

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Filing at a Glance

Company: Life Insurance Company of Alabama

Product Name: 2010 GI Cancer Indemnity Policy SERFF Tr Num: HESS-126792874 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 47305

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: MLMLOAGICAR State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Antoinette Hess, Michelle Miller Disposition Date: 11/22/2010

Date Submitted: 11/12/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LOA

Project Number: MLMLOAGICAR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/22/2010

Deemer Date:

Submitted By: Michelle Miller

Filing Description:

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

Status of Filing in Domicile: Pending

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: 11/22/2010

Created By: Michelle Miller

Corresponding Filing Tracking Number:

Submission

Cancer Indemnity Policy – Form Number HC75C0810G AR

First Occurrence Rider – Form Number HC84O0810G

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Increasing First Occurrence Rider – Form Number HC85F0810G
Diagnostic Rider – Form Number HC82W0810G
Surgical Benefits Rider – Form Number HC79S0810G
Transportation Rider – Form Number HC81A0810G
Transplant Rider – Form Number HC80T0810G
Specified Disease Rider – Form Number HC86D0810G
Radiation/Chemotherapy Rider – Form Number HC77R0810G
Application – Form Number AHC7510-GI
Outline of Coverage – Form Number OCAHC75C0810G AR
Application – Form Number MPAH309 – Informational Previously Approved
Summary of Benefits - Form Number GI BEN 2010 - Informational Only
Policyholder Letter - Form Number LOA GI 2010 - Informational Only

Hess Compliance Consulting has been retained by Life Insurance Company of Alabama to assist them in obtaining approval of the above-captioned forms. Included with this filing you will find a letter of authorization. We are requesting the Department's review and approval of this filing.

For your information, a similar product was approved by the Department under SERFF File WAKE-126070894 on 6/16/2009 for Life Insurance Company filing. The only difference in the two filings is the application. Application Form AH7510-GI has no medical questions as it is intended to be a guarantee issue for the applicant.

The second application is a multipurpose application that was approved under SERFF File WAKE-126499182.is being submitted for informational purposes. It is the Company's intention to use both of these applications in the traditional paper situation and also electronically using a computer. Please note that we are not referring to direct solicitation through the internet or other means. The sale of the insurance using this application will always involve a licensed agent or broker. The applications will be digitally signed using a stylus pen or by question/answer response.

The Form HC75C0810G AR is a Cancer Indemnity policy that provides indemnity benefits for a covered person that has been diagnosed with Cancer. Benefits are subject to a 30 day waiting period. No benefits shall be payable for diagnosis incurred prior to the 30th day after the Policy Effective Date.

Forms HC084O0810G and HC85F0810G are First Occurrence riders that provide a one-time indemnity benefit upon a covered person's first diagnosis of internal cancer. The benefit is increase for children. Form HC84O0810G provides a level stated benefit amount while form HC84F0810G provides for a benefit amount that increases each month between the rider effective date and the date of the first diagnosis of internal cancer. These benefits are payable once per covered person.

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Form HC82W0810G is a Diagnostic rider which provides an indemnity benefit for specific diagnostic testing and annual check-ups after a cancer diagnosis.

Form HC79S0810G is a Surgical Benefits rider which pays indemnity benefits for specific surgical procedures that remove malignant cancerous cells.

Form HC81A0810G is a Transportation rider which pays a benefit for certain lodging, transportation and ambulance services.

Form HC80T0810G is a Stem Cell or Bone Marrow Transplant rider that provides an indemnity benefit when a covered person receives a peripheral Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person.

Form HC86D0810G is a Specified Disease rider which pays an indemnity benefit for a continuous hospital confinement due to a listed specified disease.

Form HC77R0810G is a Radiation/Chemotherapy rider which provides an indemnity benefit for a covered person receiving chemotherapy or radiation therapy. This rider also has a benefit for a covered person who receives Blood, Plasma or Platelets to replace/replenish normal cells during the treatment of cancer.

The actuarial memorandum and rates are also being submitted for review.

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

The Company is also requesting the Forms GI BEN 2010 and LOA GI 2010 be placed on file for information only. Form LOA GI 2010 is a letter which will be sent to the Company's existing policyholders offering them the option to change their existing policy to one which provides lower rates. Form GI BEN 2010 provides a summary of the benefits available under the new policy being offered.

For your information, the Company had a rate increase filed and approved under WAKE-126690720 on July 13, 2010 for these policyholders existing coverage. The rate increase will impact their premiums. The Company will be offering this lower priced Cancer policy when approved under this filing. Be assured these two documents will only be sent to their existing policyholders.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

SERFF Tracking Number: HESS-126792874 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
 Company Tracking Number: MLMLOAGICAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 GI Cancer Indemnity Policy
 Project Name/Number: LOA/MLMLOAGICAR

Hess Compliance Consulting appreciates the Department's time and consideration in the review of this filing for the Life Insurance Company of Alabama.

Company and Contact

Filing Contact Information

Toni Hess, Compliance Consultant Toni.Hess@HessCC.Com
 931 Clarmont Avenue 215-485-2582 [Phone]
 Bensalem, PA 19020

Filing Company Information

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

Life Insurance Company of Alabama CoCode: 65412 State of Domicile: Alabama
 302 Broad Street Group Code: Company Type:
 Gadsden, AL 35901 Group Name: State ID Number:
 (256) 543-2022 ext. [Phone] FEIN Number: 63-0321291

Filing Fees

Fee Required? Yes
 Fee Amount: \$625.00
 Retaliatory? Yes
 Fee Explanation: 11 Forms @\$50 each=\$550
 Rates @\$50,App (Informational) X \$25 = \$625
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of Alabama	\$625.00	11/12/2010	41831959

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/22/2010	11/22/2010

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Disposition

Disposition Date: 11/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HESS-126792874 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
 Company Tracking Number: MLMLOAGICAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 GI Cancer Indemnity Policy
 Project Name/Number: LOA/MLMLOAGICAR

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	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form	Cancer Indemnity Policy	Approved-Closed	Yes
Form	First Occurrence Rider	Approved-Closed	Yes
Form	Increasing First Occurrence Rider	Approved-Closed	Yes
Form	Diagnostic Rider	Approved-Closed	Yes
Form	Surgical Benefits Rider	Approved-Closed	Yes
Form	Transportation Rider	Approved-Closed	Yes
Form	Transplant Rider	Approved-Closed	Yes
Form	Specified Disease Rider	Approved-Closed	Yes
Form	Radiation/Chemotherapy Rider	Approved-Closed	Yes
Form	Benefit Summary	Approved-Closed	Yes
Form	Policyholder Letter	Approved-Closed	Yes
Rate	Rate pages 50%	Approved-Closed	Yes

SERFF Tracking Number: HESS-126792874 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
 Company Tracking Number: MLMLOAGICAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 GI Cancer Indemnity Policy
 Project Name/Number: LOA/MLMLOAGICAR

Form Schedule

Lead Form Number: HC75C0810GI AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/22/2010	HC75C0810GI AR	Policy/Cont Cancer Indemnity ract/Fratern Policy al Certificate	Initial		42.500	HC75C0810G AR.pdf
Approved-Closed 11/22/2010	HC84O0810G	Policy/Cont First Occurrence ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.700	HC84O0810G .pdf
Approved-Closed 11/22/2010	HC85F0810G	Policy/Cont Increasing First ract/Fratern Occurrence Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42.500	HC85F0810G .pdf
Approved-Closed 11/22/2010	HC82W0810G	Policy/Cont Diagnostic Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme	Initial		41.700	HC82W0810 G.pdf

<i>SERFF Tracking Number:</i>	<i>HESS-126792874</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of Alabama</i>	<i>State Tracking Number:</i>	<i>47305</i>
<i>Company Tracking Number:</i>	<i>MLMLOAGICAR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>2010 GI Cancer Indemnity Policy</i>		
<i>Project Name/Number:</i>	<i>LOA/MLMLOAGICAR</i>		
Approved- Closed 11/22/2010	HC77R081 OG Policy/Cont radiation/Chemother Initial Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	42.700	HC77R0810G .pdf
Approved- Closed 11/22/2010	GI BEN 2010 Other Benefit Summary Initial	45.000	GI BEN 2010 Summary.pdf
Approved- Closed 11/22/2010	LOA GI 2010 Other Policyholder Letter Initial	43.000	LOA GI 2010 Letter.pdf



Protecting your financial security

CANCER INDEMNITY POLICY

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

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

Signed for the Company at Gadsden, Alabama.

Secretary

President

CONSIDERATION

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

RIGHT TO EXAMINE POLICY FOR 10 DAYS

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

RENEWAL AND PREMIUM PROVISIONS

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

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

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

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

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

TABLE OF CONTENTS

Consideration 1

Right To Examine Policy for 10 Days 1

Renewal and Premium Provisions 1

Important Notice 1

Policy Schedule Page 3

Definitions..... 4

Benefits 6

Daily Hospital Indemnity Benefit 7

Private Nursing Services Indemnity Benefit 7

Extended Care Facility Indemnity Benefit..... 7

Home Health Care Indemnity Benefit..... 8

Hospice Care Indemnity Benefit..... 8

Healthy Lifestyle Indemnity Benefit..... 8

Waiver of Premium Benefit 9

Limitations and Exclusions 9

Termination of Insurance.....10

Right of Conversion.....11

General Provisions11

Application Attached

POLICY SCHEDULE PAGE

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

Policy Effective Date: [July 1, 2008]

Premium Payment Modes:

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

Mode Selected: [Annual]

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BENEFITS

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

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

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

Daily Hospital Indemnity Benefit

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

Confinement in a Hospital as an inpatient does NOT include:

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

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

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

Private Nursing Service Indemnity Benefit

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

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

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

Extended Care Facility Indemnity Benefit

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

Confinement in an Extended Care Facility does NOT include:

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

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

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

Home Health Care Indemnity Benefit

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

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

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

Hospice Care Indemnity Benefit

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

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

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

Healthy Lifestyle Indemnity Benefit

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

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

Proof of an incurred qualifying expense may be required.

