

<i>SERFF Tracking Number:</i>	<i>MDIC-126547028</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>45199</i>
<i>Company Tracking Number:</i>	<i>AR A28 CANCER</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AR A28 Cancer</i>		
<i>Project Name/Number:</i>	<i>AR A28 Cancer/LM AR A28 Cancer</i>		

Filing at a Glance

Company: Medico Insurance Company

Product Name: AR A28 Cancer

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: MDIC-126547028 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45199

Co Tr Num: AR A28 CANCER

State Status: Approved-Closed

Author: Luanne Melies

Reviewer(s): Rosalind Minor

Date Submitted: 03/18/2010

Disposition Date: 05/21/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR A28 Cancer

Project Number: LM AR A28 Cancer

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/21/2010

Deemer Date:

Submitted By: Luanne Melies

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/16/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/21/2010

Created By: Luanne Melies

Corresponding Filing Tracking Number: MDIC-
126547212

Filing Description:

Filing of our new MI-CAA28 & MI-CAA29 First Diagnosis Cancer Policies with Associated Forms.

MDIC-126547028 for MI-CAA28 Policy

MDIC-126547212 for MI-CAA29 Policy

Company and Contact

Filing Contact Information

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Luanne Melies, Compliance Analyst Imelies@gomedico.com
 1515 S. 75th Street 800-695-5976 [Phone] 249 [Ext]
 Omaha, NE 68124 402-391-4858 [FAX]

Filing Company Information

Medico Insurance Company CoCode: 31119 State of Domicile: Nebraska
 1515 S. 75th Street Group Code: Company Type: Life and Health
 Omaha, NE 68124 Group Name: Medico State ID Number:
 (800) 695-5976 ext. [Phone] FEIN Number: 47-0122200

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Normal fees are \$50.00 for each policy including all forms associated with the policy and filed with the policy.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$50.00	03/18/2010	35003958

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/21/2010	05/21/2010
Approved-Closed	Rosalind Minor	05/21/2010	05/21/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/14/2010	04/14/2010	Luanne Melies	05/20/2010	05/20/2010
Pending Industry Response	Rosalind Minor	03/30/2010	03/30/2010	Luanne Melies	04/13/2010	04/13/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Outline of Coverage	Luanne Melies	05/21/2010	05/21/2010
Form	Form withdrawn, not needed with this filing	Luanne Melies	03/31/2010	05/20/2010

SERFF Tracking Number: MDIC-126547028 *State:* Arkansas
Filing Company: Medico Insurance Company *State Tracking Number:* 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Disposition

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document	AR Cover Letter	Approved-Closed	Yes
Supporting Document	MI9F-1060	Approved-Closed	Yes
Supporting Document	MI9F-4218	Approved-Closed	Yes
Supporting Document	MI9F-2701(AR)	Approved-Closed	Yes
Supporting Document	MIR-AR-763	Approved-Closed	Yes
Supporting Document	AR Filing Fee Cert	Approved-Closed	Yes
Supporting Document	AR E-Mail 01-12-10	Approved-Closed	Yes
Form (revised)	First Diagnosis Cancer Policy	Approved-Closed	Yes
Form	First Diagnosis Cancer Policy	Replaced	Yes
Form	First Diagnosis Cancer Policy	Replaced	Yes
Form	Schedule Page of A28	Approved-Closed	Yes
Form (revised)	Form withdrawn, not needed with this filing	Approved-Closed	Yes
Form	Medicare Duplication Notice	Replaced	Yes
Rate	Rate Sheets for A28 Cancer Policies Individual	Approved-Closed	Yes
Rate	Rate Sheets for A28 Cancer Policy Association	Approved-Closed	Yes

SERFF Tracking Number: MDIC-126547028 *State:* Arkansas
Filing Company: Medico Insurance Company *State Tracking Number:* 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Disposition

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
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Supporting Document	MI9F-4218	Approved-Closed	Yes
Supporting Document	MI9F-2701(AR)	Approved-Closed	Yes
Supporting Document	MIR-AR-763	Approved-Closed	Yes
Supporting Document	AR Filing Fee Cert	Approved-Closed	Yes
Supporting Document	AR E-Mail 01-12-10	Approved-Closed	Yes
Form (revised)	First Diagnosis Cancer Policy	Approved-Closed	Yes
Form	First Diagnosis Cancer Policy	Replaced	Yes
Form	First Diagnosis Cancer Policy	Replaced	Yes
Form	Schedule Page of A28	Approved-Closed	Yes
Form (revised)	Form withdrawn, not needed with this filing	Approved-Closed	Yes
Form	Medicare Duplication Notice	Replaced	Yes
Rate	Rate Sheets for A28 Cancer Policies Individual	Approved-Closed	Yes
Rate	Rate Sheets for A28 Cancer Policy Association	Approved-Closed	Yes

SERFF Tracking Number: MDIC-126547028 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/14/2010

Submitted Date 04/14/2010

Respond By Date

Dear Luanne Melies,

This will acknowledge receipt of the captioned filing.

Objection 1

- First Diagnosis Cancer Policy , MI-CAA28(AR) (Form)

Comment:

Thank you for your comments to my Objection Letter.

Your submission is being considered and reviewed as a Limited Benefit Health Insurance Coverage.

Rule and Regulation 18, Section 7 K, Limited Health Insurance Coverage, states that...."Limited Benefit Health Insurance Coverage" is any Policy or contract which provides benefits that are less than the minimum standards for benefits required under Section 7(B), (C), (D), (E), (F), (G), (H), (I), (J) and Appendix (B), (C) and (D).

Section (H) refers to Specified Disease Coverage. This section refers you to the Appendix.

As you will note above, Appendix (B)(C) and (D) are listed. My objection refers to pathological diagnosis and clinical diagnosis as outlined under Appendix 1 A. This portion is not included under the Limited Benefit Language.

Please add to your policy language that states that any policy issued pursuant to this section which conditions payment upon pathological diagnosis of a covered disease, shall also provide that if such a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MDIC-126547028 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/20/2010
Submitted Date 05/20/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: Policy changed per your request.

Related Objection 1

Applies To:

- First Diagnosis Cancer Policy , MI-CAA28(AR) (Form)

Comment:

Thank you for your comments to my Objection Letter.

Your submission is being considered and reviewed as a Limited Benefit Health Insurance Coverage.

Rule and Regulation 18, Section 7 K, Limited Health Insurance Coverage, states that...."Limited Benefit Health Insurance Coverage" is any Policy or contract which provides benefits that are less than the minimum standards for benefits required under Section 7(B), (C), (D), (E), (F), (G), (H), (I), (J) and Appendix (B), (C) and (D).

Section (H) refers to Specified Disease Coverage. This section refers you to the Appendix.

As you will note above, Appendix (B)(C) and (D) are listed. My objection refers to pathological diagnosis and clinical diagnosis as outlined under Appendix 1 A. This portion is not included under the Limited Benefit Language.

Please add to your policy language that states that any policy issued pursuant to this section which conditions payment upon pathological diagnosis of a covered disease, shall also provide that if such a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

Changed Items:

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
First Diagnosis Cancer Policy	MI-CAA28(A R)		Policy/Contract/Fraternal Certificate	Initial			MI-CAA28(A R)-05052010.pdf
Previous Version							
First Diagnosis Cancer Policy	MI-CAA28(A R)		Policy/Contract/Fraternal Certificate	Initial			MI-CAA28(A R)-04122010.pdf
First Diagnosis Cancer Policy	MI-CAA28		Policy/Contract/Fraternal Certificate	Initial			MI-CAA28-03102010.pdf

No Rate/Rule Schedule items changed.

Please let me know if you have any further questions or problems with the review and possible approval of this filing.

Thank you for your time and help with this filing.

Sincerely,
 Luanne Melies

SERFF Tracking Number: MDIC-126547028 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/30/2010

Submitted Date 03/30/2010

Respond By Date

Dear Luanne Melies,

This will acknowledge receipt of the captioned filing.

Objection 1

- First Diagnosis Cancer Policy , MI-CAA28 (Form)

Comment:

Under Part E (4), it is stated that your first diagnosis of Cancer must be based on a Pathological Diagnosis. Rule 18, APPENDIX 1(A)(2) states that Any policy issued pursuant to this Section which conditions payment upon pathological diagnosis of a covered disease, shall also provide that if such a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

Objection 2

- First Diagnosis Cancer Policy , MI-CAA28 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MDIC-126547028 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/13/2010
Submitted Date 04/13/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: Ms. Minor,

I've had the opportunity to examine a previous email communication you had with our Staff Attorney, on January 12, 2010 (See below attachment). We acknowledge that the policy forms do not comply with the minimum standards for specified disease coverage. However, we respectfully request that the policy forms be considered and reviewed as Limited Benefit Health Insurance coverage as defined by Arkansas Rule and Regulation 18, Section 7 K.

