories per Covered Person per calendar year.

Lodging Indemnity Benefit

We will pay the Lodging Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs a Specified Event required for the Lodging Indemnity Benefit. The Specified Event required for the Lodging Indemnity Benefit is a registration at a Lodging Facility and receipt of treatment for Cancer by the Covered Person at a Hospital or medical facility more than fifty (50) miles one-way from the Covered Person's residence. The Lodging Indemnity Benefit is payable for either the Covered Person or an adult companion traveling with them.

The Lodging Indemnity Benefit is only payable once per day.

The Lodging Indemnity Benefit is only payable for the days treatment is actually received by the Covered Person at a Hospital or medical facility more than fifty (50) miles one-way from the Covered Person's residence.

The Lodging Indemnity Benefit is only payable if the Transportation Benefit of this Rider is also payable.

The Lodging Indemnity Benefit is limited to 120 days per calendar year per Covered Person.

LIMITATIONS AND EXCLUSIONS

The Transportation Benefit is NOT payable if treatment is received within fifty (50) miles one-way from the Covered Person's home.

The Transportation Benefit is limited to the maximum of \$1,500 per round trip and is only payable for treatments within the United States of America and its territories.

The Ambulance Indemnity Benefit is limited to six (6) one-way trips for treatment of Cancer within the United States of America and its territories per Covered Person per calendar year.

The Lodging Indemnity Benefit is only payable once per day.

The Lodging Indemnity Benefit is only payable for the days treatment is actually received by the Covered Person at a Hospital or medical facility more than fifty (50) miles one-way from the Covered Person's residence.

The Lodging Indemnity Benefit is only payable if the Transportation Benefit of this Rider is also payable.

The Lodging Indemnity Benefit is limited to 120 days per calendar year per Covered Person.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) benefits are subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

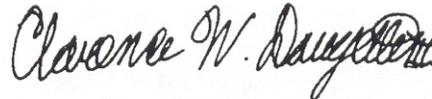
This Rider terminates at the earliest of:

- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

STEM CELL OR BONE MARROW TRANSPLANT RIDER

We will provide the Indemnity Benefit stated in this Rider, subject to the terms and conditions contained in this Rider and the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Bone Marrow Transplant” means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy Cancer cells. It does NOT include Stem Cell Transplants.

“Stem Cell Transplant” means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy Cancer cells. It does NOT include Bone Marrow Transplants.

STEM CELL OR BONE MARROW TRANSPLANT INDEMNITY BENEFIT

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefit as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the Stem Cell OR Bone Marrow Transplant Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

We will pay the Stem Cell OR Bone Marrow Transplant Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Stem Cell OR Bone Marrow Transplant Indemnity Benefit. The Specified Event required for the Stem Cell OR Bone Marrow Transplant Indemnity Benefit is the actual *receipt* of the bone marrow OR stem cell infusion by the Covered Person as treatment for Cancer and occurs on the date of the actual infusion.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is only payable when the Covered Person *receives* the bone marrow or the stem cell infusion as treatment of Cancer.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is NOT payable for the harvesting or storage of bone marrow or stem cells.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is payable once per Covered Person’s lifetime.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit excludes biopsies and diagnostic testing.

LIMITATIONS AND EXCLUSIONS

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is only payable when the Covered Person *receives* the bone marrow or the stem cell infusion as treatment of Cancer.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is NOT payable for the harvesting or storage of bone marrow or stem cells.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit is payable once per Covered Person's lifetime.

The Stem Cell OR Bone Marrow Transplant Indemnity Benefit excludes biopsies and diagnostic testing.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) this benefit is subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

This Rider terminates at the earliest of:

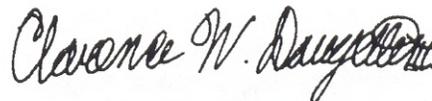
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

When the Stem Cell OR Bone Marrow Transplant Indemnity Benefit is paid for a Covered Person, the coverage under this Rider automatically terminates as of the date of the Specified Event with respect to that Covered Person.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

SPECIFIED DISEASE RIDER

We will provide the Indemnity Benefit stated in this Rider, subject to the terms and conditions contained in this Rider and the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Definite Positive Diagnosis” means the disease must be positively diagnosed by a Physician based upon the diagnostic criteria generally accepted by the medical profession.

“Specified Disease(s)” means only the following:

- | | |
|--|---|
| 1) Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease) | 17) Osteomyelitis |
| 2) Botulism (Non-Botox related) | 18) Polio |
| 3) Bubonic Plague | 19) Rabies |
| 4) Cerebral Palsy | 20) Reye’s Syndrome |
| 5) Cholera | 21) Rheumatic Fever |
| 6) Cystic Fibrosis | 22) Rocky Mountain Spotted Fever |
| 7) Diphtheria | 23) Scleroderma |
| 8) Encephalitis (including encephalitis Contracted from West Nile virus) | 24) Sickle Cell Anemia |
| 9) Huntington’s chorea | 25) Smallpox |
| 10) Lyme Disease | 26) Systemic Lupus |
| 11) Malaria | 27) Tetanus |
| 12) Meningitis (bacterial) | 28) Toxic Shock Syndrome |
| 13) Multiple Sclerosis | 29) Tuberculosis |
| 14) Muscular Dystrophy | 30) Tularemia |
| 15) Myasthenia Gravis | 31) Typhoid Fever |
| 16) Necrotizing Fasciitis | 32) Variant Creutzfeldt-Jakob (Mad Cow Disease) |
| | 33) Yellow Fever |

SPECIFIED DISEASE INDEMNITY BENEFIT

If a Covered Person receives a Definite Positive Diagnosis of a Specified Disease after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefit as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the Specified Disease Indemnity Benefit in the course of treatment for a Specified Disease while this Rider is in force, subject to:

- 1) The Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any of the Specified Diseases diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all limitations, conditions and provisions of the Rider and the Policy to which it is attached.

If the Specified Disease is diagnosed while a Covered Person is hospitalized, benefits shall accrue from the day of admission, but not retroactive more than 30 days prior to the diagnosis date of the Specified Disease. No benefits shall be payable for treatment incurred prior to the 30th day after the Rider Effective Date.

We will pay the Specified Disease Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Specified Disease Indemnity Benefit. The Specified Event required for the Specified Disease Indemnity Benefit is confinement in a Hospital as an inpatient due a Specified Disease as defined above and occurs on the date(s) the Covered Person is so confined. We will pay two and one-half (2.5) times the amount shown on the Policy Schedule Page starting on the thirty-first (31st) day of continuous confinement due to the Specified Disease. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours.

The Specified Disease Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Specified Disease.

Medical Documentation confirming a Definite Positive Diagnosis of the Specified Disease is required.

The Specified Disease Indemnity Benefit is NOT payable for any disease not specifically named in this Rider.

The Specified Disease Indemnity Benefit is limited to the lifetime benefit amount of \$200,000 for each Covered Person.

LIMITATIONS AND EXCLUSIONS

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours.

The Specified Disease Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Specified Disease.

Medical Documentation confirming a Definite Positive Diagnosis of the Specified Disease is required.

This Specified Disease Indemnity Benefit is NOT payable for any disease not specifically named in this Rider.

The Specified Disease Indemnity Benefit is limited to the lifetime benefit amount of \$200,000 for each Covered Person.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) this benefit is subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

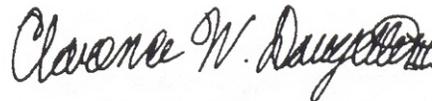
This Rider terminates at the earliest of:

- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

RADIATION CHEMOTHERAPY RIDER

We will provide the Indemnity Benefits stated in this Rider, subject to the terms and conditions contained in this Rider and in the Policy to which it is attached. Terms and definitions for this Rider are the same as used in the Policy to which this Rider is attached except when explicitly stated in this Rider.

RIDER RENEWAL PROVISION

This Rider is Guaranteed Renewable during Your lifetime. We retain the right to change the applicable table of premium rates for this Rider as provided on the first page of the Policy.

DEFINITIONS

“Anti-Nausea Medication” means a drug(s) or medication that is approved by the Food and Drug Administration (FDA) and prescribed by a Physician for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from Chemotherapy and/or Radiation Therapy for the treatment of Cancer. Anti-Nausea Medication does NOT include drugs or medications available Over-the-Counter without a prescription.

“Blood, Plasma, or Platelets to Replace or Replenish Normal Cells” means receiving Blood, Plasma or Platelets by transfusion to:

- a) replace abnormal blood cells due to Cancer of the blood; or
- b) replenish normal blood cells lost as a result of Radiation Therapy and/or Intravenous Chemotherapy.

Blood, Plasma or Platelets to Replace or Replenish Normal Cells does NOT include Stem Cell Transplants, Bone Marrow Transplants, blood typing and cross-matching, laboratory blood tests, or the transfusion of blood, plasma or platelets to replenish blood volume lost as a result of surgery.

“Immunotherapy” means immunoglobulin or colony stimulating factors approved by the Food and Drug Administration (FDA) and prescribed by a Physician to stimulate the immune system to reject and destroy Cancer as treatment for Cancer.

“Intravenous Chemotherapy” or **“IV Chemotherapy”** means any cancericidal chemical substance approved by the Food and Drug Administration (FDA) taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying Cancer.

“Non-Intravenous Chemotherapy” means any cancericidal chemical substance prescribed by an attending Physician and taken orally, topically or by non-intravenous (intramuscular or subcutaneous) injection for the purpose of modifying or destroying Cancer. Non-Intravenous Chemotherapy does NOT include medications available Over-the-Counter without a prescription or any medication that is not a cancericidal chemical substance approved by the Food and Drug Administration (FDA).

“Radiation Therapy” means external radiation therapy, or teletherapy, using either natural or artificially propagated radiation, when used for the purpose of modification or destruction of Cancer. This includes delivery and administration of radiation, radiation seed implants (on the date of implantation), or gamma knife radiosurgery by professional medical personnel.

Radiation Therapy does NOT include X-rays, diagnostic tests, set-up, physics, dosimetry, planning or other necessary services or the use of Hospital facilities.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Rider Effective Date as shown on the Policy Schedule Page and while this Rider is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Rider is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of the Policy to which this Rider is attached, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Rider Effective Date; and
- 2) all other limitations, conditions and provisions of the Rider and the Policy to which it is attached.

Initial Major Treatment Indemnity Benefit

We will pay the Initial Major Treatment Indemnity Benefit as shown on the Policy Schedule Page the first time a Covered Person incurs a Specified Event required for the Initial Major Treatment Indemnity Benefit. The Specified Event required for the Initial Major Treatment Indemnity Benefit is the initial receipt of Radiation Therapy or Intravenous Chemotherapy. The Specified Event occurs on the date of:

- 1) the first delivery of Radiation Therapy; or
- 2) the first receipt IV Chemotherapy.

The Initial Major Treatment Indemnity Benefit is payable only once per Covered Person's lifetime.

Treatment must be received within the United States of America and its territories.

Initial Drugs and Medicines Indemnity Benefit

We will pay the Initial Drugs and Medicines Indemnity Benefit as shown on the Policy Schedule Page the first time a Covered Person incurs a Specified Event required for the Initial Drugs and Medicines Indemnity Benefit. The Specified Event required for the Initial Drugs and Medicines Indemnity Benefit is the initial receipt of Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication by a Covered Person for the treatment of Cancer. The Specified Event occurs on the date of:

- 1) the *purchase* of the first 30 day supply of any topical or oral Non-Intravenous Chemotherapy or Anti-Nausea Medication; or
- 2) the first injection of any Non-Intravenous Chemotherapy or Anti-Nausea Medication; or
- 3) the first receipt of any Immunotherapy.

The Initial Drugs and Medicines Indemnity Benefit is payable only once per Covered Person's lifetime.

Treatment must be received within the United States of America and its territories.

Monthly Major Treatment Indemnity Benefit

We will pay the Monthly Major Treatment Indemnity Benefit as shown on the Policy Schedule Page for each calendar month a Covered Person incurs a Specified Event required for the Monthly Major Treatment Indemnity Benefit. The Specified Event required for the Monthly Major Treatment Indemnity Benefit is the receipt of Radiation Therapy or Intravenous Chemotherapy by a Covered Person for the treatment of Cancer. The Specified Event occurs on the date of the first occurrence within a calendar month of:

- 1) the delivery of Radiation Therapy; or
- 2) the receipt of IV Chemotherapy.

The Monthly Major Treatment Indemnity Benefit is payable only once per calendar month per Covered Person.

Treatment must be received within the United States of America and its territories.

Monthly Drugs and Medicines Indemnity Benefit

We will pay the Monthly Drugs and Medicines Indemnity Benefit as shown on the Policy Schedule Page for each calendar month a Covered Person incurs a Specified Event required for the Monthly Drugs and Medicines Indemnity Benefit. The Specified Event required for the Monthly Drugs and Medicines Indemnity Benefit is the receipt of Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication by a Covered Person for the treatment of Cancer. The Specified Event occurs on the date of the first occurrence within a calendar month of:

- 1) the *purchase* of a 30 day supply of any topical or oral Non-Intravenous Chemotherapy or Anti-Nausea Medication; or
- 2) an injection of any Non-Intravenous Chemotherapy or Anti-Nausea Medication; or
- 3) the receipt of any Immunotherapy.

The Monthly Drugs and Medicines Indemnity Benefit is payable only once per calendar month per Covered Person.

Treatment must be received within the United States of America and its territories.

Blood, Plasma, or Platelets Indemnity Benefit

We will pay the Blood, Plasma, or Platelets Indemnity Benefit as shown on the Policy Schedule Page if a Covered Person incurs a Specified Event required for the Blood, Plasma, or Platelets Indemnity Benefit. The Specified Event required for the Blood, Plasma, or Platelets Indemnity Benefit is the receipt of Blood, Plasma, or Platelets to Replace or Replenish Normal Cells (NOT as a result of surgery) and occurs on the date of the first occurrence within a calendar month that the Covered Person receives a transfusion.

The Blood, Plasma, or Platelets Indemnity Benefit is NOT payable for blood, plasma, or platelets received to replenish blood volume lost as a result of surgery.

Blood, Plasma, or Platelets to Replace or Replenish Normal Cells does NOT include Stem Cell Transplants, Bone Marrow Transplants, blood typing and cross-matching, or laboratory blood tests.

The Blood, Plasma, or Platelets Indemnity Benefit is payable only once per calendar month per Covered Person for Blood, Plasma, or Platelets to Replace or Replenish Normal Cells.

Treatment must be received within the United States of America and its territories.

