Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Critical Illness Insurance - Extended Plan	SERFF Tr Num: USLH-126162147	State: Arkansas
TOI: H07I Individual Health - Specified Disease - - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 43258
Sub-TOI: H07I.001 Critical Illness	Co Tr Num: CRITILL-EXTEND-AR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Authors: Lisa Kosvick, Jaime Gettemans	Disposition Date: 08/25/2009
	Date Submitted: 08/18/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Critical Illness Insurance - Extended Plan	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/25/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/25/2009
Deemer Date:	Created By: Lisa Kosvick
Submitted By: Lisa Kosvick	Corresponding Filing Tracking Number:

Filing Description:

The captioned forms will provide Critical Illness health coverage for individuals that wish to insure against the potential of a critical illness. Please note that under the "Rates Schedule", there is one document that contains two rate tables; the first is for non-smokers and the second table is for smokers.

Company and Contact

Filing Contact Information

Jaime Gettemans, jaimegettemans@jandpholdings.com
6640 S. Cicero Avenue 708-552-2417 [Phone]
Bedford Park, IL 60638

Filing Company Information

United Security Life and Health Insurance Company	CoCode: 81108	State of Domicile: Illinois
6640 S. Cicero	Group Code:	Company Type:
Bedford Park, IL 60638	Group Name:	State ID Number:
(708) 475-6000 ext. [Phone]	FEIN Number: 36-3692140	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	$0.00	08/18/2009	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/25/2009	08/25/2009

Disposition

Disposition Date: 08/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*USLH-126162147*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*43258*
Company Tracking Number:	*CRITILL-EXTEND-AR*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.001 Critical Illness*
Product Name:	*Critical Illness Insurance - Extended Plan*		
Project Name/Number:	*Critical Illness Insurance - Extended Plan/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Critical Illness Limited Benefit Policy-Extended Plan	Approved-Closed	Yes
Rate	Critical Illness Rates (No Return of Premium Option)	Approved-Closed	Yes

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/25/2009	CRITILL-EXTEND-AR	Policy/Contract/Fraternal Certificate	Critical Illness Limited Benefit Policy-Extended Plan	Initial		41.700	CRITILL-EXTEND-AR.pdf

United Security Life and Health Insurance Company

6640 South Cicero Avenue, Bedford Park, Illinois 60638
(A Stock Company)
1-800-875-4422

GUARANTEED RENEWABLE FOR THE LIFE OF POLICY, SUBJECT TO CHANGE IN PREMIUMS BY CLASS BENEFITS FOR INCURRAL OF A CRITICAL ILLNESS, AS DEFINED AND LIMITED IN THIS POLICY - NONPARTICIPATING

THE COMPANY AGREES TO PAY the Benefits described in this Policy, subject to its provisions, exclusions and limitations.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should READ THIS CONRACT CAREFULLY.

GUARANTEED RENEWABLE FOR THE LIFE OF POLICY– SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy Anniversary on or following the life of the Policy, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

TEN DAYS TO EXAMINE POLICY. You may return this Policy within ten (10) days after delivery, either to Us or to our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

THIS IS A LIMITED BENEFIT POLICY…PLEASE READ IT CAREFULLY

IMPORTANT NOTICE

Please read the copy of the Application attached to this Policy. Carefully check the Application and write to Us at the above address within 10 days: (a) if any information on the Application is not correct and complete; or (b) if any past medical history has been left out of the Application. The Application is a part of this Policy, and this Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

FOR INFORMATION OR SERVICE CONTACT OUR AGENT OR CALL CUSTOMER SERVICES (1-800-875-4422)
POLICY DATE

Insured Person – Insured, Insured Spouse, and/or Insured Child

Insured – John Doe
Policy Number – XXXXXXXXX
Age/Gender – XX/XX
Date of Issue – XX/XX/XXXX
Premium Class – Standard-Tobacco
Premium Period – XX
Premium - $XX Monthly; $XX Annually

Signed for United Security Life and Health Insurance Company at Bedford Park, Illinois.

PRESIDENT

SECRETARY

THIS IS A LIMITED BENEFIT POLICY FOR CRITICAL ILLNESS COVERAGE ONLY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ IT CAREFULLY

CONTENTS OF POLICY

Policy Data	Page 1	Limitations And Exclusion	Page 8
Policy Schedule	Page 3	Premiums	Page 9
Definitions	Page 4	Claims	Page 10
Benefits	Page 5	General Provisions	Page 11
Critical Illness Diagnosis Benefits	Page 5	Family Coverage	Page 12
Diagnostic Requirements	Page 7		
Newborn and Adopted Children Coverage	Page 8		

A copy of the application, and any supplemental applications, are included after Page 15.

POLICY PROVISIONS IN ALPHABETICAL ORDER

Age And Gender	Page 11	Kidney (Renal) Failure Benefit	Page 6
Assignment	Page 10	Lapse	Page 9
Beneficiary	Page 12	Legal Actions	Page 10
Benefit Payment Conditions	Page 5	Limitations And Exclusions	Page 8
Cancellation By The Insured	Page 12	Loss Of Sight, Hearing or Speech	Page 7
Change Of Beneficiary	Page 12	Major Organ Transplant Benefit	Page 6
Claim Forms	Page 10	Medicaid Eligibility	Page 12
Conformity With State Statutes	Page 12	Nonparticipation	Page 12
Contract	Page 11	Notice Of Claim	Page 10
Conversion Privilege	Page 13	Owner	Page 11
Definitions	Page 4	Paralysis Benefit	Page 6
Diagnostic Requirements	Page 7	Payment Of Claims	Page 10
Effective Date	Page 12	Physical Examination And Autopsy	Page 10
Grace Period	Page 9	Premium Refund At Death	Page 9
Guaranteed Renewable For the Life of Policy		Proof Of Loss	Page 10
Subject To Change in		Reinstatement	Page 9
Premium By Class	Page 1	Severe Burn Benefit	Page 7
Heart Attack Benefit	Page 5	Stroke Benefit	Page 6
Incontestable	Page 11	Termination	Page 11
Insured Child	Page 12	Time Of Payment Of Claims	Page 10
Insured Spouse	Page 13	Time Limit On Certain Defenses	Page 11
In Situ Cancer Benefit	Page 7	Unpaid Premiums	Page 10
Invasive Cancer Benefit	Page 5		

POLICY SCHEDULE

Critical Illness Diagnosis Benefits

CRITICAL ILLNESS MAXIMUM BENEFIT AMOUNT:

Primary Insured	**($10,000 - $50,000)**
Insured Spouse	**($10,000 - $50,000)**
Insured Child	**(50% of Insured)**

CRITICAL ILLNESS DIAGNOSES	**CRITICAL ILLNESS MAXIMUM BENEFIT PERCENTAGE**
Invasive Cancer	100%
Heart Attack	100%
Kidney (Renal) Failure	100%
Stroke	100%
Severe Burn	100%
Major Organ Transplant	100%
In Situ Cancer	10%
In Situ Skin Cancer Benefit is payable only once per lifetime per Insured Person	maximum of $250
Paralysis:	
Each of the following benefits is payable only once per lifetime per Insured Person	
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%

A Critical Illness Benefit will be paid only if a Critical Illness is Incurred or Manifests, whichever is applicable as stated in the Policy, and is Diagnosed, more than 30 days after the date coverage on the Insured Person becomes effective.