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

Waiver of Premium Benefit

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

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

Confinement in a Hospital as an inpatient does NOT include:

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

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

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

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

Confinement in an Extended Care Facility does NOT include:

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

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

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

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

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

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

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

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

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

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

TERMINATION OF INSURANCE

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

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

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

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

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

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

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

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

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

RIGHT OF CONVERSION

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

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

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

GENERAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FIRST OCCURRENCE RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

FIRST OCCURRENCE INDEMNITY BENEFIT

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

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

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

This Rider terminates at the earliest of:

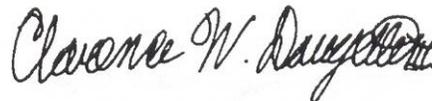
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

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

Signed for the Company at its Home Office.



Secretary



President

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

INCREASING FIRST OCCURRENCE RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

INCREASING FIRST OCCURRENCE INDEMNITY BENEFIT

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

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

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

This Rider terminates at the earliest of:

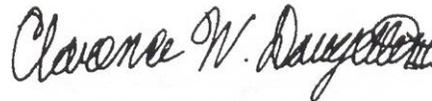
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

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

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA

P.O. Box 349

Gadsden, Alabama 35902

DIAGNOSTIC RIDER

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

RIDER RENEWAL PROVISION

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

BENEFITS

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

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

Wellness Indemnity Benefit

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

Wellness and Health Screening Tests

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

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

Diagnostic Testing Indemnity Benefit

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

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

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

Annual Check-up Indemnity Benefit

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

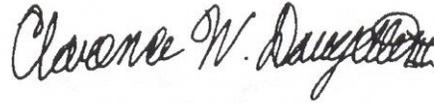
This Rider terminates at the earliest of:

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

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA

P.O. Box 349

Gadsden, Alabama 35902

SURGICAL BENEFITS RIDER

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

RIDER RENEWAL PROVISION

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

BENEFITS

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

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

Surgical Indemnity Benefit (Non-Skin Cancer)

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

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

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

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

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

Skin Cancer Surgical Indemnity Benefit

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

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

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

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

Associated Surgical Procedure Indemnity Benefit

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

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

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

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

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

Surgical Prosthesis Indemnity Benefit

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

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

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

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

Non-Surgical Prosthesis Indemnity Benefit

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

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

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

Second or Third Surgical Opinion Indemnity Benefit

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

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

Reconstructive Indemnity Benefit

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

	Benefit Amount
Total Breast Reconstruction (including symmetry of non-diseased breast)	[\$1,250]
Partial Breast Reconstruction (including symmetry of non-diseased breast)	[\$1,000]
Skin Grafts	[\$ 200]
All Other Reconstructive Surgical Procedures	[\$ 300]

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

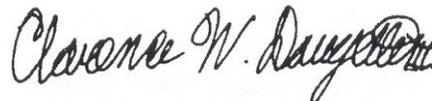
This Rider terminates at the earliest of:

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

Signed for the Company at its Home Office.



Secretary



President

LIFE INSURANCE COMPANY OF ALABAMA

P.O. Box 349

Gadsden, Alabama 35902

TRANSPORTATION RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

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

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

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

BENEFITS

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

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

Transportation Benefit

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

greater than fifty (50) miles one-way from the Covered Person's home to allow the Covered Person to receive treatment for Cancer.

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

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

Ambulance Indemnity Benefit

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

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

Lodging Indemnity Benefit

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

The Lodging Indemnity Benefit is only payable once per day.

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

The Lodging Indemnity Benefit is only payable once per day.

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

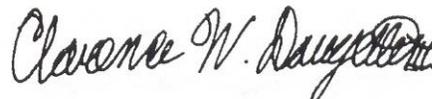
This Rider terminates at the earliest of:

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

Signed for the Company at its Home Office.



Secretary



President

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

STEM CELL OR BONE MARROW TRANSPLANT RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

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

STEM CELL OR BONE MARROW TRANSPLANT INDEMNITY BENEFIT

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

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

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

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

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

This Rider terminates at the earliest of:

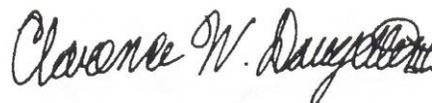
- 1) the date the Policy is terminated for any reason; or
- 2) the date any premium for this Rider or the Policy is in default beyond the end of its Grace Period; or
- 3) the premium due date following Your written request for its termination.

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

Signed for the Company at its Home Office.



Secretary



President

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

SPECIFIED DISEASE RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

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

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

SPECIFIED DISEASE INDEMNITY BENEFIT

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

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

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

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

Confinement in a Hospital as an inpatient does NOT include:

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

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

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

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

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

LIMITATIONS AND EXCLUSIONS

Confinement in a Hospital as an inpatient does NOT include:

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

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

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

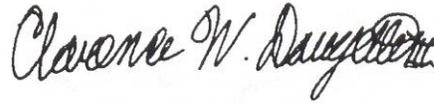
This Rider terminates at the earliest of:

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

Signed for the Company at its Home Office.



Secretary



President

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

RADIATION CHEMOTHERAPY RIDER

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

RIDER RENEWAL PROVISION

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

BENEFITS

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

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

Initial Major Treatment Indemnity Benefit

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

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

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

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

Initial Drugs and Medicines Indemnity Benefit

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

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

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

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

Monthly Major Treatment Indemnity Benefit

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

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

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

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

Monthly Drugs and Medicines Indemnity Benefit

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

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

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

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

Blood, Plasma, or Platelets Indemnity Benefit

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

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

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

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

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

LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

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

GENERAL PROVISIONS

The following provisions apply to this Rider:

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

TERMINATION OF RIDER

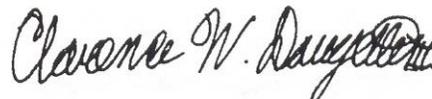
This Rider terminates at the earliest of:

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

Signed for the Company at its Home Office.



Secretary



President

Life Insurance Company of Alabama

INDEMNITY CANCER POLICY SUMMARY OF BENEFITS

THE BENEFITS PROVIDED ARE INDEMNITY BENEFITS: This is a very **brief description** of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control.

All Benefits outlined have limitations, exclusions and other conditions that are not stated in this summary. Please call Customer Service at 800-226-2371 or write to: Life Insurance Company of Alabama, PO Box 349, Gadsden, AL 35902 for more detailed information.

Radiation and Chemotherapy Benefit - \$2,000 per month you receive Radiation Therapy or Intravenous Chemotherapy.

Initial Radiation and Chemotherapy Benefit - \$2,000 the first time you receive Radiation Therapy or Intravenous Chemotherapy.

Immunotherapy, Drugs and Medicine Benefit - \$200 per month you receive Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer.

Initial Immunotherapy, Drugs and Medicine Benefit - \$200 the first time you receive Non-Intravenous Chemotherapy, Immunotherapy or Anti-Nausea Medication for the treatment of Cancer.

Blood, Plasma, or Platelets Benefit - \$1,000 per month.

Daily Hospital Indemnity Benefit - \$300 per day for the first 30 days, \$600 per day thereafter.

Private Nursing Service Indemnity Benefit - \$200 per day

Extended Care Facility Indemnity Benefit - \$150 per day. LIMITED TO 30 DAYS PER YEAR

Home Health Care Indemnity Benefit - \$200 per day. LIFETIME LIMIT OF 50 DAYS

Hospice Care Indemnity Benefit - \$100 per day. LIFETIME LIMIT OF 100 DAYS

Healthy Lifestyle Indemnity Benefit - \$50 per year

Health and Wellness Benefit - \$100 per year

Diagnostic Testing Benefit - \$500. ONCE PER LIFETIME

Annual Check-up Benefit - \$200 per year. LIFETIME MAXIMUM OF 5 CHECK UPS

Non-Skin Surgery Benefit – \$1,300 to \$6,500, depending upon procedure.

Skin Surgery Benefit – \$250 to \$800, depending upon procedure

Associated Surgical Procedures Benefit - \$300 for specific procedures

Prosthetic Benefit - \$3,000 for surgically implanted devices, \$300 for non-surgically implanted devices. LIMITED TO 2 DEVICES

2nd and 3rd Surgical Opinion Benefit - \$350 for each additional opinion.

Surgical Reconstruction Benefit - \$400 to \$2,500 depending upon procedure. LIMITED TO 2 PROCEDURES PER SITE

Ambulance Benefit - \$300 ground, \$1,500 air.

Transportation Benefit - \$0.50 per mile, up to \$1,500 for roundtrip airfare.

Lodging Benefit - \$100 per night. LIMITED TO 120 DAYS PER YEAR

Stem Cell or Bone Marrow Transplant - \$10,000. ONCE PER LIFETIME

Specified Disease Benefit - \$200 per day for the first 30 days, \$500 per day thereafter. LIFETIME LIMIT OF \$200,000

Date

Policyowner Name
Address
City, St Zip

Policy Number: Hxxxxxxxxx
Current Rate: \$xxxx
New Rate: \$xxxx
Percentage Increase: xx%
Premium Frequency: xxxx
State of Issue: xx Plan: xxxx
Effective Date of Increase: xx/xx/xxxx
Past 10 year average increase: xx%

Dear Xxxxxx Yyyyyyyy

Your existing Cancer Policy provides coverage for costly cancer treatments such as Radiation, Chemotherapy and Blood benefits. Unfortunately, due to the rising costs of these treatments the Company has filed the required documentation with the Insurance Department for a premium rate adjustment of XYZ%. The “modal” premium on your cancer policy will increase from \$X to \$Y Effective MMDDYYYY.

We are pleased to announce that you do have an alternative to LOWER your premium by choosing a LOWER benefit policy. The enclosed pages offer a brief description of the benefits provided by this alternative coverage. Please review the benefits carefully as the coverage offered by this new policy may be less than your current policy. This new policy is available to you on a GUARANTEE ISSUE basis, regardless of your medical history. The premiums for this LOWER benefit option are \$Y per “mode”, based upon your age at the time of this letter.

