

SERFF Tracking Number: MUTM-126103161 State: Arkansas
Filing Company: Assured Life Association State Tracking Number: 42516
Company Tracking Number: ROBYN GONZALES
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Admin Med Supp ALA WOW- MTA1-21522
Project Name/Number: Admin Med Supp ALA WOW- MTA/MTA1-21522

Filing at a Glance

Company: Assured Life Association

Product Name: Admin Med Supp ALA WOW- MTA1-21522 SERFF Tr Num: MUTM-126103161 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 42516

Sub-TOI: MS051.001 Plan A

Filing Type: Form

Co Tr Num: ROBYN GONZALES State Status: Approved-Closed

Co Status: Reviewer(s): Stephanie Fowler

Authors: Wanda Hill, Jan Serafini, Disposition Date: 07/21/2009

Kurt Vangreen, Ellen Cochrane,

Melanie Schultz, Robyn Gonzales,

Sarah Duncan, Luther Mardock

Date Submitted: 05/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Admin Med Supp ALA WOW- MTA

Project Number: MTA1-21522

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/21/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: Assured Life Association

A Fraternal Benefit Society

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NAIC # 56499 FEIN 84-0356870

Individual Medicare Supplement Insurance

Certificate Forms MTA1-21522, MTA2-21523, MTA3-21524,

MTA4-21525, MTA5-21526 and MTA6-21527

Outline of Coverage Forms CP1.1E-AR, DP2E-AR, RP1.1E-AR and BC1.2E-AR

Medicare Supplement Application Form T01-2008-03

Replacement Notice Form T01_20

HIPAA Authorization Form T01_15

Document of Solicitation T01_101_AR

Actuarial Memorandum

Enclosed for filing with your Department are copies of the following individual Medicare supplement health insurance forms. These forms are new and will replace the previously approved versions listed below.

New Forms	Replaced Forms/Date of Approval	Description
MTA1-21522	MSIA06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan A)
MTA2-21523	MSIB06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan B)
MTA3-21524	MSIC06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan C)
MTA4-21525	MSID06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan D)
MTA5-21526	MSIF06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan F)
MTA6-21527	MSIG06ST 12/27/2005	Medicare Supplement Insurance Certificate (Plan G)
CP1.1E-AR	NA NA	Medicare Supplement Outline of Coverage Cover Page
DP2E-AR	NA NA	Medicare Supplement Outline of Coverage Disclosure Page
RP1.1E-AR	NA NA	Medicare Supplement Outline of Coverage Rate Page
BC1.2E-AR	NA NA	Medicare Supplement Outline of Coverage Benefit Chart
T01-2008-03	NA NA	Medicare Supplement Application
T01_20	NA NA	Replacement Notice
T01_15	NA NA	HIPAA Authorization
T01_101_AR	NA NA	Document of Solicitation

These new certificates were developed to update our standardized Medicare supplement plan language to make the

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language more consumer friendly and easy to understand. Additionally, these revised forms do not contain the Pre-Existing Condition Limitation found in our current Medicare supplement plans. The revised plans will be used for new business sales only. Although the current plans will cease to be marketed, we will continue to maintain them for in-force and renewed business.

New rates were not developed for the revised plans. Instead, the revised plans will use the same rates previously approved by your Department on December 4, 2008 for the current plans. Please be assured that for rating purposes, we are not closing our existing block of Medicare supplement business. We will consolidate and pool the experience from the current plans with the revised plans. An Actuarial Memorandum attesting this is attached. Application T01-2008-03 will be used to apply for these revised Medicare supplement plans. We request the use of electronic and voice signature capabilities with this application. Solicitation of our Medicare supplement certificates will be conducted by independent brokers/producers.

The Outline of Coverage Forms, CP1.1E-AR, DP2E-AR, RP1.1E-AR and BC1.2E-AR, are being filed as separate module forms that together will comprise our new Medicare supplement outline of coverage. These cover page, disclosure page, rate page and benefit chart modules will be bundled together to comprise a document to be presented to the applicant at time of application.

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. An "X", a percentage, or an amount, is shown to indicate whether a benefit is applicable to that particular standardized plan. The outline rate page shows the format used for displaying rates. Each rate page will illustrate rates based on ZIP code, gender and whether an applicant is a tobacco or non-tobacco user. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

Variability is requested for bracketed text shown on all certificate schedules and for the bracketed telephone numbers and administrative office address and officer signatures shown on the face page of each certificate.

The replacement notice, HIPAA authorization, and Document of Solicitation are also attached.

These forms meet or exceed your state's Flesch score requirements.

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Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

Robyn Gonzales
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6748
Fax: 402-351-5298
e-mail: robyn.gonzales@mutualofomaha.com

Company and Contact

Filing Contact Information

Robyn Gonzales, Product & Advertising Compliance Analyst
4 - Regulatory Affairs
Omaha, NE 68175
robyn.gonzales@mutualofomaha.com
(402) 351-6748 [Phone]
(402) 351-5298[FAX]

Filing Company Information

Assured Life Association
9777 South Yosemite, Suite 200
Lone Tree, CO 80124
(800) 995-5991 ext. [Phone]
CoCode: 56499
Group Code:
Group Name:
FEIN Number: 84-0356870
State of Domicile: Colorado
Company Type: Fraternal Benefit Society
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation:

SERFF Tracking Number: MUTM-126103161 *State:* Arkansas
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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$300.00	05/28/2009	28155873

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/21/2009	07/21/2009

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	Stephanie Fowler	07/01/2009	07/01/2009	Ellen Cochrane	07/20/2009	07/20/2009

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Certification of Compliance with Rule 19	Accepted for Informational Purposes	Yes
Supporting Document	Fee Schedule	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Insurance Certificate (Plan A)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan A	Approved	Yes
Form	Medicare Certificate Schedule Plan A	Disapproved	Yes
Form	Medicare Supplement Insurance Certificate (Plan B)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan B	Approved	Yes
Form	Medicare Certificate Schedule Plan B	Disapproved	Yes
Form	Medicare Supplement Insurance Certificate (Plan C)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan C	Approved	Yes
Form	Medicare Certificate Schedule Plan C	Disapproved	Yes
Form	Medicare Supplement Insurance Certificate (Plan D)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan D	Approved	Yes
Form	Medicare Certificate Schedule Plan D	Disapproved	Yes
Form	Medicare Supplement Insurance Certificate (Plan F)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan F	Approved	Yes
Form	Medicare Certificate Schedule Plan F	Disapproved	Yes
Form	Medicare Supplement Insurance Certificate (Plan G)	Approved	Yes
Form (revised)	Medicare Certificate Schedule Plan G	Approved	Yes