DEFINITIONS

AGE means the attained age as of the last birthday.

CALENDAR YEAR means the period from January 1 through December 31.

CRITICAL ILLNESS means any of the illnesses stated in the Policy Schedule and described in this Policy.

DIAGNOSED/DIAGNOSIS means a definitive diagnosis made by a Physician, licensed and practicing in the United States or its territories and, where applicable, specializing in a particular area of medicine:

(a) based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations, following recommended and accepted medical practices at the time of diagnosis, and the results must be documented in and supported by the Insured Person's medical records; and

(b) meeting any Diagnostic Requirements stated in this Policy for the particular Critical Illness being Diagnosed.

IMMEDIATE FAMILY MEMBER means a person who is related to the insured in any of the following ways: spouse; child (including a legally adopted child, stepchild, son-in-law and daughter-in-law); parents; (includes stepparent, mother-in-law and father-in-law); and brother or sister (including stepbrother, or stepsister, brother-in-law and sister-in-law).

INCURS/INCURRED means an event or incident that occurs within the Policy Period, whether a claim for such event or incident is adjusted or paid during the same period, and that:

(a) occurs after the date coverage on an Insured Person becomes effective under this Policy;

(b) occurs while the Policy is in force; and

(c) is not precluded by any specific description or exclusion stated in this Policy.

INSURED PERSON means the person named as "Primary Insured" in the Policy Schedule Page (and includes an Insured Spouse or Insured Child, if indicated in the Policy Schedule Page). The Insured Spouse will become the Primary Insured upon the death or termination of coverage on the person otherwise named as Primary Insured in the Policy Schedule Page.

MONTH means calendar month.

MANIFESTS/MANIFESTED/MANIFESTATION means the existence of a condition or symptom that would cause an ordinary prudent person to seek Diagnosis, medical care, or treatment.

MEDICALLY RELATED means that a successive Critical Illness stated in the Policy Schedule results from the same organic, pathological, or physiological causes, conditions, or symptoms as a previous Critical Illness. A successive Critical Illness that is NOT medically related to previous Critical Illness must be confirmed by a Physician through diagnostic evaluations, clinical and/or laboratory examinations, tests, and observations; and the results must be documented in and supported by the Insured Person's medical records.

OWNER means Primary Insured

PHYSICIAN means a person who:

(a) is a legally qualified practitioner of the healing arts licensed in the United States or its territories;

(b) practices within the scope of his or her license and certification;

(c) is not the Insured Person;

(d) is not the Insured Person's Immediate Family Member; and

(e) does not customarily reside in the same household as the Insured Person.

PREEXISTING CONDITION means:

(a) the existence of a condition or symptom that would cause an ordinary prudent person to seek Diagnosis, medical care, or treatment within the two (2) year period before the date coverage on the Insured Person becomes effective under this Policy; or

(b) a condition or symptom for which medical advice, care, or treatment was recommended by a Physician or received from a Physician within the two (2) year period before the date coverage on the Insured Person becomes effective under this Policy.

Preexisting Condition does not include breast cancer routine follow-up care.

TRANSIENT ISCHEMIC ATTACK (TIA): a neurological condition or event with the signs and symptoms of a stroke, but which disappear within a short time with no residual signs, symptom, deficits, or abnormalities that are revealed or shown on neuroimaging studies.

WE, OUR, US or **COMPANY** refers to United Security Life and Health Insurance Company.

YEAR means a consecutive 365-day period.

YOU or **YOUR** refers to the Primary Insured of this Policy, which means the Primary Insured stated in the application or later changed.

BENEFITS

CRITICAL ILLNESS MAXIMUM BENEFIT AMOUNT
The Critical Illness Maximum Benefit Amount for each Critical Illness for each Insured Person is as stated in the Policy Schedule.

We will pay the Critical Illness Maximum Benefit Amount stated in the Policy Schedule (after applying all applicable Policy provisions) for each Insured Person, if a Critical Illness is Incurred or Manifests, whichever is applicable as stated in the Policy, and is Diagnosed, more than 30 days after the date coverage on an Insured Person becomes effective.

BENEFIT PAYMENT AMOUNT CALCULATION
Your benefit payment amount for each covered Critical Illness will be calculated as the Critical Illness Maximum Benefit Amount multiplied by the applicable Critical Illness Maximum Benefit Percentage stated in the Policy Schedule.

BENEFIT PAYMENT CONDITIONS
The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

(a) the Critical Illness must be incurred as stated in the Policy;
(b) the Critical Illness must be Diagnosed while the coverage on an Insured Person is effective under this Policy;
(c) the Critical Illness must be Diagnosed within the United States or its territories;
(d) The Critical Illness must Manifest as stated in the Policy; and
(e) The benefit payment must not be precluded by any general or specific exclusion or any failure to meet any other condition stated in the Policy.

CRITICAL ILLNESS DIAGNOSIS BENEFITS

INVASIVE CANCER
If the words "Invasive Cancer" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO Benefits for this illness.

INVASIVE CANCER means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

For the purpose of *this definition, Invasive Cancer does NOT mean:*

(a) Leukoplakia;
(b) Hyperplasia;
(c) Carcinoid;
(d) Polycythemia;
(e) Stage 1 Hodgkin's disease;
(f) Stage A prostate cancer;
(g) Duke's stage A colon cancer;
(h) Intraductal non-invasive breast cancer;
(i) Stage 0 or 1 transitional cell carcinoma of urinary bladder;
(j) Carcinoma in situ;
(k) Any skin cancer other than malignant melanoma with a depth of 1 mm or deeper or greater than Clark level 2;
(l) $T_1N_0M_0$ (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter;
(m) Chronic Lymphocytic Leukemia RAI stage 0; or
(n) Any other pre-malignant lesions, benign tumors, or polyps;

INVASIVE CANCER BENEFIT
If Invasive Cancer is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the applicable Critical Illness Benefit. This benefit is payable only once per lifetime per Insured Person.

DIAGNOSTIC REQUIREMENTS FOR INVASIVE CANCER
Invasive Cancer must be Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. Clinical diagnosis of Invasive Cancer will be accepted as evidence that Invasive Cancer exists when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the clinical diagnosis of Invasive Cancer and the Insured Person receives treatment for Invasive Cancer.

HEART ATTACK
If the words "Heart Attack" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

HEART ATTACK means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

HEART ATTACK BENEFIT
If a Heart Attack is Incurred and Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the applicable Critical Illness Benefit.

DIAGNOSTIC REQUIREMENTS FOR HEART ATTACK
The Diagnosis of Heart Attack must be based on an event or incident that contains at least two of the following criteria:

(a) new electrocardiographic (EKG) changes that support the Diagnosis;
(b) diagnostic elevation of cardiac enzymes or biomedical markers; or
(c) confirmatory imaging studies such as cardiac catheterization, thallium scans, MUGA scans, or stress echocardiograms.