Related Objection 1

Applies To:

- First Diagnosis Cancer Policy , MI-CAA28 (Form)

Comment:

Under Part E (4), it is stated that your first diagnosis of Cancer must be based on a Pathological Diagnosis. Rule 18, APPENDIX 1(A)(2) states that Any policy issued pursuant to this Section which conditions payment upon pathological diagnosis of a covered disease, shall also provide that if such a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: AR E-Mail 01-12-10

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Response 2

Comments: Under "Policy Provisions" Section of the policy a "Refund of Premium Upon Your Death" has been added.

Related Objection 1

Applies To:

- First Diagnosis Cancer Policy , MI-CAA28 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
First Diagnosis Cancer Policy	MI-CAA28(A R)		Policy/Contract/Fraternal Certificate	Initial			MI-CAA28(A R)-04122010.pdf

Previous Version

First Diagnosis Cancer Policy	MI-CAA28		Policy/Contract/Fraternal Certificate	Initial			MI-CAA28-03102010.pdf
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No Rate/Rule Schedule items changed.

Please let me know if you have any further questions with the review and possible approval of this filing.

Thank you for your time and help with this filing.

SERFF Tracking Number: MDIC-126547028

State: Arkansas

Filing Company: Medico Insurance Company

State Tracking Number: 45199

Company Tracking Number: AR A28 CANCER

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: AR A28 Cancer

Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Sincerely,
Luanne Melies

SERFF Tracking Number: MDIC-126547028 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 45199
Company Tracking Number: AR A28 CANCER
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR A28 Cancer
Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Amendment Letter

Submitted Date: 05/21/2010

Comments:

The revised outline of coverage form that has the same changes as the policy has been submitted for your review and approval.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Outline of Coverage

Comment:

MI9F-4385(AR)-05052010.pdf

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Amendment Letter

Submitted Date: 05/20/2010

Comments:

Form MI9F-4185CA in "Form Schedule" Tab withdrawn from this filing. This form is not needed.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
	Other	Form withdrawn, not needed with this filing	Other	Form withdrawn, not needed with this filing				

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/21/2010	MI-CAA28(AR)	Policy/Cont ract/Fratern al Certificate	First Diagnosis Cancer Policy	Initial			MI-CAA28(AR)-05052010.pdf
Approved-Closed 05/21/2010	A28 POLICY SCHEDULE	Schedule Pages	Schedule Page of A28	Initial			A28 Schedule.pdf
Approved-Closed 05/21/2010		Other	Form withdrawn, not needed with this filing	Other	Other Explanation: Form withdrawn, not needed with this filing		



MEDICO®
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

[1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080]

FIRST DIAGNOSIS CANCER POLICY

CAUTION: The issuance of this policy is based upon your responses to the questions on your application. A copy of your application is attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid and the attached copy of your application put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force.

If you are diagnosed with Cancer or if Cancer manifests itself during the first 30 days following the Policy Date, all premiums paid will be refunded to you and the policy will be voided from its Policy Date. That will mean your policy was never in force.

PART B GUARANTEED RENEWABLE SUBJECT TO PREMIUM CHANGE

We guarantee to renew your policy for life, as long as the premium is paid within the allowable time; but we do have the right to change your premium as stated below.

Premium Change: We can change your premium only if we do the same to all policies of this form, issued to persons of your class. "Class" means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claim you have incurred under this policy. If it is necessary to change the premium for your policy, we will send you notice at least 30 days before your premium is due.

NOTICE TO BUYER: This policy may not cover all of the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ IT CAREFULLY. THIS IS A SPECIFIED DISEASE POLICY LIMITED TO CANCER COVERAGE ONLY. NO BENEFITS ARE PAYABLE FOR LOSS FROM ANY OTHER CAUSE.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured Loss. This agreement is subject to all of the definitions, provisions, limitations and exclusions of the policy.

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Definitions.....	D	Policy Provisions.....	I
Eligibility For Benefits.....	E	Payment Of Claims.....	H
Exceptions And Limitations	C	Renewal Agreement.....	B
First Diagnosis Cancer Benefit.....	F	Right To Return.....	A
How To File A Claim.....	G	Schedule	Last Page

PART C EXCEPTIONS AND LIMITATIONS

This policy pays only for First Diagnosis of internal Cancer or malignant melanoma. We will NOT pay benefits for:

1. skin cancer, other than malignant melanoma;
2. any disease, sickness or incapacity, other than internal Cancer or malignant melanoma;
3. more than one First Diagnosis benefit;
4. loss that occurs while this policy is not in force;
5. a First Diagnosis made outside the United States of America; and
6. Cancer First Diagnosed during the 30-day Waiting Period. Cancer will not be a covered condition:
 - a. when any medical advice, care, treatment or clinical diagnosis received within the Waiting Period leads to a First Diagnosis of Cancer;
 - b. if tissue extracted during the Waiting Period leads to a First Diagnosis of Cancer; or
 - c. if Cancer manifests itself before the policy has been in force for at least 30 days following the Policy Date. Cancer is manifested when symptoms exist.

PART D DEFINITIONS

Certain words have been capitalized throughout this policy to indicate that they have the specific meanings set out below. When we use the following words in this policy, this is what we mean:

Cancer: A disease which expresses itself as: (a) a malignant tumor characterized by the uncontrolled growth and spread of malignant cells; (b) the invasion of body tissues by such malignant cells; (c) leukemia; or (d) Hodgkin's disease. For the purposes of this policy, Cancer does not include skin cancer (other than malignant melanoma), premalignant conditions or conditions with malignant potential.

First Diagnosis/First Diagnosed: The first time in which the earliest of the following takes place:

1. You are diagnosed on the basis of pathological proof as having Cancer. A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples, or from a cytology report. This type of diagnosis must be made by a Pathologist whose diagnosis of malignancy is in keeping with the standards adopted by the American or Osteopathic Boards of Pathology. A pathological diagnosis of Cancer can be made before or after death; or
2. You are diagnosed as having Cancer on the basis of a clinical diagnosis from a Physician. A clinical diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to us. We reserve the right to request additional information, an additional Physician's statement and/or an examination by a Physician of our choice at our expense.

Cancer must be first manifested and First Diagnosed after the 30-day Waiting Period and while this policy is in force. The diagnosis will not be considered a First Diagnosis if you have had a diagnosis of Cancer within the 10-year period prior to the Policy Date; or if you have received medical advice, care or treatment; or a clinical or pathological diagnosis of Cancer prior to or within the 30-day Waiting Period. Cancer will not be a covered condition if tissue extracted during the 30-day Waiting Period leads to a diagnosis of Cancer.

Immediate Family: Your spouse, parent, child, brother or sister or any person living with you.

Licensed Health Care Practitioner: Any Physician, registered professional Nurse, licensed social worker or other individual who meets requirements prescribed by the United States Secretary of the Treasury, other than a member of your Immediate Family.

Loss: Your First Diagnosis of internal Cancer or malignant melanoma following the Waiting Period and while the policy is in force.

Nurse: A person duly licensed as a Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.) or Licensed Vocational Nurse (L.V.N.), other than a member of your Immediate Family.

Pathologist: A doctor licensed to practice medicine and certified by the American or Osteopathic Boards of Pathology to practice pathological anatomy, other than a member of your Immediate Family.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license and legally entitled to practice in the state or jurisdiction in which services are performed, other than a member of your Immediate Family.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Schedule: Is attached to and is a part of this policy.

Waiting Period: Means the 30-day period beginning on the Policy Date, during which there is no benefit.

We, Us or Our: Means Medico Insurance Company.

You or Your: Means the person named in the Schedule as the Insured.

PART E ELIGIBILITY FOR BENEFITS

Eligibility: To be eligible for coverage under this policy, you must meet all of the conditions listed.

- (1) Your Cancer must be First Diagnosed more than 30 days after the Policy Date;
- (2) Your Cancer must be First Diagnosed while this policy is in force; and
- (3) Your Loss must not be excluded by name or specific description in this policy.

PART F FIRST DIAGNOSIS CANCER BENEFIT

Subject to the terms of this policy, we will pay the benefit amount shown in the Schedule when you are First Diagnosed as having internal Cancer or malignant melanoma. No benefit is payable if the Cancer first manifests itself before the end of the 30-day Waiting Period – See Part A of this policy. You are limited to one benefit payment while this policy is in force. Your coverage terminates upon payment of the benefit.

PART G HOW TO FILE A CLAIM

- (1) Notice of Claim: You must give us written notice of a claim within 20 days (60 days in Kentucky, Mississippi and Wyoming; six months in Montana) after Loss starts or as soon as you can. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in [Omaha, Nebraska], or to one of our producers.

- (2) Claim Forms: When we receive your notice, we will send you forms for filing proof of Loss. If these forms are not sent to you in 15 days, you will have met the proof of Loss rule below if you gave us a written statement within 90 days after the Loss began.
- (3) Proof of Loss: You must give us written proof of the Loss within 90 days or as soon as you can. But proof must be furnished within 15 months after Loss began, except in the absence of legal capacity.