If you wish to keep your current coverage, you do not have to do anything. Your premiums will simply increase to \$X effective MMDDYYY. **If you elect to change** and lower your policy benefits and pay only \$<XX.XX> per <mode>, simply sign and date the form below and return it to us in the postage paid envelope provided. We will mail you the new policy. **You will have a 30-day period to review** the new policy and return it to us if you do not wish to change to the new LOWER premium LOWER benefit policy.

We appreciate your business and look forward to continuing to serve your insurance needs.

Sincerely,

Clarence W. Daugette, III
President

APPLICATION for Alternative Coverage

I, <NAME>, want the alternative Indemnity Cancer policy and pay \$<YY.yy> per <mode> effective <eff date>. I understand that I have the option to continue my current policy. I wish to cancel my existing Cancer policy and accept a new Indemnity Cancer policy as outlined above. I understand the benefits may be less and the new indemnity benefits are specific fixed dollar amounts. I understand that my current coverage will terminate unless I return the new Indemnity Cancer Policy to the Company within 30 days of receipt.

I understand that the Company has the right to change the premium rates in the future. I understand that the Effective date of the new policy will be in the new Policy Schedule that will be included with the new policy.

I understand and agree that the changes shown above will be binding on any person who has or claims any interest in the policy.

Signature of the Policyowner
<NAME>

DATE

SERFF Tracking Number: HESS-126792874 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
 Company Tracking Number: MLMLOAGICAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 GI Cancer Indemnity Policy
 Project Name/Number: LOA/MLMLOAGICAR

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 11/22/2010	Rate pages 50%	HC75C0810G AR, HC84O0810G, HC85F0810G, HC82W0810G, HC79S0810G, HC81A0810G, HC80T0810G, HC86D0810G, HC77R0810G	New		Rate pages 50%.pdf

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

BASE COVERAGE - Form HC75C0810G

Coverage	<u>\$100 Daily Hospital Benefit</u>					<u>Additional Hospital Benefits</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.25	1.30	1.50	1.70	1.40	6.30	6.65	7.75	8.50	6.90
Named Insured & Spouse	2.40	2.50	2.90	3.20	2.55	12.75	13.40	15.65	17.25	13.90
One Parent Family	1.50	1.55	1.90	2.00	1.65	8.25	8.65	10.15	11.15	8.80
Two Parent Family	2.65	2.75	3.25	3.50	2.80	13.75	14.45	16.90	18.55	14.70

Optional Riders

Diagnostic Rider - Form HC82W0810G

Coverage	<u>\$25 Wellness Benefit</u>					<u>Diagnostic Benefit</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.40	1.80	2.15	2.45	1.75	0.65	1.50	3.05	4.25	1.70
Named Insured & Spouse	2.70	3.40	4.05	4.55	3.40	1.15	2.90	5.75	8.05	3.20
One Parent Family	1.70	2.15	2.55	2.90	2.05	0.75	1.80	3.65	5.15	1.80
Two Parent Family	2.95	3.75	4.50	5.05	3.65	1.25	3.20	6.40	8.95	3.20

First Occurrence Rider (per unit) - Form HC84O0810G - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.90	1.95	3.05	4.00	1.95
Named Insured & Spouse	1.65	3.70	5.80	7.65	3.70
One Parent Family	1.00	2.30	3.70	4.80	2.20
Two Parent Family	1.75	4.05	6.45	8.45	3.80

Building First Occurrence Rider (per unit) - Form HC85F0810G - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	2.20	4.90	7.70	4.00	4.55
Named Insured & Spouse	4.05	9.25	14.55	7.65	8.65
One Parent Family	2.50	5.80	9.25	4.80	5.30
Two Parent Family	4.40	10.20	16.15	8.45	9.25

Surgical Benefits Rider - Form HC79S0810G - \$3,200 Schedule

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.75	3.15	5.20	6.75	3.30
Named Insured & Spouse	3.25	5.95	9.90	12.90	6.30
One Parent Family	2.05	3.75	6.25	8.15	3.70
Two Parent Family	3.65	6.55	10.95	14.20	6.50

Transportation Rider - Form HC81A0810G

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.15	0.30	0.55	0.80	0.30
Named Insured & Spouse	0.25	0.55	1.05	1.50	0.65
One Parent Family	0.15	0.40	0.70	0.95	0.40
Two Parent Family	0.25	0.65	1.20	1.70	0.65

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

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

Optional Riders (Continued)

Stem Cell or Bone Marrow Transplant Rider - Form HC80T0810G - \$5,000

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.75	1.75	3.05	4.00	1.80
Named Insured & Spouse	1.45	3.30	5.80	7.65	3.50
One Parent Family	0.95	2.05	3.70	4.80	2.00
Two Parent Family	1.65	3.65	6.45	8.45	3.55

Specified Disease Rider - Form HC86D0810G - \$100

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.25	0.75	1.45	1.80	0.80
Named Insured & Spouse	0.55	1.50	2.70	3.45	1.55
One Parent Family	0.30	0.95	1.70	2.20	0.90
Two Parent Family	0.65	1.65	3.00	3.75	1.55

Radiation and Chemotherapy Rider - Form HC77R0810G - \$250

<u>Coverage</u>	<u>\$250 Radiation/Chemotherapy Benefit</u>					<u>\$250 Blood/Plasma/Platelets Benefit</u>				
	<u>Issue Age</u>					<u>Issue Age</u>				
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>
Named Insured	0.80	1.25	1.80	2.30	1.30	0.15	0.15	0.20	0.25	0.15
Named Insured & Spouse	1.50	2.40	3.45	4.30	2.45	0.20	0.30	0.45	0.50	0.30
One Parent Family	0.90	1.50	2.20	2.70	1.45	0.15	0.20	0.25	0.30	0.20
Two Parent Family	1.65	2.65	3.80	4.75	2.55	0.20	0.30	0.45	0.55	0.30

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

SERFF Tracking Number: HESS-126792874 State: Arkansas
 Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
 Company Tracking Number: MLMLOAGICAR
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 GI Cancer Indemnity Policy
 Project Name/Number: LOA/MLMLOAGICAR

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: AR Readability signed.pdf AR RuleReg 19 Certification.pdf AR RuleReg 49 Certification.pdf AR Consumer Notice.pdf</p>	Approved-Closed	11/22/2010
<p>Satisfied - Item: Application</p> <p>Comments:</p> <p>Attachments: MPAH309.pdf AHC7510-GI.pdf</p>	Approved-Closed	11/22/2010
<p>Satisfied - Item: Health - Actuarial Justification</p> <p>Comments:</p> <p>Attachment: AJ Cancer 50%.pdf</p>	Approved-Closed	11/22/2010
<p>Satisfied - Item: Outline of Coverage</p> <p>Comments:</p> <p>Attachment: OCAHC75C0810G AR.pdf</p>	Approved-Closed	11/22/2010

SERFF Tracking Number: HESS-126792874 State: Arkansas
Filing Company: Life Insurance Company of Alabama State Tracking Number: 47305
Company Tracking Number: MLMLOAGICAR
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 GI Cancer Indemnity Policy
Project Name/Number: LOA/MLMLOAGICAR

Satisfied - Item: Authorization Letter **Item Status:** Approved-Closed **Status Date:** 11/22/2010
Comments:
Attachment:
LOA Authorization 082010.pdf

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:
Life Insurance Company of Alabama
302 Broad Street
Gadsden, Alabama 35901

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

Form Number(s)	Type and/or Title of Form(s)	Flesch Score
HC75C0810G AR	Cancer Indemnity Policy	42.5
OCAH75C0810G AR	Outline of Coverage	40.0
AHC7510-GI	Application	50.9
HC84O0810G	First Occurrence Rider	43.7
HC85F0810G	Increasing First Occurrence Rider	42.5
HC82W0810G	Diagnostic Rider	41.7
HC79S0810G	Surgical Benefits Rider	41.4
HC81A0810G	Transportation Rider	41.6
HC80T0810G	Transplant Rider	44.4
HC86D0810G	Specified Disease Rider	43.5
HC77R0810G	Radiation/Chemotherapy Rider	42.7
GI BEN 2010	Benefit Summary	45.0
LOA GI 2010	Policyholder Letter	43.0

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

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

Signature

Michelle Miller

Name

Compliance Consultant

Title

**Arkansas
Rule and Regulation 19 Certification**

Form(s)	Form Number
Cancer Indemnity Policy	HC75C0810G AR
First Occurance Rider	HC84O0810G
Increasing First Occurrence Rider	HC85F0810G
Diagnostic Rider	HC82W0810G
Surgical Benefits Rider	HC79S0810G
Transportation Rider	HC81A0810G
Transplant Rider	HC80T0810G
Specified Disease Rider	HC86D0810G
Radiation/Chemotherapy Rider	HC77R0810G
Application	AHC7510-GI
Outline of Coverage	OCAHC75C0810G AR
Application - Informational Previously Approved	MPAH309

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

Signature

Michelle Miller
Name

Compliance Analyst
Title

Arkansas

Rule and Regulation 49 Certification

<u>Form(s)</u>	<u>Form Number</u>
Cancer Indemnity Policy	HC75C0810G AR
First Occurance Rider	HC84O0810G
Increasing First Occurrence Rider	HC85F0810G
Diagnostic Rider	HC82W0810G
Surgical Benefits Rider	HC79S0810G
Transportation Rider	HC81A0810G
Transplant Rider	HC80T0810G
Specified Disease Rider	HC86D0810G
Radiation/Chemotherapy Rider	HC77R0810G
Application	AHC7510-GI
Outline of Coverage	OCAHC75C0810G AR
Application - Informational Previously Approved	MPAH309

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 49, the Life & Health Guaranty Association Notice.