CRITICAL ILLNESS DIAGNOSIS BENEFITS

(Continued)

KIDNEY (RENAL) FAILURE
If the words "Kidney (Renal) Failure" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

KIDNEY (RENAL) FAILURE means the end stage failure which:
(a) presents a chronic irreversible failure of both Kidneys as described below; and
(b) requires treatment by renal dialysis or kidney transplant.

KIDNEY (RENAL) FAILURE BENEFIT
If Kidney (Renal) Failure is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Critical Illness Benefit.

This Critical Illness must not have Manifested within the first 30 days following the date coverage on the Insured Person becomes effective under this Policy.

DIAGNOSTIC REQUIREMENTS FOR KIDNEY (RENAL) FAILURE
The Diagnosis of Kidney (Renal) Failure must be based on the chronic irreversible failure of the function of both kidneys, requiring regular dialysis or kidney transplant.

STROKE
If the word "Stroke" is NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

STROKE means:
(a) a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours; and
(b) a resulting measurable neurological deficit persisting for at least 30 days after the occurrence of the stroke.

For the purpose of *this definition, Stroke does NOT mean:*
(a) Transient Ischemic Attacks (TIAs):
(b*) Vertebro-Basilar Insufficiency; or*
(c) Incidental findings on imaging studies.

STROKE BENEFIT
If a Stroke is Incurred and Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Critical Illness Benefit.

DIAGNOSTIC REQUIREMENTS FOR STROKE
The Diagnosis of Stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

MAJOR ORGAN TRANSPLANT
If the words "Major Organ Transplant" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

MAJOR ORGAN TRANSPLANT means having undergone surgery as a recipient of a transplant as follows:
(a) human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
(b) whole human organs limited to: heart, lung, liver, or pancreas because of the irreversible end stage failure of such organ.

*For the purpose of this definition, Major Organ Transplant does **NOT** mean:*
(a) other stem cell transplant; or
(b) transplantation of only part of an organ.

MAJOR ORGAN TRANSPLANT BENEFIT
If the need for a Major Organ Transplant is first Diagnosed and the Insured Person undergoes a Major Organ Transplant more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Critical Illness Benefit.

PARALYSIS/PARALYZED
If the words “Paralysis/Paralyzed” are NOT stated in “Critical Illness Diagnosis” in the Policy Schedule, this provision does not apply and we will pay NO benefits for this illness.

PARALYSIS/PARALYZED means quadriplegia, paraplegia, or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of the Diagnosis to determine if Paralysis is permanent. “Quadriplegia” means the complete and irreversible Paralysis of bother upper and lower limbs. “Paraplegia” means the complete and irreversible Paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body. “Limb” means entire arm or entire leg.

PARALYSIS BENEFIT
If Paralysis is incurred and Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this policy, we will pay the Critical Illness Benefit. **This benefit is payable only once per lifetime per Insured Person.**

If an Insured Person is Diagnosed with more than one type of Paralysis, only the largest benefit amount for the separate types of Paralysis will be paid.

We will NOT pay any benefit for a Paralysis that results from psychiatric related causes.

DIAGNOSTIC REQUIREMENTS FOR PARALYSIS
The Diagnosis of Paralysis must be based on documented evidence of the illness or injury that caused the Paralysis.

CRITICAL ILLNESS DIAGNOSIS BENEFITS

(Continued)

SEVERE BURN
If the words "Severe Burn" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

SEVERE BURN means the cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 20% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.

SEVERE BURN BENEFIT
If a Severe Burn is incurred and Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the Critical Illness Benefit.

IN SITU CANCER
If the words "In Situ Cancer" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and We will pay NO benefits for this illness.

IN SITU CANCER means non-invasive cancer that is confined to the site of origin and does not invade below the most superficial level or is described as: In Situ" in a pathology report.

IN SITU CANCER BENEFIT
If In Situ Cancer is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this Policy, We will pay the applicable Critical Illness Benefit. **This benefit is payable only once per lifetime per Insured Person.**

DIAGNOSTIC REQUIREMENTS FOR IN SITU CANCER
In Situ Cancer must be Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histiocytic architecture or pattern of the suspected tumor, tissue, and/or specimen. **A clinical diagnosis alone does not meet the requirements of this provision.**

LOSS OF SIGHT, HEARING OR SPEECH
If the words "Loss of Sight, Hearing or Speech" are NOT stated in "Critical Illness Diagnosis" in the Policy Schedule, this provision does not apply and we will pay NO benefits for this illness.

LOSS OF SIGHT, HEARING OR SPEECH BENEFIT
If a Loss of Sight, Hearing or Speech is Incurred and Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective under this policy, we will pay the Critical Illness Benefit.

We will NOT pay any benefit for a Loss of Sight, Hearing or Speech that results from psychiatric related causes.

DIANOSTIC REQUIREMENTS FOR LOSS OF SIGHT, HEARING OR SPEECH
The Diagnosis of Loss of Sight, Hearing or Speech must be made by a licensed professional or specialist in the applicable field of medicine. The Diagnosis of Loss of Sight must indicate that corrective visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes. The Diagnosis of Loss of Hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid. The Diagnosis of Loss of Speech must include documented evidence of the illness for the continuous 12-month period prior to the Diagnosis.

DIAGNOSTIC REQUIREMENTS

ALL CRITICAL ILLNESSES
We reserve the right to request that a Physician of our choice review any Critical Illness Diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of such Critical Illness Diagnosis. We reserve the right to require that an Insured Person submit to an examination to confirm a disputed Critical Illness Diagnosis. We also reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed Critical Illness Diagnosis. We will pay for any such requested examination or review.

NEWBORN AND ADOPTED CHILDREN COVERAGE

A child born to the Insured or any Insured Person while this Policy is in force is covered under this Policy from the moment of birth for the same benefits and under the same terms and conditions applicable for an Insured Child.

Coverage for such newborn child consists of coverage for a Critical Illness, including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or premature birth, and charges for transportation of the newborn child, not to exceed $1,000.00 to and from the nearest available facility appropriately staffed and equipped to treat the newborn child's condition, when such transportation is certified by the attending physician as necessary to protect the health and safety of the newborn child.

A newborn child is covered from the moment of birth until the Company notifies the Insured as to the amount of any additional premium for such child's coverage. All liability with respect to such child terminates at the end of 31 days after notice has been furnished to the Insured, unless on or before such thirty-first day, the additional premium, if any, has been paid to the Company.

A minor under the charge, care, and control of the Insured or any Insured Person whom has filed a petition to adopt while this Policy is in force is covered under this Policy for the same benefits and under the same terms and conditions applicable for an Insured Child.

Coverage for such minor shall begin on the date of the filing of a petition for adoption if the Insured or any Insured Person applies for coverage within sixty (60) days after the filing of the petition for adoption. However, the coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the minor.

LIMITATIONS AND EXCLUSIONS

The Limitations, Preexisting Condition Limitation and Exclusions provisions are subject to the Time Limit on Certain Defenses provision as described in the general Provisions section.

LIMITATIONS
We will NOT pay Benefits for any Critical Illness that is Incurred or Manifests, whichever is applicable, and is Diagnosed:

(a) within 30 days after coverage takes effect; or
(b) in the Insured Spouse or an Insured Child within 30 days after becoming covered under this Policy

However, an Insured Child born after the date of application will be covered for the Critical Illnesses stated in the Policy Schedule from birth.

