

SERFF Tracking Number: CLTR-126633595 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 46048
 Company Tracking Number: NGL PORT POL CI 5/10
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Portability Critical Illness
 Project Name/Number: Portability Critical Illness Filing/NGL PORT CERT CI 5/10

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Portability Critical Illness SERFF Tr Num: CLTR-126633595 State: Arkansas
 TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 46048
 Limited Benefit Closed
 Sub-TOI: H07G.001 Critical Illness Co Tr Num: NGL PORT POL CI State Status: Approved-Closed
 5/10

Filing Type: Form Reviewer(s): Rosalind Minor
 Author: Susan Coulter Disposition Date: 07/13/2010
 Date Submitted: 06/24/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Portability Critical Illness Filing Status of Filing in Domicile: Authorized
 Project Number: NGL PORT CERT CI 5/10 Date Approved in Domicile: 06/04/2010
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Overall Rate Impact: Group Market Type: Trust
 Filing Status Changed: 07/13/2010 Explanation for Other Group Market Type:
 State Status Changed: 07/13/2010
 Deemer Date: Created By: Susan Coulter
 Submitted By: Susan Coulter Corresponding Filing Tracking Number:
 Filing Description:

The Department of Insurance approved a Group Critical Illness Program on March 8, 2010 (file 45093)]. Included in the approved critical illness program was a portability provision permitting a person whose coverage would otherwise terminate to continue coverage under a group portability program. The portability program is issued through a group trust situated in Rhode Island. The purpose of this filing is to file the portability certificate forms. Please note that in the underlying approved certificate form, there was a portability provision. The carrier decided to expand that provision to provide the timeframes and instructions for enrollment so the insured knew better how to port the coverage. Rider Form NCI PORT 04/10 amends the language in the previously approved certificate form NCI CERT 2/10 AR and may be

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incorporated into that form at printing. In addition, the underlying program may be offered on a contributory basis or non-contributory basis and the policy was not clear. We will use Rider NRID-PREM 2010 to better state the contributory nature of the prior plan and this rider, too, may be incorporated at issue.

This ported program Form NGL PORT CERT CI 5/10 AR, is a contributory program. The enrollee will enroll via Form CI PORTAPP 510.

Company and Contact

Filing Contact Information

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 609-443-4103 [FAX]

Filing Company Information

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

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
Two East Gilman Street	Group Code: -99	Company Type: Life
P.O. Box 1191	Group Name:	State ID Number:
Madison, WI 53701	FEIN Number: 39-0493780	
(888) 729-5433 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	50 PER FORM
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$200.00	06/24/2010	37512828

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/13/2010	07/13/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	authorization to file	Approved-Closed	Yes
Form	PORTABILITY CERTIFICATE	Approved-Closed	Yes
Form	PORTABILITY RIDER FOR CURRENTLY APPROVED CRITICAL ILLNESS PROGRAM	Approved-Closed	Yes
Form	PREMIUM RIDER	Approved-Closed	Yes
Form	PORTABILITY APPLICATION	Approved-Closed	Yes

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Form Schedule

Lead Form Number: NGO PORT POL CI 5/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/13/2010	NGL PORT CERT CI 5/10 AR	Certificate	PORTABILITY CERTIFICATE	Initial			PORTCERT CI AR.pdf
Approved-Closed 07/13/2010	NCI PORT 04/10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PORTABILITY RIDER FOR CURRENTLY APPROVED CRITICAL ILLNESS PROGRAM	Initial			NCI PORT 04-10.pdf
Approved-Closed 07/13/2010	NRID-PREM 2010	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PREMIUM RIDER	Initial			NRID-PREM 2010.PDF
Approved-Closed 07/13/2010	CI PORTAPP 510	Application/ Enrollment Form	PORTABILITY APPLICATION	Initial			CI PORTAPP 510.pdf



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

A Mutual Company Incorporated in 1909
2 East Gilman Street Madison, Wisconsin 53701

(Herein called National Guardian Life)

CRITICAL ILLNESS CERTIFICATE OF INSURANCE

Administered by: AlwaysCare Benefits, Inc.
P.O. Box 98100
Baton Rouge, LA 70898-9100

National Guardian Life certifies that the Participants named in the Certificate Schedule are insured for the benefits described in this certificate subject to the terms of the Policy.

National Guardian Life certifies we have issued and delivered the above Group Insurance Policy to The Policyholder.

The terms of the Group Insurance Policy which affect a Participant's coverage are contained in the following pages.

This Certificate of Insurance and the following pages will become Your Certificate. This Certificate is a part of the Group Insurance Policy.

This Certificate replaces any other critical illness certificates which National Guardian Life may have issued to You under the Group Insurance Policy specified herein.