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Form	Medicare Certificate Schedule Plan G	Disapproved	Yes
Form	Medicare Supplement Outline of Coverage Cover Page	Approved	Yes
Form (revised)	Medicare Supplement Outline of Coverage Disclosure Page	Approved	Yes
Form	Medicare Supplement Outline of Coverage Disclosure Page	Disapproved	Yes
Form	Medicare Supplement Outline of Coverage Rate Page	Approved	Yes
Form	Medicare Supplement Outline of Coverage Benefit Chart	Approved	Yes
Form	Medicare Supplement Application	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	HIPAA Authorization	Approved	Yes
Form	Document of Solicitation	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/01/2009
Submitted Date 07/01/2009
Respond By Date 08/03/2009

Dear Robyn Gonzales,

This will acknowledge receipt of the captioned filing.

Objection 1

- Outline of Coverage (Supporting Document)

Comment: AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/20/2009
Submitted Date 07/20/2009

Dear Stephanie Fowler,

Comments:

RE: State Tracking # 42516

Assured Life Association

A Fraternal Benefit Society

NAIC # 56499 FEIN 84-0356870

Individual Medicare Supplement Insurance

Certificate Forms MTA1-21522, MTA2-21523, MTA3-21524,

MTA4-21525, MTA5-21526 and MTA6-21527

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Outline of Coverage Forms CP1.1E-AR, DP2E-AR (revised), RP1.1E-AR and BC1.2E-AR
 Medicare Supplement Application Form T01-2008-03
 Replacement Notice Form T01_20
 HIPAA Authorization Form T01_15
 Document of Solicitation T01_101_AR
 Actuarial Memorandum

Thank you for your review and response dated July 1, 2009. I will address your concerns in order in which they appear.

Response 1

Comments: Please see the revised Disclosure Page DP2E-AR and the Certificate Schedules in which all references to a one-time enrollment fee have been removed. There is no mention of an enrollment fee in any of the other filed forms.

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)

Comment:

AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

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
Medicare Certificate Schedule Plan A	MTA1-21522		Schedule Pages	Initial		0	CERT SCHED-- PLAN A-- revised.pdf

SERFF Tracking Number: MUTM-126103161 State: Arkansas
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f

Previous Version

Medicare Certificate Schedule Plan A	MTA1- 21522	Schedule Pages	Initial	0	CERT SCHED-- PLAN A-- .pdf
Medicare Certificate Schedule Plan B	MTA2- 21523	Schedule Pages	Initial	0	CERT SCHED-- PLAN B-- revised.pdf

f

Previous Version

Medicare Certificate Schedule Plan B	MTA2- 21523	Schedule Pages	Initial	0	CERT SCHED-- PLAN B-- .pdf
Medicare Certificate Schedule Plan C	MTA3- 21524	Schedule Pages	Initial	0	CERT SCHED-- PLAN C-- revised.pdf

f

Previous Version

Medicare Certificate Schedule Plan C	MTA3- 21524	Schedule Pages	Initial	0	CERT SCHED-- PLAN C-- .pdf
Medicare Certificate Schedule Plan D	MTA4- 21525	Schedule Pages	Initial	0	CERT SCHED-- PLAN D-- revised.pdf

f

Previous Version

Medicare Certificate Schedule Plan D	MTA4- 21525	Schedule Pages	Initial	0	CERT SCHED--
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SERFF Tracking Number: MUTM-126103161 State: Arkansas
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 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Admin Med Supp ALA WOW- MTA1-21522
 Project Name/Number: Admin Med Supp ALA WOW- MTA/MTA1-21522

					PLAN D-- .pdf
Medicare Certificate Schedule Plan F	MTA5- 21526	Schedule Pages	Initial	0	CERT SCHED-- PLAN F-- revised.pdf
Previous Version					
Medicare Certificate Schedule Plan F	MTA5- 21526	Schedule Pages	Initial	0	CERT SCHED-- PLAN F-- .pdf
Medicare Certificate Schedule Plan G	MTA6- 21527	Schedule Pages	Initial	0	CERT SCHED-- PLAN G-- revised.pdf
Previous Version					
Medicare Certificate Schedule Plan G	MTA6- 21527	Schedule Pages	Initial	0	CERT SCHED-- PLAN G-- .pdf
Medicare Supplement Outline of Coverage Disclosure Page	DP2E-AR	Outline of Coverage	Initial	0	DP2E-AR (Outline Disclosure page) rev.pdf
Previous Version					
Medicare Supplement Outline of Coverage Disclosure Page	DP2E-AR	Outline of Coverage	Initial	0	DP2E-AR (outline disclosure page).pdf

SERFF Tracking Number: MUTM-126103161 State: Arkansas
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Form Schedule

Lead Form Number: MTA1-21522

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	MTA1-21522	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement (Plan A)	Initial		0	ALA PLAN A MTA1- 21522.pdf
Approved	MTA1-21522	Schedule Pages	Medicare Certificate Schedule Plan A	Initial		0	CERT SCHED-- PLAN A-- revised.pdf
Approved	MTA2-21523	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement (Plan B)	Initial		0	ALA PLAN B MTA2- 21523.pdf
Approved	MTA2-21523	Schedule Pages	Medicare Certificate Schedule Plan B	Initial		0	CERT SCHED-- PLAN B-- revised.pdf
Approved	MTA3-21524	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement (Plan C)	Initial		0	ALA PLAN C MTA3- 21524.pdf
Approved	MTA3-21524	Schedule Pages	Medicare Certificate Schedule Plan C	Initial		0	CERT SCHED-- PLAN C-- revised.pdf
Approved	MTA4-21525	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement (Plan D)	Initial		0	ALA PLAN D MTA4- 21525.pdf
Approved	MTA4-21525	Schedule Pages	Medicare Certificate Schedule Plan D	Initial		0	CERT SCHED-- PLAN D--