PREXISTING CONDITION LIMITATION
We will NOT pay any Benefit for a Preexisting Condition until this Policy has been in force two (2) years from the Date of Issue or Reinstatement.

EXCLUSIONS
We will not pay any Benefit for any loss to an Insured Person caused in whole or in part by, or resulting in whole or part from:

(a) the Insured Person's suicide or attempt at suicide, or the Insured Person's intentionally self-inflicted injury or sickness, or any attempt at intentionally self-inflicted injury or sickness, while sane or insane;
(b) the Insured Person's use of alcohol, one or more drugs or any other mind-altering substance, except for drugs taken as prescribed by a Physician;
(c) the Insured Person's commission of or attempt to commit a felony, or the Insured Person's engagement in an illegal occupation;
(d) the Insured Person's voluntary participation in any riot or civil insurrection;
(e) declared or undeclared war, or any act of declared or undeclared war;
(f) the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven;
(g) the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity;
(h) the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test;
(i) the Insured Person's practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person received any type of compensation or remuneration;
(j) the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; and
(k) the intentional misuse of poisonous substance.

PREMIUMS

This Policy is issued for an initial term of one Premium Period; it may be renewed by timely payment of the renewal premium. The first premium is due on or before the Date of Issue. Each renewal premium is due at the expiration of the Premium Period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at our Home Office or to our authorized representative. You may, by written request to us, change the premium period for this Policy, subject to our rules at the time of change.

GRACE PERIOD

If a premium, other than the first, is not paid on its due date, it may be paid during its Grace Period. Grace Period means the 31 day period following its due date during which each renewal premium may be paid while the Policy remains in force.

LAPSE

If a renewal premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

(a) paying the required premium;
(b) providing evidence of insurability, if We so require; and
(c) submitting an application for reinstatement, if We so require.

If We accept the premium without requesting an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

We will pay NO benefits for any Critical Illness that is Incurred or Manifested, whichever is applicable as stated in this Policy, and Diagnosed within 30 days after the date coverage on the Insured Person becomes effective under this Policy due to Reinstatement, or for Invasive and In Situ Cancer, within 90 days after the date coverage on the Insured Person becomes effective under this Policy due to Reinstatement. However, an Insured Child born after the Effective Date of this Policy or any subsequent Reinstatement will be covered from birth for the Critical Illnesses stated in on Policy Schedule.

Except for the above and any new provisions We may require for reinstatement, Your rights and ours under this Policy will be the same as just before the Policy lapsed.

If You do not request a Reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by Your Policy, and after the stated time, You may be required to apply for a new Policy.

PREMIUM REFUND AT DEATH

If the Insured, or the Insured Spouse if covered under this Policy, dies before the end of a period for which a premium has been paid, We will refund the part of any premium paid that applies to coverage for the deceased for the time period beyond the end of the Policy month in which death occurred.

CLAIMS

NOTICE OF CLAIM
You must give Us written notice of loss within 60 days after a covered loss is incurred or as soon thereafter as possible. You may give notice at our Home Office or to one of our agents. Your notice should include Your name and the Policy Number shown on the Policy Schedule Page.

CLAIM FORMS
When We receive Your notice, We will send You forms for filing proof of loss. If these forms are not sent within 15 days, You will have met the proof of loss requirements if You give Us a written statement of the nature and extent of Your loss within the time provided for proof of loss.

PROOF OF LOSS
You must give Us written proof of loss within 90 days after the date of loss. If it is not reasonably possible to give written proof within that time, Your claim will not be affected if You send Us written proof as soon as possible. However, unless You are legally incapable, You must give Us written proof within one (1) Calendar Year from the date of loss.

TIME OF PAYMENT OF CLAIMS
We will pay Benefits upon receiving satisfactory proof of loss.

PAYMENT OF CLAIMS
We will pay all benefits provided by this Policy to You or to Your designated beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a hospital or person that provided medical care or treatment.

ASSIGNMENT
You may assign the Benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at our Home Office. We will not be responsible for the validity of any assignment.

UNPAID PREMIUMS
We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATION AND AUTOPSY
At our expense We may have:

(a) a physical examination performed on an Insured Person as often as is reasonably necessary while a claim is pending; and
(b) an autopsy performed after an Insured Person's death, if allowed by law.

LEGAL ACTIONS
No legal action may be brought to recover on this Policy until 60 days after the date written proof of loss was given. No action may be brought after the expiration of the applicable statue of limitations.

GENERAL PROVISIONS

CONTRACT

This Policy, riders, endorsements and the attached application are the entire contract. This contract is made in consideration of Your application and the payment of premiums as provided. We have relied on all statements in the application as being complete and true to the best of the knowledge and belief of the person signing the application.

No change in this Policy is valid unless it is in writing and signed by one of our officers. No agent or other field representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If the Insured's Age or gender, or the Age or gender of any Insured Person, is not correct as shown in this Policy, all Benefits payable under this Policy will be such as the premium paid would have purchased at the correct Age or gender.

If the correct Age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, We will be liable only for a refund of any premiums paid for the period for which there was no coverage.

INCONTESTABLE

After this Policy has been in force for a period of two years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application.

TIME LIMIT ON CERTAIN DEFENSES

We will not deny or reduce a claim under this Policy on the ground that a disease or physical condition had existed prior to the effective date of coverage under this Policy after two years have elapsed from the effective date of the Insured Person's coverage under this Policy.

TERMINATION

Coverage for each Insured Person will terminate on the earlier of:

(a) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
(b) the date that 100% of the Critical Illness Maximum Benefit Amount is paid for that Insured Person for any condition; or
(c) the Policy anniversary on or following the Insured Person's 75th birthday. (The maximum coverage age for the Insured and Insured Spouse is Age 75.

The maximum age for an Insured Child is explained in the Insured Child provision on Page 14).

This Policy can be continued for the remaining Insured Persons, after coverage has been terminated for an Insured Person. The premium will be recalculated based on the remaining Insured Persons as of the Date of Issue of this Policy. The termination of coverage on an Insured Person will not reduce our liability for any claim originating prior to the termination.

This Policy will terminate on the earliest of:

(a) the date on which this Policy lapses or terminates for the failure to meet a condition required in the Policy;
(b) the date that 100% of the Critical Illness Maximum Benefit Amount is paid for all Insured Persons;
(c) the Policy anniversary on or following the 75th birthday of all Insured Persons;
(d) any premium due date requested by You in writing;
(e) the end of the Grace Period following the due date for which a premium was not paid; or
(f) the death of the Primary Insured and the Insured Spouse.

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed.

As Owner, you may exercise all rights in this policy while the Insured is living. If you are without legal capacity, we will allow your rights to be exercised by:

(a) the legally appointed Guardian responsible for your property; or
(b) a person who we determine is responsible for your welfare and support.

To exercise your rights, you should follow the procedures stated in this policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to us.

If you want to change a Beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You may get these forms and advice on any questions you may have from our Home Office.

GENERAL PROVISIONS
(Continued)

BENEFICIARY
The Beneficiaries to receive any Benefits remaining unpaid at Your death are as stated in the application for this Policy, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated Beneficiary is living at the time of the Insured's accidental death, We will pay the executor or administrator of the Insured's Estate.