LIMITATIONS AND EXCLUSIONS

All treatments must be received within the United States of America and its territories.

The Initial Major Treatment Indemnity Benefit is payable once per Covered Person's lifetime.

The Initial Drugs and Medicines Indemnity Benefit is payable once per Covered Person's lifetime.

The Monthly Major Treatment Indemnity Benefit is payable only once per calendar month per Covered Person.

The Monthly Drugs and Medicines Indemnity Benefit is payable only once per calendar month per Covered Person.

The Blood, Plasma, or Platelets Indemnity Benefit is NOT payable for blood, plasma, or platelets received to replenish blood volume lost as a result of surgery.

The Blood, Plasma or Platelets to Replace or Replenish Normal Cells does NOT include Stem Cell Transplants, Bone Marrow Transplants, blood typing and cross-matching, or laboratory blood tests.

The Blood, Plasma, or Platelets Indemnity Benefit is payable only once per calendar month per Covered Person for Blood, Plasma, or Platelets to Replace or Replenish Normal Cells.

GENERAL PROVISIONS

The following provisions apply to this Rider:

- 1) this Rider is made part of the Policy to which it is attached; and
- 2) benefits are subject to all the provisions of this Rider and the Policy to which it is attached; and
- 3) the Rider Effective Date is as shown on the Policy Schedule Page; and
- 4) the premium for this Rider is as shown on the Policy Schedule Page.

TERMINATION OF RIDER

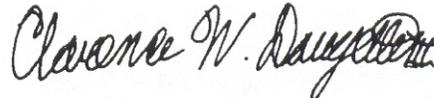
This Rider terminates at the earliest of:

- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

Signed for the Company at its Home Office.



Secretary



President



The Cancer ADVANTAGE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama

Understanding Cancer



What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of **[\$100]** or **[\$50]** per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$50]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is **[\$50.00]** per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	TOTAL 1 ST MONTH BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$4,000] [\$400]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$2,000] [\$200]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$1,000] [\$100]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$6,500]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$300]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$800]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$350]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$3,000]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$300]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$2,500]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$10,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$500]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **□[\$300]**, **□[\$200]** or **□[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$200]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$150] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$200] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 Two Units

LEVEL VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$50]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• **Issued through age 70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Advantage	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS	STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE			

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER ADVANTAGE Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
 Daily Room [\$300] [\$200] [\$100] Health & Wellness Benefit [\$100] [\$50]
 Rad. & Chemo. Option A Option B Option C

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL SPECIFIED DISEASE Answer question 11
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10

Individual Individual/Spouse 1 Parent Family 2 Parent Family

PREMIUM
 Cancer Advantage _____
 First Occurrence _____
 Specified Disease _____
 Intensive Care _____
TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**
 Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
 Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

9. CANCER ADVANTAGE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO

9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.



The Cancer CHOICE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama



Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of [\$50] or [\$100] per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$25]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is \$25.00 per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	TOTAL 1 ST MONTH BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$4,000] [\$400]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$2,000] [\$200]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$1,000] [\$100]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$6,500]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$300]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$800]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$350]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$3,000]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$300]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$2,500]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer CHOICE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$5,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$250]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **[\$200]** or **[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$100]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$75] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$50] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC8400109 & HC85F0109 One Unit

LEVEL VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$25]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• Issued through age **70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Choice	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE		

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER CHOICE Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
Daily Room [\$200] [\$100] Health & Wellness Benefit [\$50] [\$100]
Rad. & Chemo. Option A Option B Option C

PREMIUM

Cancer Choice _____

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

First Occurrence _____

OPTIONAL SPECIFIED DISEASE Answer question 11

Individual Individual/Spouse 1 Parent Family 2 Parent Family

Specified Disease _____

Intensive Care _____

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10

Individual Individual/Spouse 1 Parent Family 2 Parent Family

TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**

Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

9. CANCER CHOICE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO

9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

APPLICATION FOR CANCER INSURANCE - PART 2

10. INTENSIVE CARE:

Has any proposed insured ever been diagnosed or treated for Heart Disease, Heart Attack, Any Heart Condition, Heart Trouble or Any Abnormality of the Heart, Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Human Immunodeficiency Virus (HIV)? YES NO

10a. If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs? YES NO

10b. If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs? YES NO

If yes to question 10a or 10b, we will issue an individual policy/rider on the adult male family member only.

11. SPECIFIED DISEASE:

Has any person proposed for coverage under this Policy ever had treatment or diagnosis of: • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Botulism • Bubonic Plague • Cerebral Palsy • Cholera • Cystic Fibrosis • Diphtheria • Encephalitis (including encephalitis contracted from West Nile virus) • Huntington's Chorea • Lyme Disease • Malaria • Meningitis (Bacterial) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Polio • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever • Scleroderma • Sickle Cell Anemia • Smallpox • Systemic Lupus • Tetanus • Toxic Shock Syndrome • Tuberculosis • Tularemia • Typhoid Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Yellow Fever? YES NO

DETAILS of questions 5-11 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains.

As normal procedure, the Home Office Underwriting Department may contact you by telephone to verify pertinent information contained in your application. What is the best way to reach you?

Home/Office Phone:

Cell Phone:

Email address:

CERTIFICATION- The Applicant hereby makes application to Life Insurance Company of Alabama for a policy or policies of insurance and represents that the statements and answers set forth under Parts 1 and 2 of this application by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon. The undersigned applicant and agent acknowledge that the applicant has read, or had read to him/her, the completed application and that he/she realizes that policy issuance is based upon statements and answers provided herein. I further understand that the policy and rider(s) is not effective until the effective date specified in the policy and that the policy applied for will not pay benefits for any claims which occur prior to the effective date of the policy.

I, the agent, hereby certify by my signature below that, I have truly and accurately recorded on this application the information supplied by the applicant.

X _____
Agent Agent's No.

X _____
Agent Agent's No.

Arkansas Only:
No person to be covered for specified disease is also covered by any Title XIX program Medicaid or similar coverage. Yes No

Signed at _____
City State

Date _____
Month Day Year

X _____
Signature of Proposed Primary Insured

AGENTS STATEMENT: To the best of your knowledge does this insurance replace any existing insurance? Yes No
If Yes, give name of company and policy number.

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rate Pages	HC75C0109 AR, New HC82W0109, HC84O0109, HC85F0109, HC77R0109, HC86D0109, HC79S0109, HC80T0109, HC81A0109			Cancer Rates.pdf

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

BASE COVERAGE - Form HC75C0109

Coverage	<u>\$100 Daily Hospital Benefit</u>					<u>Additional Hospital Benefits</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.00	1.05	1.20	1.35	1.10	5.05	5.30	6.20	6.80	5.50
Named Insured & Spouse	1.90	2.00	2.30	2.55	2.05	10.20	10.70	12.50	13.80	11.10
One Parent Family	1.20	1.25	1.50	1.60	1.30	6.60	6.90	8.10	8.90	7.05
Two Parent Family	2.10	2.20	2.60	2.80	2.25	11.00	11.55	13.50	14.85	11.75

Optional Riders

Diagnostic Rider - Form HC82W0109

Coverage	<u>\$25 Wellness Benefit</u>					<u>Diagnostic Benefit</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.10	1.45	1.70	1.95	1.40	0.50	1.20	2.45	3.40	1.35
Named Insured & Spouse	2.15	2.70	3.25	3.65	2.70	0.90	2.30	4.60	6.45	2.55
One Parent Family	1.35	1.70	2.05	2.30	1.65	0.60	1.45	2.90	4.10	1.45
Two Parent Family	2.35	3.00	3.60	4.05	2.90	1.00	2.55	5.10	7.15	2.55

First Occurrence Rider (per unit) - Form HC84O0109 - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.70	1.55	2.45	3.20	1.55
Named Insured & Spouse	1.30	2.95	4.65	6.10	2.95
One Parent Family	0.80	1.85	2.95	3.85	1.75
Two Parent Family	1.40	3.25	5.15	6.75	3.05

Building First Occurrence Rider (per unit) - Form HC85F0109 - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.75	3.90	6.15	3.20	3.65
Named Insured & Spouse	3.25	7.40	11.65	6.10	6.90
One Parent Family	2.00	4.65	7.40	3.85	4.25
Two Parent Family	3.50	8.15	12.90	6.75	7.40

Surgical Benefits Rider - Form HC79S0109 - \$3,200 Schedule

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.40	2.50	4.15	5.40	2.65
Named Insured & Spouse	2.60	4.75	7.90	10.30	5.05
One Parent Family	1.65	3.00	5.00	6.50	2.95
Two Parent Family	2.90	5.25	8.75	11.35	5.20

Transportation Rider - Form HC81A0109

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.10	0.25	0.45	0.65	0.25
Named Insured & Spouse	0.20	0.45	0.85	1.20	0.50
One Parent Family	0.10	0.30	0.55	0.75	0.30
Two Parent Family	0.20	0.50	0.95	1.35	0.50

* One Rate premiums only available in the worksite and require a minimum of 10 insured's purchasing coverage

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

Optional Riders (Continued)

Stem Cell or Bone Marrow Transplant Rider - Form HC80T0109 - \$5,000

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.60	1.40	2.45	3.20	1.45
Named Insured & Spouse	1.15	2.65	4.65	6.10	2.80
One Parent Family	0.75	1.65	2.95	3.85	1.60
Two Parent Family	1.30	2.90	5.15	6.75	2.85

Specified Disease Rider - Form HC86D0109 - \$100

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.20	0.60	1.15	1.45	0.65
Named Insured & Spouse	0.45	1.20	2.15	2.75	1.25
One Parent Family	0.25	0.75	1.35	1.75	0.70
Two Parent Family	0.50	1.30	2.40	3.00	1.25

Radiation and Chemotherapy Rider - Form HC77R0109 - \$250

<u>Coverage</u>	<u>\$250 Radiation/Chemotherapy Benefit</u>					<u>\$250 Blood/Plasma/Platelets Benefit</u>				
	<u>Issue Age</u>					<u>Issue Age</u>				
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>
Named Insured	0.65	1.00	1.45	1.85	1.05	0.10	0.10	0.15	0.20	0.10
Named Insured & Spouse	1.20	1.90	2.75	3.45	1.95	0.15	0.25	0.35	0.40	0.25
One Parent Family	0.70	1.20	1.75	2.15	1.15	0.10	0.15	0.20	0.25	0.15
Two Parent Family	1.30	2.10	3.05	3.80	2.05	0.15	0.25	0.35	0.45	0.25

* One Rate premiums only available in the worksite and require a minimum of 10 insured's purchasing coverage

Factor Adjustments:

1) Worksite Market	0.90
2) Direct Market	1.00

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	05/04/2009
Comments:				
Attachments:				
	Certification.pdf			
	Readability Cancer Ofc Sign.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	05/04/2009
Bypass Reason:	See Form Schedule			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	05/04/2009
Bypass Reason:	See Form Schedule			
Comments:				
Satisfied -Name:	Authorization Letter	Review Status:	Approved-Closed	05/04/2009
Comments:				
Attachment:				
	LOA Auth Ltr 2008.PDF			

**ARKANSAS
Rule and Regulation 19 Certification**

<u>Title of Form(s)</u>	<u>Form Number</u>
Cancer Indemnity Policy	HC75C0109 AR
First Occurrence Rider	HC84O0109
Increasing First Occurrence Rider	HC85F0109
Diagnostic Rider	HC82W0109
Surgical Benefits Rider	HC79S0109
Transportation Rider	HC81A0109
Transplant Rider	HC80T0109
Specified Disease Rider	HC86D0109
Radiation/Chemotherapy Rider	HC77R0109
Cancer Advantage Brochure/Application	BH7509
Cancer Choice Brochure/Application	BH8709

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair Sex Discrimination in the Sale of Insurance.



Signature

Jennifer G. Snell

Name

Compliance Analyst

Title

03/16/2009

Date

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:

**Life Insurance Company of Alabama
302 Broad Street
Gadsden, Alabama 35901**

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

Type and/or Title of Form(s)	Form Number(s)	Flesch Score
Cancer Indemnity Policy	HC75C0109 AR	42.5
First Occurrence Rider	HC84O0109	43.7
Increasing First Occurrence Rider	HC85F0109	42.5
Diagnostic Rider	HC82W0109	41.7
Surgical Benefits Rider	HC79S0109	41.4
Transportation Rider	HC81A0109	41.6
Transplant Rider	HC80T0109	44.4
Specified Disease Rider	HC86D0109	43.5
Radiation/Chemotherapy Rider	HC77R0109	42.7

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department in this state.



Signature

M. Lynn Lowe
Name

Executive Vice President
Title



LIFE INSURANCE COMPANY
of Alabama

M. LYNN LOWE
Executive Vice President
& Treasurer

HOME OFFICE
P. O. BOX 349
GADSDEN, ALABAMA 35902
Phone: (256) 439-3205
Email: llowe@licoa.com

July 31, 2008

Wakely Actuarial Services, Inc.
34125 US Highway 19 North, Suite 310
Palm Harbor, Florida 34684

To Whom It May Concern:

The firm of Wakely Actuarial Services, Inc. is hereby authorized to submit forms, rate filings or other filings requiring actuarial certification for approval to the Department of Insurance on behalf of Life Insurance Company of Alabama. Revisions to the filings, as may be necessary to gain approval, are included in this authorization.

Sincerely,

A handwritten signature in blue ink that reads "M. Lynn Lowe". The signature is fluid and cursive.

M. Lynn Lowe
Executive Vice President & Treasurer

MLL/js

SERFF Tracking Number: WAKE-126070894 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: LOA Cancer Forms 2009
 Project Name/Number: LOA/032009

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application/Brochure	04/10/2009	Cancer Advantage BH7509 AR Only Submission Copy.pdf
No original date	Form	Application/Brochure	04/10/2009	Cancer Choice BH8709 AR Only Submission Copy.pdf
No original date	Form	Application/Brochure	03/16/2009	Cancer Advantage BH7509 AL, AR, LA, MS, NC, OK Submission Copy.pdf
No original date	Form	Application/Brochure	03/16/2009	Cancer Choice BH8709 AL, AR, LA, MS, NC, OK Submission Copy.pdf
No original date	Form	Cancer Indemnity Policy	04/10/2009	Cancer Policy HC75C0109 AR.pdf

SERFF Tracking Number: WAKE-126070894 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 41833
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOA Cancer Forms 2009
Project Name/Number: LOA/032009

No original date Form Cancer Indemnity Policy 03/16/2009 Cancer Policy
HC75C0109
AR.pdf



The Cancer ADVANTAGE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama



Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of **[\$100]** or **[\$50]** per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$50]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is **[\$50.00]** per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$6,500]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$300]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$800]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$350]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$3,000]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$300]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$2,500]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$10,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$500]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **□[\$300]**, **□[\$200]** or **□[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$200]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$150] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$200] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 Two Units

LEVEL VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$50]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• **Issued through age 70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Advantage	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS	STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE			

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER ADVANTAGE Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
 Daily Room [\$300] [\$200] [\$100] Health & Wellness Benefit [\$100] [\$50]
 Rad. & Chemo. Option A Option B Option C

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL SPECIFIED DISEASE Answer question 11
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10

Individual Individual/Spouse 1 Parent Family 2 Parent Family

PREMIUM
 Cancer Advantage _____
 First Occurrence _____
 Specified Disease _____
 Intensive Care _____
TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**
 Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
 Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

9. CANCER ADVANTAGE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO

9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.