Signature

Michelle Miller
Name

Compliance Analyst
Title

CONSUMER NOTICE
LIFE INSURANCE COMPANY OF ALABAMA

Policyholder Service Office of Company: Life Insurance Company of Alabama
Address: 302 Broad Street, Gadsden, Alabama 35901
Telephone Number: (800) 226-2371

Agent: [Fred Smith]
Address: [123 First Street, Any Town, Arkansas]
Telephone Number: [555-555-1234]

If we at Life of Alabama Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Tird Street
Little Rock, AR 72201-1904
(501) 371-2640
(800) 852-5494

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820.

E-Z UNDERWRITING PARTICIPATION REQUIREMENTS

Eligible Fulltime Employees	Minimum For E-Z Underwriting	Eligible Fulltime Employees	Minimum For E-Z Underwriting	Eligible Fulltime Employees	Minimum For E-Z Underwriting	Eligible Fulltime Employees	Minimum For E-Z Underwriting
6	6	30	18	54	26	78	30
7	7	31	18	55	27	79	30
8	8	32	19	56	27	80	30
9	8	33	19	57	27	81	30
10	8	34	19	58	27	82	30
11	8	35	20	59	28	83	30
12	8	36	20	60	28	84	30
13	9	37	21	61	28	85	30
14	9	38	21	62	28	86	30
15	10	39	21	63	28	87	30
16	11	40	22	64	29	88	30
17	11	41	22	65	29	89	30
18	12	42	23	66	29	90	30
19	12	43	23	67	29	91	30
20	13	44	23	68	29	92	30
21	13	45	24	69	30	93	30
22	14	46	24	70	30	94	30
23	14	47	24	71	30	95	30
24	15	48	25	72	30	96	30
25	15	49	25	73	30	97	30
26	16	50	25	74	30	98	30
27	16	51	26	75	30	99	30
28	17	52	26	76	30	100	30
29	17	53	26	77	30		

HEIGHT AND MAXIMUM WEIGHT CHART

Height	Lump Sum Heart / Heart Stroke Plan	Sickness & Accident Disability Income	Sickness Disability Rider	Inpatient + Outpatient Indemnity Plan
4'10"	160	178	198	198
11"	164	181	201	205
5'0"	168	185	205	212
1"	176	190	210	218
2"	180	195	215	227
3"	188	200	220	235
4"	196	206	225	241
5"	202	212	230	248
6"	208	217	236	256
7"	215	222	242	263
8"	222	228	249	271
9"	230	234	256	279
10"	238	240	263	286
11"	246	246	271	293
6'0"	254	252	279	297
1"	260	258	287	305
2"	267	265	295	313
3"	273	272	303	321
4"	280	279	311	330
5"	286	287	319	341
6"	293	293	327	351
7"		300	335	360
8"		307	343	368

CANCER INDEMNITY * Advantage * Choice
 Health & Wellness Benefit \$100 \$50
 Daily Room \$300 \$200 \$100
 Rad. & Chemo. Option A Option B Option C
 Individual Individual/Spouse 1 Parent 2 Parent

*Answer Question 11 \$ _____

First Occurrence Rider 2 Units 1 Unit / Level Building
 Individual Individual/Spouse 1 Parent 2 Parent
 \$ _____

Intensive Care Benefit: I75 *Rider *Stand Alone
 \$300 \$450 \$600 Other _____ \$ _____
 Individual Individual/Spouse 1 Parent 2 Parent

*Answer Question 12 *Answer Question 18

Specified Disease Benefit Rider* (Dread Disease) \$ _____
 Individual Individual/Spouse 1 Parent 2 Parent
 *Answer Question 13 Cancer Indemnity Total \$ _____

THE MAJOR EXPENSE PLAN *

Lump Sum Cancer & Heart Combo \$ _____ FACE AMOUNT
 Lump Sum Cancer Only \$ _____ FACE AMOUNT
 Lump Sum Heart Only \$ _____ FACE AMOUNT
 Non-Tobacco User Tobacco User
 Dread Disease Rider *Answer Question 13
 Individual One Parent Two Parent \$ _____
 Record Height & Weight above for Lump Sum Heart Benefit
 *Answer Questions 14 & 16 for Cancer/Questions 15 & 16 for Heart

Intensive Care Benefit: I63 *
 \$300 \$450 \$600 Other _____ \$ _____
 Individual One Parent Two Parent
 *Answer Question 12 Major Expense Plan Total \$ _____

HEART STROKE EXPENSE PLAN *

Hospital Confinement Units 1 2 3 4 5
 Dread Disease Rider *Answer Question 13
 Individual One Parent Two Parent \$ _____
 *Record Height & Weight above & answer Question 17

Intensive Care Benefit: I66 *
 \$300 \$450 \$600 Other _____ \$ _____
 Individual One Parent Two Parent
 *Answer Question 12 Heart Stroke Plan Total \$ _____

INPATIENT + OUTPATIENT HOSPITAL INDEMNITY PLAN²

Payroll Only Plan (HI67) Individual Non-Payroll Plan (HI68)
 Individual One Parent Emp. & Spouse Two Parent
 OPTIONAL BENEFITS: Initial Conf. \$ _____
 Surg. Benefit \$ _____ Emer. Acc. \$ _____
 Outpat. Sickness \$ _____ Other \$ _____
 Major Injury (Broken Bones) Units 1 2 3 \$ _____
²Record Height & Weight Above & Answer Questions 10(a) & 18 \$ _____

Intensive Care Benefit: I63 *
 \$300 \$450 \$600 Other _____ \$ _____
 Individual One Parent Two Parent
 *Answer Question 12 Inpatient + Outpatient Plan Total \$ _____

ACCIDENT INCOME PROVIDER * \$3000 \$1500
SENIOR ACC. INCOME PROVIDER * \$3000 \$1500
 Individual One Parent Two Parent Two Adult
 *Answer Question 10(a) Accident Income Provider Total \$ _____

ACCIDENT DISABILITY PLAN * (90 Day Employment Required)

Pre-Packaged Plan 400 600 800 1000 1200
 Applicant's Gross Monthly Income \$ _____
 24 Hour Coverage Off-The-Job Only
 Emp Emp/Sp Emp/Ch Emp/Fam \$ _____
 *Answer Question 10(a)

***BUILDA PLAN** Monthly Income \$ _____ FACE AMOUNT
 Applicant's Gross Monthly Income \$ _____
 24 Hour Coverage Off-The-Job Only
 Benefit Period 6 months 1 Year
 Accident Elimination Period 0 7 14 Days
 Emp Emp/Sp Emp/Ch Emp/Fam \$ _____
 *Answer Question 10(a) *Does not apply to Packaged Accident Disability Plans

***Sickness Disability Rider Mo. Inc.** \$ _____ FACE AMOUNT
 Benefit Period 6 month 1 year
 Elimination 7 or 14 days 30 days \$ _____
²Record Height & Weight Above & Answer Question 18

SICKNESS & ACCIDENT DISABILITY INCOME PLAN *

Standard Preferred (90 Day Employment Required)
⁰Monthly Disability Benefit \$ _____ FACE AMOUNT
 Applicant's Gross Monthly Income \$ _____
 Benefit Period 3 months 6 months 1 Year 2 Years
 Accident Elimination Period 0 7 14 Days
 Sickness Elimination Period 7 14 30 60 90 180 Days
²Record Height & Weight Above & Answer Questions 10(a) and 18 \$ _____

Optional Benefits for Sickness &/or Accident Disability Plan:

Level of coverage (i.e. Emp, Emp/Sp, Emp/Ch, Emp/Fam) for optional benefits is determined by the level of coverage selected for base policy.

*Initial Hospital Confinement Benefit \$1000 \$ _____
¹Injury Treatment Benefit \$ _____
 \$100 \$150 \$200 \$250 \$300
 *Health Screening Benefit \$ _____
 Supplemental Injury Benefit \$ _____
 Specific Loss Rider (Broken Bone) \$ _____

Intensive Care Benefit* I75 \$ _____
 \$300 \$450 \$600 Other _____
 *Answer Question 12
¹Does not apply to Pre-Packaged Accident Disability Plans
 Sickness &/or Accident Disability Income Plan Total \$ _____

APPLICATION FOR ACCIDENT & HEALTH INSURANCE - PART 3

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

10a. Is any proposed insured currently in the hospital or receiving disability payments? Yes No

Answer 10(b) when offering a plan approved for E-Z Underwriting

10b. In the past 5 years has any proposed insured had any known indication of or been treated for a heart attack, internal cancer, melanoma, disease or disorder of the lungs or hepatitis? Yes No

11. CANCER ADVANTAGE & CHOICE

Answer Question 14 for The Major Expense Plan (Lump Sum Cancer)

11a. Has any person proposed for coverage under this Policy within the last 24 months, had any elevated or rising PSA or CEA test or abnormal mammogram, pap smear, radiological exam (e.g. X-Ray, MRI, CAT Scan), biopsy or scope procedure (e.g. colonoscopy, endoscopy, etc.)? Yes No

11b. Has any person proposed for coverage under this Policy **within the last five years**, been diagnosed as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? Yes No

11c. Has any person proposed for coverage under this Policy been diagnosed, as having or been treated for any cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form **over five years ago**? Yes No

If yes to question 11a or b any person(s) so designated will not be covered under the policy.

If yes to question 11c, you are eligible for a policy that provides Option C Radiation & Chemotherapy Benefits and \$100 per day Daily Room Benefit for the treatment of cancer. No additional amounts will be issued.