National Guardian Life Insurance Company


Sherri Kliczak, Secretary


Mark Solverud, President

NON-PARTICIPATING

THIS CERTIFICATE PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

PLEASE READ YOUR CERTIFICATE CAREFULLY

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CERTIFICATE SCHEDULE

Insured: [John Doe and his or her Eligible Dependents]]

Certificate Number: [12345]

Policyholder: **NGL Employee Benefit Group Insurance Trust**

[Policyholder's Address: [Address]

Group Policy Number: [12345]

Your Effective Date: [August 1, 2001]

Plan Year: [August 1, 2001 – July 31, 2002]

Benefit Waiting Period: 30 days [and 90 days for cancer]

Mode of Premium Payment: [MONTHLY]

Method of Premium Payment: Remitted by Insured To Us

[Premium Due Date: 1st of every month]

[Premium Amount: [\$xx.xx]

Covered Critical Illnesses: [Heart Attack][Stoke][Coronary Artery By-Pass Graft][Heart Transplant][Major Organ Transplantation][End Stage Renal Failure][Paralysis][Blindness][Advanced Alzheimer's Disease][Occupational HIV][Invasive Cancer][Non-Invasive Carcinoma in Situ].

SCHEDULE OF BENEFITS

Your Basic Benefit Amount: [\$5,000 - \$50,000 in \$1,000 increments]

[Covered Spouse [Domestic Partner] Basic Benefit Amount: [25%][50%] of the Member's Basic Benefit Amount *OR* \$_____]

[Covered Child Basic Benefit Amount: [25%][50%] of the Member's Basic Benefit Amount *OR* \$_____]

Per Person Lifetime Benefit Maximum Payout: [150%, 200%, 250%] of the Basic Benefit Amount for all occurrences combined.

BENEFITS:

{{PLAN 1 OPTION – PER CRITICAL ILLNESS MAXIMUM PLAN}}

Categories 1 and 2

Category	Specified Critical Illness	Percent of the Basic Benefit Amount	[Recurrence Benefits Maximum Number and Percent of Basic Benefit]		Maximum Total Percent of Basic Benefit Amount
[1]	[Heart Attack]	100%	[0,1]	[25%, 50%, 75%, 100%]	[100%, 125%, 150%, 175%, 200%]
[1]	[Stroke]	100%	[0,1]	[25%, 50%, 75%, 100%]	
[1]	[Heart Transplant]	100%	[0,1]	[25%, 50%, 75%, 100%]	
[1]	[Coronary Artery By-Pass Surgery]	25%	Not applicable	Not applicable	
[2]	[Major Organ Transplant (excluding Heart Transplant)]	100%	[0,1]	[25%, 50%, 75%, 100%]	[100%, 125%, 150%, 175%, 200%]
[2]	[End Stage Renal Failure]	100%	[0,1]	[25%, 50%, 75%, 100%]	
[2]	[Paralysis]	[50%-100%]	Not applicable	Not applicable	
[2]	[Blindness]	50%-100%	Not applicable	Not applicable	
[2]	[Occupational HIV]	50%-100%	Not applicable	Not applicable	
[2]	[Advanced Alzheimer's]	25%-100%	Not applicable	Not applicable	

CANCER BENEFIT (Category 3): We pay this benefit if the Insured is diagnosed with a new form or type of Invasive Cancer or Non-Invasive Carcinoma in Situ

Category	Specified Critical Illness	Percent of the Basic Benefit Amount	[Recurrence Benefits Maximum Number and Percent]		[Maximum Total Percent of Basic Benefit Amount]
[3]	[Invasive Cancer]	100%	[0,1]	[25%, 50%, 75%, 100%]	[100%, 125%, 150%, 175%, 200%]
[3]	[Non-Invasive Carcinoma in Situ]	25%	[0,1]	[25%, 50%, 75%, 100%]	

[{PLAN 2 OPTION – COMBINED CRITICAL ILLNESS MAXIMUM PLAN}]
Categories 1 and 2

Category	Specified Critical Illness	Percent of the Basic Benefit Amount	[Recurrence Benefits Maximum Number and Percent of Basic Benefit]	
[1]	[Heart Attack]	100%	[0,1]	[25%, 50%, 75%, 100%]
[1]	[Stroke]	100%	[0,1]	[25%, 50%, 75%, 100%]
[1]	[Coronary Artery By-Pass Surgery]	25%	[0,1]	[25%, 50%, 75%, 100%]
[2]	[Major Organ Transplant (including Heart Transplant)]	100%	[0,1]	[25%, 50%, 75%, 100%]
[2]	[End Stage Renal Failure]	100%	[0,1]	[25%, 50%, 75%, 100%]
[2]	[Paralysis]	50%-100%	Not applicable	Not applicable
[2]	[Blindness]	100%	Not applicable	Not applicable
[2]	[Occupational HIV]	100%	Not applicable	Not applicable
[2]	[Advanced Alzheimer's]	100%	Not applicable	Not applicable