CHANGE OF BENEFICIARY
While the Primary Insured is living, You may change a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in our Home Office.

EFFECTIVE DATE
This Policy will take effect at 12:01 AM on the Effective Date of coverage and will terminate at 11:59 PM on the date provided for termination. All times are Standard Times at Your place of residence.

MEDICAID ELIGIBILITY
The Insured's current or future eligibility for Medicaid may affect the payment of Benefits under this Policy. When Medicaid is involved, it is possible these Benefits will not be paid directly to You because of state and/or federal regulations that may require payments to a Medicaid organization or to a medical provider.

CONFORMITY WITH STATE STATUTES
Any provision that conflicts with any law of the state where You live when this Policy is issued is amended to conform with that law.

CANCELLATION BY THE INSURED.
NON-CANCELLATION BY THE COMPANY BEFORE TERMINATION DATE
You may cancel this Policy at any time by written notice delivered or mailed to Us. Cancellation will take effect upon the date We receive written notice, or upon such later date You specify in that notice. Should You cancel, We will return promptly the unearned portion of any premiums paid. Cancellation will not prejudice any claim which originates before the effective date of cancellation. We may not cancel this Policy before its termination date.

NONPARTICIPATION
This Policy is nonparticipating. Its premiums do not include a charge for participation in surplus.

FAMILY COVERAGE

INSURED CHILD
If the words "Insured Child" are NOT shown as an "Insured Person" in the Policy Schedule Page, this provision does not apply and no Benefits are provided for Your child. If the words "Insured Child" ARE shown as an "Insured Person" in the Policy Schedule Benefits under this Policy are provided for each Insured Child.

An Insured Child under this Policy is the Insured's biological child, legally adopted child, child whom is petitioned for adoption or stepchild, who is unmarried, is dependent on the Insured, and is:

(a) named in the application and is less than 26 years of Age on the date of application;
(b) born after the application date and the Insured is named as parent on the child's birth certificate; or
(c) after the application date and before the child's 26th birthday, is legally adopted by the Insured or, from the moment of placement, is placed in the Insured's home for adoption.
(d) within sixty (60) days after the filing of the petition for adoption, is applied for coverage by the Insured or any Insured Person

Coverage on any Insured Child will terminate on the earlier of:

(a) the date this Policy ceases to be in force; or
(b) the premium due date on or next following the Insured Child's 26th birthday unless:
    (1) the Insured Child remains dependent on the Insured; or
    (2) the Insured Child is either enrolled as a fulltime student in high school or an institution of higher learning beyond high school, or has been so enrolled for at least five months of each year since his or her 18th birthday, or is eligible to enroll in such a school or institution but is prevented from enrolling due to illness or injury; or

(c) the premium due date following the Insured Child's 26th birthday; or
(d) the Date of Issue of a New Policy issued to the Insured Spouse under which the Insured Child is covered.

The termination of an Insured Child's coverage will not reduce our liability for any claim originating prior to the termination.

If this Policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate Critical Illness Policy made available by Us at that time for conversion purposes, subject to the Conversion Privilege provision below.

We will, while this Policy is in force, continue coverage on any Insured Child so long as he or she is:
(a) incapable of self-sustained employment due to mental or physical incapacity; and
(b) chiefly dependent upon the Insured for support and maintenance.

It is not necessary for You to provide Us with proof of the incapacity and dependency of an Insured Child unless We, solely because of his or her attainment of age 26, deny a claim which otherwise would have been payable. . We will not increase the premium for any dependent child that is deemed to be handicapped. We may charge an additional premium for continuing the coverage on any Insured Child that is not deemed to be handicapped. We may charge an additional premium for continuing the coverage on any Insured Child. We will determine the premium on the basis of age, gender and class of the Insured Child.

INSURED SPOUSE

If the words "Insured Spouse" are NOT shown as an "Insured Person" in the Policy Schedule Page, this provision does not apply and no Benefits are provided for Your spouse. If the words "Insured Spouse" ARE shown as an "Insured Person" in the Policy Schedule Page Benefits under this Policy are provided for the Insured Spouse.

The **Insured Spouse** means only the Insured's spouse named in the application for this Policy.

Coverage on an Insured Spouse will terminate on the Policy anniversary on or following the Insured Spouse's 75th birthday birthday. The termination of coverage on the Insured Spouse will not reduce our liability for any claim originating prior to the termination of such coverage.

If this Policy is in force and the Primary Insured dies, the Insured Spouse may continue this Policy by payment of the required premiums when they are due. The following conditions will apply:

(a) the Insured Spouse will become the Primary Insured under this Policy; and
(b) the premiums will be based on the Insured Spouse's Age on the Date of Issue of this Policy.

If this Policy is in force and the Insured Spouse dies, We will make an appropriate reduction in the premium payable.

If this Policy is in force and the Primary Insured's marriage to the Insured Spouse is dissolved by a divorce decree, the Insured Spouse may obtain a separate Critical Illness Policy made available by Us at that time for conversion purposes, subject to the Conversion Privilege provision below. Any Insured Person under the New Policy will NOT be an Insured Person under this Policy. Coverage on any Insured Person under this Policy ceases when coverage on such Insured Person becomes effective under the New Policy.

CONVERSION PRIVILEGE

We will issue a separate Critical Illness Policy to an Insured Child and/or Insured Spouse. Written application with payment of the first premium for such New Policy must be made:
(a) by the Insured Child within 31 days following his or her termination of coverage under this Policy; or
(b) by the Insured Spouse within 31 days following termination of marriage by divorce decree and prior to this Policy's anniversary on or next following the Insured Spouse's 69th birthday.

The New Policy will be issued:
(a) without evidence of insurability;
(b) on a Policy form providing Critical Illness coverage then being used by Us for conversion purposes;
(c) with the same exclusions for conditions applicable to such Insured Person, if any, as included in this Policy;
(d) with a current Date of Issue;
(e) with the premium determined by Us based on the same premium class as this Policy and our published rates at such Insured Person's Age and gender on the date of application for the New Policy; and
(f) with benefits payable, if any, reduced by any benefits previously paid for the Critical Illness stated in the Policy Schedule.