PART H

PAYMENT OF CLAIMS

- (1) Time of Payment of Claims: All benefits will be paid as soon as we receive the proof of Loss.
- (2) Payment of Claims: Benefits will be paid to you. Benefits unpaid at your death will be paid to your beneficiary or your estate.

If any benefit is payable to your estate, to a minor, or to any person not able to give a valid release, we may pay up to \$1,000.00 (up to \$5,000.00 in Kentucky and Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

- (3) Claim Review and Appeal Procedure: In the event of any claim denial with which you do not agree, you have the right to submit a written request to us at our Home Office asking for a review of the denial of benefits. That request may include documents from your Physician or care provider that support your basis for the requested review. Within 30 days (15 in Nebraska) after we receive that written request, we will notify you or your representative of the results of the review.

PART I

POLICY PROVISIONS

- (1) Entire Contract; Changes: This policy, with any attachments (and the copy of your application), is the entire contract of insurance. No producer may make contracts, determine insurability or change the application or policy in any way. Only an executive officer of ours can approve a change. That change must be shown in the policy.
- (2) Time Limit on Certain Defenses: For a policy that has been in force for less than six months, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance for coverage.

For a policy that has been in force for at least six months, but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that:

1. is material to the acceptance for coverage; and
2. pertains to the condition for which benefits are sought.

After a policy has been in force for two years, it is not contestable upon grounds of misrepresentation alone. The policy may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

- (3) Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.
- (4) Reinstatement: Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

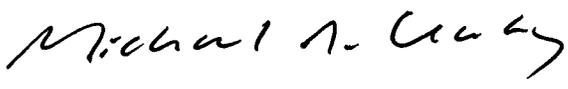
Your reinstated policy will cover only Loss due to Cancer that is First Diagnosed more than ten days after the date the policy was put back in force.

In all other respects, you and we will have the same rights under this policy that we had before it lapsed, unless there are special conditions that apply to the reinstatement. If there are, they will be endorsed on or attached to the policy. The premium we accept to reinstate this policy may be used for a period for which premiums had not been paid, but it will not be used for any period more than 60 days before the reinstatement date.

- (5) Refund of Premium Upon Your Death: Upon your death, we will return the premium for your coverage that was paid in advance beyond the end of the month in which your death occurred.
- (6) Physical Examination and Autopsy: We, at our expense, can have you examined as often as reasonably needed while a claim is pending. In case of death, we, at our expense, may require an autopsy where it is not forbidden by law.
- (7) Legal Action: You can't bring a legal action to recover under your policy for at least 60 days after you have given us written proof of Loss. You can't start such an action more than three years after the date written proof of Loss is required.
- (8) Change of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make a change in this policy. Also, such consent is not required to surrender this policy or to assign the benefits.
- (9) Misstatement of Age: If your age has been misstated, an adjustment in premiums, coverage or both will be made, based on your true age. No misstatement of age will continue insurance otherwise validly terminated, or terminate insurance otherwise validly in force.
- (10) Other Insurance With Us: You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.
- (11) Term of Coverage: Your coverage starts on the Policy Date at 12:01 a.m. standard time where you live. It ends at 12:01 a.m. on the same standard time on the first renewal date. Each time you renew your policy, the new term begins when the old term ends.
- (12) Conformity With State Statutes: The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our [President] and [Secretary] sign this policy on our behalf.

[]
[President]

[]
[Secretary]

MEDICO INSURANCE COMPANY
[1515 SOUTH 75TH STREET]
[OMAHA, NEBRASKA 68124]

SCHEDULE

POLICY NO. - [0000000]

POLICY TYPE – A28

INSURED - [JOHN E. DOE]
[1234 ANY STREET]
[ANYTOWN, USA 00000]

POLICY DATE [01/01/10]
FIRST RENEWAL DATE [02/01/10]
TOTAL FIRST PREMIUM \$ [XXXX.XX]
AGE AT ISSUE [62]

--- POLICY PREMIUMS---
[MODE] \$ [XXXX.XX]

BENEFIT AMOUNT UPON FIRST DIAGNOSIS OF
INTERNAL CANCER OR MALIGNANT MELANOMA \$ [XX,XXX.00]

WAITING PERIOD 30 DAYS

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/21/2010	Rate Sheets for A28 Cancer Policies Individual	MI-CAA28	New		AR_A28_I_RateSchd_20100318.pdf
Approved-Closed 05/21/2010	Rate Sheets for A28 Cancer Policy Association	MI-CAA28	New		AR_A28_AG_RateSchd_20100318.pdf

Medico® Insurance Company
Omaha, Nebraska
MI-CAA28
Gross Premium Code: A28 - Rate Group: A28
First Diagnosis Cancer

RATE SCHEDULE - Arkansas

Annual Premiums Per \$1000 Benefit

Issue Age	Individual Premium
18 - 39	10.80
40 - 44	13.20
45 - 49	15.60
50 - 54	19.20
55 - 59	24.00
60 - 64	27.60
65 - 69	34.80
70 - 74	38.40
75 - 79	42.00

AVAILABLE DISCOUNT:

When two or more persons from the same household are issued policies at the same time, a 10% discount is applied to the premium rates.

MODAL FACTORS

Direct-Billed
Annual = 1.00
Semi-Annual = 0.52000
Quarterly = 0.27000
Bi-Monthly = 0.18182
Monthly = 0.09091

Automatic Bank Withdrawal

Annual = 1.00
Semi-Annual = 6/12
Quarterly = 3/12
Bi-Monthly = 2/12
Monthly = 1/12

Rates certify to a 55% anticipated loss ratio.

Medico® Insurance Company
Omaha, Nebraska
MI-CAA28
Gross Premium Code: A28A - Rate Group: A28
First Diagnosis Cancer - Association Group

RATE SCHEDULE - Arkansas

Association Group - 5%
Annual Premiums Per \$1000 Benefit

Issue Age	Individual Premium	Household Premium
18 - 39	10.26	9.18
59 - 63	12.54	11.22
64 - 68	14.82	13.26
69 - 73	18.24	16.32
74 - 78	22.80	20.40
38 - 42	26.22	23.46
43 - 47	33.06	29.58
48 - 52	36.48	32.64
53 - 57	39.90	35.70

MODAL FACTORS

Direct-Billed
Annual = 1.00
Semi-Annual = 0.52000
Quarterly = 0.27000
Bi-Monthly = 0.18182
Monthly = 0.09091

Automatic Bank Withdrawal
Annual = 1.00
Semi-Annual = 6/12
Quarterly = 3/12
Bi-Monthly = 2/12
Monthly = 1/12

Rates certify to a 55% anticipated loss ratio.

MIRSA28(AR) 3/10

Medico® Insurance Company
Omaha, Nebraska
MI-CAA28
Gross Premium Code: A28A - Rate Group: A28
First Diagnosis Cancer - Association Group

RATE SCHEDULE - Arkansas

Association Group - 10%
Annual Premiums Per \$1000 Benefit

Issue Age	Individual Premium	Household Premium
18 - 39	9.72	9.18
77 - 81	11.88	11.22
41 - 45	14.04	13.26
46 - 50	17.28	16.32
51 - 55	21.60	20.40
56 - 60	24.84	23.46
61 - 65	31.32	29.58
66 - 70	34.56	32.64
71 - 75	37.80	35.70

MODAL FACTORS

Direct-Billed
Annual = 1.00
Semi-Annual = 0.52000
Quarterly = 0.27000
Bi-Monthly = 0.18182
Monthly = 0.09091

Automatic Bank Withdrawal
Annual = 1.00
Semi-Annual = 6/12
Quarterly = 3/12
Bi-Monthly = 2/12
Monthly = 1/12

Rates certify to a 55% anticipated loss ratio.

MIRSA28(AR) 3/10

Medico® Insurance Company
Omaha, Nebraska
MI-CAA28
Gross Premium Code: A28A - Rate Group: A28
First Diagnosis Cancer - Association Group

RATE SCHEDULE - Arkansas

Association Group - 15%
Annual Premiums Per \$1000 Benefit

Issue Age	Individual Premium
18 - 39	9.18
54 - 58	11.22
59 - 63	13.26
64 - 68	16.32
69 - 73	20.40
74 - 78	23.46
38 - 42	29.58
43 - 47	32.64
48 - 52	35.70

MODAL FACTORS

Direct-Billed
Annual = 1.00
Semi-Annual = 0.52000
Quarterly = 0.27000
Bi-Monthly = 0.18182
Monthly = 0.09091

Automatic Bank Withdrawal
Annual = 1.00
Semi-Annual = 6/12
Quarterly = 3/12
Bi-Monthly = 2/12
Monthly = 1/12

Rates certify to a 55% anticipated loss ratio.