The Cancer CHOICE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama



Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of [\$50] or [\$100] per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$25]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is \$25.00 per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer CHOICE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$3,250]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$150]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$400]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$175]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$1,500]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$150]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$1,250]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer CHOICE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$5,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$250]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **[\$200]** or **[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$100]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$75] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$50] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 One Unit

LEVEL VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$25]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• Issued through age **70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Choice	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS	STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER				EMPLOYMENT DATE		

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER CHOICE Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
Daily Room [\$200] [\$100] Health & Wellness Benefit [\$50] [\$100]
Rad. & Chemo. Option A Option B Option C

PREMIUM

Cancer Choice _____

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

First Occurrence _____

OPTIONAL SPECIFIED DISEASE Answer question 11

Individual Individual/Spouse 1 Parent Family 2 Parent Family

Specified Disease _____

Intensive Care _____

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10

Individual Individual/Spouse 1 Parent Family 2 Parent Family

TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**

Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

9. CANCER CHOICE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO

9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

APPLICATION FOR CANCER INSURANCE - PART 2

10. INTENSIVE CARE:

Has any proposed insured ever been diagnosed or treated for Heart Disease, Heart Attack, Any Heart Condition, Heart Trouble or Any Abnormality of the Heart, Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Human Immunodeficiency Virus (HIV)? YES NO

10a. If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs? YES NO

10b. If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs? YES NO

If yes to question 10a or 10b, we will issue an individual policy/rider on the adult male family member only.

11. SPECIFIED DISEASE:

Has any person proposed for coverage under this Policy ever had treatment or diagnosis of: • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Botulism • Bubonic Plague • Cerebral Palsy • Cholera • Cystic Fibrosis • Diphtheria • Encephalitis (including encephalitis contracted from West Nile virus) • Huntington's Chorea • Lyme Disease • Malaria • Meningitis (Bacterial) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Polio • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever • Scleroderma • Sickle Cell Anemia • Smallpox • Systemic Lupus • Tetanus • Toxic Shock Syndrome • Tuberculosis • Tularemia • Typhoid Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Yellow Fever? YES NO

DETAILS of questions 5-11 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains.

As normal procedure, the Home Office Underwriting Department may contact you by telephone to verify pertinent information contained in your application. What is the best way to reach you?

Home/Office Phone:

Cell Phone:

Email address:

CERTIFICATION- The Applicant hereby makes application to Life Insurance Company of Alabama for a policy or policies of insurance and represents that the statements and answers set forth under Parts 1 and 2 of this application by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon. The undersigned applicant and agent acknowledge that the applicant has read, or had read to him/her, the completed application and that he/she realizes that policy issuance is based upon statements and answers provided herein. I further understand that the policy and rider(s) is not effective until the effective date specified in the policy and that the policy applied for will not pay benefits for any claims which occur prior to the effective date of the policy.

I, the agent, hereby certify by my signature below that, I have truly and accurately recorded on this application the information supplied by the applicant.

X _____
Agent Agent's No.

X _____
Agent Agent's No.

Arkansas Only:
No person to be covered for specified disease is also covered by any Title XIX program Medicaid or similar coverage. Yes No

Signed at _____
City State

Date _____
Month Day Year

X _____
Signature of Proposed Primary Insured

AGENTS STATEMENT: To the best of your knowledge does this insurance replace any existing insurance? Yes No
If Yes, give name of company and policy number.



The Cancer ADVANTAGE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama



Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of **[\$100]** or **[\$50]** per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$50]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is **[\$50.00]** per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$6,500]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$300]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$800]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$350]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$3,000]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$300]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$2,500]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer ADVANTAGE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$10,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$500]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **□[\$300]**, **□[\$200]** or **□[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$200]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$150] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$200] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 Two Units

LEVEL VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$2,500]** when the Primary Insured or Spouse or **[\$3,500]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$50]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• **Issued through age 70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: This policy only provides benefits due to cancer. It does not provide benefits for any other sickness, condition or incapacity. We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, parakiting or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Advantage	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS	STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE			

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER ADVANTAGE Answer questions 4 - 9

Individual Individual/Spouse 1 Parent Family 2 Parent Family
 Daily Room [\$300] [\$200] [\$100] Health & Wellness Benefit [\$100] [\$50]
 Rad. & Chemo. Option A Option B Option C

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL SPECIFIED DISEASE Answer question 11
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

PREMIUM
 Cancer Advantage _____
 First Occurrence _____
 Specified Disease _____
 Intensive Care _____
TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**
 Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
 Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

9. CANCER ADVANTAGE

9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO

9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO

9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO

9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

APPLICATION FOR CANCER INSURANCE - PART 2

10. INTENSIVE CARE:

Has any proposed insured ever been diagnosed or treated for Heart Disease, Heart Attack, Any Heart Condition, Heart Trouble or Any Abnormality of the Heart, Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Human Immunodeficiency Virus (HIV)?

YES NO

10a. If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs?

YES NO

10b. If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs?

YES NO

If yes to question 10a or 10b, we will issue an individual policy/rider on the adult male family member only.

11. SPECIFIED DISEASE:

Has any person proposed for coverage under this Policy ever had treatment or diagnosis of: • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Botulism • Bubonic Plague • Cerebral Palsy • Cholera • Cystic Fibrosis • Diphtheria • Encephalitis (including encephalitis contracted from West Nile virus) • Huntington's Chorea • Lyme Disease • Malaria • Meningitis (Bacterial) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Polio • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever • Scleroderma • Sickle Cell Anemia • Smallpox • Systemic Lupus • Tetanus • Toxic Shock Syndrome • Tuberculosis • Tularemia • Typhoid Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Yellow Fever?

YES NO

DETAILS of questions 5-11 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains.

As normal procedure, the Home Office Underwriting Department may contact you by telephone to verify pertinent information contained in your application. What is the best way to reach you?

Home/Office Phone:

Cell Phone:

Email address:

CERTIFICATION- The Applicant hereby makes application to Life Insurance Company of Alabama for a policy or policies of insurance and represents that the statements and answers set forth under Parts 1 and 2 of this application by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon. The undersigned applicant and agent acknowledge that the applicant has read, or had read to him/her, the completed application and that he/she realizes that policy issuance is based upon statements and answers provided herein. I further understand that the policy and rider(s) is not effective until the effective date specified in the policy and that the policy applied for will not pay benefits for any claims which occur prior to the effective date of the policy.

I, the agent, hereby certify by my signature below that, I have truly and accurately recorded on this application the information supplied by the applicant.

X _____
Agent Agent's No.

X _____
Agent Agent's No.

Arkansas Only:
No person to be covered for specified disease is also covered by any Title XIX program Medicaid or similar coverage.
 Yes No

Signed at _____
City State

Date _____
Month Day Year

X _____
Signature of Proposed Primary Insured

AGENTS STATEMENT: To the best of your knowledge does this insurance replace any existing insurance? Yes No
If Yes, give name of company and policy number.



The Cancer CHOICE



Cancer Indemnity Insurance

Why Cancer Insurance?

Consider these 2008 American Cancer Society statistics:

- 1 in 2 men and 1 in 3 women will get Cancer
- Cancer is the second cause of death in children ages 1-14
- In 2008, about 359,000 Cancer deaths were caused by tobacco use, poor nutrition, physical inactivity and obesity
- Over 60% of costs to fight Cancer are non-medical indirect costs, not covered by traditional insurance

Underwritten by: Life Insurance Company of Alabama



Understanding Cancer

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is treated with surgery, radiation, chemotherapy, hormone therapy, biological therapy, and targeted therapy.

Can Cancer Be Prevented?

The American Cancer Society estimates that in 2008 about 170,000 cancer deaths will be caused by tobacco use. Scientific evidence suggests that about one-third of the cancer deaths expected to occur in 2008 will be related to overweight or obesity, physical inactivity, and nutrition.

Source: Cancer Facts and Figures 2008

This outline of coverage provides a brief description of the important features of the policy. This describes a Hospital, Surgical, Medical Insurance Policy and Riders Form HC75C0109, HC77R0109, HC79S0109, HC80T0109, HC81A0109 and HC82W0109 limited to Cancer; A Cancer Policy Only. *This is not the insurance contract, and only the actual policy provisions will control. It is therefore important that you **Read Your Policy Carefully**.* If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, we will pay the following Indemnity Benefits.

OUTLINE OF COVERAGE - POLICY FEATURES

The benefits illustrated in this brochure apply to each covered person.

CANCER PREVENTION & EARLY DIAGNOSIS

HEALTH AND WELLNESS BENEFIT

Choose an indemnity benefit of [\$50] or [\$100] per calendar year, per covered person for the following Wellness Tests which are performed 30 days or more after the policy effective date. **NO LIFETIME LIMIT**

- Mammogram
- Pap Smear
- Thin Prep
- Colonoscopy
- Biopsy
- Flexible Sigmoidoscopy
- Serum Protein Electrophoresis
- Hemoccult Stool Specimen (lab confirmed)
- Breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- PSA (blood test for prostate Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Breast Ultrasound
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy
- Chest X-ray

HEALTHY LIFESTYLE BENEFIT

Pays an indemnity benefit not to exceed **[\$25]** for making healthy lifestyle choices. This benefit is payable if a covered person incurs an expense for joining a gym or fitness organization, participating in a smoking cessation program or joining a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17. The maximum benefit is \$25.00 per calendar year per covered person. **NO LIFETIME LIMIT**

ANNUAL CHECK-UP BENEFIT

Pays an indemnity benefit of **[\$200]** per calendar year for annual check-ups after a positive diagnosis of Internal Cancer. This benefit has a lifetime maximum limit of 5 annual check-ups per covered person.

DIAGNOSTIC TESTING BENEFIT

Pays a lifetime indemnity benefit of **[\$500]** for the diagnostic procedures involved with a positive diagnosis of Cancer. These procedures include, but are not limited to: radiological exams, echo tests, laboratory tests, blood tests, biopsies and scans (MRI, CT, etc.) ordered by a physician.

The Cancer CHOICE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY, DRUGS AND MEDICINES

RADIATION & CHEMOTHERAPY: We will pay a monthly indemnity benefit, as outlined below, up to the 12-month maximum benefit each calendar month a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Radiation Therapy or Intravenous Chemotherapy for the treatment of Cancer. **NO LIFETIME LIMIT**

IMMUNOTHERAPY, DRUGS & MEDICINES: We will pay a monthly indemnity benefit as outlined below, up to the 12-month maximum benefit, each calendar month a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. Additionally, we will pay an initial treatment benefit the first time a covered person receives Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer. **NO LIFETIME LIMIT**

OPTION	TYPE TREATMENT	INITIAL TREATMENT	MONTHLY BENEFIT	FIRST 12-MONTH MAXIMUM	FOLLOWING 12-MONTH MAXIMUM
<input type="checkbox"/> Option A	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$2,000] [\$200]	[\$2,000] [\$200]	[\$26,000] [\$2,600]	[\$24,000] [\$2,400]
<input type="checkbox"/> Option B	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$1,000] [\$100]	[\$1,000] [\$100]	[\$13,000] [\$1,300]	[\$12,000] [\$1,200]
<input type="checkbox"/> Option C	Radiation & Chemotherapy Immunotherapy, Drugs & Medicines	[\$500] [\$50]	[\$500] [\$50]	[\$6,500] [\$650]	[\$6,000] [\$600]

Initial Treatment: Payable the first time a covered person receives any of the treatments listed above.

Monthly Benefit: Pays the Monthly Benefit each month a covered person receives a treatment listed above.

12 Month Maximum: Maximum payable during a 12 month period when a covered person receives any of the treatments listed above.

INPATIENT / OUTPATIENT CANCER SURGERY

SURGICAL BENEFIT

Pays an indemnity benefit not to exceed **[\$3,250]** per operation, including anesthesia, for the removal of malignant cancerous tissues as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies. Only one surgical benefit is payable per day. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

ASSOCIATED SURGICAL PROCEDURES BENEFIT

Pays an indemnity benefit of **[\$150]** for the following associated surgical procedures, including anesthesia, performed for the treatment of Cancer • Thoracotomy • Paracentesis and Thoracentesis • Cystourethroscopy • Venous Access Ports, Shunts, Feeding Tubes and Stents • Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy). The Associated Surgical Procedures Benefit is NOT payable for any associated surgical procedure that is performed concurrently and/or in conjunction with any surgical procedure under the Surgical or the Skin Cancer Surgery Benefit or for procedures performed for diagnostic purposes including biopsies. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

SKIN CANCER SURGERY BENEFIT

Pays an indemnity benefit not to exceed **[\$400]** per operation, including anesthesia, for the removal of lesions or tumors from the skin, as outlined in the Policy Schedule of Operations. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies or cosmetic or reconstruction purposes. **INPATIENT OR OUTPATIENT SURGERY. NO LIMIT ON NUMBER OF OPERATIONS. NO LIFETIME LIMIT**

2ND AND 3RD SURGICAL OPINION BENEFIT

Pays an indemnity benefit of **[\$175]** after a positive diagnosis of internal cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion per recommended surgical procedure to remove malignant cancerous tissue. **NO LIFETIME LIMIT**

SURGICAL & NON-SURGICAL PROSTHESIS BENEFIT

Pays an indemnity benefit of **[\$1,500]** for surgically implanted prosthetic devices or pays an indemnity benefit of **[\$150]** per occurrence for non-surgically implanted prosthetic devices that are prescribed (examples of non-surgically implanted prosthetic devices are voice boxes, hair pieces, and removable breast prosthesis) as a direct result of the surgical removal of malignant cancerous tissue. The surgical and non-surgical prosthesis is payable twice per covered person. **This benefit is not payable when surgical reconstruction benefit is payable.**

SURGICAL RECONSTRUCTION BENEFIT

Pays an indemnity benefit of up to **[\$1,250]** for reconstructive surgical procedures, including anesthesia, as outlined in the Policy Schedule of Operations as a result of the treatment of Cancer. This benefit is limited to two (2) procedures per site and includes breast implants. **This benefit is not payable when surgical prosthesis benefit is payable.**

The Cancer CHOICE

OUTLINE OF COVERAGE - POLICY FEATURES CONTINUED

The benefits illustrated in this brochure apply to each covered person.