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						revised.pdf
Approved	MTA5-21526	Policy/Cont ract/Fratern al Insurance Certificate Certificate (Plan F)	Medicare Supplement	Initial	0	ALA PLAN F MTA5-21526.pdf
Approved	MTA5-21526	Schedule Pages	Medicare Certificate Schedule Plan F	Initial	0	CERT SCHED-- PLAN F-- revised.pdf
Approved	MTA6-21527	Policy/Cont ract/Fratern al Insurance Certificate Certificate (Plan G)	Medicare Supplement	Initial	0	ALA PLAN G MTA6-21527.pdf
Approved	MTA6-21527	Schedule Pages	Medicare Certificate Schedule Plan G	Initial	0	CERT SCHED-- PLAN G-- revised.pdf
Approved	CP1.1E-AR	Outline of Coverage	Medicare Supplement Outline of Coverage Cover Page	Initial	0	CP1.1E-AR (Outline cover page).pdf
Approved	DP2E-AR	Outline of Coverage	Medicare Supplement Outline of Coverage Disclosure Page	Initial	0	DP2E-AR (Outline Disclosure page) rev.pdf
Approved	RP1.1E-AR	Outline of Coverage	Medicare Supplement Outline of Coverage Rate Page	Initial	0	RP1.1E- AR.pdf
Approved	BC1.2E-AR	Outline of Coverage	Medicare Supplement Outline of Coverage Benefit Chart	Initial	0	BC1.2E-AR (outline of coverage benefit chart).pdf
Approved	T01-2008-03	Application/ Enrollment Form	Medicare Supplement Application	Initial	0	T01-2008-03 (ar).pdf

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Approved	T01_20	Other	Replacement Notice	Initial	0	T01_20 (Replmnt Notice - ALA Nat'l).pdf
Approved	T01_15	Other	HIPAA Authorization	Initial	0	T01_15 (HIPAA - ALA Nat'l).pdf
Approved	T01_101_AR	Other	Document of Solicitation	Initial	0	T01_101_AR (Documt of Solicitation).p df

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN A

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

Claims Service [1-877-223-3666]

**Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]**



Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA1-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21522]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA1-21522

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN B

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

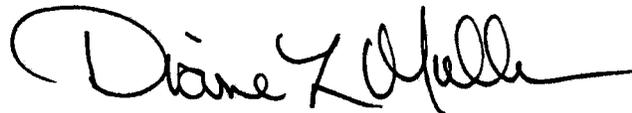
THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

Claims Service [1-877-223-3666]

Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]



Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN B ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan B as follows. Plan B Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;

- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA2-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21523]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA2-21523

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

**MEDICARE SUPPLEMENT INSURANCE CERTIFICATE
PLAN C
CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

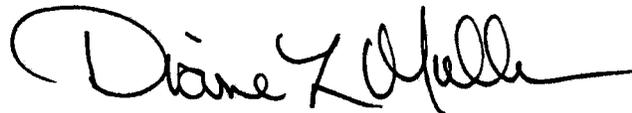
THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

Claims Service [1-877-223-3666]

**Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]**



Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN C ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan C as follows. Plan C Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Deductible Benefit

We will pay the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA3-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21524]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA3-21524

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN D

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

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Administrative Office:
Assured Life Association
[3316 Farnam Street
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Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Activities of Daily Living means activities including, but not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

At-Home Recovery Visit means the period of a visit required to provide recovery care at your Home, without limit on the duration of the visit. Each four hours in a row during any 24-hour period of services provided by a Care Provider counts as one visit. At-home recovery visits must primarily be services which assist with Activities of Daily Living.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Care Provider means a duly qualified or licensed home health aide/homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry. A care provider does not include a family member, an unpaid volunteer, or a provider who is not a care provider.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Home means any place used by you as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. Home does not include a Hospital or skilled nursing facility.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Benefit Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN D ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan D as follows. Plan D Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

At-Home Recovery Visit Benefit

We will pay the actual charges incurred, up to \$40 per visit, for At-Home Recovery Visits provided by a Care Provider in your Home to give short-term assistance with Activities of Daily Living while you are recovering from a Sickness, Injury or surgery. Benefits are limited to a maximum of seven visits per week and \$1,600 per calendar year.

At-Home Recovery Visits are payable only while you are receiving Medicare-approved home care services or, if not currently receiving such services, no more than eight weeks after the last Medicare-approved home health care visit. At-Home Recovery Visits cannot exceed the number and type certified as necessary by your Physician. Your Physician must certify that the specific type and frequency of At-Home Recovery Visits are necessary because of a condition for which a home care plan of treatment was approved by Medicare. The total number of At-Home Recovery Visits cannot exceed the number of Medicare-approved home health care visits under a Medicare-approved home care plan of treatment. Coverage is excluded for home care visits paid for by Medicare or other governmental programs.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;

- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA4-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21525]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA4-21525

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN F

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

Claims Service [1-877-223-3666]

**Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]**



Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Accept(s) Assignment means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill you for the excess charge difference between the actual charge and the amount approved by Medicare.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN F ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan F as follows. Plan F Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Deductible Benefit

We will pay the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

Medicare Part B Excess Charges Benefit

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference we will consider cannot exceed any charge limitation established by the Medicare program or state law.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA5-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21526]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA5-21526

ASSURED LIFE ASSOCIATION
8000 East Maplewood Ave. Suite 105
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN G

CONSIDERATION

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

30-DAY RIGHT TO EXAMINE CERTIFICATE

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

PLEASE READ YOUR APPLICATION

Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.

GUARANTEED RENEWABLE FOR LIFE

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

PREMIUM CHANGES

The premium for this certificate may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.
READ YOUR CERTIFICATE CAREFULLY.**

NOTICE TO BUYER:

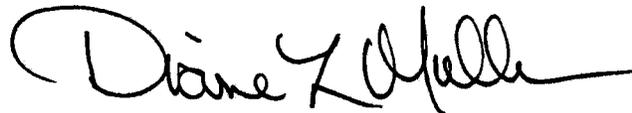
THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:

Customer Service [1-877-223-4244]

Claims Service [1-877-223-3666]

Administrative Office:
Assured Life Association
[3316 Farnam Street
Omaha, NE 68175]



Secretary

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DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

Accept(s) Assignment means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill you for the excess charge difference between the actual charge and the amount approved by Medicare.

Activities of Daily Living means activities including, but not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

At-Home Recovery Visit means the period of a visit required to provide recovery care at your Home, without limit on the duration of the visit. Each four hours in a row during any 24-hour period of services provided by a Care Provider counts as one visit. At-home recovery visits must primarily be services which assist with Activities of Daily Living.

Benefit Period means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

Care Provider means a duly qualified or licensed home health aide/homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry. A care provider does not include a family member, an unpaid volunteer, or a provider who is not a care provider.