CANCER BENEFIT (Category 3): We pay this benefit if the Insured is diagnosed with a new form or type of Invasive Cancer or Non-Invasive Carcinoma in Situ

Category	Specified Critical Illness	Percent of the Basic Benefit Amount	[Recurrence Benefits Maximum Number and Percent]	
[3]	[Invasive Cancer]	100%	[0,1]	[25%, 50%, 75%, 100%]
[3]	[Non-Invasive Carcinoma in Situ]	25%	[0,1]	[25%, 50%, 75%, 100%]

[Wellness Benefit: [\$50, \$75, \$100]]

DEFINITIONS

General Definitions

[Covered Dependent - Means a person who was covered under the Prior Policy and is listed below who is insured under this Certificate:

1. Your spouse [or lawful Domestic Partner] under age 65;
2. Your unmarried dependent child under age [18-30], who is Your natural or adopted child, step-child, foster child, or child for whom You are a legal guardian and who is primarily dependent on You for support and maintenance.
3. Your unmarried child age [Insert same age as in 2, above] or older but less than age [21, 22, 23, 24, 25, 26, 27, 28, 29 or 30] who is:
 - a. Not regularly employed on a full-time basis;
 - b. Primarily dependent upon You for support and maintenance; and
 - c. Enrolled as a full-time student in an accredited educational institution or licensed trade school.]
- 4.] Your unmarried child who has reached age [Insert same age as in 2, above] and who is:
 - a. primarily dependent upon You for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to Us for an already enrolled child who reaches the age limitation, or when You enroll a new disabled child under the plan.]

Immediate Family Member means an Insured's parent, step-parent, spouse, child, step-child, brother or sister.

Insured Person means a Participant [other than a Dependent Child].

Participant means an Insured Person [or covered Dependent Child] named in the Schedule of Insurance.

Prior Policy means the Critical Illness group policy under which a Covered Person was covered on the date immediately prior to the effective date of this Certificate.

We/Us/Our means National Guardian Life Insurance Company.

You/Your means the Insured Person(s) to whom this Certificate is issued.

Benefit Definitions

[Advanced Alzheimer's Disease - The Diagnosis, by a Physician board-certified as a neurologist, of Advanced Alzheimer's Disease. The Insured must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing. It must result in significant reduction in mental and social functioning such that the Insured requires Substantial Assistance in performing at least three of the six Activities of Daily Living (as defined below). No other dementing brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Critical Illness:

1. Activities of Daily Living (ADLs) refer to certain basic daily tasks necessary to maintain a person's health and safety. In this Policy, ADLs refer to the activities described below:
 - a) Transfer and mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment.

- b) Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
 - c) Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
 - d) Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.
 - e) Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
 - f) Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.
2. Substantial Assistance means hands-on assistance and stand-by assistance as described below. For the purposes of the Policy "stand-by assistance" will be used to determine that substantial assistance by another person is required by You to perform the ADL.
- a) "Hands-on Assistance" means the physical assistance of another person without which You would be unable to perform the ADL.
 - b) "Stand-by Assistance" means the presence of another person within Your arm's reach, to prevent, by physical intervention, injury to You while You perform an ADL (such as being ready to catch You if You fall while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from Your throat if You choke while eating).]

Basic Benefit Amount - the total benefit for an Insured on which the percent of benefit is payable for a Diagnosis of a Critical Illness or Procedure related to a Critical Illness. It is shown in the Schedule of Benefits.]

Benefit Waiting Period - the number of days shown in the Schedule immediately following each Insured's Effective Date of Coverage [or Request for an increase in coverage]. We will give the Insured credit or partial credit for any time period satisfied under the Prior Policy.

[Blindness – clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity) or visual field restriction to 20° or less in both eyes. Blindness does not include:

- 1. If in general medical opinion any Procedure, device, or implant that could result in partial or total restoration of sight;
- 2. Any Insured who has not attained age 3 on the Date of Diagnosis;
- 3. If the Insured's reduction of sight as defined herein occurred prior to the Effective Date of the Insured's coverage.]

[Clinical Diagnosis of Invasive Cancer – a Diagnosis of Invasive Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Invasive Cancer only if the following conditions are met:

- 1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- 2. there is medical evidence to support the Diagnosis; and
- 3. A Physician is treating the Insured for Invasive Cancer.]

[Coronary Artery Bypass Graft – major heart surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in the United States. Coronary Artery Bypass Surgery does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques; minimally invasive endoscopic or keyhole heart surgery, stent Procedures, and atherectomy.]

Critical Illness – as defined in the Schedule of Benefits.

Diagnosis - means the definitive establishment of the Critical Illness, as defined herein, using clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist and qualified to make the Diagnosis. [With respect to [Major Organ Transplant] [Coronary Artery By-Pass Surgery], Diagnosis requires a Physician's recommendation that the [Covered Person] undergo such Procedure.]