TRANSPORTATION AND LODGING

TRANSPORTATION BENEFIT

Pays the Usual and Customary charge for coach fare by common carrier for round trip transportation (air, rail, or bus) for a covered person and an adult companion to a treatment facility that is greater than fifty (50) miles one-way from the covered person's home to receive treatment for cancer. When transportation is by private vehicle, we will pay **[\$0.50]** per mile round trip. The Transportation Benefit is limited to a maximum of **[\$1,500]** per round trip. **NO LIFETIME LIMIT**

LODGING BENEFIT

Pays an indemnity benefit of **[\$100] per day** for lodging when a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty (50) miles one-way from the covered person's residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per calendar year. **NO LIFETIME LIMIT**

AMBULANCE BENEFIT

Pays an indemnity benefit of **[\$300]** for transportation by ground ambulance to or from a Hospital for the treatment of Cancer. This benefit pays **[\$1,500]** if air ambulance transportation is necessary. This benefit is limited to 6 one-way trips, per covered person, per calendar year. **NO LIFETIME LIMIT**

INPATIENT/OUTPATIENT CANCER TREATMENT

STEM CELL OR BONE MARROW TRANSPLANT

Pays an indemnity benefit of **[\$5,000]** when a covered person receives a Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person's lifetime. This benefit excludes biopsies and diagnostic testing. Benefits are not payable for the harvesting or storage of bone marrow or stem cells.

BLOOD, PLASMA OR PLATELETS BENEFIT

Pays an indemnity benefit of **[\$250]** per calendar month, for Blood, Plasma, or Platelets to replace or replenish normal cells due to cancer of the blood or as a result of radiation therapy and/or intravenous chemotherapy. This benefit does not include stem cell transplants, bone marrow transplants, blood typing and cross-matching or laboratory blood tests. **NO LIFETIME LIMIT**

INPATIENT CANCER TREATMENT

DAILY HOSPITAL BENEFIT

Choose a benefit of **[\$200]** or **[\$100] per day**. Pays the indemnity benefit per day for the first 30 days of confinement to the hospital for the treatment of Cancer. The benefit amount doubles after 30 days of continuous confinement in a hospital for the treatment of Cancer. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

PRIVATE NURSING SERVICES BENEFIT

Pays an indemnity benefit of **[\$100]** per day for private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. **NO LIMIT ON NUMBER OF DAYS. NO LIFETIME LIMIT**

FOLLOW-UP CARE

EXTENDED CARE FACILITY BENEFIT

Pays an indemnity benefit of **[\$75] per day** for confinement to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person. **NO LIFETIME LIMIT**

HOME HEALTH CARE BENEFIT

Pays an indemnity benefit of **[\$100] per day** for home health care provided by a Home Health Care Agency when directed by an attending physician for the treatment of Cancer. This benefit is limited to 50 days per covered person's lifetime.

HOSPICE CARE BENEFIT

Pays an indemnity benefit of **[\$50] per day** for care provided by a Hospice organization. This benefit does not apply to non-terminally ill patients or to organizations not qualifying as Hospice. This benefit is limited to 100 days per covered person's lifetime.

WAIVER OF PREMIUM

After 60 days of continuous disability of the **primary insured** listed in the policy, due to Cancer, the company will waive any premiums for this policy, and any attached riders falling due during the primary insured's continued disability due to cancer. Disability is defined as not being able to perform all of the usual and customary duties of your own occupation. Disability due to Cancer must begin prior to the primary insured's 60th birthday.

OPTIONAL BENEFITS

OPTIONAL FIRST OCCURRENCE BENEFIT

Form # HC84O0109 & HC85F0109 One Unit

LEVEL VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer) thirty (30) days or more after the effective date of this benefit. This benefit is issued thru age 74 and guaranteed renewable for life.

BUILDING VERSION - Pays a benefit of **[\$1,250]** when the Primary Insured or Spouse or **[\$1,750]** when a Covered Dependent Child is first diagnosed with Internal Cancer (not Skin Cancer), plus an additional **[\$25]** each month this benefit has been in force thirty (30) days or more after the effective date of this benefit. Benefits stop increasing in the month of the Primary Insured's 65th birthday. This benefit is issued thru age 64 and guaranteed renewable for life.

LIMITATIONS - This benefit is payable one time for each covered person. The Optional First Occurrence Indemnity Benefit is not payable for a Skin Cancer diagnosis.

OPTIONAL SPECIFIED DISEASE BENEFIT

Form # HC86D0109

Pays an indemnity benefit of **[\$200] per day** for confinement in a hospital due to a Specified Disease. Pays **[\$500] per day** starting on the 31st day of continuous hospital confinement due to a Specified Disease.

33 DISEASES COVERED

- Cystic Fibrosis
- Multiple Sclerosis
- Myasthenia Gravis
- Scleroderma
- Reye's Syndrome
- Sickle Cell Anemia
- Tetanus
- Tularemia
- Malaria
- Bubonic Plague
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Rocky Mountain Spotted Fever
- Diphtheria
- Muscular Dystrophy
- Necrotizing Fasciitis
- Polio
- Rheumatic Fever
- Huntington's Chorea
- Cerebral Palsy
- Toxic Shock Syndrome
- Cholera
- Variant Creutzfeldt-Jakob Disease (Mad Cow Disease)
- Meningitis (Bacterial)
- Yellow Fever
- Encephalitis
- Lyme Disease
- Osteomyelitis
- Rabies
- Systemic Lupus
- Smallpox
- Tuberculosis
- Typhoid Fever
- Botulism

MAXIMUM LIFETIME BENEFIT LIMIT: Pays up to **[\$200,000]** for each covered person.

LIMITATIONS - Benefit is not payable for confinements of less than 18-hours; or treatment on an out-patient basis; or emergency room treatment; or the day of discharge from the hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours. This benefit is issued thru age 79 and guaranteed renewable for life.

OPTIONAL HOSPITAL INTENSIVE CARE

Form # HI75I0109

• Pays **[\$600]** **[\$450]** or **[\$300] per day** (depending on amount selected) for Hospital Intensive Care Unit Confinement. (The term, "Intensive Care Unit" shall mean only that specifically designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are physically, critically ill or injured.)

• Pays a benefit of **one-half (½) the amount selected above per day** for Confinement in a "Step Down" Hospital Intensive Care Unit. The term, "Step Down Hospital Intensive Care Unit" shall mean progressive care, subacute intensive care or other facilities which do not meet the standards for "Hospital Intensive Care Unit."

• Pays **Triple the amount selected above per day** for Intensive Care Confinement which occurs within 48 hours of an accident in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft, or train, or a school bus operated by or under the direction and supervision of school authorities.

• **First Day Coverage** - Benefits are payable from the first day of confinement due to injury or due to illness to include congenital anomalies of newborn children.

• Pays benefits for up to **30 days of Intensive Care Confinement** in connection with any one hospital admission. If less than 30 days separates two periods of confinement, the second confinement will be considered a continuation of the initial confinement.

• Issued through age **70. Guaranteed renewable for life.**

• Daily Hospital Intensive Care benefits will be reduced by 50% (one-half) at age 70.

NO MAXIMUM LIFETIME BENEFIT LIMIT

LIMITATIONS – Newborn child(ren) are not covered during the first thirty (30) days of life if the newborn child(ren) are born less than ten (10) months after the policy effective date. Newborn child(ren) born ten (10) months or more after the Policy Effective Date are covered from the moment of birth. We will not pay any loss that results from participating in any activity or event, including operation of a vehicle, while intoxicated. "Intoxicated" means under the influence of alcohol or narcotics unless administered on the advice of the Covered Person's Physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred.

LIMITATIONS AND EXCLUSIONS

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Cancer Indemnity: This policy only provides benefits due to cancer. It does not provide benefits for any other sickness, condition or incapacity. We will pay benefits for specified events occurring in connection with definitive treatment of cancer including the direct extension, metastatic spread or recurrence. **Waiting Period:** This policy and all attached riders will not pay benefits for any positive medical diagnosis of cancer with a diagnosis date less than thirty (30) days after the policy effective date. All treatment for cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for cancer. Benefits under this policy or any attached riders are not payable for specified events that occur outside the United States of America or its territories. **Hospital Confinement:** Benefits are not payable for: 1) confinements of less than 18-hours; or 2) treatment on an out-patient basis; or 3) Emergency Room treatment; or 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

Cancer means a disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to Leukemia, Hodgkin's disease and Melanoma. The term Cancer also includes: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (confined to the site of origin without having invaded neighboring tissue). Any condition not specifically listed above is not considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are not considered to be Cancer. **Skin cancer** means malignant cancerous cells of the skin including Basal Cell Carcinoma, Malignant Melanoma, Squamous Cell Carcinoma and all other Skin Carcinomas. **Radiation/Chemotherapy:** Intravenous Chemotherapy means any cancericidal chemical substance taken intravenously (IV), by continuous infusion by pump or by surgical implants for the purpose of modifying or destroying cancer. Non-Intravenous Chemotherapy means any cancericidal chemical substance taken orally, topically or by non-intravenous injection for the purpose of modifying or destroying cancer. Radiation Therapy means external radiation therapy, or teletherapy used for the purpose of modification or destruction of cancer including radioactive implants. This includes radiation seed implants, or gamma knife radiosurgery. **Immunotherapy** means immunoglobulin or colony stimulating factors to stimulate the immune system to reject and destroy cancer. **Anti-Nausea Medication** means a drug(s) or medication for the prevention or treatment of nausea (upset stomach) in conjunction with or resulting from chemotherapy and/or radiation therapy for the treatment of cancer. Anti-nausea medication does not include drugs or medications available over-the-counter without a prescription. **Bone Marrow Transplant** means the infusion of bone marrow, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells. **Stem Cell Transplant** means the infusion of stem cells, autologous or allogenic, following radiation or chemotherapy to destroy cancer cells.

Usual and Customary Charge means the usual amount accepted as payment by an entity furnishing the services, treatment or material covered in the Policy or Rider. Such charge shall not exceed the general level of charges made by others within the geographical area in which the services, treatment or materials are rendered. In no event will charges exceed the amount You are liable or legally responsible to pay. Usual and Customary Charges do not include any amounts that are written off, credited or discounted by the provider.

Covered Persons: Individual: Only the Primary Insured. Individual and Spouse: The Primary Insured and the Primary Insured's Legal Spouse. One Parent Family: The Primary Insured and all of the Primary Insured's legal Dependent Child(ren). Two Parent Family: The Primary Insured, the Primary Insured's Legal Spouse all of the Primary Insured's legal Dependent Child(ren). Dependent Child(ren) means any unmarried child (natural, step or adopted) of yours who: 1) is less than nineteen (19) years old and living with you; or 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. The term Dependent Child(ren) does not include grandchild(ren) unless required by law.

Pre-existing Condition means a condition for which symptoms existed prior to the policy effective date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician. Pre-existing conditions are covered after two (2) years (five (5) years for intensive care policy) from the policy effective date.

Intensive Care: This policy will not pay benefits for any loss with a diagnosis date less than thirty (30) days after the policy effective date or for any loss that results from any of the following; injury occurring or sickness manifested prior to the policy effective date; or injury occurring while incarcerated; or committing or attempting to commit suicide while sane or insane; or commission of or an attempt to commit an assault or felony; or engaging in any illegal activity; or practicing for or participation in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or driving or riding in any race of speed or endurance or testing a motorized vehicle on any racetrack, raceway, race course or speedway; or declared or undeclared war, or any cause or act of war or regular military training, whether the covered person is a member of any armed force or a civilian; or travel in an aircraft, including those which are not motor-driven, or hot air balloon other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcoholism or drug addiction; or voluntarily taking, inhaling or absorbing any poison, gas or fumes; or any intentionally self-inflicted injury; or mental or physical infirmity or disease, or treatment for the infirmity or disease; or occurs while: taking or using any hallucinogen, narcotic or drugs except on the advice of a licensed physician; or participating in any activity or event, including operation of a vehicle, while intoxicated. Intoxicated means under the influence of alcohol or narcotics unless administered on the advice of the covered person's physician or having a prohibited concentration of alcohol in the blood, breath, urine or other bodily substance, as determined by the law of the jurisdiction in which the accident occurred; or engaging in hang-gliding, bungee jumping, parachuting, sky-diving, sailgliding, parasailing, paraking or any similar activities.

BENEFIT SELECTED	
	Premium
The Cancer Choice	\$ _____
<input type="checkbox"/> Optional First Occurrence	\$ _____
<input type="checkbox"/> Level <input type="checkbox"/> Building	
<input type="checkbox"/> Optional Specified Disease	\$ _____
<input type="checkbox"/> Optional Intensive Care	\$ _____
Total Premium	\$ _____
Additional Benefits Included	
Radiation Chemotherapy Rider	
Surgical Benefit Rider	
Transplant Rider	
Transportation Rider	
Diagnostic Rider	

APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

Do you have a current Medicaid eligibility card or other state sponsored insurance program? Yes No

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated LAST NAME FIRST M.I.	BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
	MO	DAY	YR			
SPOUSE						
DEPENDENT CHILDREN PROPOSED for INSURANCE						

2. RESIDENCE ADDRESS STREET	CITY	COUNTY	STATE	ZIP	PHONE: RES: () BUS: () E-MAIL:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE		

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

CANCER CHOICE Answer questions 4 - 9
 Individual Individual/Spouse 1 Parent Family 2 Parent Family
 Daily Room [\$200] [\$100] Health & Wellness Benefit [\$50] [\$100]
 Rad. & Chemo. Option A Option B Option C

OPTIONAL FIRST OCCURRENCE 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL SPECIFIED DISEASE Answer question 11
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

OPTIONAL INTENSIVE CARE [\$300] [\$450] [\$600] \$_____ Answer question 10
 Individual Individual/Spouse 1 Parent Family 2 Parent Family

PREMIUM
 Cancer Choice _____
 First Occurrence _____
 Specified Disease _____
 Intensive Care _____
TOTAL _____

4. PREMIUM MODE & METHOD: Monthly Direct Bill **Not Available**
 Annual Semi Annual Quarterly Monthly
 Bank Draft Payroll Deduction Direct Bill Family Bill

5. Will the policy applied for replace any insurance in force on any proposed covered person? YES NO

6. If yes, state name of company. Year Issued
 Company _____

7. Primary Beneficiary & Relationship

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

9. CANCER CHOICE
9a. Has any person proposed for coverage under this Policy ever tested positive, been diagnosed as having or been treated for acquired immune deficiency syndrome (AIDS), or Human Immunodeficiency Virus (HIV) in any form? YES NO
9b. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? YES NO
9c. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? YES NO
9d. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? YES NO

If yes to question 9 a, b or c, any person(s) so designated will not be covered under the policy.