Certificate Date means the date coverage starts under this certificate as shown on the certificate schedule.

Certificate Renewal Date means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

Emergency Care means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

Home means any place used by you as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. Home does not include a Hospital or skilled nursing facility.

Hospital means a place defined as a hospital and approved for payment as a hospital by Medicare.

Injury means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

Material Misrepresentation means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different

premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

Medicare Eligible Expenses mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

Physician means a physician as defined by Medicare.

Sickness means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

We, Us or Our means Assured Life Association.

You or Your means the person named as the Insured on the certificate schedule.

BASIC CORE BENEFITS

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

Inpatient Hospital Confinement Benefits (Medicare Part A)

Coinsurance Benefit: We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

Lifetime Reserve Days Benefit: We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

Medicare Exhaustion Benefit: After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

Blood Deductible Benefit (Medicare Part A or Part B)

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

Medicare Part B Coinsurance Benefit

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

PLAN G ADDITIONAL BENEFITS

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan G as follows. Plan G Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)

When you are confined in a Hospital as an inpatient, we will pay the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

Skilled Nursing Facility Confinement Benefit (Medicare Part A)

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

Medicare Part B Excess Charges Benefit

We will pay 80% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference we will consider cannot exceed any charge limitation established by the Medicare program or state law.

Emergency Care in a Foreign Country Benefit

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

At-Home Recovery Visit Benefit

We will pay the actual charges incurred, up to \$40 per visit, for At-Home Recovery Visits provided by a Care Provider in your Home to give short-term assistance with Activities of Daily Living while you are recovering from a Sickness, Injury or surgery. Benefits are limited to a maximum of seven visits per week and \$1,600 per calendar year.

At-Home Recovery Visits are payable only while you are receiving Medicare-approved home care services or, if not currently receiving such services, no more than eight weeks after the last Medicare-approved home health care visit. At-Home Recovery Visits cannot exceed the number and type certified as necessary by your Physician. Your Physician must certify that the specific type and frequency of At-Home Recovery Visits are necessary because of a condition for which a home care plan of treatment was approved by Medicare. The total number of At-Home Recovery Visits cannot exceed the number of Medicare-approved home health care visits under a Medicare-approved home care plan of treatment. Coverage is excluded for home care visits paid for by Medicare or other governmental programs.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

EXTENSION OF BENEFITS

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss.

SUSPENSION OF COVERAGE

Suspension Available During Medicaid Entitlement

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination.

You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

Suspension Available While Covered Under a Group Health Plan

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (c) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

CLAIMS FILING PROCEDURES

Notice of Claim

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

Claim Forms

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

Proof of Loss

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIMS

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

TERM OF COVERAGE

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

CERTIFICATE PROVISIONS

Entire Contract and Changes

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

Time Limit on Certain Defenses

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

Grace Period

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

Reinstatement

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury that occurs after the date of reinstatement or a Sickness that begins more than 10 days after such date. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

Physical Examinations and Autopsy

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

Legal Actions

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

Other Insurance with Us

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

Unpaid Premium

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

Conformity with State Statutes

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA6-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21527]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA6-21527

ASSURED LIFE ASSOCIATION
A Legal Reserve Fraternal Benefit Society
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, B, C, D, F AND G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A through L:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
 Blood: First 3 pints of blood each year

	A	B	C	D	E	F	F*	G	H	I	J	J*	K**	L**
Basic Benefits	X	X	X	X	X	X		X	X	X	X		X	X
Skilled Nursing Facility Coinsurance			X	X	X	X		X	X	X	X		50%	75%
Part A Deductible		X	X	X	X	X		X	X	X	X		50%	75%
Part B Deductible			X			X					X			
Part B Excess						100%		80%		100%	100%			
Foreign Travel Emergency			X	X	X	X		X	X	X	X			
At-Home Recovery				X				X		X	X			
Preventive Care NOT Covered By Medicare					X						X			
Out-of-Pocket Annual Limit													\$4,620***	\$2,310***

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plan F and J after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

**Plans K and L provide for different cost-sharing for items and services than Plans A through J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

Disclosures

Use this outline to compare benefits and premiums among certificates or policies.

Premium Information

We, Assured Life Association, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

Premiums do not include dues.

Read Your Certificate Very Carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to Assured Life Association at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing another health insurance certificate, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither Assured Life Association nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ZIP CODES: 716-717, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$104.04	Attained Age 65 and Over	\$126.12	Attained Age 65 and Over	\$137.28	Attained Age 65 and Over	\$129.53	Attained Age 65 and Over	\$151.77	Attained Age 65 and Over	\$122.70

NON-TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$318.50	Attained Age 65 and Over	\$386.07	Attained Age 65 and Over	\$420.24	Attained Age 65 and Over	\$396.53	Attained Age 65 and Over	\$464.61	Attained Age 65 and Over	\$375.62

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$630.75	Attained Age 65 and Over	\$764.57	Attained Age 65 and Over	\$832.24	Attained Age 65 and Over	\$785.28	Attained Age 65 and Over	\$920.11	Attained Age 65 and Over	\$743.87

NON-TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,249	Attained Age 65 and Over	\$1,514	Attained Age 65 and Over	\$1,648	Attained Age 65 and Over	\$1,555	Attained Age 65 and Over	\$1,822	Attained Age 65 and Over	\$1,473

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$129.95	Attained Age 65 and Over	\$157.69	Attained Age 65 and Over	\$171.60	Attained Age 65 and Over	\$162.10	Attained Age 65 and Over	\$189.84	Attained Age 65 and Over	\$153.44

TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$397.80	Attained Age 65 and Over	\$482.72	Attained Age 65 and Over	\$525.30	Attained Age 65 and Over	\$496.23	Attained Age 65 and Over	\$581.15	Attained Age 65 and Over	\$469.71

TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$787.80	Attained Age 65 and Over	\$955.97	Attained Age 65 and Over	\$1,040.30	Attained Age 65 and Over	\$982.73	Attained Age 65 and Over	\$1,150.90	Attained Age 65 and Over	\$930.21

TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,560	Attained Age 65 and Over	\$1,893	Attained Age 65 and Over	\$2,060	Attained Age 65 and Over	\$1,946	Attained Age 65 and Over	\$2,279	Attained Age 65 and Over	\$1,842