12. INTENSIVE CARE: Has any proposed insured ever been diagnosed or treated for heart disease, heart attack, any heart condition, heart trouble or any abnormality of the heart? Yes No

(b) If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs? Yes No

(c) If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs? Yes No

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

Answer Question 18 for Intensive Care Stand Alone Policy

13. SPECIFIED DISEASE:

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

14. MAJOR EXPENSE PLAN (Lump Sum Cancer):

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

(b) Has any person proposed for coverage under this Policy ever been diagnosed as having or been treated for cancer, including skin cancer, Hodgkin's Disease and Leukemia, in any form? Yes No

Answer Question 16

15. MAJOR EXPENSE PLAN (Lump Sum Heart):

(a) Has any person proposed for coverage under this Policy ever been diagnosed as having or ever been treated for any of the following conditions in any form: (a) myocardial infarction or heart attack; (b) any disease, disorder or abnormality of the heart or coronary arteries, or any heart related condition; or (c) stroke or transient ischemic attack (TIA); or (d) diabetes; or (e) lung disease? Yes No

(b) Has any person proposed for coverage under this Policy ever had or ever been advised to have: (a) any form of heart surgery, coronary artery surgery, or heart related surgery; or (b) an arteriogram, angioplasty, or pacemaker installed? Yes No

Record Height & Weight of all proposed for coverage in Part 1 and/or 4 of Application and answer Question 16

16. HAS ANY PERSON proposed for insurance in Part 1 on reverse side used tobacco in any form within the past 24 months? (If yes, give name and details in Part 5 of this application) Yes No

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

APPLICATION FOR ACCIDENT & HEALTH INSURANCE - PART 4

17. HEART STROKE EXPENSE PLAN:

- (a) Has any person proposed for coverage under this Policy ever been diagnosed as having, been treated for, received medical advice, or taken prescription medication for High Blood Pressure? Yes No

If NO to question (a), proceed with questions b through d.

If YES to question (a), answer question (a1).

- (a1) Has any person proposed for coverage used tobacco in any form within the past 24 months? Yes No

If YES to question (a1), coverage for that insured will be declined.

If NO to question (a1), proceed with questions b through e.

- (b) Has any person proposed for coverage under this Policy ever been diagnosed as having, or been treated for, received medical advice or taken prescription medication for Stroke, transient ischemic attack (TIA), or any disease, disorder or abnormality of the brain or circulatory system (arteries, veins, lymph nodes, and vessels) (a) myocardial infarction or heart attack; (b) any disease, disorder or abnormality of the heart or coronary arteries, or any heart related condition? Yes No
- (c) Has any person proposed for coverage under this Policy ever been diagnosed as having, been treated for, received medical advice or taken prescription medication for: (a) diabetes; or b) lung or respiratory system disease or disorder? Yes No
- (d) Has any person proposed for coverage under this Policy ever had or been advised to have: (a) any form of heart surgery, coronary artery surgery, or heart related surgery; (b) an arteriogram, angioplasty, or pace maker installed? Yes No

If YES to questions (a1), (b), (c) or (d), coverage for that insured will be declined.

Record Height & Weight of all proposed for coverage in Part 1 of Application

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

NOTE: Question 18 must be answered when applying for:

- **Inpatient + Outpatient Medical Expense Plan**
- **Intensive Care Stand Alone Policy**
- **Sickness Disability Rider** and
- **The Sickness and Accident Disability Income Plan**

unless approved for E-Z Underwriting.

Details of questions answered "Yes," provide question # and name of proposed insured to which history pertains in Part 5 of this application. Persons named may be excluded from coverage.

18. HAS ANY PERSON to be covered ever had or been told or been treated for:

- (a) Had any application or policy for life or health insurance been declined, special rated, restricted, postponed, cancelled or reinstatement denied? Yes No
- (b) Had driver's license suspended or revoked in past 24 months? Yes No
- (c) Disease or disorder of the heart or blood vessels, chest pain, high or low blood pressure? Yes No
- (d) Disease or disorder of the nervous system to include mental disorder, epilepsy or paralysis? Yes No
- (e) Disease or disorder of the respiratory system to include emphysema or asthma? Yes No
- (f) Disease or disorder of stomach, liver, intestines, bladder, kidney, or reproductive organs, hemorrhoids or hernia? Yes No
- (g) Cancer, tumor, diabetes, Leukemia, gland or blood disorders? Yes No
- (h) Alcohol or drug usage or abuse? Yes No
- (i) Is any person to be covered, currently pregnant or taking fertility drugs? Yes No

(If yes, answer question 12 b & c)
- (j) Within the last five years, has any person to be covered had any ailment of the back? Yes No
- (k) Had any other medical advice, treatment or surgery not already listed? Yes No
- (l) Is proposed primary insured working at least 30 hours per week? Yes No

DETAILS of questions 9-18 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains, should be listed in Part 5 of this Application.

APPLICATION FOR ACCIDENT & HEALTH INSURANCE - PART 5

DETAILS of questions 9-18 answered "yes" including question number, names and addresses of physicians & individuals to whom history pertains.

If the proposed insured and any children proposed for insurance are deemed to be insurable at standard rates, the insurance shall become effective on the date hereof, otherwise the insurance shall not take effect until a policy is issued and the first premium paid.

CERTIFICATION- The Applicant hereby makes application to Life Insurance Company of Alabama for a policy or policies of insurance and represents that the statements and answers set forth under Parts 1, 2, 3, 4 and 5 of this application by whomsoever written, are full, complete and true to the best of Applicant's knowledge and belief and agrees that they shall be considered as the basis of any insurance which may be issued hereon. The undersigned applicant and agent acknowledge that the applicant has read, or had read to him/her, the completed application and that he/she realizes that policy issuance is based upon statements and answers provided herein.

AUTHORIZATION- By this form (or a photographic copy of it), I authorize any licensed physician, medical practitioner, clinic hospital, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other person, organization, or institution, that has any records or knowledge of anyone proposed for coverage for whom insurance application is made, to give to The Life Insurance Company of Alabama, or it's reinsurers, any such information and to testify as to such information, all to the extent permitted by law. Should my application for insurance be denied due to an adverse underwriting decision, I have the right to obtain this information from Life Insurance Company of Alabama. I may request this information in writing within 90 business days from the date I am notified of such a decision. Life Insurance Company of Alabama must respond to my request within 21 days from the date of receipt of my request. I also acknowledge that I have received the Investigative Consumer Reports notification and Important Notice attached to this application. This authorization shall be valid for 30 months from the date it is signed.

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

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

X _____
 Witness (Licensed Resident Agent, if required)

X _____
 Agent Agent's No.

X _____
 Agent Agent's No.

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

Signed at _____
 City State

Date _____
 Month Day Year

X _____
 Signature of Proposed Primary Insured

X _____
 Signature of Owner Social Security or Tax ID #
 or Other Insured

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

IMPORTANT NOTICE

The underwriting process (evaluation and classification of risks) is necessary to assure reasonable cost of insurance and provide a mechanism by which policyholders pay their fair share of the cost. In considering your application, information from various sources is considered, including your own statements, the results of your physical examination (if required), and any reports we obtain from doctors or medical facilities where you have been attended.

Information regarding your insurability will be treated as confidential. We or our Reinsurers may, however, make a brief report thereon to the MIB, Inc. formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642.) If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

We or our reinsurers may release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. The purpose of the bureau is to protect its members and their policyholders from the extra expense created by those who omit or conceal information relevant to their insurability. Information furnished by the Bureau may serve to alert the company to a need for further investigation but under Bureau rules cannot be used either wholly or partly as the basis for increasing the charge for or denying the issuance of insurance. Information in the Bureau gives no indication regarding the action taken on an application (i.e., whether accepted standard, accepted with increased premium, or declined).

Should your application for insurance be denied due to an adverse underwriting decision, you have the right to obtain this information from Life Insurance Company of Alabama. You may request this information in writing within 90 business days from the date you are notified of such a decision. Life Insurance Company of Alabama must respond to your request within 21 days from the date of receipt of your request. You may request this information by writing to the Manager - Individual Policy Department at Life Insurance Company of Alabama, P.O. Box 349, Gadsden, AL 35902 or through our field representative.

Cut along dotted line. 

BILLING DATA AND PAYROLL DEDUCTION AUTHORIZATION

PART I - REQUIRED ON EACH SALARY SAVINGS POLICY (PLEASE PRINT OR TYPE)	
EFFECTIVE DATE	NAME OF EMPLOYEE
DEPT. NO.	NAME OF EMPLOYER
EMP. NO.	INDICATE TYPE OF COVERAGE
	SOCIAL SECURITY NO.
	MONTHLY PREMIUM
	WEEKLY PREMIUM

PART II - REQUIRED IF A PREMIUM IS TO BE PAID BY EMPLOYEE

I hereby request and authorize you to deduct the premium from my wage and to transmit it to Life Insurance Company of Alabama (LICOA). These deductions are to cover the premiums on the insurance policy I have applied for if the policy is issued by LICOA.

I acknowledge that this authorization is being signed at the same time I am applying for insurance coverage with LICOA, but IN NO EVENT WILL ANY INSURANCE BE IN FORCE UNTIL THE EFFECTIVE DATE OF ANY POLICY WHICH MAY BE ISSUED BY LICOA. This authorization also allows you to increase my deduction for any premium increases on the policy which may be made by LICOA.

DATE _____ **X** _____ SIGNATURE OF EMPLOYEE

AUTHORIZATION TO HONOR CHECKS DRAWN BY AND PAYABLE TO THE LIFE INSURANCE COMPANY OF ALABAMA, GADSDEN, ALABAMA

To _____ Bank
 Branch Name , if any _____
 Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my bank checking account checks drawn by and payable to the order of the Life Insurance Company of Alabama, Gadsden, Alabama provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of The Life Insurance Company of Alabama to sign such checks. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any such check 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.

Date _____ Bank Account _____ **X** _____ Bank Signature of Depositor

INVESTIGATIVE CONSUMER REPORTS

Under Public Law 91-508, we are required to inform persons proposed for insurance that, as part of our regular underwriting procedure, an investigative consumer report may be obtained, which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors, and associates. Upon written request to the Manager-Individual Policy Department at Life Insurance Company of Alabama, P.O. Box 349, Gadsden, Alabama 35902, further information on the nature and scope of the report will be provided.