If yes to question 9d, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

APPLICATION FOR CANCER INSURANCE - PART 2

10. INTENSIVE CARE:

Has any proposed insured ever been diagnosed or treated for Heart Disease, Heart Attack, Any Heart Condition, Heart Trouble or Any Abnormality of the Heart, Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Human Immunodeficiency Virus (HIV)? YES NO

10a. If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs? YES NO

10b. If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs? YES NO

If yes to question 10a or 10b, we will issue an individual policy/rider on the adult male family member only.

11. SPECIFIED DISEASE:

Has any person proposed for coverage under this Policy ever had treatment or diagnosis of: • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Botulism • Bubonic Plague • Cerebral Palsy • Cholera • Cystic Fibrosis • Diphtheria • Encephalitis (including encephalitis contracted from West Nile virus) • Huntington's Chorea • Lyme Disease • Malaria • Meningitis (Bacterial) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Polio • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever • Scleroderma • Sickle Cell Anemia • Smallpox • Systemic Lupus • Tetanus • Toxic Shock Syndrome • Tuberculosis • Tularemia • Typhoid Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Yellow Fever? YES NO

DETAILS of questions 5-11 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains.

As normal procedure, the Home Office Underwriting Department may contact you by telephone to verify pertinent information contained in your application. What is the best way to reach you?

Home/Office Phone:

Cell Phone:

Email address:

CERTIFICATION- The Applicant hereby makes application to Life Insurance Company of Alabama for a policy or policies of insurance and represents that the statements and answers set forth under Parts 1 and 2 of this application by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon. The undersigned applicant and agent acknowledge that the applicant has read, or had read to him/her, the completed application and that he/she realizes that policy issuance is based upon statements and answers provided herein. I further understand that the policy and rider(s) is not effective until the effective date specified in the policy and that the policy applied for will not pay benefits for any claims which occur prior to the effective date of the policy.

I, the agent, hereby certify by my signature below that, I have truly and accurately recorded on this application the information supplied by the applicant.

X _____
Agent Agent's No.

X _____
Agent Agent's No.

Arkansas Only:
No person to be covered for specified disease is also covered by any Title XIX program Medicaid or similar coverage. Yes No

Signed at _____
City State

Date _____
Month Day Year

X _____
Signature of Proposed Primary Insured

AGENTS STATEMENT: To the best of your knowledge does this insurance replace any existing insurance? Yes No
If Yes, give name of company and policy number.



LICOA
Life Insurance Company of Alabama
HOME OFFICE • GADSDEN, ALABAMA 35902

Protecting your financial security

CANCER INDEMNITY POLICY

LIFE INSURANCE COMPANY OF ALABAMA agrees to pay the benefits according to the provisions of this Policy. All benefits are subject to its provisions and limitations.

THIS IS A SPECIFIED DISEASE INDEMNITY POLICY WHICH ONLY PROVIDES BENEFITS FOR CANCER. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY.

Signed for the Company at Gadsden, Alabama.

Secretary

President

CONSIDERATION

This Policy is issued in consideration of the application and payment in advance of the initial premium. This Policy begins at 12:01 a.m. standard time at Your residence on the Effective Date shown on the Policy Schedule Page. It ends, subject to the Grace Period, at 12:00 midnight, on the date any renewal premium is due and not paid. The dates and premiums are shown on the Policy Schedule Page.

RIGHT TO EXAMINE POLICY FOR 10 DAYS

Within ten (10) days from receipt of this Policy, You may return it for any reason. If returned, this Policy is void. Any premiums or policy fee paid for this Policy will be refunded. The Policy may be returned to Us or the agent who sold it.

RENEWAL AND PREMIUM PROVISIONS

This Policy is Guaranteed Renewable during Your lifetime. It may be renewed on any premium due date by paying the renewal premium. It must be paid on or before its due date, or within the thirty-one (31) days that follow. We cannot refuse to renew this Policy or place any restrictions on it if the premium is paid on time.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured within a state in the same class. If We change the premium rates, We will notify the Insured before the change becomes effective in accordance with the statutes of the state where this Policy was issued. We will notify the Insured at his last known address according to Our records. Premium for this Policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

***** IMPORTANT NOTICE *****

Please read the copy of the application attached to this Policy. Carefully check the application. Write to Life Insurance Company of Alabama, P.O. Box 349, Gadsden, Alabama 35902, within ten (10) days, if any information shown on it is not correct and complete or if any past medical history has been left out on the application. This application is a part of the Policy. The Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**SPECIFIED DISEASE CANCER INDEMNITY POLICY
GUARANTEED RENEWABLE FOR LIFE
SUBJECT TO COMPANY'S RIGHT TO CHANGE
THE APPLICABLE TABLE OF PREMIUM RATES**

TABLE OF CONTENTS

Consideration..... 1

Right To Examine Policy for 10 Days 1

Renewal and Premium Provisions 1

Important Notice 1

Policy Schedule Page 3

Definitions 4

Benefits..... 6

Daily Hospital Indemnity Benefit 7

Private Nursing Services Indemnity Benefit..... 7

Extended Care Facility Indemnity Benefit 7

Home Health Care Indemnity Benefit..... 8

Hospice Care Indemnity Benefit..... 8

Healthy Lifestyle Indemnity Benefit..... 8

Waiver of Premium Benefit..... 9

Limitations and Exclusions 9

Termination of Insurance..... 10

Right of Conversion 11

General Provisions 11

Application..... Attached

POLICY SCHEDULE PAGE

Policy Number: [12345678]
Primary Insured: [John Doe]

Policy Effective Date: [July 1, 2008]

Premium Payment Modes:

Annual: [\$xx.xx] **Semi Annual:** [\$xx.xx] **Special Monthly:** [\$xx.xx]
Quarterly: [\$xx.xx] **Monthly:** [\$xx.xx]

Mode Selected: [Annual]

Coverage Type: [Individual, Individual and Spouse, One Parent Family, Two Parent Family]

Benefit Description	Benefit Amount	Modal Premium
Base Policy		[\$ XX.XX]
Daily Hospital Indemnity Benefit	[\$ 100.00]	
Private Nursing Service Indemnity Benefit	[\$ 100.00]	
Extended Care Facility Indemnity Benefit	[\$ 75.00]	
Home Health Care Indemnity Benefit	[\$ 100.00]	
Hospice Care Indemnity Benefit	[\$ 50.00]	
Healthy Lifestyle Indemnity Benefit	[\$ 50.00]	

Benefit Description	Coverage Type	Benefit Amount	Modal Premium	Rider Effective Date
[Diagnostic Rider]	[Individual]		[\$ XX.XX]	[07/01/2008]
[Wellness Indemnity Benefit]		[\$ 25.00]		
[Diagnostic Testing Indemnity Benefit]		[\$ 500.00]		
[Annual Check-up Indemnity Benefit]		[\$ 200.00]		
[First Occurrence Rider]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[Increasing First Occurrence Rider (*)]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[(*) Benefits increase by \$25 per unit per month while the Rider is in force]				
[Radiation Chemotherapy Rider]	[Ind & Spouse]		[\$ XX.XX]	[07/01/2008]
[Initial Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Initial Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Monthly Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Monthly Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Blood, Plasma, or Platelets Indemnity Benefit]		[\$ 250.00]		
[Specified Disease Rider]	[Family – 1]	[\$ 100.00]	[\$ XX.XX]	[07/01/2008]
[Stem Cell OR Bone Marrow Transplant Rider]	[Family – 2]	[\$5,000.00]	[\$ XX.XX]	[07/01/2008]
[Surgical Benefits Rider]	[Family – 2]		[\$ XX.XX]	[07/01/2008]
[Surgical Indemnity Benefit (Non-Skin Cancer)]		[1 unit]		
[Skin Cancer Surgical Indemnity Benefit]		[1 unit]		
[Associated Surgical Procedure Indemnity Benefit]		[\$ 150.00]		
[Surgical Prosthesis Indemnity Benefit]		[\$1,500.00]		
[Non-Surgical Prosthesis Indemnity Benefit]		[\$ 150.00]		
[Second or Third Surgical Opinion Indemnity Benefit]		[\$ 175.00]		
[Reconstructive Indemnity Benefit]		[1 unit]		
[Transportation Rider]	[Family – 1]		[\$ XX.XX]	[07/01/2008]
[Transportation Benefit]		[\$1,500.00]		
[Ambulance Indemnity Benefit]		[\$ 300.00]		
[Lodging Indemnity Benefit]		[\$ 100.00]		

DEFINITIONS

“Beneficiary” means the person, persons or party designated to receive any Policy proceeds in the event of Your death. The Beneficiary for this Policy is as named on the application unless changed by You and endorsed by Us.

“Cancer” means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin’s disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis.

The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis.

Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

“Covered Persons” are indicated by the Coverage Type as shown on the Policy Schedule Page as follows:

- 1) Individual: Only the Primary Insured listed on the Policy Schedule Page is covered.
- 2) Individual and Spouse: The Primary Insured and the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement are covered.
- 3) One Parent Family: The Primary Insured and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.
- 4) Two Parent Family: The Primary Insured, the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.

Any person specifically excluded by name from coverage is NOT included as a Covered Person.

“Dependent Child” or **“Dependent Children”** means any unmarried child (natural, step or adopted) of Yours who:

- 1) is less than nineteen (19) years old and living with You; or
- 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or
- 3) is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance. We must receive proof of incapacity otherwise the insurance will terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be requested from time to time but not more often than once a year after the child attains age twenty-four (24); or
- 4) is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2) or (3) above.

The term Dependent Child(ren) does NOT include grandchild(ren) unless required by law.

Proof of legal status may be required from time to time on covered Dependent Child(ren).

“Diagnosis Date” is the day the tissue specimen, biopsy, culture, titer or blood sample is taken upon which the Positive Medical Diagnosis of Cancer is based; it is NOT the date the Positive Medical Diagnosis is communicated to the Covered Person.

“Emergency Room” or **“Emergency Department”** means the part of a Hospital designed and used for the treatment of people requiring immediate medical attention, such as victims of accidents, heart attacks or other acute medical conditions. Emergency care must be available twenty-four (24) hours a day and seven (7) days a week.

“Extended Care Facility” means a medical institution that provides prolonged care or rehabilitation for Cancer patients after confinement as an inpatient in a Hospital.

“Home Health Care Agency” means a public or private agency licensed or certified to provide Home Health Care.

“Home Health Care Services” means medically necessary care and services for a Covered Person in his home provided by a Home Health Care Agency. The plan of care must be prescribed or ordered by and periodically reviewed by an attending Physician.

“Hospice” or **“Hospice Unit”** means a licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the Covered Person’s home or on an outpatient or inpatient basis in a Hospice unit.

“Hospital” means a licensed institution located within the United States of America and its territories that:

- 1) has on its premises:
 - a) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by a licensed Physician; and
 - b) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician; and
 - c) 24-hour-a-day nursing service by graduate registered nurses; and
 - d) the patient’s written history and medical records;
- or;**
- 2) is accredited by the Joint Commission on Accreditation of Hospitals.

The term Hospital shall NOT include any institution used by a Covered Person as a place for rehabilitation; a place for rest, or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; Hospice or Hospice unit; Extended Care Facility; or facilities for the care of convalescent, rehabilitative, physical therapy or ambulatory patients.

“Immediate Family” or **“Immediate Family Member”** includes anyone related to You or Your Legal Spouse in the following manner: spouse; brothers or sisters (including stepbrothers, stepsisters, half-brothers and half-sisters); children (including stepchildren); parents (including stepparents); grandparents (including step-grandparents); grandchildren (including step-grandchildren); aunts and uncles; nieces and nephews; and spouses, as applicable, of any of the above.

“Indemnity Benefit” means any insurance benefit paid under this Policy as a result of the occurrence of a Specified Event. The benefit amount is a stated fixed amount in this Policy and is NOT dependent on any external monetary amount or cost.

“Legal Spouse” means Your spouse as recognized by federal law. Once this Policy has been issued, any consideration of an addition of a spouse, whether by first marriage or remarriage, requires the submission of a completed application and is subject to Our approval. Spouse coverage terminates upon divorce of marriage. Proof of legal status may be required upon Our request from time to time on a covered spouse.

“Month-a-versary” means the monthly recurring date of your Policy Effective Date.

“Physician” means a licensed practitioner of the healing arts, as recognized by the American Medical Association, operating within the scope of his or her license other than You or an Immediate Family Member.

“Policy Effective Date” means the date the Policy is issued by Us and coverage begins. The Policy Effective Date is shown on the Policy Schedule Page.

“Positive Medical Diagnosis” means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of “malignancy” as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the Covered Person receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

“Pre-existing Condition” means a condition for which symptoms existed up to five years prior prior to the Policy Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician.

“Primary Insured” means the person named in the application and shown on the Policy Schedule Page.

“Private Nursing Service” means that the assigned nurse, who is not an Immediate Family Member, has nursing responsibilities for only one patient per shift and the nursing services must be provided by a registered graduate nurse, a registered licensed practical nurse or a licensed vocational nurse, other than the nurses or staff that are on regular duty at a Hospital or other facility in which the Covered Person is an inpatient.

“Reinstatement Date” means the date coverage under this Policy and any attached Riders becomes effective following Reinstatement. This date will be the next Month-a-versary following Our approval in writing of the Reinstatement of any coverage.

“Rider Effective Date” means the date the Rider is issued by Us and coverage begins. The Rider Effective Date is shown on the Policy Schedule Page.

“Specified Event” means a treatment, confinement, service, expense, or diagnosis as specified in the Policy or attached Rider that causes a Covered Person to be eligible for one or more benefits of the Policy or attached Riders.

“We”, “Us”, “Company” and “Our” mean the Life Insurance Company of Alabama.