ZIP CODES: 718-721, 755

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$113.54	Attained Age 65 and Over	\$137.53	Attained Age 65 and Over	\$149.69	Attained Age 65 and Over	\$141.36	Attained Age 65 and Over	\$165.52	Attained Age 65 and Over	\$133.86

NON-TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$347.57	Attained Age 65 and Over	\$421.01	Attained Age 65 and Over	\$458.24	Attained Age 65 and Over	\$432.74	Attained Age 65 and Over	\$506.69	Attained Age 65 and Over	\$409.79

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$688.32	Attained Age 65 and Over	\$833.76	Attained Age 65 and Over	\$907.49	Attained Age 65 and Over	\$856.99	Attained Age 65 and Over	\$1,003.44	Attained Age 65 and Over	\$811.54

NON-TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,363	Attained Age 65 and Over	\$1,651	Attained Age 65 and Over	\$1,797	Attained Age 65 and Over	\$1,697	Attained Age 65 and Over	\$1,987	Attained Age 65 and Over	\$1,607

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$141.86	Attained Age 65 and Over	\$171.93	Attained Age 65 and Over	\$187.09	Attained Age 65 and Over	\$176.68	Attained Age 65 and Over	\$207.08	Attained Age 65 and Over	\$167.43

TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$434.27	Attained Age 65 and Over	\$526.32	Attained Age 65 and Over	\$572.73	Attained Age 65 and Over	\$540.86	Attained Age 65 and Over	\$633.93	Attained Age 65 and Over	\$512.55

TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$860.02	Attained Age 65 and Over	\$1,042.32	Attained Age 65 and Over	\$1,134.23	Attained Age 65 and Over	\$1,071.11	Attained Age 65 and Over	\$1,255.43	Attained Age 65 and Over	\$1,015.05

TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,703	Attained Age 65 and Over	\$2,064	Attained Age 65 and Over	\$2,246	Attained Age 65 and Over	\$2,121	Attained Age 65 and Over	\$2,486	Attained Age 65 and Over	\$2,010

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$121.53	Attained Age 65 and Over	\$147.36	Attained Age 65 and Over	\$160.44	Attained Age 65 and Over	\$151.52	Attained Age 65 and Over	\$177.43	Attained Age 65 and Over	\$143.44

NON-TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$372.05	Attained Age 65 and Over	\$451.10	Attained Age 65 and Over	\$491.13	Attained Age 65 and Over	\$463.85	Attained Age 65 and Over	\$543.15	Attained Age 65 and Over	\$439.11

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$736.80	Attained Age 65 and Over	\$893.35	Attained Age 65 and Over	\$972.63	Attained Age 65 and Over	\$918.60	Attained Age 65 and Over	\$1,075.65	Attained Age 65 and Over	\$869.61

NON-TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,459	Attained Age 65 and Over	\$1,769	Attained Age 65 and Over	\$1,926	Attained Age 65 and Over	\$1,819	Attained Age 65 and Over	\$2,130	Attained Age 65 and Over	\$1,722

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$151.94	Attained Age 65 and Over	\$184.34	Attained Age 65 and Over	\$200.50	Attained Age 65 and Over	\$189.34	Attained Age 65 and Over	\$221.83	Attained Age 65 and Over	\$179.34

TOBACCO QUARTERLY RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$465.12	Attained Age 65 and Over	\$564.32	Attained Age 65 and Over	\$613.79	Attained Age 65 and Over	\$579.62	Attained Age 65 and Over	\$679.07	Attained Age 65 and Over	\$549.02

TOBACCO SEMIANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$921.12	Attained Age 65 and Over	\$1,117.57	Attained Age 65 and Over	\$1,215.54	Attained Age 65 and Over	\$1,147.87	Attained Age 65 and Over	\$1,344.82	Attained Age 65 and Over	\$1,087.27

TOBACCO ANNUAL RATES

Policy Form MTA1 (Plan A)		Policy Form MTA2 (Plan B)		Policy Form MTA3 (Plan C)		Policy Form MTA4 (Plan D)		Policy Form MTA5 (Plan F)		Policy Form MTA6 (Plan G)	
Attained Age 65 and Over	\$1,824	Attained Age 65 and Over	\$2,213	Attained Age 65 and Over	\$2,407	Attained Age 65 and Over	\$2,273	Attained Age 65 and Over	\$2,663	Attained Age 65 and Over	\$2,153

PLANS A AND B
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,068	\$0	\$1,068 (Part A Deductible)	\$1,068 (Part A Deductible)	\$0
61 st through 90 th day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$133.50 a day	\$0	Up to \$133.50 a day	\$0	Up to \$133.50 a day
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS A AND B
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$135 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay	Plan B Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment First \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0	\$1,068 (Part A Deductible)	\$0
61 st through 90 th day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$133.50 a day	Up to \$133.50 a day	\$0	Up to \$133.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS C AND D
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$135 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS C AND D
PARTS A and B (continued)

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
HOME HEALTH CARE—AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit	\$0	N/A	All costs	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	N/A	All costs	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	N/A	All costs	\$1,600	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS F AND G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0	\$1,068 (Part A Deductible)	\$0
61 st through 90 th day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$133.50 a day	Up to \$133.50 a day	\$0	Up to \$133.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance

*/***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$135 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	80%	20%
BLOOD First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F and G
PARTS A and B (continued)

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOME HEALTH CARE—AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit	\$0	N/A	All costs	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	N/A	All costs	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	N/A	All costs	\$1,600	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

ASSURED LIFE ASSOCIATION
 A Fraternal Benefit Society
Application For Medicare Supplement Coverage



ASSURED LIFE
ASSOCIATION

PLAN INFORMATION (to be completed by Producer)

NOTE: For ALL sections, ONLY complete the Applicant B information if to be insured.

1.

APPLICANT	APPLICANT B
Mail Certificate to <input type="checkbox"/> Agent <input type="checkbox"/> Insured Certificate Form	Mail Certificate to <input type="checkbox"/> Agent <input type="checkbox"/> Insured] Certificate Form
Requested Effective Date	Requested Effective Date
Premium Collected \$	Premium Collected \$
Initial Mode A, S, Q, B[, ACH] [or CC]	Initial Mode A, S, Q, B[, ACH] [or CC]
Renewal \$	Renewal \$
Renewal Mode A, S, Q, B [or CC] (direct monthly not available)	Renewal Mode A, S, Q, B [or CC] (direct monthly not available)

1. PLEASE READ THE FOLLOWING CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY.

2.