[End Stage Renal Failure - chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis is started, or renal transplant is performed.

[Heart Attack (Myocardial Infarction) - ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Physician board-certified as a Cardiologist and the following criteria must be satisfied:

1. Typical symptoms such as central chest pain;
2. Diagnostic increase of specific cardiac markers; and
3. New electrocardiographic changes of infarction.]

[Heart Transplant – the transplantation of the heart from a patient who has died and whose heart was intact and capable of functioning in the recipient Insured . The transplanted heart must come from a human.]

[Invasive Cancer – a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia, Hodgkin's disease, carcinoma, sarcoma, malignant tumor and lymphomas are included. The following are not considered Invasive Cancer:

1. Pre-malignant lesions (such as intraepithelial neoplasia) or;
2. Benign tumors or polyps; or
3. Carcinoid of the appendix; or
4. Non-Invasive Cancer in Situ;
5. Stage 0 transitional carcinoma in the urinary bladder;
6. Any tumors in the presence of any human immuno-deficiency virus (HIV); or
7. Any skin cancer other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic.

Invasive Cancer must be diagnosed according to a Pathological Diagnosis or Clinical Diagnosis.]

[Major Organ Transplantation – human to human organ transplant from a donor to the Insured of:

1. Bone marrow solely for the treatment of cancer or bone marrow failure; or
2. transplant of an entire liver, [heart], lung, or pancreas.]

[Non-Invasive Cancer in Situ – a Diagnosis of cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. It includes early prostate cancer diagnosed as T1N0M0 or equivalent staging and melanoma not invading the dermis. It does not include other skin malignancies, pre-malignant lesions such as intraepithelial neoplasia, or benign tumors or polyps. Non-Invasive Cancer in Situ must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.]

[Occupational Human Immunodeficiency Virus (HIV) – The Diagnosis of Human Immunodeficiency Virus infection resulting from an accident which exposed the Insurance Person to HIV-contaminated body fluids. The accidental injury must occur during the normal course of duties for the occupation in which the Insured is regularly engaged and for which remuneration is earned. Occupational HIV excludes HIV Infection as a result of drug use, sexual transmission, or HIV infection determined to not to be accidental.]

[Paralysis – the complete and permanent loss of function of two or more limbs.]

[Pathological Diagnosis – a Diagnosis of Invasive Cancer based on a microscopic study of fixed tissue or preparations from the blood systems. This type of Diagnosis must be done by a Physician who is a board certified pathologist and who Diagnosis of malignancy conforms to the standards set by the American College of Pathology.]

Physician - means a person, other than You, an Immediate Family Member, or a business associate of Yours, who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat a Critical Illness. The Physician must be providing services within the scope of his or her license and must be a board certified specialist where required under the Policy.

Pre-existing Condition - A disease or physical condition for which: (1) symptoms existed within the [3, 6] month period prior to the Effective Date of coverage under this Certificate and the period of time for which a Covered Person was covered under the Prior Policy combined that would cause a person to seek medical advice or treatment or; (2) medical advice or treatment was recommended or received from a member of the medical profession within the [3, 6] month period prior to the Effective Date of the coverage under this Certificate and the period of time for which a Covered Person was covered under the Prior Policy combined. We will give the Insured credit or partial credit for any time period satisfied under the Prior Policy.

Procedure - a medical Procedure involving an incision with instruments and performed to repair damage or arrest disease related to a Critical Illness in an Insured.

[Stroke – The death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

1. Clinical evidence of infarction or brain tissue, or intracranial or subarachnoid hemorrhage;
2. Clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
3. Permanent neurologic deficit measured three months or more after the event that results in a score of two or higher on the Modified Rankin Scale for stroke outcome. Stroke does not include symptoms due to:
 - a) Transient ischemic attack,
 - b) Migraine;
 - c) Hypoxia
 - d) Traumatic injury to brain tissue or blood vessels; or
 - e) Vascular disease affecting the eye, optic nerve, or vestibular functions.]

TNM Classification - The classification standards for Invasive Cancer and Non-Invasive Cancer as developed by the American Joint Committee on Cancer.

INDIVIDUAL PERIOD OF COVERAGE

Effective Date: Your insurance and that of Your Covered Dependents is effective on the Effective Date shown in the Certificate Schedule. You and Your Covered Dependents must have been covered under the Prior Plan on the date immediately prior to Your Effective Date in order for insurance to become effective under this Certificate, except for a Change in Family Status.

[Change in Family Status: You may change Your coverage if a change in family status occurs, provided written application to enroll is made within 31 days of the event (60 days for an adoption). A change in family status means any of the following events:

1. [Marriage [or Domestic Partnership]];
2. [Divorce or legal separation;]
3. Birth or adoption of a child;
4. [Death of a spouse or child];
5. Other changes as permitted by the Policyholder.]