MIRSA28(AR) 3/10

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/21/2010
Comments:		
Attachment: AR Flesch Certificate MIC.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	05/21/2010
Comments: A copy of the application MIHAA28(AR) and the application supplement MIHAA28-A are enclosed for your approval. The application supplement will be used in addition to MIHAA28(AR) for applicants that qualify for the Association Group Discount.		

Attachments:
 MIHAA28(AR)-03122010.pdf
 MIHAA28-A-03102010.pdf

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	05/21/2010
Comments:		
Attachment: MI9F-4385(AR)-05052010.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Cover Letter	Approved-Closed	05/21/2010
Comments:		
Attachment: AR Cover Letter.pdf		

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Item Status: Approved-Closed
Status Date: 05/21/2010
Satisfied - Item: MI9F-1060

Comments:

Replacement Notice MI9F-1060 will be used when required by state law. The only change from the previous version of this form, which was approved by your department on August 21, 2008 (Serff Filing MDIC-125606274) is that we have bracketed our address. This form is enclosed for informational purposes only.

Attachment:

MI9F-1060-03102010.pdf

Item Status: Approved-Closed
Status Date: 05/21/2010
Satisfied - Item: MI9F-4218

Comments:

The medical authorization MI9F-4218 will be sent with the application to obtain medical authorization from the applicant. This HIPAA Compliant Medical Authorization form is enclosed for informational purposes only.

Attachment:

MI9F-4218-03042010.pdf

Item Status: Approved-Closed
Status Date: 05/21/2010
Satisfied - Item: MI9F-2701(AR)

Comments:

The Guaranty Association Notice MI9F-2701(AR) will be delivered with the policy. This form received approval by your division on April 21, 2008 under Serff Filing MDIC-125606274. The only change from the previous version of this form is that we have bracketed our address. This form is enclosed here for informational purposes, only

Attachment:

MI9F-2701(AR)-03122010.pdf

Item Status: Approved-Closed
Status Date: 05/21/2010
Satisfied - Item: MIR-AR-763

Comments:

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

The Toll-Free Customer Service Notice, MIR-AR-763 will be delivered with the policy, as required by law. Form MIR-AR-763 was previously approved by your Department on October 27, 2009 under Serff Filing MDIC-126340784. The only change from the previous version of this form is that we have bracketed our address and phone number. This form is enclosed here for informational purposes only.

Attachment:

MIR-AR-763-03122010.pdf

		Item Status:	Status Date:
Satisfied - Item:	AR Filing Fee Cert	Approved-Closed	05/21/2010
Comments:			
Attachment:			
AR Filing Fee Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR E-Mail 01-12-10	Approved-Closed	05/21/2010
Comments:			
Attachment:			
AR E-Mail 01-12-10.pdf			

FLESCH READABILITY CERTIFICATION

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

MEDICO INSURANCE COMPANY



Desiree Buckley
Vice President, Director of Compliance

Application for
First Diagnosis Cancer Policy Forms MI-CAA28 and MI-CAA29

[www.gomedico.com]
[Toll-Free 1-800-228-6080]

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Part A: General Information – Please Print

Applicant Name _____
First MI Last Date of Birth Mo./Day/Yr. Age Sex

Address _____
Street Address City State Zip

Social Security # _____ Are you covered by Medicare? Yes No

Phone # _____ E-mail Address _____

Beneficiary _____ Relationship _____ Address _____

Do you intend to replace any medical or health insurance coverage with this policy? Yes No

If "Yes," show type of policy being replaced and name of company: _____

Part B: Medical Information

Please answer the following questions to the best of your knowledge.

1. In the past 10 years have you been diagnosed, hospitalized, treated or been advised by a Licensed Health Care Practitioner/Physician, or had diagnostic procedures or follow-up for:
 - a) Cancer, malignancy, leukemia, melanoma, lymphoma, Hodgkin's disease?
(If answered "Yes," you will not be eligible for coverage.) Yes No
 - b) Elevated PSA tests, abnormal Pap smear or mammogram, bleeding moles or blood in the stool?
(If answered "Yes," please provide dates and details below.) Yes No
2. Within the last 2 years:
 - a) have you been advised by a Licensed Health Care Practitioner/Physician to have medical tests or examinations to diagnose a possible malignancy but have not done so yet?
(If answered "Yes," please provide dates and details below.) Yes No
 - b) have you experienced any medical condition or symptom for any of the conditions listed in number 1 above for which medical advice, diagnosis or treatment has not yet been obtained?
(If answered "Yes," please provide dates and details below.) Yes No

Dates and Details: _____

Physician Name/Address: _____

3. In the past 10 years have you tested positive for the antibody to AIDS in the ELISA-ELISA-Western Blot series?
 Note: Diagnosis must be made by a member of the medical profession. **You do not have to disclose a positive AIDS test result obtained at an anonymous or alternate test site or from a home test.**
 (If answered "Yes," you will not be eligible for coverage.) Yes No

Part C: Benefit Options:

- MI-CAA28 – First Diagnosis Cancer Policy
- MI-CAA29 – First Diagnosis Cancer Policy With Inflation Protection

Benefit Amount Upon First Diagnosis of Internal Cancer or Malignant Melanoma:

(\$10,000, \$15,000, \$20,000 or \$25,000) \$ _____

Part D: Payment Options

Household Discount – If eligible, list full name(s) of the other person or persons in your household who is/are also applying for this policy: _____

Method of Payment:

Mode - Frequency of Payment:

- | | | | | |
|--|------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Automatic Bank Withdrawal | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly] | | |
| <input type="checkbox"/> Direct Bill | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually] | |
| <input type="checkbox"/> Credit/Debit Card | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually] |

Make all checks payable to: Medico Insurance Company (do not make checks payable to the producer or leave payee line blank).

[Note: If you select the Automatic Bank Withdrawal [or Credit/Debit Card] method of payment and we receive no money with your application, your first premium will be withdrawn from your account on the day we issue your policy.]

Amount Received with Application \$ _____ Renewal Premium \$ _____

Requested Effective Date of Policy (optional) _____

(Requested Effective Date cannot be prior to the Application Date. If no Effective Date is requested, the Effective Date will be the day after the applicant signs the application.)

Part E: Application Agreement

I hereby apply to Medico Insurance Company for a **First Diagnosis Cancer Insurance Policy** to be issued solely and entirely in reliance on my written answers to the above questions. The answers, which I adopt as my own, are true, full and complete and have been accurately recorded. These statements will become a part of any policy to which this form is attached. I agree that, except as provided in the Receipt for Initial Premium, no insurance will take effect unless the full first premium is paid by the time the policy is delivered, and unless the policy is delivered and accepted by me.

I have received the Notice of Privacy Practices and where required by state law, the Outline of Coverage for the policy.

Check one of the following regarding your eligibility for Medicare and "A Guide to Health Insurance for People With Medicare."

- 1. I have agreed to accept a link to the Medicare Buyers Guide on the Company website at [gomedico.com/products.]
- 2. I have received a hard copy of the Medicare Buyers Guide.
- 3. I am not eligible for Medicare.

Policy Delivery Options: Upon approval of this application, the policy will be mailed to: Applicant Producer

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or, if the misrepresentation was material to our acceptance of the risk, rescind your policy.

NOTICE: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Applicant's Signature _____ Date _____

Dated at _____
City State

Producer's Printed Name _____

Producer's Signature _____ Date _____



[1515 South 75th Street]
[Omaha, Nebraska 68124]

Application Supplement for
First Diagnosis Cancer Policy Forms MI-CAA28 and MI-CAA29

[www.gomedico.com]
[Toll-Free 1-800-228-6080]

Association Group Discount (for members of approved groups)

Please complete this Application Supplement if you qualify for an Association Group Discount. You qualify if you are a member of an approved Association Group. If a member of your household is an approved Association Group member, and he/she is also applying for and issued an identical policy, you qualify for an Association Group Discount.

Association Group Name _____

Applicant's Name _____

Association Group Member Name _____

Member Identification Number _____

Applicant's Signature _____ Date _____

Dated at _____
City State

Producer's Printed Name _____

Producer's Signature _____ Date _____

SPECIFIED DISEASE COVERAGE

RETAIN THIS OUTLINE FOR YOUR RECORDS
THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

1. **READ YOUR POLICY CAREFULLY:** This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is important that you **READ YOUR POLICY CAREFULLY!**
2. **Specified Disease Coverage** — Policies of this category are designed to provide restricted coverage paying benefits **ONLY** when certain losses occur as a result of a specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This coverage is designed only as a supplement to a comprehensive health insurance policy.
3. **First Diagnosis Cancer Benefit** — Subject to the terms of the policy, we will pay a lump sum benefit when you are First Diagnosed as having internal Cancer or malignant melanoma (this excludes all other skin Cancer). No benefit is payable if the Cancer first manifests itself before the end of the 30-day Waiting Period. You are limited to one benefit payment while the policy is in force. Your coverage terminates upon payment of the benefit.