Applicant	Applicant B
Name (First/Middle/Last)	Name (First/Middle/Last)
Residence Address	Residence Address (if different from Applicant's)
City	City
State ZIP	State ZIP
Mailing Address (if different from residence address)	Mailing Address (if different from residence address)
City	City
State ZIP	State ZIP
Home Phone No (_____) (area code)	Home Phone No (_____) (area code)
Current Age _____ Date of Birth ____ / ____ / ____ mo day yr	Current Age _____ Date of Birth ____ / ____ / ____ mo day yr
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security No	Social Security No
Medicare Health Insurance Card Number (if known)	Medicare Health Insurance Card Number (if known)
E-mail Address	E-mail Address
Height _____ Weight _____ Ft _____ In _____ Lbs _____	Height _____ Weight _____ Ft _____ In _____ Lbs _____

2. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

	Applicant	Applicant B
1. Have you received a copy of the Guide to Health Insurance for People with Medicare and the Outline of Coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
To the Best of Your Knowledge:		
1. Are you covered under Medicare Part A? If "YES," what is your Part A effective date? _____ / _____ / _____ Applicant / Applicant B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you covered under Medicare Part B? If "YES," what is your Part B effective date? _____ / _____ / _____ Applicant / Applicant B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you turn age 65 in the last six months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you enroll in Medicare Part B in the last six months? If "YES," indicate your effective date. _____ / _____ / _____ Applicant / Applicant B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy or certificate, or that you had certain rights to buy such a policy or certificate, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS. Please mark "YES" or "NO" with an "X" to the questions below.**

3. FOR YOUR PROTECTION, the National Association of Insurance Commissioners requests that we ask the following questions about insurance policies or certificates you may have.

To the Best of Your Knowledge:	Applicant	Applicant B
1. Are you applying during a guaranteed issue period? (NOTE: If the answer above is "YES," please attach proof of eligibility.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have another Medicare supplement or Medicare select insurance policy or certificate in force? (a) If "YES," with what company, and what plan do you have?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant	Applicant B
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Plan	Plan
Issue Date ____ / ____ / ____	Issue Date ____ / ____ / ____

(b) If "YES," do you intend to replace your current Medicare supplement policy/certificate with this certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) If "YES," indicate termination date. _____ / _____ / _____ Applicant / Applicant B	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) If "YES," have you received a copy of the replacement notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have had any other Medicare plan coverage as referenced below, not to include Medicare supplement, please complete questions (a-g) below. If not, skip to question #4.		
3. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. START _____ / _____ / _____ END _____ / _____ / _____ Applicant / Applicant B		
(a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If "YES," have you received a copy of the replacement notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Reason for termination/disenrollment? _____ / _____ Applicant / Applicant B		
(d) Planned date of termination/disenrollment? _____ / _____ / _____ Applicant / Applicant B		

(e) Was this your first time in this type of Medicare plan? (f) Did you drop a Medicare supplement or Medicare select policy/certificate to enroll in this Medicare plan? (g) Is your former Medicare supplement or Medicare select policy/certificate still available? 4. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual non-Medicare supplement plan.) (a) If "YES," with what company and what kind of policy/certificate? (List below.)	Applicant	Applicant B
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant		Applicant B	
Name of Company	Kind of Policy/Certificate	Name of Company	Kind of Policy/Certificate

(b) What are your dates of coverage under the other policy/certificate? If you are still covered under this plan, leave "END" blank.
 START ____/____/____ END ____/____/____ / START ____/____/____ END ____/____/____
Applicant Applicant B

(c) Reason for termination/disenrollment? _____ / _____
Applicant Applicant B

(d) Planned date of termination/disenrollment? ____/____/____ / ____/____/____
Applicant Applicant B

5. Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question.) If "YES," (a) Will Medicaid pay your premiums for this Medicare supplement certificate? (b) Do you receive any benefits from Medicaid OTHER THAN payment toward your Medicare Part B premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Producers shall list any other health insurance policies/certificates they have sold to the applicant. (a) List policies/certificates sold which are still in force.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant	Applicant B
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Description of Benefits	Description of Benefits
Effective Date of Coverage	Effective Date of Coverage

(b) List policies/certificates sold in the past five (5) years which are no longer in force.

Applicant	Applicant B
Name of Company	Name of Company
Policy/Certificate Number	Policy/Certificate Number
Description of Benefits	Description of Benefits
Effective Date of Coverage	Effective Date of Coverage

If you are applying during Open Enrollment or a Guaranteed Issue period, **SKIP SECTION 4 and GO TO SECTION 5.**

4. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. Make sure all questions are answered by each applicant. If either you or Applicant B answer "YES" to any of the following questions 1-14, that person is not eligible for coverage.

To the Best of Your Knowledge:	Applicant	Applicant B
1. Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you tested positive for exposure to the HIV infection or been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or condition derived from such infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure) or kidney disease? If you do not have diabetes, this question should be answered "NO".	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism or drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you been advised by a physician that surgery may be required within the next 12 months for cataracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you been hospital confined three or more times in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Have you used tobacco in any form in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? If "YES," please list the drug and the condition in the following table.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant (please attach a separate sheet if needed)		Applicant B (please attach a separate sheet if needed)
_____	Medication Name (copy off pharmacy label)	_____
_____	Date Originally Prescribed	_____
_____	Frequency and Dosage	_____
_____	Diagnosis/Condition	_____
_____	Medication Name (copy off pharmacy label)	_____
_____	Date Originally Prescribed	_____
_____	Frequency and Dosage	_____
_____	Diagnosis/Condition	_____
_____	Medication Name (copy off pharmacy label)	_____
_____	Date Originally Prescribed	_____
_____	Frequency and Dosage	_____
_____	Diagnosis/Condition	_____

5. PLEASE READ AND SIGN BELOW

IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- You do not need more than one Medicare supplement certificate.
- If you purchase this certificate, you may want to evaluate your existing health coverage and decide if you need multiple coverage.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement certificate.
- If, after purchasing the certificate, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement certificate can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement certificate (or, if that is no longer available, a substantially equivalent certificate) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement certificate provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your certificate was suspended, the reinstated certificate will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement certificate by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement certificate can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement certificate under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement certificate (or, if that is no longer available, a substantially equivalent certificate) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement certificate provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your certificate was suspended, the reinstated certificate will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I wish to apply for a Medicare supplement insurance certificate. I represent that my answers and statements on this application are true and complete. I understand that, upon acceptance of the completed application, each applicant will receive a separate certificate. I understand that my certificate benefits can start no earlier than my Medicare effective date, my first month's premium has been received and/or processed and my application has been approved by Assured Life Association.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a false or deceptive statement is guilty of insurance fraud.