Date _____
Signature of Proposed Primary Insured

Date _____
Signature of Applicant or Owner,
if other than Proposed Insured

THIS NOTIFICATION MUST BE DELIVERED TO THE PERSON NAMED ABOVE.

Life Insurance Company of Alabama

Home Office, Gadsden, Alabama

 Cut along dotted line.

To: The Bank named on the reverse side.
Life Insurance Company of Alabama agrees:

- (1) To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
- (2) In the event that any such check, draft or order shall be dishonored whether with or without cause and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
- (3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

LIFE INSURANCE COMPANY OF ALABAMA, Gadsden, Alabama


Clarence W. August
President

Authorized in resolution adopted by the Executive Board of
The Life Insurance Company of Alabama on April 29, 1974



APPLICATION FOR CANCER INSURANCE - PART 1

Life Insurance Company of Alabama

P. O. Box 349 · Gadsden, Alabama 35902

Please Use Dark Ink Suitable for Photocopying.

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

All Shaded areas must be completed.

1. PROPOSED INSURED <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated			BIRTHDATE			AGE	SEX	SOCIAL SECURITY #
LAST NAME	FIRST	M.I.	MO	DAY	YR			
SPOUSE								
DEPENDENT CHILDREN PROPOSED for INSURANCE								
2. RESIDENCE ADDRESS			STREET	CITY	COUNTY	STATE	ZIP	PHONE:
3. INSURED'S EMPLOYER			EMPLOYMENT DATE			RES: ()		
						BUS: ()		
						E-MAIL:		

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

[CANCER ADVANTAGE Answer questions 4 - 8]

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

[PREMIUM

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

[OPTIONAL FIRST OCCURRENCE 4 Units 2 Units 1 Unit / Level Building]
 Individual Individual/Spouse 1 Parent Family 2 Parent Family]

[OPTIONAL SPECIFIED DISEASE]

Individual Individual/Spouse 1 Parent Family 2 Parent Family]

[OPTIONAL INTENSIVE CARE \$300 \$450 \$600 \$_____]

TOTAL _____

Individual Individual/Spouse 1 Parent Family 2 Parent Family]

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

7. Primary Beneficiary & Relationship

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

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

8. Contingent Beneficiary & Relationship

HOME OFFICE USE:

APPLICATION FOR CANCER INSURANCE - PART 2

<p>[9. INTENSIVE CARE: Has any proposed insured ever been diagnosed or treated for Heart Disease, Heart Attack, Any Heart Condition, Heart Trouble or Any Abnormality of the Heart, Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Human Immunodeficiency Virus (HIV)?</p> <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>9a. If this is a Two Parent Family Policy/Rider, is any person to be insured currently pregnant or taking fertility drugs?</p> <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>9b. If this is a One Parent Family Policy/Rider, are you, your fiancée or companion currently pregnant or taking fertility drugs?</p> <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If yes to question 9a or 9b, we will issue an individual policy/rider on the adult male family member only.]</i></p>	<p>[10. SPECIFIED DISEASE: Has any person proposed for coverage under this Policy ever had treatment or diagnosis of: • Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) • Botulism • Bubonic Plague • Cerebral Palsy • Cholera • Cystic Fibrosis • Diphtheria • Encephalitis (including encephalitis contracted from West Nile virus) • Huntington's Chorea • Lyme Disease • Malaria • Meningitis (Bacterial) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Necrotizing Fasciitis • Osteomyelitis • Polio • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever • Scleroderma • Sickle Cell Anemia • Smallpox • Systemic Lupus • Tetanus • Toxic Shock Syndrome • Tuberculosis • Tularemia • Typhoid Fever • Variant Creutzfeldt-Jakob Disease (Mad Cow Disease) • Yellow Fever?</p> <p align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
---	--

DETAILS of questions 9 and 10 answered "yes" including question number, names and addresses of physicians and individuals to whom history pertains.

<p>As normal procedure, the Home Office Underwriting Department may contact you by telephone to verify pertinent information contained in your application. What is the best way to reach you?</p>	<p>Home/Office Phone:</p> <p>Cell Phone:</p> <p>Email address:</p>
---	---

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

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

X _____
Agent Agent's No.

X _____
Agent Agent's No.

Signed at _____
City State

Date _____
Month Day Year

X _____
Signature of Proposed Primary Insured

<p>AGENTS STATEMENT: To the best of your knowledge does this insurance replace any existing insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give name of company and policy number.</p>
--

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

1. SCOPE AND PURPOSE OF FILING

The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state and to certify that benefits are reasonable in relationship to the premiums charged. This filing is not intended to be used for any other purposes.

2. DESCRIPTION OF BENEFITS

The following is intended to be a general description of the benefits provided by this policy. For a detailed description of the benefits, limitations, and exclusions please refer to the policy form.

BASE COVERAGE - FORM HC75C0810G

Daily Hospital Benefit (Per Unit)

Pays an indemnity benefit of \$100 per unit per day for the first 30 days a covered person is confined to the hospital for the treatment of Cancer. The benefit amount is \$200 per unit per day after 30 days of continuous confinement in a hospital for the treatment of Cancer.

Additional Hospital Benefits (Per Unit)

Private Nursing Services Benefit

Pays an indemnity benefit of \$100 per unit per day for full-time private nursing care while confined in a hospital for the treatment of Cancer. These services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family.

Extended Care Facility Benefit

Pays an indemnity benefit of \$75 per unit per day when a covered person is confined to an Extended-Care Facility within 30 days after a hospital confinement. This benefit is limited to 30 days per calendar year per covered person.

Home Health Care Benefit

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

Hospice Care Benefit

Pays an indemnity benefit of \$50 per unit per day for care provided by a Hospice organization. This benefit is limited to 100 days per covered person.

Healthy Lifestyle Benefit

Pays an indemnity benefit of \$25 per unit per calendar year for making healthy lifestyle choices. This benefit is payable if a covered person joins a gym, participates in a smoking cessation program or joins a weight loss program. This benefit is payable once per calendar year per covered person that is over the age of 17.

Waiver of Premium

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

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

OPTIONAL RIDERS

First Occurrence Rider (per unit) - FORMS HC84O0810G AND HC85F0810G

Level Version - FORM HC84O0810G

Pays an indemnity benefit of \$1,250 per unit when a Covered Person is diagnosed as having Internal Cancer. This benefit is payable only once for each Covered Person. Benefits for dependent children are \$1,750 per unit. This benefit is not payable for Skin Cancer.

Building Version - FORM HC85F0810G

Pays an indemnity benefit of \$1,250 per unit when a Covered Person is diagnosed as having Internal Cancer. This benefit is payable only once for each Covered Person. Benefits for dependent children are \$1,750 per unit. This benefit is not payable for Skin Cancer. Benefits increase by \$25 per unit per month. Benefits stop increasing when the primary insured reaches age 65.

Diagnostic Rider - FORM HC82W0810G

Health and Wellness Benefit (per Unit)

Pays an indemnity benefit of \$25 per unit per year for the following tests:

- mammogram
- breast ultrasound
- breast MRI (magnetic resonance imaging)
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- Thin Prep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy
- serum protein electrophoresis

This benefit is payable once per calendar year per covered person.

Diagnostic Benefit (Per Unit)

Diagnostic Testing Benefit

Pays an indemnity benefit of \$500 per unit for diagnostic X-rays and laboratory tests involved with a positive diagnosis of Cancer. This benefit is payable once per covered person.

Annual Check-Up Benefit

Pays an indemnity benefit of \$200 per unit per calendar year for annual check-ups after a positive diagnosis of Cancer. This benefit has a \$1,000 per unit lifetime maximum per covered person.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

Surgical Benefits Rider (per unit) - FORM HC79S0810G

Surgical Benefit (Non-Skin)

Pays the indemnity benefit listed below per unit for surgical procedures performed, including anesthesia and blood, plasma or platelets received to replenish blood volume lost as a result of Surgery, on a covered person for the removal of malignant cancerous tissues of the following parts of the human anatomy:

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

This benefit is limited to covering surgical procedures that actually remove malignant cancerous cells. Benefits are not payable for any procedure that does not actually remove malignant cancerous cells from the above parts of the anatomy. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies.

Surgical Benefit (Skin)

Pays the indemnity benefit listed below per unit for surgical procedures performed, including anesthesia, on a covered person for the removal of malignant cancerous tissues from the skin:

	Benefit Amount
Basal Cell Carcinoma	125
Squamous Cell Carcinoma and all Other Skin Carcinoma	275
Malignant Melanoma	400

This benefit is limited to covering surgical procedures that actually remove malignant cancerous skin cells. Benefits are not payable for any procedure that does not actually remove malignant cancerous skin cells. Benefits are not payable for removal of tissue for diagnostic purposes including biopsies.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

Surgical Benefits Rider (per unit) - FORM HC79S0810G - Continued

Associated Surgical Procedures Benefit

Pays an indemnity benefit of \$150 per unit for the following associated surgical procedures performed, including anesthesia, on a covered person for the treatment of Cancer when the procedure is not performed at the same time as a procedure listed under the Surgical Benefit.

- Thoracotomy
- Paracentesis and Thoracentesis
- Cystourethroscopy
- Venus Access Ports, Shunts, Feeding Tubes and Stents
- Ostomy (including colostomy, ileostomy, gastrostomy and tracheostomy)

This benefit is not payable for procedures payable under either of the Surgical Benefits, procedures performed concurrently or in conjunction with surgical procedures payable under either of the Surgical Benefits or procedures performed for diagnostic purposes.

Surgical Prosthesis Benefit

Pays an indemnity benefit of \$1,500 per unit for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Cancer treatment. This benefit is limited to \$3,000 per unit per covered person. This benefit does not cover breast reconstruction.

Non-Surgical Prosthesis Benefit

Pays an indemnity benefit of \$150 per unit per occurrence for non-surgically implanted prosthetic devices that are prescribed as a direct result of treatment for Cancer treatment. This benefit is limited to \$300 per unit per covered person. Examples are voice boxes, hair pieces, and removable breast prosthesis.