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 08/25/2009	Critical Illness Rates (No Return of Premium Option)		New		Rates (CRITILL-EXTEND).pdf

Critical Illness Rates (no Return-of-Premium Option)

Extended Plan Monthly Rates

Gender	Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
F	18-24	7.75	8.80	9.86	10.91	11.96	13.01	14.06	15.11	16.16	17.21
F	25-29	8.12	9.52	10.93	12.33	13.74	15.14	16.55	17.96	19.36	20.77
F	30-34	8.01	9.96	11.90	13.85	15.79	17.74	19.89	22.05	24.21	26.37
F	35-39	8.31	10.98	13.67	16.36	19.06	21.75	25.38	29.00	32.63	36.25
F	40-44	8.80	12.38	16.60	20.83	25.05	29.27	34.15	39.03	43.91	48.78
F	45-49	9.45	14.12	20.23	26.34	32.45	38.57	44.99	51.42	57.84	64.27
F	50-54	10.38	16.93	25.40	33.87	42.33	50.80	59.26	67.73	76.20	84.66
F	55-59	11.60	20.67	31.01	41.35	51.68	62.02	72.36	82.69	93.03	103.36
F	60-64	13.30	24.74	37.11	49.47	61.84	74.21	86.58	98.94	111.31	123.68
M	18-24	8.00	9.30	10.59	11.89	13.18	14.48	15.78	17.07	18.37	19.66
M	25-29	8.38	10.06	11.73	13.40	15.07	16.74	18.41	20.09	21.76	23.43
M	30-34	8.39	10.69	12.99	15.29	17.60	19.90	22.72	25.54	28.37	31.19
M	35-39	8.84	12.01	15.47	18.94	22.41	25.88	30.19	34.50	38.81	43.12
M	40-44	9.60	13.97	19.42	24.87	30.33	35.78	41.74	47.71	53.67	59.63
M	45-49	10.90	17.01	25.36	33.72	42.07	50.42	58.82	67.23	75.63	84.03
M	50-54	12.87	23.81	35.72	47.63	59.54	71.45	83.35	95.26	107.17	119.07
M	55-59	15.42	30.84	46.27	61.69	77.12	92.55	107.97	123.39	138.81	154.23
M	60-64	19.18	38.37	57.56	76.74	95.93	115.11	134.30	153.49	172.67	191.86
F	Dep 0-4	2.91	3.10	3.28	3.47	3.66	3.84	4.03	4.23	4.42	4.61
F	Dep 5-13	3.14	3.31	3.49	3.66	3.84	4.02	4.19	4.36	4.54	4.71
F	Dep 14-17	3.99	4.17	4.34	4.51	4.69	4.86	5.04	5.21	5.38	5.56
M	Dep 0-4	3.01	3.29	3.57	3.86	4.15	4.43	4.72	5.00	5.29	5.57
M	Dep 5-13	3.25	3.51	3.79	4.06	4.34	4.62	4.89	5.17	5.44	5.72
M	Dep 14-17	4.09	4.36	4.63	4.89	5.16	5.43	5.70	5.97	6.24	6.51

Critical Illness Rates (no Return-of-Premium Option)

Security Plus Monthly Rates

Gender	Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
F	18-24	8.21	9.72	11.23	12.74	14.26	15.77	17.28	18.79	20.30	21.81
F	25-29	8.78	10.85	12.92	14.99	17.07	19.14	21.34	23.54	25.73	27.93
F	30-34	9.01	11.94	14.94	17.93	20.92	23.92	27.90	31.88	35.87	39.85
F	35-39	9.79	13.93	18.91	23.88	28.86	33.83	39.47	45.11	50.74	56.38
F	40-44	11.01	16.79	24.44	32.09	39.73	47.38	55.28	63.17	71.07	78.96
F	45-49	12.82	22.13	33.19	44.25	55.31	66.37	77.43	88.49	99.55	110.61
F	50-54	15.53	31.06	46.59	62.11	77.64	93.17	108.69	124.22	139.75	155.27
M	18-24	8.92	10.97	13.14	15.31	17.48	19.65	21.91	24.17	26.43	28.69
M	25-29	9.61	12.50	15.40	18.30	21.20	24.10	27.84	31.59	35.33	39.08
M	30-34	10.25	14.43	19.29	24.16	29.02	33.89	39.53	45.18	50.83	56.47
M	35-39	11.64	17.61	25.39	33.17	40.96	48.74	56.86	64.99	73.11	81.24
M	40-44	13.77	23.34	35.01	46.68	58.35	70.02	81.69	93.36	105.03	116.70
M	45-49	17.17	34.07	51.11	68.14	85.18	102.22	119.25	136.29	153.33	170.36
M	50-54	24.90	49.79	74.69	99.59	124.49	149.38	174.28	199.18	224.08	248.98
F	Dep 0-4	2.91	3.10	3.29	3.48	3.67	3.86	4.04	4.23	4.42	4.61
F	Dep 5-13	3.14	3.32	3.50	3.67	3.85	4.03	4.20	4.38	4.56	4.73
F	Dep 14-17	3.99	4.18	4.35	4.53	4.71	4.88	5.06	5.24	5.42	5.60
M	Dep 0-4	3.01	3.30	3.59	3.87	4.16	4.44	4.73	5.02	5.30	5.59
M	Dep 5-13	3.25	3.52	3.80	4.08	4.36	4.64	4.92	5.19	5.47	5.75
M	Dep 14-17	4.10	4.38	4.66	4.93	5.21	5.48	5.76	6.04	6.32	6.60

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/25/2009

Comments:

Please find attached the Flesch Certification for this filing.

Attachment:

8.17.09 - Flesch Certification (CRITILL-EXTEND-AR).pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/25/2009

Comments:

Please find attached the Application that will be used with this Policy.

Attachment:

3.30.09 - Critical Illness Application revised (1).pdf

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	08/25/2009

Comments:

Please find attached the Outline of Coverage for this Policy.

Attachment:

CRITILL-EXTEND-AR-OOC.pdf

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	08/25/2009

Comments:

Please find attached the Cover Letter for this Policy.

Attachment:

8.17.09 - AR Cover Letter (CRITILL-EXTEND-AR).pdf

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Individual Critical Illness Limited Benefit Policy (CRITILL-EXTEND-AR) received a Flesch Reading Ease Score of 41.7. This form complies with the requirements of A.C.A. 23-80-206, cited as the Life and Disability Insurance Policy Language Simplification Act.

Robert G. Dial
Secretary

8/17/09
Date

INSURED'S STATEMENT AND HIPAA COMPLIANT AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby apply to United Security Life & Health Insurance Company for insurance. I represent the statements I have made herein are complete and true. I understand the following: (a) if any material information on this application is incorrect, this coverage may be voided; and, (b) if this application is declined and a certificate is not issued, United Security Life & Health Insurance Company's only obligation will be to return any premium paid; and, (c) that United Security Life & Health Insur ance Company will pay benefits for a loss due to a pre-existing condition provided the pre-existing condition provided the pre-existing condition was fully disclose in the application and this coverage has not been excluded or limited by name or specific description; and (d) there is no insurance in force until a certificate indication the effective date is received from United Security Life & Health Insurance Company and the initial premium, including the applicable fee, is paid in full.
By this form (or copy), I authorize any medical practitioner, physician, pharmacist, pharmacy-related facility, hospital, clinic, healthcare professional, medically-related facility, records custodian, insurance company, or the Medical Information Bureau, that has any records of me or any members of my family named in this application, of our health, to give United Security Life & Health Company, its reinsurers, affiliates, or business associates, any such information which shall include but not be limited to, Alcohol or Drug abuse treatment, mental health diagnosis and treatment, Pharmacy prescriptions, HIV testing and treatment, Sexually Transmitted Disease (STD) testing and treatment, Genetic testing, Sickle Cell testing and treatment, lab data, and diagnostic testing.