Dated at _____, on _____, _____
City State Month Day Year Applicant's Signature

Dated at _____, on _____, _____
City State Month Day Year Applicant B's Signature (if applying)

Premium Must Accompany Application

I/We certify that during an interview with the proposed applicant, I/we have truly and accurately recorded in the application the information supplied by the applicant.

(Signature of Licensed Producer)

(Signature of Licensed Producer)

PRODUCER STAMP

PRODUCER STAMP

ADDITIONAL INFORMATION: PART 4 - CON'T. HEALTH/MEDICAL QUESTIONS - Question #16

Applicant (please attach a separate sheet if needed)		Applicant B (please attach a separate sheet if needed)
<hr/> <hr/> <hr/>	Medication Name (copy off pharmacy label) <hr/> Date Originally Prescribed <hr/> Frequency and Dosage <hr/> Diagnosis/Condition <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	Medication Name (copy off pharmacy label) <hr/> Date Originally Prescribed <hr/> Frequency and Dosage <hr/> Diagnosis/Condition <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	Medication Name (copy off pharmacy label) <hr/> Date Originally Prescribed <hr/> Frequency and Dosage <hr/> Diagnosis/Condition <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	Medication Name (copy off pharmacy label) <hr/> Date Originally Prescribed <hr/> Frequency and Dosage <hr/> Diagnosis/Condition <hr/>	<hr/> <hr/> <hr/>

SECTION FOR ADDITIONAL COMMENTS

Applicant (please attach a separate sheet if needed)	Applicant B (please attach a separate sheet if needed)

ASSURED LIFE ASSOCIATION

A Fraternal Benefit Society

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a certificate to be issued by Assured Life Association. Your new certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the certificate. You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this certificate.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement certificate will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement certificate is being purchased for the following reason(s) (check one):

Applicant	Applicant B
<input type="checkbox"/> Additional benefits	<input type="checkbox"/> Additional benefits
<input type="checkbox"/> No change in benefits, but lower premiums	<input type="checkbox"/> No change in benefits, but lower premiums
<input type="checkbox"/> Fewer benefits and lower premiums	<input type="checkbox"/> Fewer benefits and lower premiums
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D	<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D
<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment	<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Other (please specify) _____
_____	_____
_____	_____

If you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your certificate had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new certificate and are sure that you want to keep it.

X _____
Signature of Agent, Broker or Other Representative

ASSURED LIFE ASSOCIATION, [P.O. Box 2397, Omaha, Nebraska 68103-2397]

Applicant	Applicant B
Signature	Signature
Date	Date

1 - Home Office Copy

2 - Applicant Copy

ASSURED LIFE ASSOCIATION

A Fraternal Benefit Society

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Save this notice! It may be important to you in the future.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a certificate to be issued by Assured Life Association. Your new certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the certificate.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this certificate.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement certificate will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement certificate is being purchased for the following reason(s) (check one):

Applicant	Applicant B
<input type="checkbox"/> Additional benefits	<input type="checkbox"/> Additional benefits
<input type="checkbox"/> No change in benefits, but lower premiums	<input type="checkbox"/> No change in benefits, but lower premiums
<input type="checkbox"/> Fewer benefits and lower premiums	<input type="checkbox"/> Fewer benefits and lower premiums
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D	<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D
<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment	<input type="checkbox"/> Disenrollment from a Medicare Advantage Plan Please explain reason for disenrollment
<input type="checkbox"/> Other (please specify) _____ _____	<input type="checkbox"/> Other (please specify) _____ _____

If you still wish to terminate your present policy or certificate and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your certificate had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy or certificate until you have received your new certificate and are sure that you want to keep it.

X _____
Signature of Agent, Broker or Other Representative

ASSURED LIFE ASSOCIATION, [P.O. Box 2397, Omaha, Nebraska 68103-2397]

Applicant	Applicant B
Signature	Signature
Date	Date

ASSURED LIFE ASSOCIATION

A Fraternal Benefit Society

Authorization To Disclose Personal Information To Assured Life Association

Meanings of Terms

“Medical Persons and Entities” means: all physicians, medical or dental practitioners, hospitals, clinics, pharmacies, pharmacy benefit managers, other medical care facilities, health maintenance organizations and all other providers of medical or dental services.

“Personal Information” means: all health information, such as medical history, mental and physical condition, prescription drug records, drug and alcohol use and other information such as finances, occupation, general reputation and insurance claims information about me. Personal Information does not include Psychotherapy Notes.

“Psychotherapy Notes” means: notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a counseling session, which notes are separated from the rest of the person’s medical record. Certain information, such as that relating to prescriptions, diagnosis and functional status, is not included in the term Psychotherapy Notes.

“Specified Companies” means:

- The group of companies which presently includes Assured Life Association and additional companies which may become part of this group of companies and their successors.
- Other persons and entities which act on behalf of those companies to provide services to them.

Authorization to Disclose

I authorize the Medical Persons and Entities, the Specified Companies, employers, consumer reporting agencies and other insurance companies to disclose Personal Information about me to Assured Life Association.

Purposes

The Personal Information will be used to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on my application which may arise during the processing of my application or in connection with claims for insurance benefits.

Potential for Redisclosure

If the person or entity to whom Personal Information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the Personal Information may then be subject to further disclosure by that person or entity without the protections of the federal privacy regulations.

Failure to Sign

I understand that I may refuse to sign this authorization. I realize that if I refuse to sign, the insurance for which I am applying will not be issued.

Expiration and Revocation

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to:

ATTN: Individual Underwriting
Assured Life Association
[P.O. Box 2397]
[Omaha, Nebraska 68103-2397]

I realize that my right to revoke this authorization is limited to the extent that Assured Life Association has taken action in reliance on the authorization or the law allows Assured Life Association to contest the issuance of the certificate or a claim under the certificate.

Copy

I understand that I will receive a copy of the signed authorization. A copy of this authorization is as effective as the original.