“Written Notice” means a communication in writing from You on forms furnished by or acceptable to the Company. All correspondence should be sent to Our Home Office at P.O. Box 349, Gadsden, Alabama 35902.

“You”, “Your”, and “Yours” mean the Primary Insured named on the Policy Schedule Page.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Policy is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of this Policy, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Policy Effective Date; and
- 2) all other limitations, conditions and provisions of the Policy.

If Cancer is diagnosed while a Covered Person is hospitalized, benefits shall accrue from the day of admission, but not retroactive more than 30 days prior to the Diagnosis Date. No benefits shall be payable for treatment incurred prior to the 30th day after the Policy Effective Date.

Daily Hospital Indemnity Benefit

We will pay the Daily Hospital Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Daily Hospital Indemnity Benefit. The Specified Event required for the Daily Hospital Indemnity Benefit is confinement of a Covered Person in a Hospital as an inpatient for the treatment of Cancer as specified below and occurs on the date(s) the Covered Person is so confined. We will pay two (2) times the amount shown on the Policy Schedule Page starting on the thirty-first (31st) day of continuous confinement. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Private Nursing Service Indemnity Benefit

We will pay the Private Nursing Service Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Private Nursing Service Indemnity Benefit. The Specified Event required for the Private Nursing Service Indemnity Benefit is the receipt of required Private Nursing Services by a Covered Person while confined in a Hospital as an inpatient for the treatment of Cancer and occurs when the Private Nursing Services are rendered. The Private Nursing Services must be other than the nursing services regularly furnished by the Hospital and must be required and authorized by the attending Physician.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Extended Care Facility Indemnity Benefit

We will pay the Extended Care Facility Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Extended Care Facility Indemnity Benefit. The Specified Event required for the Extended Care Facility Indemnity Benefit is confinement of a Covered Person in an Extended Care Facility due to or as a result of treatment of Cancer and occurs on the date(s) the Covered Person is so confined. The Extended Care Facility confinement must start within 30 days after a Daily Hospital Indemnity Benefit is payable. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day Daily Hospital, Home Health Care and/or Hospice Care Indemnity Benefits are payable;
or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by a Covered Person and occurs when the Home Health Care Services are rendered.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by a Covered Person who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Covered Person receives Hospice services.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Healthy Lifestyle Indemnity Benefit

We will pay Healthy Lifestyle Indemnity Benefit as shown on the Policy Schedule Page for each calendar year a Covered Person incurs the Specified Event required for the Healthy Lifestyle Indemnity Benefit. The Specified Event required for the Healthy Lifestyle Indemnity Benefit is the payment of a qualifying expense for one of the activities listed below and occurs when the qualified expense is incurred by a Covered Person. Qualifying activities are the following:

- 1) joining a gym or fitness organization; or
- 2) participating in a smoking cessation program; or
- 3) joining a weight loss program.

Proof of an incurred qualifying expense may be required.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

Waiver of Premium Benefit

We will waive future premiums due for this Policy and any attached Riders when the Primary Insured incurs the Specified Event required for the Waiver of Premium Benefit. The Specified Event required for the Waiver of Premium Benefit occurs on the day after the Primary Insured has been totally and continuously Disabled due to Cancer for a period of sixty (60) days and continues until the Primary Insured is no longer both Disabled due to Cancer and under a Physician's care. We will waive the premium beginning on the Month-a-versary following the onset of the Specified Event required for the Waiver of Premium Benefit. For purposes of this benefit, Disability and Disabled mean not being able to perform all of the usual and customary duties of Your own occupation. The attending Physician must attest to Your disabling cancerous condition and specific period of disability.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

LIMITATIONS AND EXCLUSIONS

This Policy and all attached Riders have a thirty (30) day waiting period. This Policy and all attached Riders will not pay Indemnity Benefits for any Positive Medical Diagnosis of Cancer with a Diagnosis Date less than thirty (30) days after the Policy Effective Date or attached Rider Effective Dates. If any Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date within thirty (30) days after the Policy Effective Date or any Rider Effective Date, the Primary Insured may elect to void the Policy and/or any Riders. If the Primary Insured so elects, the Policy and/or all Riders will be voided and all premiums received by Life Insurance Company of Alabama for the voided Policy and/or Riders refunded as of the effective dates. Only the Policy and/or any Riders that are still within the thirty (30) day waiting period on the Diagnosis Date are eligible to be voided. ***Once voided, the Policy and/or Riders will be treated as if they never existed.***

All treatment for Cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for Cancer.

We will NOT pay any Indemnity Benefit for Specified Events related to:

- 1) Pre-existing Conditions except after two years from the Policy Effective Date or attached Rider Effective Dates; or
- 2) Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

Indemnity Benefits under this Policy or any attached Riders are NOT payable for Specified Events that occur outside the United States of America or its territories.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day a Daily Hospital Indemnity Benefit, a Home Health Care Indemnity Benefit or a Hospice Care Indemnity Benefit is payable; or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is only payable for Specified Events occurring as a result of a confinement in an Extended Care Facility that occurs within the thirty (30) days immediately after a Daily Hospital Indemnity Benefit is payable.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

TERMINATION OF INSURANCE

Insurance coverage for You and Your Legal Spouse, if covered, will continue for Your lifetime as long as premiums are paid as due.

Insurance coverage will terminate automatically for all Covered Persons as of the premium due date if premium for this Policy and any attached Riders is in default beyond the end of its Grace Period.

In the event of Your death, coverage on any remaining Covered Persons will not terminate provided We receive a copy of Your death certificate and Written Notice to continue coverage within thirty (30) days of the date of Your death. If Your covered Legal Spouse or Dependent Child dies, You may request in writing to remove them from Your coverage.

If Your Legal Spouse is a Covered Person under this Policy and You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage, insurance coverage provided by this Policy on Your former Legal Spouse will automatically terminate on the 61st day following the date of the decree of the dissolution of marriage.

Insurance coverage on a Dependent Child will terminate automatically on the earliest of the following:

- 1) the Month-a-versary following the Dependent Child's marriage; or
- 2) the Month-a-versary following the Dependent Child's nineteenth (19th) birthday, if not a full-time student at an accredited school; or
- 3) the Month-a-versary following the Dependent Child's twenty-fourth (24th) birthday, if a full-time student at an accredited school and legally dependent on You for principal support and maintenance.

Insurance coverage will not terminate due to the Dependent Child's age if the child is both:

- 1) incapable of self-sustaining employment because of mental or physical handicap; and
- 2) currently dependent upon You for support and maintenance.

You **must** provide proof of the Dependent Child's mental or physical handicap and dependence upon You within thirty-one (31) days after coverage would otherwise terminate in order for coverage to continue under this Policy. Proof of continued incapacity and dependency **must be** furnished at Our request.

RIGHT OF CONVERSION

If You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage and Your Legal Spouse was a Covered Person under this Policy, then Your former Legal Spouse may apply and receive, without evidence of insurability, a Policy providing coverage NOT greater than the terminated coverage. To obtain the Policy, Your former Legal Spouse must make application to Us within sixty (60) days following the date of the decree of dissolution of marriage. The Primary Insured under this Policy at the time of the dissolution of marriage shall remain the Primary Insured under this Policy. Coverage terminates automatically for the former Legal Spouse on the 61st day following the date of the decree of the dissolution of marriage. Any covered Dependent Children may be covered under either Policy, but NOT both.

A Covered Person whose dependency terminates and who desires to continue coverage as a Primary Insured under a separate Policy may do so by notifying Us of the request in writing. The Dependent Child will have the right to continue coverage as the Primary Insured under a separate Policy providing coverage NOT greater than the previous coverage without a requirement for evidence of insurability and without interruption in coverage. To obtain the Policy, the Dependent Child must make application to Us within thirty-one (31) days after the termination of insurance under this Policy.

In order to be considered for coverage, any Legal Spouse or Dependent Child not listed on the initial application must make written application.

GENERAL PROVISIONS

Claim Forms: Upon receipt of a Notice of Claim, We will send You claim forms. If these forms are not sent within fifteen (15) days, Your claim may be initiated by giving Us a written statement with sufficient documentation of the Specified Events, qualified expenses and medical records, subject to the terms and conditions of the Proof of Loss provision. Additional documentation for Proof of Loss may be required.

Conformity With State Statutes: Any provision of the Policy which, on the Policy Effective Date, is in conflict with the laws of the state in which the Policy was issued on such date is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract; Changes: The contract is made up of this Policy, its application and any attached Riders and endorsements. A copy of the application is attached. No change in this Policy will be valid unless it is approved and signed by one of Our executive officers. No agent may change this Policy or waive any of its provisions.

Fraudulent Misstatements: If You make a Fraudulent Misstatement in the application for this Policy, We may reduce or deny any claim or void the Policy at any time.

Grace Period: This Policy has a thirty-one (31) day Grace Period for paying premium. This means if a renewal premium is not paid by the date due, it may be paid during the following thirty-one (31) days. Any otherwise payable claim incurred during the Grace Period will NOT be paid until the past due premiums are paid provided the Policy has not lapsed or terminated. If You do not pay Your premium by the end of the thirty-one (31) day Grace Period, Your Policy will terminate as of the date the premium was due.

Legal Action: No legal action can be taken to receive benefits under this Policy:

- 1) less than sixty (60) days after sufficient written Proof of Loss has been furnished as required; or
- 2) more than three (3) years after the date of the Specified Event.

Misstatement of Age or Sex: If the age or sex of the Primary Insured has been misstated, all amounts payable under this Policy shall be as much as the premium paid would have purchased at the correct age and sex. If, according to the correct age, We would not have issued this Policy, We will not pay any benefits and will refund all premiums paid.

Notice of Claim: We must receive Written Notice of a claim, including the name of the Covered Person and Policy Number. Written Notice must be given within sixty (60) days of the Specified Event, or as soon as reasonably possible. Written Notice given by or on behalf of You to Our home office at P.O. Box 349, Gadsden, AL 35902, or to any authorized agent of Us, with information sufficient to identify You, shall be deemed notice to Us.

Payment of Claims: We will pay all benefits to You; benefits under this Policy are not subject to assignment. Upon receipt of Your death certificate, any benefits that have not been paid at the time of Your death may be paid to Your estate or Your designated Beneficiary. We have the right to pay up to \$3,000 of those benefits to any Immediate Family Member who We believe is justly entitled to such payment. If We make a payment under this provision in good faith, We will be released from liability to the extent of the payment.

Payment of Premium: The due date of the initial premium is the Policy Effective Date. The initial premium may be paid to the Home Office or to one of the Company's authorized agents. Premiums after the initial premium must be paid to the Home Office at P.O. Box 349, Gadsden, AL 35902. Upon receipt of Your death certificate, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date of death. The refund may be paid to Your estate or designated Beneficiary. Upon receipt of Your Written Notice to discontinue coverage, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date We received the Written Notice from You. The refund may be paid to You.

This Policy is not effective until the Policy Effective Date regardless of the date of the first premium payment if any premium is paid prior to the Policy Effective Date. Any premium received prior to issue of the Policy will be held pending issue of the Policy. If the Policy is not issued by Us, We will refund any premium being held.

If We or any third party on Our behalf receive premiums by any method (including payroll deduction and bank draft) prior to the issue of this Policy, We assume NO liability for coverage until this Policy is issued by Us.

Pre-existing Conditions: The Indemnity Benefits of this Policy and all attached Riders will NOT be payable for any Specified Events due to or resulting from Pre-existing Conditions during the first two (2) years from the Policy Effective Date and any attached Rider Effective Dates.

Proof of Loss: Written Proof of Loss must be given to Us within ninety (90) days after the date of such loss or the date of the Specified Event. Written Proof of Loss must include sufficient documentation furnished by the medical provider of the qualified treatment, expenses and medical records. If You are not able to give Us

sufficient Proof of Loss within ninety (90) days of the Specified Event, the claim will not be reduced or denied if:

- 1) it was not reasonably possible to give proof in that timeframe; and
- 2) the proof is filed as soon as reasonably possible.

In no event, except the absence of legal capacity, may proof be given to Us later than one (1) year after the loss or the date of the Specified Event.

We have the right to investigate all claims thoroughly and require that You provide Us with sufficient Proof of Loss.

Reinstatement: If this Policy terminates, the Policy may be reinstated within six (6) months of termination if an application for Reinstatement is submitted to Us and all past due premiums are paid to Us. Any premium We receive after the Policy termination will be held pending approval or denial of the Reinstatement. Reinstatement must be approved or denied by Us in writing. If Reinstatement is denied by Us, any premium We received after the termination date of the Policy will be refunded.

The reinstated Policy shall provide benefits for Cancer with a Diagnosis Date after the Reinstatement Date and while the Policy is in force. In all other respects, You and We have the same rights as before termination, subject to any added endorsements. Benefits will NOT be payable for Cancer with a Diagnosis Date prior to the Reinstatement Date.

Time Limit on Certain Defenses (Contestable Period): After two (2) years from the Policy Effective Date (or the Reinstatement Date, if the Policy has been reinstated), no misstatements, except Fraudulent Misstatements, made by You in the application (or reinstatement application) shall be used to void this Policy or to deny a claim with a Diagnosis Date after the expiration of such two (2) year period. During this two (2) year contestable period, if We do not receive sufficient documentation from You to properly investigate Your claim, We retain the right to void the Policy and refund all premiums We have received. We will provide You with Written Notice fifteen (15) days before the Policy is voided. The Diagnosis Date and/or date of a Specified Event determine whether or not a claim is within the Contestable Period, NOT when the claim is received by Us. Misstatements, including Fraudulent Misstatements, made by You on the Application (or reinstatement application) may be used by Us to void this Policy or to deny a claim with a Diagnosis Date of Cancer within two (2) years after the Policy Effective Date or within two (2) years after the Reinstatement of this Policy.

Time of Payment of Claims: Indemnity Benefits will be paid within thirty (30) working days once We receive sufficient written Proof of Loss.

If We do not pay benefits upon receipt of your claim, We shall have thirty (30) working days thereafter within which to mail to You a letter or notice which states the reasons We have for not paying the claim, either in whole or in part, and which also gives You a notice of any documents or other information needed to process the claim. When We have received sufficient written Proof of Loss from You, We shall then have thirty (30) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.



LICOA
Life Insurance Company of Alabama
HOME OFFICE • GADSDEN, ALABAMA 35902

Protecting your financial security

CANCER INDEMNITY POLICY

LIFE INSURANCE COMPANY OF ALABAMA agrees to pay the benefits according to the provisions of this Policy. All benefits are subject to its provisions and limitations.