I understand the information obtained by use of this authorization will be used by the insurance company to determine eligibility for insurance. Any information obtained will not be release by the company to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal service in connection with my application, claim, or as may otherwise lawfully require or as I may further authorize. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. This authorization shall be valid for two and one half years from the date shown below. I acknowledge receipt of the important notice regarding a consumer report disclosure of information to the Medical Information Bureau. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to United Security Life & Health Insurance Company, P.O. Box 388342, Bedford Park, Illinois 60638, Attention: Privacy Officer. I understand that a revocation is not effective to the extent that any of my providers has relied on this authorization or to the extent that United Security Life & Health Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. A photographic copy of this authorization and acknowledgement shall be as valid as the original.

Upon request I, or my authorized representative, is entitled to receive a copy of this authorization form.
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit of knowingly present false information in an Application for Insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Disclaimer – If premiums are paid from your employer's account, it is understood that: 1. United Security Life & Health Insurance Company assumes no responsibility for compliance with the Employee Retirement Income Security Act of 1974 (ERISA) and amendments thereto, nor does it maintain that the policy is designed or marketed to comply with the requirements contained therein. The Company is not acting as a sponsor as defined in ERISA. Any compliance under this Act that is applicable to the sponsor will be fulfilled by the employer, as his own legal counsel may determine. 2. The policy is not guaranteed issue and will be fully underwritten by the Company which may result in the exclusion from coverage of certain family members (if applicable) and health conditions. United Security Life & Health Insurance Company assumes no responsibility for collection of premiums and/or failure of your employer to remit then on a timely basis.

DATED AT /_____/ /_____/ /_____/ /_____/
City **State** **Zip** **Date**

/_____/ /_____/
Applicant's Signature **Spouse's Signature (if to be covered)**

AGENT INFORMATION /_____/ /_____/
Print Name **Phone**

/_____/ /_____/ /_____/
Agent's Signature **Agent Number** **Agent E-mail**

PAYMENT INFORMATION ☐ **Annual** ☐ **Semi-Annual** ☐ **Quarterly** ☐ **Bank Draft (Monthly)** ☐ **Credit Card** ☐ **Direct Bill**

Credit Card Number /_____/ ☐ **Visa** ☐ **Mastercard** ☐ **Discover** **Exp. Date** /_____/

EFT AUTHORIZATION As a convenience to me, I hereby request and authorize you to pay and charge my account (check or electronic debit) drawn on my account by and payable to United Security Life & Health Insurance Company, provided there are sufficient funds in said account to pay the same on presentation. I agree that your rights with respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I further agree that if any such check or electronic debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice.

/_____/ /_____/
Bank Name **Bank Address**

/_____/ /_____/ /_____/
Printed Name of Depositor **Signature of Depositor** **Date**

Application for Critical Illness Insurance

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

PLEASE TYPE OR PRINT

Benefit Amount: $ /_____/ ($10,000 - $50,000 in $5,000 increments)

Type of Plan selected: ☐ Individual ☐ Single Parent ☐ Family

Plan: ☐ Basic ☐ Basic w/ Return of Premium ☐ Extended ☐ Extended w/ Return of Premium

Premium Amount: $ /_____/

A. List each person to be insured:

Name: First, MI, Last	Birthdate	Age	SSN	Sex	DL #	Marital Status	Height	Weight

B. Personal Information

_____ Home Phone Number (_____) _____
Street City State Zip Code Other Phone Number (_____) _____

Mailing Address (Leave Blank if same as above) _____

Billing Address (Leave blank if same as above) _____

List occupations and duties of each Proposed Insured:

Insured	Occupation	Duties
Primary		
Spouse		
Dependent		
Dependent		
Dependent		

C. Beneficiary Information

_____ _____
Beneficiary Relationship to Primary Insured

_____ _____
Contingent Beneficiary Relationship to Primary Insured

D. Existing Coverage

Does any Proposed Insured have any other Critical Illness (lump sum diagnostic benefits) coverage in force or applied for? If YES, list company name and amount of coverage: _____

Is this Policy intended to replace an existing Policy with United Security Life and Health or any other Company? **(Y / N)**

E. Medical Questions

1. Has any Proposed Insured received any medical ADVICE or TREATMENT from a member of the medical profession, or taken any prescription MEDICINE within the past 5 years for:

- **a**. Angina, stroke, transient ischemic attack (TIA), heart attack, atrial fibrillation, congestive heart failure, coronary artery disease or a heart valve replacement? ..... **(Y / N)**
- **b**. Cirrhosis, hepatitis B or C, or other liver disorder? ..... **(Y / N)**
- **c**. Received or been recommended to receive an organ transplant? ..... **(Y / N)**
- **d**. Kidney failure, polycystic kidney disease or abnormal renal function? ..... **(Y / N)**
- **e**. Cancer (excluding non-melanoma skin cancer), melanoma, brain tumor, Hodgkin's disease, or leukemia? ..... **(Y / N)**
- **f**. Alzheimer's disease, dementia, Parkinson's disease, Cystic Fibrosis, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), lupus, or muscular dystrophy? ..... **(Y / N)**
- **g**. Chronic Obstructive Lung/Pulmonary disease, Emphysema, or any other lung disease requiring the use of oxygen? ..... **(Y / N)**
- **h**. Manic depression, schizophrenia, alcoholism, or drug addiction? ..... **(Y / N)**
- **i**. Down's Syndrome, Cerebral Palsy, paralysis or Multiple Sclerosis? ..... **(Y / N)**
- **j**. If applying for the Extended Plan or the Extended with Return of Premium Plan: Glaucoma, optic neuritis, macular degeneration, loss of hearing (requiring the use of hearing aid(s) or loss of speech?.. **(Y / N)**

2. Is any Proposed Insured an insulin dependent diabetic? ..... **(Y / N)**

3. Has any Proposed Insured been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or tested positive for HIV (Human Immunodeficiency Virus)?... **(Y / N)**

4. Has any Proposed Insured received or been recommended to receive an organ transplant? ..... **(Y / N)**

5. Has any Proposed Insured been convicted of reckless or careless driving, and/or of driving under the influence of alcohol or drugs in the past 5 years? ..... **(Y / N)**

6. Does any Proposed Insured participate in any of the following occupations/avocations/activities: Aviation of any kind (pilot, student pilot, or crew member), Bungee Jumping, Extreme Sports, Motorized Vehicle Racing, Mountain/Rock Climbing, Parachuting, Parasailing, Rodeo Activities, SCUBA Diving, Skydiving, or other hazardous activity? ..... **(Y / N)**

7. Does any Proposed Insured have any surgery, hospitalization, diagnostic tests, and/or test results anticipated, scheduled, or pending, or been advised by a medical professional to undergo hospitalization or diagnostic tests and refused to do so? ..... **(Y / N)**

8. Is any Proposed Insured currently on Medicare or Medicaid? ..... **(Y / N)**

9. Will any Proposed Insured cancel or replace any existing major medical insurance coverage as a result of this application?.. **(Y / N)**

If Yes to questions 1 through 9, name the Proposed Insured: _____

If any of the above questions are answered "Yes", the Proposed Insured(s) is/are not eligible for coverage.