Second and Third Surgical Opinion Benefit

Pays an indemnity benefit of \$175 per unit after a positive diagnosis of Cancer, for a Second and Third surgical opinion from a licensed physician before surgery is performed. This benefit is payable for only 1 second and 1 third surgical opinion following a Positive Medical Diagnosis per recommended surgical procedure to remove malignant cancerous tissue.

Reconstructive Benefit

Pays the indemnity benefit listed below per unit for reconstructive surgical procedures, including anesthesia, performed on a covered person as a result of the treatment of Cancer:

	Benefit Amount
Total Breast Reconstruction including symmetry on the nondiseased breast:	1,250
Partial Breast Reconstruction including symmetry on the nondiseased breast:	1,000
Skin Grafts	200
All Other Reconstructive Surgical Procedures	300

This benefit is limited to two (2) procedures per site and includes breast implants.

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

Transportation Rider - FORM HC81A0810G

Transportation Benefit

Pays usual and customary charges for coach fare by common carrier for round trip transportation (air, rail or bus), for a covered person and their adult companion, to a treatment facility that is fifty miles or more from the insured's home so a covered person may receive treatment for Cancer, limited to a combined maximum of \$1,500 per round trip. This will pay 50 cents per mile when transportation is by private vehicle, limited to a maximum of \$1,500 per round trip. This benefit is only payable for treatments within the United States. This benefit includes payment for travel related to physician's office visits.

Ambulance Benefit

Pays an indemnity benefit of \$300 for ground ambulance transportation of a covered person to or from a Hospital for the treatment of Cancer. Pays an indemnity benefit of \$1,500 for air ambulance transportation for a covered person to or from a hospital for the treatment of Cancer. This benefit is limited to six (6) one-way trips per covered person per calendar year. The services must be performed by a licensed professional ambulance company.

Lodging Benefit

Pays an indemnity benefit of \$100 per day for lodging for each day a covered person is receiving treatment for Cancer at a hospital or medical facility more than fifty miles from the covered persons residence. This benefit is payable for either the covered person or an adult companion traveling with them. This benefit is only payable on the day treatment is being received and is limited to 120 days per covered person per calendar year.

Stem Cell or Bone Marrow Transplant Rider (per unit - Maximum of 2 units) - FORM HC80T0810G

Pays an indemnity benefit of \$5,000 per unit when a covered person receives a peripheral Stem Cell Transplant or a Bone Marrow Transplant for the treatment of Cancer. This benefit is payable once per covered person. This benefit excludes bone marrow biopsies and diagnostic tests.

Specified Disease Rider (per unit) - FORM HC86D0810G

Pays an indemnity benefit of \$100 per unit per day for the first 30 days and \$250 per unit per day thereafter for continuous hospital confinement due to the following Specified Diseases:

- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Botulism (non-Botox related)
- Bubonic Plague
- Cerebral Palsy
- Cholera
- Cystic Fibrosis
- Diphtheria
- Encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme Disease
- Malaria
- Meningitis (bacterial)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Polio
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scleroderma
- Sickle Cell Anemia
- Smallpox
- Systemic Lupus
- Tetanus
- Toxic shock syndrome
- Tuberculosis
- Tularemia
- Typhoid Fever
- Variant Creutzfeldt-Jakob disease (Mad cow disease)
- Yellow fever

The lifetime maximum benefit payable for this benefits is \$200,000 per covered person

**ACTUARIAL JUSTIFICATION OF PREMIUM RATES
LIFE INSURANCE COMPANY OF ALABAMA
Cancer Policy and Riders- Form HC75C0810G et al**

5. MARKETING METHOD

This policy will be marketed to individuals by contracted agents and brokers.

6. GROSS PREMIUM ASSUMPTIONS

The pricing assumptions used in the calculation of gross premiums are attached as Exhibit A. The premiums vary by family composition, age at issue and market (worksite or direct). There are composite rates available (One Rate) for the worksite provided there are at least 10 persons in the group that are purchasing coverage.

The estimated nationwide average annual premium per policy is \$893, based upon the distributions and assumptions shown in Exhibit A.

The gross premiums are attached as Exhibit B.

7. ANTICIPATED LOSS RATIO

The anticipated loss ratio for this form is 50.3%, calculated as the present value of future benefits divided by the present value of future premiums discounted at the earned interest rate. Active life reserves are not included in the calculation of the incurred loss ratio.

8. MINIMUM REQUIRED LOSS RATIO

Due to the indemnity nature of the benefits provided, this policy form and the associated riders have been classified as NAIC Type of Coverage - Loss of Income and Other. The minimum loss ratio established by the NAIC for individual guaranteed renewable policies of this type of coverage is 50%.

9. ACTUARIAL CERTIFICATION

I, J. Steven Keck, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and judgment, the entire rate filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice; and that the benefits of the policy forms affected by the rate filing are reasonable in relation to the premiums charged. The assumptions present my best judgment as to the expected value for each assumption. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



J. Steven Keck, F.S.A., M.A.A.A.

Attachments:

Exhibit A: Pricing Assumptions
Exhibit B: Gross Monthly Premiums

LIFE INSURANCE COMPANY OF ALABAMA
Cancer Product
Exhibit A - Pricing Assumptions

1) Mortality and Lapse Rates

Total lapse rates, including mortality, are as follows:

Policy Year	Issue Age			
	<u>0-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
1	0.28	0.28	0.19	0.14
2	0.22	0.22	0.16	0.11
3	0.18	0.18	0.13	0.10
4	0.16	0.16	0.11	0.09
5	0.14	0.14	0.10	0.08
6	0.12	0.12	0.09	0.08
7	0.11	0.11	0.08	0.08
8	0.10	0.10	0.08	0.08
9	0.09	0.09	0.08	0.08
10+	0.08	0.08	0.08	0.08

Mortality is based on 100% of the 2000 US Life Table

2) Interest

5.00%

3) Claim Costs

Claim costs are from Wakely Actuarial Services, Inc. Claim Cost Guidelines. Gender distribution is 35% male, 65% female. The following selection factors are applied to account for underwriting selection, pre-existing conditions exclusions, or policyholder antiselection.

Policy Year	<u>Selection Fx</u>
1	1.10
2	1.00
3+	1.00

4) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are 2YPT, 2001 CSO Mortality Table C and the appropriate interest rate. Voluntary lapse rates are used in the calculation of the tabular reserve.

LIFE INSURANCE COMPANY OF ALABAMA
Cancer Product
Exhibit A - Pricing Assumptions

5) Sales Distribution (Percent of Policies Issued)

a) Distribution by mode

100% monthly

b) Distribution by Type of Coverage

<u>Type of Coverage</u>	<u>Percent Distribution</u>
Individual	35%
Individual and Spouse	10%
1-Parent Family	5%
2-Parent Family	<u>50%</u>
	100%

c) Distribution by Benefit Option

<u>Benefit Option</u>	<u>Percent Distribution</u>	<u>Average Size</u>
Base Coverage:		
Daily Hospital	100%	2 units
Additional Hospital Benefits	100%	2 units
Diagnostic Testing Rider:		
Health and Wellness Benefit	100%	4 units
Diagnostic Benefit	100%	1 unit
First Occurrence Rider:		
Level Version	30%	2 units
Building Version	20%	2 units
Surgical Rider	100%	2 units
Transportation Rider	100%	1 unit
Stem Cell Rider	100%	2 units
Specified Disease Rider	50%	2 units
Radiation/Chemotherapy Rider:		
Treatment Benefit	100%	8 units
Blood, Plasma or Platelets Benefit	100%	2 units

LIFE INSURANCE COMPANY OF ALABAMA
Cancer Product
Exhibit A - Pricing Assumptions

5) Sales Distribution (Percent of Policies Issued) - Continued

d) Distribution by Age and Coverage Type

<u>Issue Age</u>	<u>Named Insured</u>	<u>Named Insured & Spouse</u>	<u>One Parent Family</u>	<u>Two Parent Family</u>
22	2%	2%	2%	2%
27	6%	6%	6%	6%
32	10%	10%	10%	10%
37	13%	13%	15%	15%
42	14%	14%	18%	18%
47	14%	14%	16%	16%
52	15%	15%	14%	14%
57	13%	13%	11%	11%
62	7%	7%	6%	6%
<u>67</u>	<u>6%</u>	<u>6%</u>	<u>2%</u>	<u>2%</u>
	100%	100%	100%	100%

e) Distribution by Sales Method

Payroll Sales	85%
Direct Sales	<u>15%</u>
	100%

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

BASE COVERAGE - Form HC75C0810G

Coverage	<u>\$100 Daily Hospital Benefit</u>					<u>Additional Hospital Benefits</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.25	1.30	1.50	1.70	1.40	6.30	6.65	7.75	8.50	6.90
Named Insured & Spouse	2.40	2.50	2.90	3.20	2.55	12.75	13.40	15.65	17.25	13.90
One Parent Family	1.50	1.55	1.90	2.00	1.65	8.25	8.65	10.15	11.15	8.80
Two Parent Family	2.65	2.75	3.25	3.50	2.80	13.75	14.45	16.90	18.55	14.70

Optional Riders

Diagnostic Rider - Form HC82W0810G

Coverage	<u>\$25 Wellness Benefit</u>					<u>Diagnostic Benefit</u>				
	Issue Age					Issue Age				
	18-39	40-54	55-64	65+	One Rate *	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.40	1.80	2.15	2.45	1.75	0.65	1.50	3.05	4.25	1.70
Named Insured & Spouse	2.70	3.40	4.05	4.55	3.40	1.15	2.90	5.75	8.05	3.20
One Parent Family	1.70	2.15	2.55	2.90	2.05	0.75	1.80	3.65	5.15	1.80
Two Parent Family	2.95	3.75	4.50	5.05	3.65	1.25	3.20	6.40	8.95	3.20