THIS IS A SPECIFIED DISEASE INDEMNITY POLICY WHICH ONLY PROVIDES BENEFITS FOR CANCER. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS, CONDITION OR INCAPACITY.

Signed for the Company at Gadsden, Alabama.

Secretary

President

CONSIDERATION

This Policy is issued in consideration of the application and payment in advance of the initial premium. This Policy begins at 12:01 a.m. standard time at Your residence on the Effective Date shown on the Policy Schedule Page. It ends, subject to the Grace Period, at 12:00 midnight, on the date any renewal premium is due and not paid. The dates and premiums are shown on the Policy Schedule Page.

RIGHT TO EXAMINE POLICY FOR 10 DAYS

Within ten (10) days from receipt of this Policy, You may return it for any reason. If returned, this Policy is void. Any premiums or policy fee paid for this Policy will be refunded. The Policy may be returned to Us or the agent who sold it.

RENEWAL AND PREMIUM PROVISIONS

This Policy is Guaranteed Renewable during Your lifetime. It may be renewed on any premium due date by paying the renewal premium. It must be paid on or before its due date, or within the thirty-one (31) days that follow. We cannot refuse to renew this Policy or place any restrictions on it if the premium is paid on time.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured within a state in the same class. If We change the premium rates, We will notify the Insured before the change becomes effective in accordance with the statutes of the state where this Policy was issued. We will notify the Insured at his last known address according to Our records. Premium for this Policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

***** IMPORTANT NOTICE *****

Please read the copy of the application attached to this Policy. Carefully check the application. Write to Life Insurance Company of Alabama, P.O. Box 349, Gadsden, Alabama 35902, within ten (10) days, if any information shown on it is not correct and complete or if any past medical history has been left out on the application. This application is a part of the Policy. The Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**SPECIFIED DISEASE CANCER INDEMNITY POLICY
GUARANTEED RENEWABLE FOR LIFE
SUBJECT TO COMPANY'S RIGHT TO CHANGE
THE APPLICABLE TABLE OF PREMIUM RATES**

TABLE OF CONTENTS

Consideration..... 1

Right To Examine Policy for 10 Days 1

Renewal and Premium Provisions 1

Important Notice 1

Policy Schedule Page 3

Definitions 4

Benefits..... 6

Daily Hospital Indemnity Benefit 7

Private Nursing Services Indemnity Benefit..... 7

Extended Care Facility Indemnity Benefit 7

Home Health Care Indemnity Benefit..... 8

Hospice Care Indemnity Benefit..... 8

Healthy Lifestyle Indemnity Benefit..... 8

Waiver of Premium Benefit..... 9

Limitations and Exclusions 9

Termination of Insurance..... 10

Right of Conversion 11

General Provisions 11

Application..... Attached

POLICY SCHEDULE PAGE

Policy Number: [12345678]
Primary Insured: [John Doe]

Policy Effective Date: [July 1, 2008]

Premium Payment Modes:

Annual: [\$xx.xx] **Semi Annual:** [\$xx.xx] **Special Monthly:** [\$xx.xx]
Quarterly: [\$xx.xx] **Monthly:** [\$xx.xx]

Mode Selected: [Annual]

Coverage Type: [Individual, Individual and Spouse, One Parent Family, Two Parent Family]

Benefit Description	Benefit Amount	Modal Premium
Base Policy		[\$ XX.XX]
Daily Hospital Indemnity Benefit	[\$ 100.00]	
Private Nursing Service Indemnity Benefit	[\$ 100.00]	
Extended Care Facility Indemnity Benefit	[\$ 75.00]	
Home Health Care Indemnity Benefit	[\$ 100.00]	
Hospice Care Indemnity Benefit	[\$ 50.00]	
Healthy Lifestyle Indemnity Benefit	[\$ 50.00]	

Benefit Description	Coverage Type	Benefit Amount	Modal Premium	Rider Effective Date
[Diagnostic Rider]	[Individual]		[\$ XX.XX]	[07/01/2008]
[Wellness Indemnity Benefit]		[\$ 25.00]		
[Diagnostic Testing Indemnity Benefit]		[\$ 500.00]		
[Annual Check-up Indemnity Benefit]		[\$ 200.00]		
[First Occurrence Rider]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[Increasing First Occurrence Rider (*)]	[Individual]	[\$1,250.00]	[\$ XX.XX]	[07/01/2008]
[(*) Benefits increase by \$25 per unit per month while the Rider is in force]				
[Radiation Chemotherapy Rider]	[Ind & Spouse]		[\$ XX.XX]	[07/01/2008]
[Initial Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Initial Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Monthly Major Treatment Indemnity Benefit]		[\$ 250.00]		
[Monthly Drugs and Medicines Indemnity Benefit]		[\$ 25.00]		
[Blood, Plasma, or Platelets Indemnity Benefit]		[\$ 250.00]		
[Specified Disease Rider]	[Family – 1]	[\$ 100.00]	[\$ XX.XX]	[07/01/2008]
[Stem Cell OR Bone Marrow Transplant Rider]	[Family – 2]	[\$5,000.00]	[\$ XX.XX]	[07/01/2008]
[Surgical Benefits Rider]	[Family – 2]		[\$ XX.XX]	[07/01/2008]
[Surgical Indemnity Benefit (Non-Skin Cancer)]		[1 unit]		
[Skin Cancer Surgical Indemnity Benefit]		[1 unit]		
[Associated Surgical Procedure Indemnity Benefit]		[\$ 150.00]		
[Surgical Prosthesis Indemnity Benefit]		[\$1,500.00]		
[Non-Surgical Prosthesis Indemnity Benefit]		[\$ 150.00]		
[Second or Third Surgical Opinion Indemnity Benefit]		[\$ 175.00]		
[Reconstructive Indemnity Benefit]		[1 unit]		
[Transportation Rider]	[Family – 1]		[\$ XX.XX]	[07/01/2008]
[Transportation Benefit]		[\$1,500.00]		
[Ambulance Indemnity Benefit]		[\$ 300.00]		
[Lodging Indemnity Benefit]		[\$ 100.00]		

DEFINITIONS

“Beneficiary” means the person, persons or party designated to receive any Policy proceeds in the event of Your death. The Beneficiary for this Policy is as named on the application unless changed by You and endorsed by Us.

“Cancer” means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin’s disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis.

The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis.

Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

“Covered Persons” are indicated by the Coverage Type as shown on the Policy Schedule Page as follows:

- 1) Individual: Only the Primary Insured listed on the Policy Schedule Page is covered.
- 2) Individual and Spouse: The Primary Insured and the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement are covered.
- 3) One Parent Family: The Primary Insured and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.
- 4) Two Parent Family: The Primary Insured, the Primary Insured’s Legal Spouse as listed on the application or added/changed by endorsement and all of the Primary Insured’s legal Dependent Child(ren) as listed on the application or added/changed by endorsement are covered.

Any person specifically excluded by name from coverage is NOT included as a Covered Person.

“Dependent Child” or **“Dependent Children”** means any unmarried child (natural, step or adopted) of Yours who:

- 1) is less than nineteen (19) years old and living with You; or
- 2) is less than twenty-four (24) years old and attending an accredited school as a full time student. Such child must be legally dependent upon You for principal support and maintenance; or
- 3) is or becomes incapable of self-support because of mental or physical handicap while covered under this Policy and prior to attaining limiting age for Dependent Child(ren) under (1) or (2) above. The child must be legally dependent upon You for support and maintenance. We must receive proof of incapacity within thirty-one (31) days after coverage would otherwise terminate. Coverage will then continue as long as Your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age twenty-four (24); or
- 4) is not living with You, but You are legally required to support such child, and the child would otherwise qualify under (1), (2) or (3) above.

The term Dependent Child(ren) does NOT include grandchild(ren) unless required by law.

Proof of legal status may be required from time to time on covered Dependent Child(ren).

“Diagnosis Date” is the day the tissue specimen, biopsy, culture, titer or blood sample is taken upon which the Positive Medical Diagnosis of Cancer is based; it is NOT the date the Positive Medical Diagnosis is communicated to the Covered Person.

“Emergency Room” or **“Emergency Department”** means the part of a Hospital designed and used for the treatment of people requiring immediate medical attention, such as victims of accidents, heart attacks or other acute medical conditions. Emergency care must be available twenty-four (24) hours a day and seven (7) days a week.

“Extended Care Facility” means a medical institution that provides prolonged care or rehabilitation for Cancer patients after confinement as an inpatient in a Hospital.

“Home Health Care Agency” means a public or private agency licensed or certified to provide Home Health Care.

“Home Health Care Services” means medically necessary care and services for a Covered Person in his home provided by a Home Health Care Agency. The plan of care must be prescribed or ordered by and periodically reviewed by an attending Physician.

“Hospice” or **“Hospice Unit”** means a licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the Covered Person’s home or on an outpatient or inpatient basis in a Hospice unit.

“Hospital” means a licensed institution located within the United States of America and its territories that:

- 1) has on its premises:
 - a) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by a licensed Physician; and
 - b) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician; and
 - c) 24-hour-a-day nursing service by graduate registered nurses; and
 - d) the patient’s written history and medical records;
- or;**
- 2) is accredited by the Joint Commission on Accreditation of Hospitals.

The term Hospital shall NOT include any institution used by a Covered Person as a place for rehabilitation; a place for rest, or for the aged; a nursing or convalescent home; a long term nursing unit or geriatrics ward; Hospice or Hospice unit; Extended Care Facility; or facilities for the care of convalescent, rehabilitative, physical therapy or ambulatory patients.

“Immediate Family” or **“Immediate Family Member”** includes anyone related to You or Your Legal Spouse in the following manner: spouse; brothers or sisters (including stepbrothers, stepsisters, half-brothers and half-sisters); children (including stepchildren); parents (including stepparents); grandparents (including step-grandparents); grandchildren (including step-grandchildren); aunts and uncles; nieces and nephews; and spouses, as applicable, of any of the above.

“Indemnity Benefit” means any insurance benefit paid under this Policy as a result of the occurrence of a Specified Event. The benefit amount is a stated fixed amount in this Policy and is NOT dependent on any external monetary amount or cost.

“Legal Spouse” means Your spouse as recognized by federal law. Once this Policy has been issued, any consideration of an addition of a spouse, whether by first marriage or remarriage, requires the submission of a completed application and is subject to Our approval. Spouse coverage terminates upon divorce of marriage. Proof of legal status may be required upon Our request from time to time on a covered spouse.

“Month-a-versary” means the monthly recurring date of your Policy Effective Date.

“Physician” means a licensed practitioner of the healing arts, as recognized by the American Medical Association, operating within the scope of his or her license other than You or an Immediate Family Member.

“Policy Effective Date” means the date the Policy is issued by Us and coverage begins. The Policy Effective Date is shown on the Policy Schedule Page.

“Positive Medical Diagnosis” means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of “malignancy” as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the Covered Person receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

“Pre-existing Condition” means a condition for which symptoms existed prior to the Policy Effective Date that would cause an ordinarily prudent person to seek diagnosis, care or treatment or for which medical advice or treatment was recommended by a Physician or received from a Physician.

“Primary Insured” means the person named in the application and shown on the Policy Schedule Page.

“Private Nursing Service” means that the assigned nurse, who is not an Immediate Family Member, has nursing responsibilities for only one patient per shift and the nursing services must be provided by a registered graduate nurse, a registered licensed practical nurse or a licensed vocational nurse, other than the nurses or staff that are on regular duty at a Hospital or other facility in which the Covered Person is an inpatient.

“Reinstatement Date” means the date coverage under this Policy and any attached Riders becomes effective following Reinstatement. This date will be the next Month-a-versary following Our approval in writing of the Reinstatement of any coverage.

“Rider Effective Date” means the date the Rider is issued by Us and coverage begins. The Rider Effective Date is shown on the Policy Schedule Page.

“Specified Event” means a treatment, confinement, service, expense, or diagnosis as specified in the Policy or attached Rider that causes a Covered Person to be eligible for one or more benefits of the Policy or attached Riders.

“We”, “Us”, “Company” and “Our” mean the Life Insurance Company of Alabama.

“Written Notice” means a communication in writing from You on forms furnished by or acceptable to the Company. All correspondence should be sent to Our Home Office at P.O. Box 349, Gadsden, Alabama 35902.

“You”, “Your”, and “Yours” mean the Primary Insured named on the Policy Schedule Page.

BENEFITS

If a Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date as shown on the Policy Schedule Page and while this Policy is in force, We will pay the following Indemnity Benefits as shown on the Policy Schedule Page if the Covered Person incurs a Specified Event required for the given Indemnity Benefit in the course of treatment for Cancer while this Policy is in force, subject to:

- 1) the Time Limit on Certain Defenses provision of this Policy, the Covered Person never had any Cancer diagnosed prior to the 30th day after the Policy Effective Date; and
- 2) all other limitations, conditions and provisions of the Policy.

If Cancer is diagnosed while a Covered Person is hospitalized, benefits shall accrue from the day of admission, but not retroactive more than 30 days prior to the Diagnosis Date. No benefits shall be payable for treatment incurred prior to the 30th day after the Policy Effective Date.

Daily Hospital Indemnity Benefit

We will pay the Daily Hospital Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Daily Hospital Indemnity Benefit. The Specified Event required for the Daily Hospital Indemnity Benefit is confinement of a Covered Person in a Hospital as an inpatient for the treatment of Cancer as specified below and occurs on the date(s) the Covered Person is so confined. We will pay two (2) times the amount shown on the Policy Schedule Page starting on the thirty-first (31st) day of continuous confinement. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or
- 4) the same day Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same day and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Private Nursing Service Indemnity Benefit

We will pay the Private Nursing Service Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Private Nursing Service Indemnity Benefit. The Specified Event required for the Private Nursing Service Indemnity Benefit is the receipt of required Private Nursing Services by a Covered Person while confined in a Hospital as an inpatient for the treatment of Cancer and occurs when the Private Nursing Services are rendered. The Private Nursing Services must be other than the nursing services regularly furnished by the Hospital and must be required and authorized by the attending Physician.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Extended Care Facility Indemnity Benefit

We will pay the Extended Care Facility Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Extended Care Facility Indemnity Benefit. The Specified Event required for the Extended Care Facility Indemnity Benefit is confinement of a Covered Person in an Extended Care Facility due to or as a result of treatment of Cancer and occurs on the date(s) the Covered Person is so confined. The Extended Care Facility confinement must start within 30 days after a Daily Hospital Indemnity Benefit is payable. A day is defined as a 24-hour period with a minimum of an 18-hour confinement.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day Daily Hospital, Home Health Care and/or Hospice Care Indemnity Benefits are payable;
or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by a Covered Person and occurs when the Home Health Care Services are rendered.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit as shown on the Policy Schedule Page for each day a Covered Person who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by a Covered Person who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Covered Person receives Hospice services.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Healthy Lifestyle Indemnity Benefit

We will pay Healthy Lifestyle Indemnity Benefit as shown on the Policy Schedule Page for each calendar year a Covered Person incurs the Specified Event required for the Healthy Lifestyle Indemnity Benefit. The Specified Event required for the Healthy Lifestyle Indemnity Benefit is the payment of a qualifying expense for one of the activities listed below and occurs when the qualified expense is incurred by a Covered Person. Qualifying activities are the following:

- 1) joining a gym or fitness organization; or
- 2) participating in a smoking cessation program; or
- 3) joining a weight loss program.