You must be diagnosed on the basis of pathological proof as having Cancer. This type of diagnosis must be made by a Pathologist whose diagnosis of malignancy is in keeping with the standards adopted by the American or Osteopathic Boards of Pathology. A clinical diagnosis of Cancer will only be accepted when it is not medically possible to attempt a pathological diagnosis.

- a. **Benefit Amount Upon First Diagnosis of Internal Cancer or Malignant Melanoma:**
(\$10,000, \$15,000, \$20,000 or \$25,000) \$ _____

4. Limitations and Exclusions

- a. **Exceptions** — The policy pays only for First Diagnosis of internal Cancer or malignant melanoma. We will **NOT** pay benefits for: (1) skin cancer, other than malignant melanoma; (2) any disease, sickness or incapacity, other than internal Cancer or malignant melanoma; (3) more than one First Diagnosis benefit; (4) loss that occurs while this policy is not in force; (5) a First Diagnosis made outside the United States of America; and (6) Cancer First Diagnosed during the 30-day Waiting Period. Cancer will not be a covered condition: (a) when any medical advice, care, treatment or clinical diagnosis received within the Waiting Period leads to a First Diagnosis of Cancer; (b) if tissue extracted during the Waiting Period leads to a First Diagnosis of Cancer; or (c) if Cancer manifests itself before the policy has been in force for at least 30 days following the Policy Date. Cancer is manifested when symptoms exist.
- b. **Eligibility** — To be eligible for coverage under the policy, you must meet all the conditions listed: (1) Your Cancer must be First Diagnosed more than 30 days after the Policy Date; (2) Your Cancer must be First Diagnosed while this policy is in force; and (3) Your Loss must not be excluded by name or specific description in this policy.

5. Renewability — Guaranteed Renewable — This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time.

- a. **Terms Under Which We May Change Premiums** — We can change premiums only if we do the same to all policies of this form, issued to persons of your class in your state, and we notify you in advance of the due date.



March 18, 2010

MEDICO INSURANCE COMPANY

NAIC # 31119

Serff Filing - MDIC - 126547028 for MI-CAA28 Policy

MDIC - 126547212 for MI-CAA29 Policy

Commissioner Jay Bradford
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE : Individual First Diagnosis Cancer Policy
Individual First Diagnosis Cancer Policy With Inflation
Protection
Enclosed Material:
MI-CAA28 – First Diagnosis Cancer Policy
MI-CAA29 – First Diagnosis Cancer Policy With Inflation
Protection
MIHAA28(AR) – Application
MIHAA28-A – Application Supplement
MI9F-4385 - Outline of Coverage for MI-CAA28 Policy
MI9F-4386 - Outline of Coverage for MI-CAA29 Policy
MI9F-4185CA – Medicare Duplication Notice
Actuarial Memorandum and rate sheets
Filing Forms
Previously Approved/Filed Forms
Informational Forms:
MI9F-1060 – Replacement Notice
MI9F-4218 -HIPAA Compliant Medical Authorization
MI9F-2701(AR) - Guaranty Association Notice
MIR-AR 763 – Compliant Notice

Enclosed, you will find the First Diagnosis Cancer Policy, the First Diagnosis Cancer Policy With Inflation Protection and accompanying forms for your approval. These new forms will not replace any forms currently on file with your Department.

The MI-CAA28 First Diagnosis Cancer Policy and MI-CAA29 First Diagnosis Cancer Policy With Inflation Protection are new policies providing a lump sum benefit upon the first diagnosis of internal cancer or malignant melanoma. The applicant may choose a benefit amount of \$10,000, \$15,000, \$20,000 or \$25,000.

The First Diagnosis Cancer Policy With Inflation Protection includes an additional Inflation Protection Benefit. As long as the policy remains in force, the benefit amount will automatically increase by 5% of the original benefit amount on the policy anniversary date for the life of the policy.

Both the MI-CAA28 and MI-CAA29 policies contain a 30-day waiting period. If an insured is diagnosed with cancer or if cancer manifests itself during the first 30 days following the policy date, we will refund all premiums paid and the policy will be voided from its policy date.

We intend to offer these new policies through our producers to eligible individuals who are ages 18 through 79. A sample schedule is attached. Any information contained in the brackets will vary to fit each policyholder.

Protecting Your Future Today®



Page 2

A copy of the application MIHAA28(AR) and the application supplement MIHAA28-A are enclosed for your approval. The application supplement will be used in addition to MIHAA28(AR) for applicants that qualify for the Association Group Discount.

The outline of coverage MI9F-4385 for the MI-CAA28 policy or the MI9F-4386 for the MI-CAA29 policy will be furnished to each applicant as required by state law.

The medical authorization MI9F-4218 will be sent with the application to obtain medical authorization from the applicant. This HIPAA Compliant Medical Authorization form is enclosed for informational purposes only.

Medicare Duplication Notice form MI9F-4185CA is being filed for your approval. A copy will be left with Medicare-eligible applicants at the time of application. I would like to request approval of this form so it can be used with any similar products the company may have approved in the future.

Replacement Notice MI9F-1060 will be used when required by state law. The only change from the previous version of this form, which was approved by your department on August 21, 2008 (Serff Filing MDIC-125606274) is that we have bracketed our address. This form is enclosed for informational purposes only.

The Toll-Free Customer Service Notice, MIR-AR-763 will be delivered with the policy, as required by law. Form MIR-AR-763 was previously approved by your Department on October 27, 2009 under Serff Filing MDIC-126340784. The only change from the previous version of this form is that we have bracketed our address and phone number. This form is enclosed here for informational purposes only.

The Guaranty Association Notice MI9F-2701(AR) will be delivered with the policy. This form received approval by your division on April 21, 2008 under Serff Filing MDIC-125606274. The only change from the previous version of this form is that we have bracketed our address. This form is enclosed here for informational purposes, only

We will not attach any elimination waivers or riders to exclude, limit or reduce coverage or benefits for named pre-existing conditions or physical conditions beyond the stated waiting period.

Any bracketed material represents variable information. No such items will be contradictory to any applicable state or federal law.

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,



Luanne Melies
Compliance Analyst
1-800-695-5976 Ext. 249
Fax (402) 391-4858
lmelies@gomedico.com

Protecting Your Future Today®

NOTICE TO APPLICANT

REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application or information you have furnished, you intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by Medico Insurance Company. Your new policy provides 30 days after receipt of the policy within which you may decide whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. **FAILURE TO INCLUDE ALL MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS.** After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

(Date)

(Applicant's Signature)

(Agent's Signature)



AUTHORIZATION TO USE AND DISCLOSE PERSONAL INFORMATION

MEANING OF TERMS

Health Care Provider means: all physicians; medical or dental practitioners; hospitals; other health care facilities (including nursing facilities and assisted living facilities); pharmacies; pharmacy benefit managers; the Medical Information Bureau; and any other person or organization that furnishes, bills or is paid for care, services or supplies related to the health of an individual.

Personal Information means: all information about the health of an individual, including medical records in their entirety, information about physical condition and mental condition (excluding psychotherapy notes), prescription drug records and information about drug and alcohol use. Personal Information also includes information about personal finances, occupation, general reputation and insurance claims.

AUTHORIZATION TO DISCLOSE

I authorize any Health Care Provider, government agency, insurance company, insurance producer, employer or consumer reporting agency to disclose Personal Information about me, or my dependent named below, to Medico Insurance Company and to any persons acting on the Company's behalf for the purposes described below.

AUTHORIZATION TO USE

I authorize Medico Insurance Company, or any person or entity employed by the Company, to use the Personal Information covered by this authorization for the purposes described below.

PURPOSES OF DISCLOSURE

Personal Information will be used to determine my and, if applicable, my dependents' eligibility for insurance and to resolve any issues regarding incomplete or incorrect information on my application for insurance that may arise during the processing of the application or in connection with a claim for insurance benefits.

POTENTIAL FOR REDISCLOSURE

The Personal Information used or disclosed based on this authorization may be subject to further disclosure without the protections of federal privacy regulations.

REFUSAL TO SIGN

I understand that I may refuse to sign this authorization. I realize that if I refuse to sign, Medico Insurance Company will not accept my application for insurance, and insurance benefits will not be payable.

REVOCAION AND EXPIRATION

I understand that I may revoke this authorization at any time by written notice to: Medico Insurance Company, [1515 South 75th St., Omaha NE 68124-1655.]

I understand that my right to revoke this authorization is limited to the extent that the Company has taken action in reliance on the authorization or the law provides the Company with the right to contest a claim under my insurance policy.

In the case of authorizations signed for the purpose of collecting information in connection with an application for an insurance policy, a policy reinstatement, or a request for change in policy benefits, this authorization may not exceed 24 months from the date I sign the authorization.

In the case of authorizations signed for the purpose of collecting information in connection with a claim for benefits under an insurance policy, this authorization may not exceed the term of coverage of my insurance policy.

COPY OF THIS AUTHORIZATION

I understand that I, or my authorized representative, is entitled to receive a copy of the authorization form. A copy of this authorization is as valid as the original.