Termination Dates: Insurance will cease for You [and all Your Covered Dependents] on the first to occur of:

- (1) the date You reach age 65;
- (2) the last day of the period for which You have paid the premium due, subject to the grace period;
- (3) the date You enter active full-time duty in the armed forces (land, water, air) of any country or authority; this does not include active duty for training for 2 months or less; or
- (4) the date the Group Insurance Policy ceases.

[A Dependent Child's insurance will cease on the date We receive Your request to terminate a Covered Dependent's insurance.]

INDIVIDUAL PREMIUMS

You are required to pay the premium when due directly to Us. The first premium is due on the Effective Date. Premiums after the first are due on the Premium Due Date or within the grace period.

Grace Period: A grace period of 31 days is granted for the payment of each premium due after the first. The coverage stays in force if the premium is paid during this grace period, unless We are given written notice that the insurance is to be ended before the Grace Period. We may require payment of any pro-rata premium for the time the insurance was in effect during the Grace Period.

Right to Change Premiums: We have the right to change premium rates after the first anniversary of Your insurance subject to [45,60] days advanced written notice.

DESCRIPTION OF COVERAGE

BENEFIT: {PLAN 1 OPTION – PER CRITICAL ILLNESS MAXIMUM PLAN}

We will pay the Percent of the Basic Benefit Amount shown in the Schedule of Benefits for:

1. A Critical Illness Diagnosis that is made after the Benefit Waiting Period; or
2. A Critical Illness Procedure that is performed after the Benefit Waiting Period.

Benefit Waiting Period: Benefits will not be paid for a Critical Illness:

1. If the First Ever Occurrence is during the Benefit Waiting Period; or
2. For which an Insured exhibits symptoms of a covered Critical Illness during the Benefit Waiting Period.

If the date of Your First Ever Occurrence of a covered Critical Illness occurs during the Benefit Waiting Period, You may return the certificate for a full premium refund and the coverage will be terminated.

[If the date of an Insured's (other than Yourself) First Ever Occurrence of a covered Critical Illness occurs during the Benefit Waiting Period, You may terminate the person's coverage under the certificate for a premium refund of that person's cost and his or her coverage will be terminated. You must notify Us in writing.]

[Survival Period: No benefit will be paid if the Insured dies within the [30] day period immediately following the First Ever Occurrence. The Insured must remain alive and exhibit symptoms of the Critical Illness throughout the [30] day survival period.]

[First Ever Occurrence*: We will pay the Percent of the Basic Benefit Amount shown in the Schedule of Benefits for each and every covered Critical Illness up to the Lifetime Benefit Maximum Payout if the following conditions are met:

1. With respect to [Cancer][Heart Attack] [End Stage Renal Failure][Stroke][Paralysis] [Occupational HIV][Blindness], the first time ever in an Insured Person's lifetime that he or she experiences such Critical Illness and he or she is diagnosed with such Critical Illness.
2. [With respect to Coronary Artery Bypass Graft, the first time ever in an Insured 's lifetime that he or she undergoes such Procedure.]
3. [With respect to [Major Organ Transplant][Heart Transplant], the first time ever in an Insured 's lifetime that he or she undergoes a [Major Organ Transplant][Heart Transplant].]
4. Benefits for a First Ever Occurrence are paid [one] time for each category of Critical Illness[except as paid under the Recurrence Benefit option].

If the Date of Diagnosis for two or more specified Critical Illnesses is the same day, We will pay for only one specified Critical Illness Benefits. We will pay the larger benefit.

* The reference to First Ever Occurrence is subject to the Pre-existing Conditions provision.

[Additional Occurrence Benefit: If an Insured received benefits under the First Ever Occurrence for a Critical Illness, he or she will receive benefits for a First Ever Occurrence of a different Critical Illness as long as the Date of Diagnosis or Procedure for each Critical Illness is separated by at least [6,12,18,24] consecutive months. We will pay the Percent of the Basic Benefit Amount shown in the Schedule of Benefits.

[Recurrence Benefit

If a benefit is paid for a First Ever Occurrence of a Critical Illness, the Insured has not exhibited symptoms or received care and treatment for that same Critical Illness for at least [6, 12, 18, 24] consecutive months since the First Ever Occurrence and the Insured is re-diagnosed for the same Critical Illness, We will pay a Recurrence Benefit as follows:

1. With respect to [Heart Attack] [End Stage Renal Failure][Stroke][Paralysis], the second time ever in an Insured 's lifetime that: (a) he or she experiences such Critical Illness; and (b) he or she is diagnosed with such Critical Illness.
2. With respect to [Major Organ Transplant][Heart Transplant], the second time ever in an Insured's lifetime that he or she or she undergoes a [Major Organ Transplant][Heart Transplant].