Proof of an incurred qualifying expense may be required.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

Waiver of Premium Benefit

We will waive future premiums due for this Policy and any attached Riders when the Primary Insured incurs the Specified Event required for the Waiver of Premium Benefit. The Specified Event required for the Waiver of Premium Benefit occurs on the day after the Primary Insured has been totally and continuously Disabled due to Cancer for a period of sixty (60) days and continues until the Primary Insured is no longer both Disabled due to Cancer and under a Physician's care. We will waive the premium beginning on the Month-a-versary following the onset of the Specified Event required for the Waiver of Premium Benefit. For purposes of this benefit, Disability and Disabled mean not being able to perform all of the usual and customary duties of Your own occupation. The attending Physician must attest to Your disabling cancerous condition and specific period of disability.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

LIMITATIONS AND EXCLUSIONS

This is a specified disease Policy that only provides Indemnity Benefits due to Cancer. It does not provide benefits for any other sickness, condition or incapacity. We will only pay Indemnity Benefits for Specified Events occurring in connection with definitive treatment of Cancer including the direct extension, metastatic spread or recurrence.

This Policy and all attached Riders have a thirty (30) day waiting period. This Policy and all attached Riders will not pay Indemnity Benefits for any Positive Medical Diagnosis of Cancer with a Diagnosis Date less than thirty (30) days after the Policy Effective Date or attached Rider Effective Dates. If any Covered Person receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date within thirty (30) days after the Policy Effective Date or any Rider Effective Date, the Primary Insured may elect to void the Policy and/or any Riders. If the Primary Insured so elects, the Policy and/or all Riders will be voided and all premiums received by Life Insurance Company of Alabama for the voided Policy and/or Riders refunded as of the effective dates. Only the Policy and/or any Riders that are still within the thirty (30) day waiting period on the Diagnosis Date are eligible to be voided. ***Once voided, the Policy and/or Riders will be treated as if they never existed.***

All treatment for Cancer must be accepted or approved by the American Medical Association, the American Cancer Society or the Food and Drug Administration (FDA) as a treatment for Cancer.

We will NOT pay any Indemnity Benefit for Specified Events related to:

- 1) Pre-existing Conditions except after two years from the Policy Effective Date or attached Rider Effective Dates; or
- 2) Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

Indemnity Benefits under this Policy or any attached Riders are NOT payable for Specified Events that occur outside the United States of America or its territories.

Confinement in a Hospital as an inpatient does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) Emergency Room treatment; or

- 4) the same day outpatient benefits, Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits are payable; or
- 5) the day of discharge from the Hospital except where the day of discharge and the day of admission are the same and the confinement was for at least 18-hours.

The Daily Hospital Indemnity Benefit is payable for only one Hospital confinement at a time per Covered Person even if the confinement is caused by more than one Cancer.

The Private Nursing Service Indemnity Benefit is NOT payable for Private Nursing Services provided by Immediate Family Members.

The Private Nursing Service Indemnity Benefit is only payable if a Daily Hospital Indemnity Benefit is also payable.

Confinement in an Extended Care Facility does NOT include:

- 1) confinements of less than 18-hours; or
- 2) treatment on an out-patient basis; or
- 3) the same day a Daily Hospital Indemnity Benefit, a Home Health Care Indemnity Benefit or a Hospice Care Indemnity Benefit is payable; or
- 4) the day of discharge from the Extended Care Facility.

The Extended Care Facility Indemnity Benefit is only payable for Specified Events occurring as a result of a confinement in an Extended Care Facility that occurs within the thirty (30) days immediately after a Daily Hospital Indemnity Benefit is payable.

The Extended Care Facility Indemnity Benefit is limited to 30 days per calendar year per Covered Person.

The Home Health Care Indemnity Benefit is limited to 50 days per Covered Person's lifetime.

The Hospice Care Indemnity Benefit is limited to 100 days per Covered Person's lifetime.

Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits, will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

The Healthy Lifestyle Indemnity Benefit is limited to once per Covered Person over the age of 17 per calendar year.

The Waiver of Premium Benefit is NOT payable for Disability of the Primary Insured due to any cause other than Cancer.

The Waiver of Premium Benefit is NOT payable for Disability of any Covered Person other than the Primary Insured.

The Waiver of Premium Benefit is only payable if the Primary Insured's Disability due to Cancer begins prior to the Primary Insured's sixtieth (60th) birthday.

TERMINATION OF INSURANCE

Insurance coverage for You and Your Legal Spouse, if covered, will continue for Your lifetime as long as premiums are paid as due.

Insurance coverage will terminate automatically for all Covered Persons as of the premium due date if premium for this Policy and any attached Riders is in default beyond the end of its Grace Period.

In the event of Your death, coverage on any remaining Covered Persons will not terminate provided We receive a copy of Your death certificate and Written Notice to continue coverage within thirty (30) days of the date of Your death. If Your covered Legal Spouse or Dependent Child dies, You may request in writing to remove them from Your coverage.

If Your Legal Spouse is a Covered Person under this Policy and You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage, insurance coverage provided by this Policy on Your former Legal Spouse will automatically terminate on the 61st day following the date of the decree of the dissolution of marriage.

Insurance coverage on a Dependent Child will terminate automatically on the earliest of the following:

- 1) the Month-a-versary following the Dependent Child's marriage; or
- 2) the Month-a-versary following the Dependent Child's nineteenth (19th) birthday, if not a full-time student at an accredited school; or
- 3) the Month-a-versary following the Dependent Child's twenty-fourth (24th) birthday, if a full-time student at an accredited school and legally dependent on You for principal support and maintenance.

Insurance coverage will not terminate due to the Dependent Child's age if the child is both:

- 1) incapable of self-sustaining employment because of mental or physical handicap; and
- 2) currently dependent upon You for support and maintenance.

You **must** provide proof of the Dependent Child's mental or physical handicap and dependence upon You within thirty-one (31) days after coverage would otherwise terminate in order for coverage to continue under this Policy. Proof of continued incapacity and dependency **must be** furnished at Our request.

RIGHT OF CONVERSION

If You and Your Legal Spouse dissolve Your marriage by a valid decree of dissolution of marriage and Your Legal Spouse was a Covered Person under this Policy, then Your former Legal Spouse may apply and receive, without evidence of insurability, a Policy providing coverage NOT greater than the terminated coverage. To obtain the Policy, Your former Legal Spouse must make application to Us within sixty (60) days following the date of the decree of dissolution of marriage. The Primary Insured under this Policy at the time of the dissolution of marriage shall remain the Primary Insured under this Policy. Coverage terminates automatically for the former Legal Spouse on the 61st day following the date of the decree of the dissolution of marriage. Any covered Dependent Children may be covered under either Policy, but NOT both.

A Covered Person whose dependency terminates and who desires to continue coverage as a Primary Insured under a separate Policy may do so by notifying Us of the request in writing. The Dependent Child will have the right to continue coverage as the Primary Insured under a separate Policy providing coverage NOT greater than the previous coverage without a requirement for evidence of insurability and without interruption in coverage. To obtain the Policy, the Dependent Child must make application to Us within thirty-one (31) days after the termination of insurance under this Policy.

In order to be considered for coverage, any Legal Spouse or Dependent Child not listed on the initial application must make written application.

GENERAL PROVISIONS

Claim Forms: Upon receipt of a Notice of Claim, We will send You claim forms. If these forms are not sent within fifteen (15) days, Your claim may be initiated by giving Us a written statement with sufficient documentation of the Specified Events, qualified expenses and medical records, subject to the terms and conditions of the Proof of Loss provision. Additional documentation for Proof of Loss may be required.

Conformity With State Statutes: Any provision of the Policy which, on the Policy Effective Date, is in conflict with the laws of the state in which the Policy was issued on such date is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract; Changes: The contract is made up of this Policy, its application and any attached Riders and endorsements. A copy of the application is attached. No change in this Policy will be valid unless it is approved and signed by one of Our executive officers. No agent may change this Policy or waive any of its provisions.

Fraudulent Misstatements: If You make a Fraudulent Misstatement in the application for this Policy, We may reduce or deny any claim or void the Policy at any time.

Grace Period: This Policy has a thirty-one (31) day Grace Period for paying premium. This means if a renewal premium is not paid by the date due, it may be paid during the following thirty-one (31) days. Any otherwise payable claim incurred during the Grace Period will NOT be paid until the past due premiums are paid provided the Policy has not lapsed or terminated. If You do not pay Your premium by the end of the thirty-one (31) day Grace Period, Your Policy will terminate as of the date the premium was due.

Legal Action: No legal action can be taken to receive benefits under this Policy:

- 1) less than sixty (60) days after sufficient written Proof of Loss has been furnished as required; or
- 2) more than three (3) years after the date of the Specified Event.

Misstatement of Age or Sex: If the age or sex of the Primary Insured has been misstated, all amounts payable under this Policy shall be as much as the premium paid would have purchased at the correct age and sex. If, according to the correct age, We would not have issued this Policy, We will not pay any benefits and will refund all premiums paid.

Notice of Claim: We must receive Written Notice of a claim, including the name of the Covered Person and Policy Number. Written Notice must be given within sixty (60) days of the Specified Event, or as soon as reasonably possible. Written Notice given by or on behalf of You to Our home office at P.O. Box 349, Gadsden, AL 35902, or to any authorized agent of Us, with information sufficient to identify You, shall be deemed notice to Us.

Payment of Claims: We will pay all benefits to You; benefits under this Policy are not subject to assignment. Upon receipt of Your death certificate, any benefits that have not been paid at the time of Your death may be paid to Your estate or Your designated Beneficiary. We have the right to pay up to \$3,000 of those benefits to any Immediate Family Member who We believe is justly entitled to such payment. If We make a payment under this provision in good faith, We will be released from liability to the extent of the payment.

Payment of Premium: The due date of the initial premium is the Policy Effective Date. The initial premium may be paid to the Home Office or to one of the Company's authorized agents. Premiums after the initial premium must be paid to the Home Office at P.O. Box 349, Gadsden, AL 35902. Upon receipt of Your death certificate, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date of death. The refund may be paid to Your estate or designated Beneficiary. Upon receipt of Your Written Notice to discontinue coverage, We will refund any premium paid for any monthly period beyond the Month-a-versary following the date We received the Written Notice from You. The refund may be paid to You.

This Policy is not effective until the Policy Effective Date regardless of the date of the first premium payment if any premium is paid prior to the Policy Effective Date. Any premium received prior to issue of the Policy will be held pending issue of the Policy. If the Policy is not issued by Us, We will refund any premium being held.

If We or any third party on Our behalf receive premiums by any method (including payroll deduction and bank draft) prior to the issue of this Policy, We assume NO liability for coverage until this Policy is issued by Us.

Pre-existing Conditions: The Indemnity Benefits of this Policy and all attached Riders will NOT be payable for any Specified Events due to or resulting from Pre-existing Conditions during the first two (2) years from the Policy Effective Date and any attached Rider Effective Dates.

Proof of Loss: Written Proof of Loss must be given to Us within ninety (90) days after the date of such loss or the date of the Specified Event. Written Proof of Loss must include sufficient documentation furnished by the medical provider of the qualified treatment, expenses and medical records. If You are not able to give Us sufficient Proof of Loss within ninety (90) days of the Specified Event, the claim will not be reduced or denied if:

- 1) it was not reasonably possible to give proof in that timeframe; and
- 2) the proof is filed as soon as reasonably possible.

In no event, except the absence of legal capacity, may proof be given to Us later than one (1) year after the loss or the date of the Specified Event.

We have the right to investigate all claims thoroughly and require that You provide Us with sufficient Proof of Loss.

Reinstatement: If this Policy terminates, the Policy may be reinstated within six (6) months of termination if an application for Reinstatement is submitted to Us and all past due premiums are paid to Us. Any premium We receive after the Policy termination will be held pending approval or denial of the Reinstatement. Reinstatement must be approved or denied by Us in writing. If Reinstatement is denied by Us, any premium We received after the termination date of the Policy will be refunded.

The reinstated Policy shall provide benefits for Cancer with a Diagnosis Date after the Reinstatement Date and while the Policy is in force. In all other respects, You and We have the same rights as before termination, subject to any added endorsements. Benefits will NOT be payable for Cancer with a Diagnosis Date prior to the Reinstatement Date.

Time Limit on Certain Defenses (Contestable Period): After two (2) years from the Policy Effective Date (or the Reinstatement Date, if the Policy has been reinstated), no misstatements, except Fraudulent Misstatements, made by You in the application (or reinstatement application) shall be used to void this Policy or to deny a claim with a Diagnosis Date after the expiration of such two (2) year period. During this two (2) year contestable period, if We do not receive sufficient documentation from You to properly investigate Your claim, We retain the right to void the Policy and refund all premiums We have received. We will provide You with Written Notice fifteen (15) days before the Policy is voided. The Diagnosis Date and/or date of a Specified Event determine whether or not a claim is within the Contestable Period, NOT when the claim is received by Us. Misstatements, including Fraudulent Misstatements, made by You on the Application (or reinstatement application) may be used by Us to void this Policy or to deny a claim with a Diagnosis Date of Cancer within two (2) years after the Policy Effective Date or within two (2) years after the Reinstatement of this Policy.

Time of Payment of Claims: Indemnity Benefits will be paid within thirty (30) working days once We receive sufficient written Proof of Loss.

If We do not pay benefits upon receipt of your claim, We shall have thirty (30) working days thereafter within which to mail to You a letter or notice which states the reasons We have for not paying the claim, either in whole or in part, and which also gives You a notice of any documents or other information needed to process the claim. When We have received sufficient written Proof of Loss from You, We shall then have thirty (30) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.