NAMES AND SIGNATURES

I have received the Notice of Privacy Practices

Printed Name of Applicant/Insured

Signature of Applicant/Insured

Date

If applicable: I am the personal representative of the insured named above whose Personal Information is to be disclosed, and I am authorized to grant permission for disclosure.

Printed Name of Personal Representative

Description of Personal Representative's Authority

Signature of Personal Representative

Date

MEDICO INSURANCE COMPANY
[Omaha, Nebraska]

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

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

DISCLAIMER

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

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

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 W. Capitol Ave.
Suite 3700
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

MEDICO® INSURANCE COMPANY

[1515 SOUTH 75TH STREET]

[OMAHA, NE 68124]

POLICY NUMBER – XXXXXXXX

RIDER PAGE 1 OF 1

TOLL-FREE CLIENT SERVICES

If you have any questions about your policy, you can call this Company's Toll-Free Client Services Line at [1-800-228-6080] between 7:30 A.M. and 4:45 P.M., Monday through Thursday; and 7:30 A.M. and 11:30 A.M. on Friday, Central Time.

If you prefer to write to us, please direct your letter to the Client Services Department, using the Company's name and address shown above.

Questions can also be directed to your producer. (Producer: Attach your business card below.)

In addition, you may submit written inquiries to:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

You may also call:

Arkansas Insurance Department
Consumer Services Division at
(800) 852-5494 or (501) 371-2640

**ARKANSAS
INSURANCE
DEPARTMENT**

Lee Douglass
Insurance Commissioner

400 University Tower Bldg.
1123 South University Avenue
Little Rock, AR 72204
(501) 686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME _____

COMPANY NAIC CODE: _____

COMPANY CONTACT PERSON & NUMER: _____

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ **AMOUNT:** _____ **ROUTE SLIP:** _____

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

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review,
per each policy, contract, annuity form, per each
insurer, per each filing. * _____ x \$50 = _____
** Retaliatory _____

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing,
per each insurer. * _____ x \$50 = _____
** Retaliatory _____

Life and/or Disability Policy, Contract, or Annuity
Forms: Filing and review of each certificate, rider,
endorsement or application if each is filed
separately from the basic form. * _____ x \$20 = _____
** Retaliatory _____

Policy and contract forms, all lines, filing
corrections in previously filed policy and contract
forms. * _____ x \$20 = _____
** Retaliatory _____

Life and/or Disability: Filing and review of Insurer's
advertisements, per advertisement, per each insurer. * _____ x \$25 = _____
** Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an
Insurer's Certificate of Authority. * _____ x \$400 = _____

Filing to amend Certificate of Authority. *** _____ x \$100 = _____

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

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

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

Luanne Melies

From: Rosalind Minor [rosalind.minor@arkansas.gov]
Sent: Tuesday, January 12, 2010 1:48 PM
To: Ryan Cole
Subject: RE: Specified Disease Policies

Speaking in general terms, it appears that this type of filing may be considered a Limited Benefit Filing. We need to see the filing in its entirety in order to determine that it is a Limited product as outlined under Rule and Regulation 18, Section 7 K.

From: Ryan Cole [mailto:rcole@gomedico.com]
Sent: Tuesday, January 12, 2010 9:25 AM
To: Rosalind Minor
Subject: Specified Disease Policies

Ms. Minor:

Our company is preparing to file a First Diagnosis Cancer Policy for approval by the Bureau. The policy provides a lump sum benefit for pathologically diagnosed internal cancer or malignant melanoma. We are seeking clarification and guidance on Arkansas regulations and their applicability to our cancer product.

I acknowledge that our policy does not meet the minimum benefit standards for a specified disease policy. Our policy pays a one-time, lump sum benefit upon pathological diagnosis of cancer, and therefore does not meet the requirements in AR ADC INS 18, Appendix 1. Nonetheless, we believe that the product provides a real benefit to the policyholder, as it provides cash to the policyholder to enable flexibility in treatment and to help the policyholder cope with the impact of a cancer diagnosis.

After reviewing the regulations, we are unclear whether a lump sum cancer policy would qualify as limited benefit insurance coverage. AR ADC INS 18 Section 7K defines "limited benefit health insurance coverage" to include policies that do not meet the minimum benefits for specified disease coverage. However, there is a statement in the Appendix (subsection (A)(1)) that policies covering specified diseases may not be sold or offered for sale other than as specified disease coverage under the Appendix. Is it the position of the Department that a lump sum cancer policy cannot be offered for sale as a limited benefit health insurance coverage?

The regulations are attached for your convenience. We would appreciate any guidance that you can offer. If you have any questions or require additional information, please don't hesitate to contact me. Thank you for your time.

Sincerely,

Ryan Cole
Staff Attorney
Medico Insurance Company
1515 South 75th Street
Omaha, NE 68124
(402)391-6900
rcole@gomedico.com

This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise

as a result of e-mail transmission. If verification is required please request a hard-copy version.

Medico Insurance Company , 1515 South 75th St., Omaha, NE 68124.

SERFF Tracking Number: MDIC-126547028 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 45199
 Company Tracking Number: AR A28 CANCER
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: AR A28 Cancer
 Project Name/Number: AR A28 Cancer/LM AR A28 Cancer

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/18/2010		Supporting Outline of Coverage Document	05/21/2010	MI9F-4385-03102010.pdf (Superseded)
04/13/2010	Form	First Diagnosis Cancer Policy	05/20/2010	MI-CAA28(AR)-04122010.pdf (Superseded)
03/18/2010	Form	First Diagnosis Cancer Policy	04/13/2010	MI-CAA28-03102010.pdf (Superseded)
03/18/2010	Form	Medicare Duplication Notice	03/31/2010	MI9F-4185CA-03092010.pdf (Superseded)

SPECIFIED DISEASE COVERAGE

RETAIN THIS OUTLINE FOR YOUR RECORDS
THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

1. **READ YOUR POLICY CAREFULLY:** This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is important that you **READ YOUR POLICY CAREFULLY!**
2. **Specified Disease Coverage** — Policies of this category are designed to provide restricted coverage paying benefits **ONLY** when certain losses occur as a result of a specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses. This coverage is designed only as a supplement to a comprehensive health insurance policy.
3. **First Diagnosis Cancer Benefit** — Subject to the terms of the policy, we will pay a lump sum benefit when you are First Diagnosed as having internal Cancer or malignant melanoma (this excludes all other skin Cancer). No benefit is payable if the Cancer first manifests itself before the end of the 30-day Waiting Period. You are limited to one benefit payment while the policy is in force. Your coverage terminates upon payment of the benefit.
 - a. **Benefit Amount Upon First Diagnosis of Internal Cancer or Malignant Melanoma:**
(\$10,000, \$15,000, \$20,000 or \$25,000) \$ _____
4. **Limitations and Exclusions**
 - a. **Exceptions** — The policy pays only for First Diagnosis of internal Cancer or malignant melanoma. We will **NOT** pay benefits for: (1) skin cancer, other than malignant melanoma; (2) any disease, sickness or incapacity, other than internal Cancer or malignant melanoma; (3) more than one First Diagnosis benefit; (4) loss that occurs while this policy is not in force; (5) a First Diagnosis made outside the United States of America; and (6) Cancer First Diagnosed during the 30-day Waiting Period. Cancer will not be a covered condition: (a) when any medical advice, care, treatment or clinical diagnosis received within the Waiting Period leads to a First Diagnosis of Cancer; (b) if tissue extracted during the Waiting Period leads to a First Diagnosis of Cancer; or (c) if Cancer manifests itself before the policy has been in force for at least 30 days following the Policy Date. Cancer is manifested when symptoms exist.
 - b. **Eligibility** — To be eligible for coverage under the policy, you must meet all the conditions listed: (1) Your Cancer must be First Diagnosed more than 30 days after the Policy Date; (2) Your Cancer must be First Diagnosed while this policy is in force; (3) Your Loss must not be excluded by name or specific description in this policy; and (4) Your First Diagnosis of Cancer must be based on a Pathological Diagnosis.

Pathological Diagnosis: A Pathological Diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples, or from a cytology report. This type of diagnosis must be made by a Pathologist whose diagnosis of malignancy is in keeping with the standards adopted by the American or Osteopathic Boards of Pathology. A Pathological Diagnosis of Cancer can be made before or after death.
5. **Renewability** — **Guaranteed Renewable** — This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time.
 - a. **Terms Under Which We May Change Premiums** — We can change premiums only if we do the same to all policies of this form, issued to persons of your class in your state, and we notify you in advance of the due date.

6. Premium

[Monthly Bank Draft]	[Quarterly]	[Semi-Annually]	[Annually]

Premiums are subject to change on a limited basis, as stated above in the Renewal Agreement. You have a 31-day grace period in which to pay your premium. Your policy stays in force during your grace period.