Care and treatment does not include preventive medications in the absence of a sickness or disease or routine scheduled follow up visits to a Physician.

The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not paid for a [recurrence of Cancer] [Coronary Artery Bypass Graft] [Occupational HIV][Blindness].]

Maximum Total Percent of Basic Benefit: Within each category, the most We will pay for the First Ever Occurrence Benefit, [all Additional Occurrence Benefits], [and all Recurrence Benefits] combined is the Maximum Total Percent of Basic Benefit shown in the Schedule.

Lifetime Benefit Maximum Payout: The Lifetime Benefit Maximum Payout is shown in the Schedule of Benefits. Once the Maximum Total Percent of Basic Benefit Amount is has been met for each category of Critical Illness individually or the Lifetime Benefit Maximum Payout is met for an Insured , if earlier, no additional benefits are payable for that Insured . If the Insured is You, the coverage will terminate for You and Your covered Dependents.

[Wellness Benefit

We will pay this benefit if You [or Your Insured[Spouse]][Insured Domestic Partner] have has one of the following screening tests performed [after the Benefit Waiting Period and] while coverage under this certificate is in force. We will pay the amount shown in the Schedule of Benefits for one of the following screening tests. Payment of this benefit will not reduce the Benefit Amount Payable for a Critical Illness. This benefit is payable only once for one test per Plan Year for You [or Your Covered [Spouse]][Domestic Partner].

Screening test is defined as:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- ThinPrep Pap Test
- Virtual Colonoscopy
- [H1N1] vaccination {*carrier may add other vaccines as deemed appropriate* }

BENEFIT: {PLAN 2 OPTION – COMBINED CRITICAL ILLNESS MAXIMUM PLAN}

We will pay the Percent of the Basic Benefit Amount shown in the Schedule of Benefits for:

1. A Critical Illness Diagnosis that is made after the Benefit Waiting Period; or
2. Critical Illness Procedure that is performed after the Benefit Waiting Period.

Benefit Waiting Period: Benefits will not be paid for a Critical Illness:

1. If the First Ever Occurrence is during the Benefit Waiting Period; or
2. For which an Insured exhibits symptoms of a covered Critical Illness during the Benefit Waiting Period.

[If the date of Your First Ever Occurrence of a covered Critical Illness occurs during the Benefit Waiting Period, You may return the certificate for a full premium refund and the coverage will be terminated.]

[If the date of an Insured's (other than Yourself) First Ever Occurrence of a covered Critical Illness occurs during the Benefit Waiting Period, You may terminate the person's coverage under the certificate for a premium refund of that person's cost and his or her coverage will be terminated. You must notify Us in writing.]

[Survival Period: No benefit will be paid if the Insured dies within the [30] day period immediately following the First Ever Occurrence. The Insured must remain alive and exhibit symptoms of the Critical Illness throughout the [30] day survival period.]

[First Ever Occurrence*: We will pay the Percent of the Basic Benefit Amount shown in the Schedule of Benefits for each and every covered Critical Illness up to the Lifetime Benefit Maximum Payout if the following conditions are met:

1. With respect to [Cancer][Heart Attack] [End Stage Renal Failure][Stroke][Paralysis] [Occupational HIV][Blindness], the first time ever in an Insured Person's lifetime that he or she experiences such Critical Illness and he or she is diagnosed with such Critical Illness.
2. [With respect to Coronary Artery Bypass Graft, the first time ever in an Insured's lifetime that he or she undergoes such Procedure.]
3. [With respect to [Major Organ Transplant][Heart Transplant], the first time ever in an Insured's lifetime that he or she undergoes a [Major Organ Transplant][Heart Transplant].]
4. Benefits for a First Ever Occurrence are paid [one] time for each category of Critical Illness [except as paid under the Recurrence Benefit option].

If the Date of Diagnosis for two or more specified Critical Illnesses is the same day, We will pay for only one specified Critical Illness Benefits. We will pay the larger benefit.

* The reference to First Ever Occurrence is subject to the Pre-existing Conditions provision.

[Additional Occurrence Benefit: If an Insured received benefits under the First Ever Occurrence for a Critical Illness, he or she may receive benefits for a First Ever Occurrence of a different Critical Illness as long as the Date of Diagnosis or Procedure for each Critical Illness is separated by at least [6,12,18,24] consecutive months. Benefits are payable up to the Lifetime Benefit Maximum Payout as shown in the Schedule of Benefits.]