Names and Signatures

Name(s) used for medical records (if different than the name(s) below): _____

Applicant	Applicant B
Printed Name of Proposed Applicant	Printed Name of Proposed Applicant
Signature of Proposed Applicant	Signature of Proposed Applicant
Date	Date

ASSURED LIFE ASSOCIATION

A Fraternal Benefit Society

Documentation of Solicitation of Medicare Related Products

In accordance with Arkansas law, this form is to be completed for all Medicare Supplement, Medicare Advantage and Medicare Part D solicitations, where an application was completed. Place completed form in client file. I certify that the solicitation of Medicare related product coverage for _____ was solicited in the following manner. (Client's Name)

- All replacement questions were asked and recorded on the application.
This application was was not a replacement.
- If a replacement, I have reviewed the applicants current coverage and made a best effort to adequately inform the Medicare beneficiary of any substantial benefit differences between replaced and new coverages.
- If a replacement, I have advised the Medicare beneficiary they have the right to contact the issuer of the policy or certificate that is being replaced for additional information
- The Medicare beneficiary signed the application
- A copy of the Outline of Coverage was left with the Medicare beneficiary

Agent's Name

Date

Complete and Retain in Applicant's File

SERFF Tracking Number: MUTM-126103161 State: Arkansas
Filing Company: Assured Life Association State Tracking Number: 42516
Company Tracking Number: ROBYN GONZALES
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Admin Med Supp ALA WOW- MTA1-21522
Project Name/Number: Admin Med Supp ALA WOW- MTA/MTA1-21522

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Accepted for Informational Purposes 07/21/2009

Comments:

Attachment:

AR Read Cert.pdf

Satisfied -Name: Application **Review Status:** Approved 07/21/2009

Comments:

We comply with this requirement.

Satisfied -Name: Outline of Coverage **Review Status:** Approved 07/21/2009

Comments:

We comply with this requirement.

Satisfied -Name: Certification of Compliance with Rule 19 **Review Status:** Accepted for Informational Purposes 07/21/2009

Comments:

Attachment:

AR Certif of Compliance with Rule 19.pdf

Satisfied -Name: Fee Schedule **Review Status:** Accepted for Informational Purposes 07/21/2009

Comments:

Attachment:

AR Fee Schedule Cert .pdf

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
MTA1-21522	Medicare Supplement Plan A	43.9
MTA2-21523	Medicare Supplement Plan B	43.7
MTA3-21524	Medicare Supplement Plan C	42.9
MTA4-21525	Medicare Supplement Plan D	41.7
MTA5-21526	Medicare Supplement Plan F	42.8
MTA6-21527	Medicare Supplement Plan G	41.7
T01-2008-03	Medicare Supplement Application	40*
T01_15	HIPAA	NA
T01_20	Replacement Notice	NA
T01_101_AR	Document of Solicitation	NA

* When scored with the base policy, this form meets or exceeds your state's requirements.

Assured Life Association

Date: May 28, 2009



Daniel J. Kennelly
 Vice President & Chief Compliance Officer
 Mutual of Omaha Insurance Company
 as Administrator for Assured Life Association

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Assured Life Association

Form Number(s): MTA1-21522, MTA2-21523, MTA3-21524, MTA4-21525,
MTA5-21526, MTA6-21527, T01-2008-03, T01_15,
T01_20, T01_101_AR

I hereby certify, to the best of my knowledge and belief, that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer Mutual of Omaha
Insurance Company as Administrator for Assured Life
Association

Title

May 28, 2009

Date

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Assured Life Association

Company NAIC Code: 56499

Company Contact Person & Phone: Robyn Gonzales

402-351-6748

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* 6 X \$50 = \$ 300.00

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ X \$20 = _____

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

SERFF Tracking Number: MUTM-126103161 State: Arkansas
 Filing Company: Assured Life Association State Tracking Number: 42516
 Company Tracking Number: ROBYN GONZALES
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Admin Med Supp ALA WOW- MTA1-21522
 Project Name/Number: Admin Med Supp ALA WOW- MTA/MTA1-21522

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	Medicare Certificate Schedule Plan F	05/28/2009	CERT SCHED-- PLAN F--.pdf
No original date	Form	Medicare Certificate Schedule Plan G	05/28/2009	CERT SCHED-- PLAN G--.pdf
No original date	Form	Medicare Supplement Outline of Coverage Disclosure Page	05/28/2009	DP2E-AR (outline disclosure page).pdf
No original date	Form	Medicare Certificate Schedule Plan A	05/28/2009	CERT SCHED-- PLAN A--.pdf
No original date	Form	Medicare Certificate Schedule Plan B	05/28/2009	CERT SCHED-- PLAN B--.pdf
No original date	Form	Medicare Certificate Schedule Plan C	05/28/2009	CERT SCHED-- PLAN C--.pdf
No original date	Form	Medicare Certificate Schedule Plan D	05/28/2009	CERT SCHED-- PLAN D--.pdf

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA5-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21526]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

INSURED

THE INITIAL PREMIUM INCLUDES A
ONE-TIME ENROLLMENT FEE OF [\$25.00]

[James J. Jones]
[123 Main Street]
[Anytown, AR 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT
INCLUDE FRATERNAL DUES OF [\$1.00]
PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

**Renewal Premium Subject To Change

CLAIM INFORMATION CALL [1-877-223-4244]
OTHER SERVICE QUESTIONS CALL [1-877-223-3666]

MTA5-21526

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA6-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21527]
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AS SPECIFIED IN THE CERTIFICATE

INSURED

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MTA6-21527

Disclosures

Use this outline to compare benefits and premiums among certificates or policies.

Premium Information

We, Assured Life Association, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

There will be a one-time enrollment fee of \$25.00 added to the first premium.

Premiums do not include dues.

Read Your Certificate Very Carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to Assured Life Association at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing another health insurance certificate, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither Assured Life Association nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA1-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21522]
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PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

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MTA1-21522

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA2-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21523]
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AS SPECIFIED IN THE CERTIFICATE

INSURED

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PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW
(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)

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MTA2-21523

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA3-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21524]
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AS SPECIFIED IN THE CERTIFICATE

INSURED

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PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

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MTA3-21524

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER	CERTIFICATE DATE	FIRST RENEWAL DATE
MTA4-[000000-007]	[4-1-09]	[4-1-10]

INITIAL PREMIUM	RENEWAL PREMIUM	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

CERTIFICATE BENEFIT	SERIES [21525]
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PER MONTH

INITIAL PREMIUM \$[0,000.00]

MGR [Don Jones]
[J Brown 09999]

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MTA4-21525