Printed Name of Producer (if any): _____
First
Middle Initial
Last

Address: _____
Street Address, Rural Route or Box Number

City State Zip Code

_____ / _____

Date Home Office Employee/Producer

If you have any questions about this policy, please write or call us toll-free at [1-800-228-6080].



MEDICO®
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

[1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080]

FIRST DIAGNOSIS CANCER POLICY

CAUTION: The issuance of this policy is based upon your responses to the questions on your application. A copy of your application is attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid and the attached copy of your application put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force.

If you are diagnosed with Cancer or if Cancer manifests itself during the first 30 days following the Policy Date, all premiums paid will be refunded to you and the policy will be voided from its Policy Date. That will mean your policy was never in force.

PART B GUARANTEED RENEWABLE SUBJECT TO PREMIUM CHANGE

We guarantee to renew your policy for life, as long as the premium is paid within the allowable time; but we do have the right to change your premium as stated below.

Premium Change: We can change your premium only if we do the same to all policies of this form, issued to persons of your class. "Class" means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claim you have incurred under this policy. If it is necessary to change the premium for your policy, we will send you notice at least 30 days before your premium is due.

NOTICE TO BUYER: This policy may not cover all of the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ IT CAREFULLY. THIS IS A SPECIFIED DISEASE POLICY LIMITED TO CANCER COVERAGE ONLY. NO BENEFITS ARE PAYABLE FOR LOSS FROM ANY OTHER CAUSE.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured Loss. This agreement is subject to all of the definitions, provisions, limitations and exclusions of the policy.

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Definitions	D	Policy Provisions.....	I
Eligibility For Benefits.....	E	Payment Of Claims.....	H
Exceptions And Limitations	C	Renewal Agreement.....	B
First Diagnosis Cancer Benefit.....	F	Right To Return.....	A
How To File A Claim.....	G	Schedule	Last Page

PART C EXCEPTIONS AND LIMITATIONS

This policy pays only for First Diagnosis of internal Cancer or malignant melanoma. We will NOT pay benefits for:

1. skin cancer, other than malignant melanoma;
2. any disease, sickness or incapacity, other than internal Cancer or malignant melanoma;
3. more than one First Diagnosis benefit;
4. loss that occurs while this policy is not in force;
5. a First Diagnosis made outside the United States of America; and
6. Cancer First Diagnosed during the 30-day Waiting Period. Cancer will not be a covered condition:
 - a. when any medical advice, care, treatment or clinical diagnosis received within the Waiting Period leads to a First Diagnosis of Cancer;
 - b. if tissue extracted during the Waiting Period leads to a First Diagnosis of Cancer; or
 - c. if Cancer manifests itself before the policy has been in force for at least 30 days following the Policy Date. Cancer is manifested when symptoms exist.

PART D DEFINITIONS

Certain words have been capitalized throughout this policy to indicate that they have the specific meanings set out below. When we use the following words in this policy, this is what we mean:

Cancer: A disease which expresses itself as: (a) a malignant tumor characterized by the uncontrolled growth and spread of malignant cells; (b) the invasion of body tissues by such malignant cells; (c) leukemia; or (d) Hodgkin's disease. For the purposes of this policy, Cancer does not include skin cancer (other than malignant melanoma), premalignant conditions or conditions with malignant potential.

First Diagnosis/First Diagnosed: The first time you are diagnosed on the basis of pathological proof as having internal Cancer or malignant melanoma (this excludes all other skin cancer), provided it is first manifested and first diagnosed after the 30-day Waiting Period and while this policy is in force. The diagnosis will not be considered a First Diagnosis if you have had a diagnosis of Cancer within the 10-year period prior to the Policy Date; or if you have received medical advice, care or treatment; or a clinical or Pathological Diagnosis of Cancer prior to or within the 30-day Waiting Period. Cancer will not be a covered condition if tissue extracted during the 30-day Waiting Period leads to a diagnosis of Cancer.

Immediate Family: Your spouse, parent, child, brother or sister or any person living with you.

Licensed Health Care Practitioner: Any Physician, registered professional Nurse, licensed social worker or other individual who meets requirements prescribed by the United States Secretary of the Treasury, other than a member of your Immediate Family.

Loss: Your First Diagnosis of internal Cancer or malignant melanoma following the Waiting Period and while the policy is in force.

Nurse: A person duly licensed as a Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.) or Licensed Vocational Nurse (L.V.N.), other than a member of your Immediate Family.

Pathological Diagnosis: A Pathological Diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples, or from a cytology report. This type of diagnosis must be made by a Pathologist whose diagnosis of malignancy is in keeping with the standards adopted by the American or Osteopathic Boards of Pathology. A Pathological Diagnosis of Cancer can be made before or after death.

Pathologist: A doctor licensed to practice medicine and certified by the American or Osteopathic Boards of Pathology to practice pathological anatomy, other than a member of your Immediate Family.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license and legally entitled to practice in the state or jurisdiction in which services are performed, other than a member of your Immediate Family.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Schedule: Is attached to and is a part of this policy.

Waiting Period: Means the 30-day period beginning on the Policy Date, during which there is no benefit.

We, Us or Our: Means Medico Insurance Company.

You or Your: Means the person named in the Schedule as the Insured.

PART E ELIGIBILITY FOR BENEFITS

Eligibility: To be eligible for coverage under this policy, you must meet all of the conditions listed.

- (1) Your Cancer must be First Diagnosed more than 30 days after the Policy Date;
- (2) Your Cancer must be First Diagnosed while this policy is in force;
- (3) Your Loss must not be excluded by name or specific description in this policy; and
- (4) Your First Diagnosis of Cancer must be based on a Pathological Diagnosis.

PART F FIRST DIAGNOSIS CANCER BENEFIT

Subject to the terms of this policy, we will pay the benefit amount shown in the Schedule when you are First Diagnosed as having internal Cancer or malignant melanoma. No benefit is payable if the Cancer first manifests itself before the end of the 30-day Waiting Period – See Part A of this policy. You are limited to one benefit payment while this policy is in force. Your coverage terminates upon payment of the benefit.

PART G HOW TO FILE A CLAIM

- (1) Notice of Claim: You must give us written notice of a claim within 20 days (60 days in Kentucky, Mississippi and Wyoming; six months in Montana) after Loss starts or as soon as you can. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in [Omaha, Nebraska], or to one of our producers.

- (2) Claim Forms: When we receive your notice, we will send you forms for filing proof of Loss. If these forms are not sent to you in 15 days, you will have met the proof of Loss rule below if you gave us a written statement within 90 days after the Loss began.
- (3) Proof of Loss: You must give us written proof of the Loss within 90 days or as soon as you can. But proof must be furnished within 15 months after Loss began, except in the absence of legal capacity.

PART H

PAYMENT OF CLAIMS

- (1) Time of Payment of Claims: All benefits will be paid as soon as we receive the proof of Loss.
- (2) Payment of Claims: Benefits will be paid to you. Benefits unpaid at your death will be paid to your beneficiary or your estate.

If any benefit is payable to your estate, to a minor, or to any person not able to give a valid release, we may pay up to \$1,000.00 (up to \$5,000.00 in Kentucky and Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

- (3) Claim Review and Appeal Procedure: In the event of any claim denial with which you do not agree, you have the right to submit a written request to us at our Home Office asking for a review of the denial of benefits. That request may include documents from your Physician or care provider that support your basis for the requested review. Within 30 days (15 in Nebraska) after we receive that written request, we will notify you or your representative of the results of the review.

PART I

POLICY PROVISIONS

- (1) Entire Contract; Changes: This policy, with any attachments (and the copy of your application), is the entire contract of insurance. No producer may make contracts, determine insurability or change the application or policy in any way. Only an executive officer of ours can approve a change. That change must be shown in the policy.
- (2) Time Limit on Certain Defenses: For a policy that has been in force for less than six months, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance for coverage.

For a policy that has been in force for at least six months, but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that:

1. is material to the acceptance for coverage; and
2. pertains to the condition for which benefits are sought.

After a policy has been in force for two years, it is not contestable upon grounds of misrepresentation alone. The policy may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

- (3) Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.
- (4) Reinstatement: Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

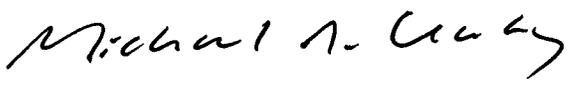
Your reinstated policy will cover only Loss due to Cancer that is First Diagnosed more than ten days after the date the policy was put back in force.

In all other respects, you and we will have the same rights under this policy that we had before it lapsed, unless there are special conditions that apply to the reinstatement. If there are, they will be endorsed on or attached to the policy. The premium we accept to reinstate this policy may be used for a period for which premiums had not been paid, but it will not be used for any period more than 60 days before the reinstatement date.