[Recurrence Benefit

If a benefit is paid for a First Ever Occurrence of a Critical Illness, the Insured has not exhibited symptoms or received care and treatment for that same Critical Illness for at least [6, 12, 28, 24] consecutive months since the First Ever Occurrence and the Insured is re-diagnosed for the same Critical Illness, We will pay a Recurrence Benefit as follows:

1. With respect to [Heart Attack] [End Stage Renal Failure][Stroke][Paralysis], the second time ever in an Insured 's lifetime that: (a) he or she experiences such Critical Illness; and (b) he or she is diagnosed with such Critical Illness.
2. With respect to [Major Organ Transplant][Heart Transplant], the second time ever in an Insured 's lifetime that he or she or she undergoes a [Major Organ Transplant][Heart Transplant].

Care and treatment does not include preventive medications in the absence of a sickness or disease or routine scheduled follow up visits to a Physician.

The Recurrence Benefit is shown in the Schedule of Benefits. Benefits are not paid for a [recurrence of Cancer] [Coronary Artery Bypass Graft] [Occupational HIV][Blindness].]

Lifetime Benefit Maximum Payout: The Lifetime Benefit Maximum Payout is shown in the Schedule of Benefits. Once its has been met for an Insured , no additional benefits are payable for that Insured . If the Insured is You, the coverage will terminate for You and Your covered Dependents.

[Wellness Benefit

We will pay this benefit if You [or Your Insured[Spouse][Insured Domestic Partner] has one of the following screening tests performed [after the Benefit Waiting Period and] while coverage under this certificate is in force. We will pay the amount shown in the Schedule of Benefits for one of the following screening tests. Payment of this benefit will not reduce the Benefit Amount Payable for a Critical Illness. This benefit is payable only once for one test per Plan Year for You [or Your Covered [Spouse][Domestic Partner].

Screening test is defined as:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (cancer antigen 15-3 - blood test for breast cancer)
- CA125 (cancer antigen 125 - blood test for ovarian cancer)
- CEA (carcinoembryonic antigen - blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- ThinPrep Pap Test
- Virtual Colonoscopy
- [H1N1] vaccination] *{carrier may add other vaccines as deemed appropriate }*

EXCLUSIONS

This plan will not pay benefits for any Critical Illness:

1. caused by, contributed by or resulting from:
 - a. Intentional self-inflicted injuries;
 - b. A Pre-existing Condition, as described below;
 - c. Injury incurred while engaging in an illegal occupation or committing / attempting to commit a felony, participation in a riot or insurrection;
 - d. Suicide or attempted suicide, whether sane or insane;
 - e. Injury sustained while under the influence of alcohol or any narcotic;
 - f. Participation in any form of aeronautics except as a fare paying passenger in a licensed aircraft;
 - g. Engaging in any illegal activity;
 - h. Serving in the armed forces or any auxiliary unit of the armed forces of any country; or
 - i. Act of war, whether or not declared, participation in a riot, insurrection or rebellion.
2. For which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States. In that case, the Critical Illness will be deemed to occur on the date the Diagnosis was made outside the United States.
3. That is caused by the Insured's voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (a) it was prescribed for him or her by a Physician, and (b) it was used as prescribed. In the case of a non-prescription drug, the Policy does not pay for any Critical Illness resulting from or contributed to by the Insured's use in a manner inconsistent with package instructions. A controlled substance is anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time
4. That is caused by, contributed to by, or results from an Insured 's involvement in an incident where he or she is legally intoxicated at the time of the incident. This includes, but is not limited to, his or her or her operation of a motor vehicle. "Legally intoxicated" means that the Insured 's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.
5. Unless it is diagnosed while the Insured is alive.
6. For which proof is submitted by a Physician who is an Immediate Family Member or business associate.

[This Policy will not pay benefits for any Diagnosis of Invasive Cancer for:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any papillary tumor of the bladder classified as Ta under TNM Classification;
3. any tumor of the prostate classified as T1N0M0 under TNM Classification;
4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Classification and is
5. one centimeter or less in diameter, unless there is metastasis;
6. any tumor in the presence of human immuno-deficiency virus;
7. any non-melanoma skin cancer, unless there is metastasis;
8. any malignant tumor classified as less than T1N0M0 under TNM Classification; or
9. Chronic Lymphocytic Leukemia (CLL), less than Stage III, as defined by RAI classification.

[This Policy will not pay benefits for any Diagnosis of Non-Invasive Carcinoma in Situ Cancer for:

1. any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
2. any papillary tumor of the bladder classified as Ta under TNM Classification;
3. any tumor of the prostate classified as T1N0M0 under TNM Classification;
4. any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Classification and is one centimeter or less in diameter, unless there is metastasis;
5. any tumor in the presence of human immuno-deficiency virus;

6. any non-melanoma skin cancer; or
7. any melanoma in situ classified as TisN0M0 under TNM Classification.]

[This Policy will not pay benefits for any Coronary Artery Bypass Graft performed outside of the United States.]