First Occurrence Rider (per unit) - Form HC84O0810G - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.90	1.95	3.05	4.00	1.95
Named Insured & Spouse	1.65	3.70	5.80	7.65	3.70
One Parent Family	1.00	2.30	3.70	4.80	2.20
Two Parent Family	1.75	4.05	6.45	8.45	3.80

Building First Occurrence Rider (per unit) - Form HC85F0810G - \$1,250

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	2.20	4.90	7.70	4.00	4.55
Named Insured & Spouse	4.05	9.25	14.55	7.65	8.65
One Parent Family	2.50	5.80	9.25	4.80	5.30
Two Parent Family	4.40	10.20	16.15	8.45	9.25

Surgical Benefits Rider - Form HC79S0810G - \$3,200 Schedule

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	1.75	3.15	5.20	6.75	3.30
Named Insured & Spouse	3.25	5.95	9.90	12.90	6.30
One Parent Family	2.05	3.75	6.25	8.15	3.70
Two Parent Family	3.65	6.55	10.95	14.20	6.50

Transportation Rider - Form HC81A0810G

Coverage	Issue Age				
	18-39	40-54	55-64	65+	One Rate *
Named Insured	0.15	0.30	0.55	0.80	0.30
Named Insured & Spouse	0.25	0.55	1.05	1.50	0.65
One Parent Family	0.15	0.40	0.70	0.95	0.40
Two Parent Family	0.25	0.65	1.20	1.70	0.65

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

**Life Insurance Company of Alabama
Cancer Product**

Exhibit B - Monthly Gross Premium Rates Per Unit

Optional Riders (Continued)

Stem Cell or Bone Marrow Transplant Rider - Form HC80T0810G - \$5,000

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.75	1.75	3.05	4.00	1.80
Named Insured & Spouse	1.45	3.30	5.80	7.65	3.50
One Parent Family	0.95	2.05	3.70	4.80	2.00
Two Parent Family	1.65	3.65	6.45	8.45	3.55

Specified Disease Rider - Form HC86D0810G - \$100

<u>Coverage</u>	<u>Issue Age</u>				<u>One Rate *</u>
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	
Named Insured	0.25	0.75	1.45	1.80	0.80
Named Insured & Spouse	0.55	1.50	2.70	3.45	1.55
One Parent Family	0.30	0.95	1.70	2.20	0.90
Two Parent Family	0.65	1.65	3.00	3.75	1.55

Radiation and Chemotherapy Rider - Form HC77R0810G - \$250

<u>Coverage</u>	<u>\$250 Radiation/Chemotherapy Benefit</u>					<u>\$250 Blood/Plasma/Platelets Benefit</u>				
	<u>Issue Age</u>					<u>Issue Age</u>				
	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>	<u>18-39</u>	<u>40-54</u>	<u>55-64</u>	<u>65+</u>	<u>One Rate *</u>
Named Insured	0.80	1.25	1.80	2.30	1.30	0.15	0.15	0.20	0.25	0.15
Named Insured & Spouse	1.50	2.40	3.45	4.30	2.45	0.20	0.30	0.45	0.50	0.30
One Parent Family	0.90	1.50	2.20	2.70	1.45	0.15	0.20	0.25	0.30	0.20
Two Parent Family	1.65	2.65	3.80	4.75	2.55	0.20	0.30	0.45	0.55	0.30

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

Life Insurance Company of Alabama

**302 Broad Street
Gadsden, Alabama 35901**

800-226-2371

CANCER INDEMNITY POLICY

Form Number HC75C0810G AR

OUTLINE OF COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

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

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of some of the important features of the 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 the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

CANCER INSURANCE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying **ONLY** when certain losses occur as a result of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

BENEFITS

Qualifying For Benefits

Benefits are provided if the insured receives a Positive Medical Diagnosis of Cancer with a Diagnosis Date after the 30th day following the Policy Effective Date, We will pay the following Indemnity Benefits:

Daily Hospital Indemnity Benefit

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

Private Nursing Service Indemnity Benefit

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

Extended Care Facility Indemnity Benefit

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

Home Health Care Indemnity Benefit

We will pay the Home Health Care Indemnity Benefit for each day an insured incurs the Specified Event required for the Home Health Care Indemnity Benefit. The Specified Event required for the Home Health Care Indemnity Benefit is receipt of Home Health Care Services under the direction of an attending Physician for the treatment of Cancer by an insured and occurs when the Home Health Care Services are rendered. The Home Health Care Indemnity Benefit is limited to 50 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Hospice Care Indemnity Benefit

We will pay the Hospice Care Indemnity Benefit for each day an insured who is terminally ill due to Cancer incurs the Specified Event required for the Hospice Care Indemnity Benefit. The Specified Event required for the Hospice Care Indemnity Benefit is the receipt of the services of a Hospice organization by an insured who is terminally ill due to Cancer. The Specified Event occurs when the terminally ill Insured receives Hospice services. The Hospice Care Indemnity Benefit is limited to 100 days per insured's lifetime. Extended Care Facility, Home Health Care and/or Hospice Care Indemnity Benefits will NOT be payable for the same day a Daily Hospital Indemnity Benefit is payable.

Important Definitions

Cancer means disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. It also includes, but is not limited to leukemia, Hodgkin's disease and melanoma. Cancer must be determined by a Positive Medical Diagnosis. The term Cancer as related to this Policy, also includes the following associated conditions: Myelodysplastic Syndrome, Myeloproliferative Syndrome, and carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). These conditions must be determined by a Positive Medical Diagnosis. Any condition not specifically listed above is NOT considered Cancer. Premalignant conditions and conditions with malignant potential including, but not limited to, hyperplasia, dysplasia, anaplasia, atypism, leukoplakia, hypertrophy, and neoplasia are NOT considered to be Cancer.

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

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

Positive Medical Diagnosis means a pathological diagnosis of Cancer by a Physician. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. Pathologic interpretation of the histology of skin lesions will be accepted from a licensed dermatologist. A clinical diagnosis of Cancer by a Physician will be accepted as evidence that Cancer exists in a Insured when a pathological diagnosis cannot be made for medically necessary reasons, provided medical evidence substantially documents the diagnosis and the insured receives definitive treatment for Cancer. If the requisite pathological clinical diagnosis can only be made postmortem, liability shall be assumed retroactively, not to exceed 45 days prior to the date of death.

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

Exclusions and Limitations

The Policy and all attached Riders contains a thirty (30) day waiting period. This means that no benefits are payable for any Insured who has Cancer diagnosed before coverage has been in force thirty (30) days from the Effective Date shown in the Policy Schedule. If a Insured has Cancer diagnosed during the waiting period, benefits for treatment of that Cancer will apply only to treatment occurring after two (2) years from the Effective Date of the Policy and Riders or, at Your option, You may elect to void the Policy from its beginning and receive a full refund of premium.

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

We will NOT pay any Indemnity Benefit for Specified Events related to Cancer with a Diagnosis Date prior to the 30th day after the Policy Effective Date or attached Rider Effective Dates.

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

Confinement in a Hospital as an inpatient does NOT include:

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

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

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

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

Confinement in an Extended Care Facility does NOT include:

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

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

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

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

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

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

Renewability

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

Premium.

We may change the premium rates for the Policy. We cannot change the premium rates unless we change them for the Policy form for every insured within a state in the same class. If we change the premium rates, we will notify the insured in writing sixty (60) days before the change becomes effective in accordance with the statutes of the State of Georgia. We will notify the insured at his last known address according to our records. Premium for the policy is guaranteed not to change during the first twelve (12) months of coverage and shall not be increased more than once in a six (6) month period.

Benefit Amount Selections

Cancer Indemnity Insurance Base Plan

Individual Individual/Spouse 1 Parent Family 2 Parent Family

Daily Hospital Indemnity Benefit [\$300] [\$200] [\$100]

Included Riders

Radiation & Chemotherapy Rider [\$2,000] [\$1,000] [\$500]

This rider provides an indemnity benefit for Radiation & Chemotherapy. In addition benefits are available for Immunotherapy, Drugs and Medicines.

Cancer Screening Wellness Benefit & Diagnostic Testing Indemnity Rider [\$100] [\$50]

This rider provides an indemnity benefit for cancer screening tests and diagnostic testing.

Surgical Benefits Rider [\$6,500]

This rider provides an indemnity benefit per operation. In addition benefits are available for anesthesia, blood, prosthesis, second and third opinions and reconstruction.

Transportation Rider

This rider provides benefits for round trip transportation. In addition an ambulance and lodging benefit is available.

Stem Cell or Bone Marrow Transplant Rider [\$10,000]

This rider provides benefits for stem cell or bone marrow transplants.

PREMIUM

Base Policy and Included Riders \$

Optional Riders

First Occurrence Cancer Lump Sum Limited Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer.

\$

First Occurrence Building Benefit Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$5,000] [\$2,500] [\$1,250]

This rider provides an indemnity benefit once when diagnosed with internal cancer. The indemnity benefit increase each month until reaching age 65.

\$

Specified Disease Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

This rider pays an indemnity benefit for the first 30 days of a continuous hospital confinement when confined for certain Specified Diseases. The benefit amount increases after 30 days.

\$

Hospital Intensive Care Rider

Individual Individual/Spouse 1 Parent Family 2 Parent Family

[\$300] [\$450] [\$600] \$

This rider pays an indemnity benefit when confined in an Intensive Care Unit.

\$

Total Premium \$



J. STEVEN KECK
Senior Vice President
and Secretary

LIFE INSURANCE COMPANY
of Alabama

HOME OFFICE
P. O. BOX 349
GADSDEN, ALABAMA 35902
Phone: (256) 543-2022

August 11, 2010

Hess Compliance Consulting, LLC
931 Clarmont Avenue
Bensalem, PA 19020

To Whom It May Concern:

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

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Keck", is written over the word "Sincerely,".

J. Steven Keck, FSA, MAAA
Executive Vice President, Chief Operating Officer