- (5) Refund of Premium Upon Your Death: Upon your death, we will return the premium for your coverage that was paid in advance beyond the end of the month in which your death occurred.
- (6) Physical Examination and Autopsy: We, at our expense, can have you examined as often as reasonably needed while a claim is pending. In case of death, we, at our expense, may require an autopsy where it is not forbidden by law.
- (7) Legal Action: You can't bring a legal action to recover under your policy for at least 60 days after you have given us written proof of Loss. You can't start such an action more than three years after the date written proof of Loss is required.
- (8) Change of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make a change in this policy. Also, such consent is not required to surrender this policy or to assign the benefits.
- (9) Misstatement of Age: If your age has been misstated, an adjustment in premiums, coverage or both will be made, based on your true age. No misstatement of age will continue insurance otherwise validly terminated, or terminate insurance otherwise validly in force.
- (10) Other Insurance With Us: You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.
- (11) Term of Coverage: Your coverage starts on the Policy Date at 12:01 a.m. standard time where you live. It ends at 12:01 a.m. on the same standard time on the first renewal date. Each time you renew your policy, the new term begins when the old term ends.
- (12) Conformity With State Statutes: The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our [President] and [Secretary] sign this policy on our behalf.


[President]


[Secretary]



MEDICO®
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

[1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080]

FIRST DIAGNOSIS CANCER POLICY

CAUTION: The issuance of this policy is based upon your responses to the questions on your application. A copy of your application is attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid and the attached copy of your application put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force.

If you are diagnosed with Cancer or if Cancer manifests itself during the first 30 days following the Policy Date, all premiums paid will be refunded to you and the policy will be voided from its Policy Date. That will mean your policy was never in force.

PART B GUARANTEED RENEWABLE SUBJECT TO PREMIUM CHANGE

We guarantee to renew your policy for life, as long as the premium is paid within the allowable time; but we do have the right to change your premium as stated below.

Premium Change: We can change your premium only if we do the same to all policies of this form, issued to persons of your class. "Class" means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claim you have incurred under this policy. If it is necessary to change the premium for your policy, we will send you notice at least 30 days before your premium is due.

NOTICE TO BUYER: This policy may not cover all of the costs incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.

THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY. THIS IS A SPECIFIED DISEASE POLICY LIMITED TO CANCER COVERAGE ONLY. NO BENEFITS ARE PAYABLE FOR LOSS FROM ANY OTHER CAUSE.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured Loss. This agreement is subject to all of the definitions, provisions, limitations and exclusions of the policy.

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Definitions	D	Other Important Provisions	I
Eligibility For Benefits.....	E	Payment Of Claims.....	H
Exceptions And Limitations	C	Renewal Agreement.....	B
First Diagnosis Cancer Benefit.....	F	Right To Return.....	A
How To File A Claim.....	G	Schedule	Last Page

PART C EXCEPTIONS AND LIMITATIONS

This policy pays only for First Diagnosis of internal Cancer or malignant melanoma. We will NOT pay benefits for:

1. skin cancer, other than malignant melanoma;
2. any disease, sickness or incapacity, other than internal Cancer or malignant melanoma;
3. more than one First Diagnosis benefit;
4. loss that occurs while this policy is not in force;
5. a First Diagnosis made outside the United States of America; and
6. Cancer First Diagnosed during the 30-day Waiting Period. Cancer will not be a covered condition:
 - a. when any medical advice, care, treatment or clinical diagnosis received within the Waiting Period leads to a First Diagnosis of Cancer;
 - b. if tissue extracted during the Waiting Period leads to a First Diagnosis of Cancer; or
 - c. if Cancer manifests itself before the policy has been in force for at least 30 days following the Policy Date. Cancer is manifested when symptoms exist.

PART D DEFINITIONS

Certain words have been capitalized throughout this policy to indicate that they have the specific meanings set out below. When we use the following words in this policy, this is what we mean:

Cancer: A disease which expresses itself as: (a) a malignant tumor characterized by the uncontrolled growth and spread of malignant cells; (b) the invasion of body tissues by such malignant cells; (c) leukemia; or (d) Hodgkin's disease. For the purposes of this policy, Cancer does not include skin cancer (other than malignant melanoma), premalignant conditions or conditions with malignant potential.

First Diagnosis/First Diagnosed: The first time you are diagnosed on the basis of pathological proof as having internal Cancer or malignant melanoma (this excludes all other skin cancer), provided it is first manifested and first diagnosed after the 30-day Waiting Period and while this policy is in force. The diagnosis will not be considered a First Diagnosis if you have had a diagnosis of Cancer within the 10-year period prior to the Policy Date; or if you have received medical advice, care or treatment; or a clinical or Pathological Diagnosis of Cancer prior to or within the 30-day Waiting Period. Cancer will not be a covered condition if tissue extracted during the 30-day Waiting Period leads to a diagnosis of Cancer.

Immediate Family: Your spouse, parent, child, brother or sister or any person living with you.

Licensed Health Care Practitioner: Any Physician, registered professional Nurse, licensed social worker or other individual who meets requirements prescribed by the United States Secretary of the Treasury, other than a member of your Immediate Family.

Loss: Your First Diagnosis of internal Cancer or malignant melanoma following the Waiting Period and while the policy is in force.

Nurse: A person duly licensed as a Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.) or Licensed Vocational Nurse (L.V.N.), other than a member of your Immediate Family.

Pathological Diagnosis: A Pathological Diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples, or from a cytology report. This type of diagnosis must be made by a Pathologist whose diagnosis of malignancy is in keeping with the standards adopted by the American or Osteopathic Boards of Pathology. A Pathological Diagnosis of Cancer can be made before or after death.

Pathologist: A doctor licensed to practice medicine and certified by the American or Osteopathic Boards of Pathology to practice pathological anatomy, other than a member of your Immediate Family.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license and legally entitled to practice in the state or jurisdiction in which services are performed, other than a member of your Immediate Family.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Schedule: Is attached to and is a part of this policy.

Waiting Period: means the 30-day period beginning on the Policy Date, during which there is no benefit.

We, Us or Our: Means Medico Insurance Company.

You or Your: Means the person named in the Schedule as the Insured.

PART E ELIGIBILITY FOR BENEFITS

Eligibility: To be eligible for coverage under this policy, you must meet all of the conditions listed.

- (1) Your Cancer must be First Diagnosed more than 30 days after the Policy Date;
- (2) Your Cancer must be First Diagnosed while this policy is in force;
- (3) Your Loss must not be excluded by name or specific description in this policy; and
- (4) Your First Diagnosis of Cancer must be based on a Pathological Diagnosis.

PART F FIRST DIAGNOSIS CANCER BENEFIT

Subject to the terms of this policy, we will pay the benefit amount shown in the Schedule when you are First Diagnosed as having internal Cancer or malignant melanoma. No benefit is payable if the Cancer first manifests itself before the end of the 30-day Waiting Period – See Part A of this policy. You are limited to one benefit payment while this policy is in force. Your coverage terminates upon payment of the benefit.

PART G HOW TO FILE A CLAIM

- (1) **Notice of Claim:** You must give us written notice of a claim within 20 days (60 days in Kentucky, Mississippi and Wyoming; six months in Montana) after Loss starts or as soon as you can. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in [Omaha, Nebraska], or to one of our producers.

- (2) **Claim Forms:** When we receive your notice, we will send you forms for filing proof of Loss. If these forms are not sent to you in 15 days, you will have met the proof of Loss rule below if you gave us a written statement within 90 days after the Loss began.
- (3) **Proof of Loss:** You must give us written proof of the Loss within 90 days or as soon as you can. But proof must be furnished within 15 months after Loss began, except in the absence of legal capacity.

PART H

PAYMENT OF CLAIMS

- (1) **Time of Payment of Claims:** All benefits will be paid as soon as we receive the proof of Loss.
- (2) **Payment of Claims:** Benefits will be paid to you. Benefits unpaid at your death will be paid to your beneficiary or your estate.

If any benefit is payable to your estate, to a minor, or to any person not able to give a valid release, we may pay up to \$1,000.00 (up to \$5,000.00 in Kentucky and Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

- (3) **Claim Review and Appeal Procedure:** In the event of any claim denial with which you do not agree, you have the right to submit a written request to us at our Home Office asking for a review of the denial of benefits. That request may include documents from your Physician or care provider that support your basis for the requested review. Within 30 days (15 in Nebraska) after we receive that written request, we will notify you or your representative of the results of the review.

PART I

POLICY PROVISIONS

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For a policy that has been in force for at least six months, but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that:

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After a policy has been in force for two years, it is not contestable upon grounds of misrepresentation alone. The policy may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

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- (4) **Reinstatement:** Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

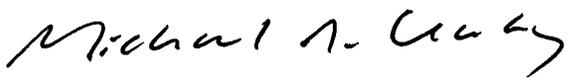
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- (9) **Other Insurance With Us:** You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.
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- (11) **Conformity With State Statutes:** The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our [President] and [Secretary] sign this policy on our behalf.

[]
[President]

[]
[Secretary]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program SHIP.