10. In the past five years has any Proposed Insureds been diagnosed or treated by a member of the medical profession for any disease or disorder of the endocrine system including non-insulin diabetes (treated with oral medication and/or by diet), thyroid or other glands? ..... **(Y / N)**

11. in the past five years, has any Proposed Insured been diagnosed or treated by any member of the medical profession for high blood pressure, heart murmur, elevated cholesterol, or any disease or disorder of the blood, heart or circulatory system? **(Y / N)**

12. In the past 12 months, has any Proposed Insured been diagnosed or treated by a member of the medical profession for any injury, disease, or disorder of the back, neck, spine, or joint(s)? ..... **(Y / N)**

13. Within the past two years, has any proposed insured experienced chest pain, shortness of breath, palpitation, unintentional weight loss, dizziness, fatigue, or numbness? ..... **(Y / N)**

14. Have 2 or more of any Proposed Insured's parents, brothers or sisters been diagnosed with:

- **a**. heart disease, stroke, breast cancer, or any malignant growths while they were under the age of 60? ..... **(Y / N)**
- **b**. Colorectal cancer, Alzheimer's Disease, or Senile Dementia prior to age 75? ..... **(Y / N)**
- **c**. Any other type of cancer occurring in more than one relative prior to age 55? ..... **(Y / N)**

15. Has any Proposed Insured ever had a life, health, disability, or critical illness application modified, rated, declined, postponed, withdrawn, cancelled, or refused for renewal or reinstatement? ..... **(Y / N)**

16. Has any Proposed Insured used any tobacco or nicotine product (including patches and/or gum) within the past twelve months? ..... **(Y / N)**

17. Within the past 5 years has any Proposed Insured had any medical advice or treatment from a member of the medical profession or taken any prescription medications for any other medical condition(s) not listed above? ..... **(Y / N)**

If "Yes" is answered to any question between 10 - 17, please explain in the spaces provided below.

F. Medical Information

Please provide complete information on all physicians.

(If you answered "Yes" to any question 10 through 17, provide details below)

Proposed Insured & Question Number	Health Condition	Treatment Received (Surgery, Rx, Therapy, etc.)	Medication	Dates	Physician and/or Clinic Name, Address & Phone

United Security Life and Health Insurance Company
Bedford Park, IL

Critical Illness Benefits
Outline of Coverage – Policy Form CRITILL-EXTEND-AR

"We" are United Security Life and Health Insurance Company, the company providing this Outline of Coverage. The address is 6640 S. Cicero Ave, Bedford Park, IL 60638. We are required to provide You with the following information:

1.) THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED. CONSULT THE POLICY TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

2.) CAPITALIZED WORDS ARE USED AS DEFINED IN THE POLICY.

3.) RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.

4.) READ YOUR POLICY CAREFULLY – This outline provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is therefore important that You READ YOUR POLICY CAREFULLY.

5.) CRITICAL ILLNESS PROTECTION COVERAGE - Policies of this category are designed to provide You with a lump sum payment if You are diagnosed for the first time ever with one of the specified conditions or undergo for the first time ever one of the specified procedures named in this Policy. A limited benefit is paid for cancer in situ. No benefits are paid for basic hospital, medical-surgical, or major medical expenses.

THIS IS A LIMITED BENEFIT POLICY.

DESCRIPTION OF THE POLICY – While Your Policy is in force, We will pay You the Benefit Amount if You receive a First Ever Diagnosis or Procedure for one of the following Specified Covered Conditions:

Critical Illness Covered Condition	Percentage of Maximum Benefit Payable
a) Invasive Cancer	100%
b) Heart Attack	100%
c) Stroke	100%
d) Kidney (Renal) Failure	100%
e) Severe Burns	100%
f) Major Organ Transplant	100%
g) In Situ Cancer	10%
(Up to $250, only once per lifetime)	
h) Paralysis	
Each of the following benefits is payable only once per lifetime per Insured Person	
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
i) Loss of Sight	100%
j) Loss of Speech	100%
k) Loss of Hearing	100%

LIMITATIONS
We will NOT pay Benefits for any Critical Illness that is Incurred or Manifests, whichever is applicable, and is Diagnosed:

(a) within 30 days after coverage takes effect; or
(b) in the Insured Spouse or an Insured Child within 30 days after becoming covered under this Policy

However, an Insured Child born after the date of application will be covered for the Critical Illnesses stated in the Policy Schedule from birth.

EXCLUSIONS
We will not pay any Benefit for any loss to an Insured Person caused in whole or in part by, or resulting in whole or part from:

(a) the Insured Person's suicide or attempt at suicide, or the Insured Person's intentionally self-inflicted injury or sickness, or any attempt at intentionally self-inflicted injury or sickness, while sane or insane;
(b) the Insured Person's use of alcohol, one or more drugs or any other mind-altering substance, except for drugs taken as prescribed by a Physician;
(c) the Insured Person's commission of or attempt to commit a felony, or the Insured Person's engagement in an illegal occupation;
(d) the Insured Person's voluntary participation in any riot or civil insurrection;
(e) declared or undeclared war, or any act of declared or undeclared war;
(f) the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven;
(g) the Insured Person's engaging in hang gliding, bungee jumping, parachuting,

sailgliding, parasailing or parakiting or any similar activity;

(h) the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test;

(i) the Insured Person's practicing for or participating in any semiprofessional or professional competitive athletic contest for which such Insured Person received any type of compensation or remuneration;

(j) the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; and

(k) the intentional misuse of poisonous substance.

PREMIUMS

This Policy is issued for an initial term of one Premium Period; it may be renewed by timely payment of the renewal premium. The first premium is due on or before the Date of Issue. Each renewal premium is due at the expiration of the Premium Period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at our Home Office or to our authorized representative. You may, by written request to us, change the premium period for this Policy, subject to our rules at the time of change.

RENEWABILITY

This Policy is GUARANTEED RENEWABLE FOR THE LIFE OF POLICY. You may continue the coverage on each Insured Person provided by this Policy, until the Policy Anniversary on or following the life of the Policy, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

RIGHT TO CANCEL AND VOID THIS POLICY

You may return this Policy within ten (10) days after delivery, either to Us or to our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED. CONSULT THE POLICY TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

August 17, 2009

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #: 36-3692140 / NAIC #: 81108

CRITILL-EXTEND-AR - Critical Illness – Extended

Supporting Documentation
CIAPP-04/09 - Application for Critical Illness Insurance
Actuarial Memorandum

To Whom It May Concern:

Enclosed are the forms referenced above for your review and approval. These are new forms and do not replace any forms previously filed and approved by your Department.

Policy **CRITILL-EXTEND-AR** is being filed for approval as an **Individual Limited Benefit Plan.** We feel this product meets the qualifications for Individual Health products per Arkansas Statutes and that the individual rates prove a great economy to the consumer.

Application for Critical Illness Insurance, **CIAPP-0409,** is being filed for approval and upon approval, will be used with this Individual Limited Benefit Plan.

The captioned forms will provide Critical Illness health coverage for individuals that wish to insure against the potential of a critical illness. This product will be individually underwritten and marketed by United Security's agent/broker field force.

Also enclosed is the Actuarial Memorandum.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of these forms. You may reach me directly at (708) 552-2417.

Sincerely,

Jaime Gettemans
Compliance Department
United Security Life and Health Insurance Company
jaimegettemans@jandpholdings.com
Fax: (708) 552-2464

Quality Products from Caring Professionals