[This Policy will not pay benefits for a Major Organ Transplant:

1. involving organs other than:
 - a. bone marrow solely for treatment of cancer or bone marrow failure; or
 - b. an entire kidney, liver, heart, lung, or pancreas;
2. involving transplants of parts of organs, tissues or cells;
3. involving organs transplanted from the same Insured ;
4. performed outside the United States;
5. involving organs received from non-human donors;
6. involving implantation of mechanical devices or mechanical organs;
7. involving stem cell generated transplants (other than for a bone marrow transplant);
8. involving islet cell transplants; or
9. involving bone marrow transplanted from the same Insured .]

Pre-existing Condition Limitation

No benefits are payable for a Pre-existing Condition. A condition will no longer be considered a Pre-existing Condition after the Insured's coverage under this Certificate and the Prior Policy combined have been in effect for [6, 12] consecutive months.

GENERAL PROVISIONS

A. Notice of Claim

Written notice of claim must be given to Us within 20 days after the loss starts or as soon as reasonably possible. Notice should be sent to Our Administrator at the following address:

[National Guardian Life Insurance Company
c/o AlwaysCare Benefits, Inc., 8485 Goodwood Boulevard, Baton Rouge, LA 70806-7878

B. Claim Forms

When the Administrator receives notice of Claim that does not contain all necessary information, forms for filing proof of loss will be sent to You along with a request for the missing information. If these forms are not sent within fifteen (15) days after receiving notice of claim, You will meet the proof of loss requirements if the Administrator is given written proof of the nature and extent of the loss within the time stated in the Proof of Loss provision.

C. Proof Of Loss

Written proof of loss must be given to the Administrator within ninety (90) days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to the Administrator within one (1) year after it is due, unless You are legally incapable of doing so.

D. Payment Of Claims

Benefits will be paid within 30 days after our Administrator receives written proof of loss. Benefits will be paid to You unless an Assignment of Benefits has been requested by the Insured. Benefits due and unpaid at Your death will be paid to Your estate. Any payment made by Us in good faith pursuant to this provision will fully release Us to the extent of such payment.

E. Time of Payment of Claims

Benefits payable under this Policy will be paid immediately upon Our receipt of written proof of loss.

F. Legal Actions

No legal action may be brought to recover on the Policy before sixty (60) days after written proof of loss has been furnished as required by the Policy. No such action may be brought after three (3) years from the time written proof of loss is required to be furnished.

G. Physical Examination and Autopsy

While a claim is pending We have the right at Our expense:

1. to have the person who has a loss examined by a Physician when and as often as We feel is necessary; and
2. to make an autopsy in case of death where it is not forbidden by law.

H. Assignment

We will recognize any assignment made by the Insured under the Policy provided it is duly executed and a copy is on file with Us. We and the Policyholder assume no responsibility for the validity or effect of an assignment.

I. Time Limit on Certain Defenses

After two years from the date on which a person becomes covered under the Policy, no statements, except fraudulent misstatements made by the Insured in the application for coverage, shall be used to void the Policy or deny a claim. No statement by an Insured concerning his or her insurability will be used by Us to deny liability unless:

1. it is stated on a written application signed by the Insured or his or her personal representative; and
2. a copy of such application is given to such Insured or personal representative.

Any increase in coverage, as requested by application from You, shall begin a new two year contestable period for the amount of the increase from the Effective Date of such coverage.

J. Fraudulent Misstatement

If an Insured makes a fraudulent misstatement in the application for coverage under the Policy, We may reduce or deny any claim or void the Policy at any time.

K. Misstatement of Age

If the age of an Insured has been misstated, We will make an equitable adjustment of the premium and benefits. The premium will be the difference between the premiums paid and the premiums that would have been paid at Your true age. If coverage would not have been issued, We will refund the premiums paid for such insurance and terminate the insurance, if no benefits have been paid. Benefits payable will be based on the correct age and premium paid.

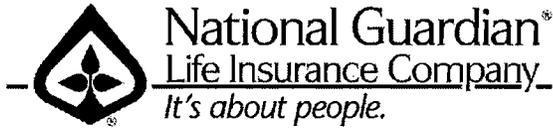
WHERE TO CALL OR WRITE FOR INFORMATION

A Participant may have questions or need additional information or forms regarding:

- (a) reducing insurance;
- (b) [adding a Dependent due to a Change in Family Status];
- (c) filing a claim; or
- (d) coverage under this plan in general.

A Participant may write or call AlwaysCare Benefits, Inc. at:

AlwaysCare Benefits, Inc.
P.O. Box 98100
Baton Rouge, LA 70898-9100
1-888-729-5433, Ext. 2013



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191 • Phone 800-988-0826

The Policy and Certificate to which this rider is attached are amended by the addition of the following provision:

PORTABILITY

If Your insurance under the Policy terminates for any of the reasons described in this Rider, You may port (continue) the insurance provided under this certificate. You must have been insured under the Policy [or the one it replaces] for Group Critical Illness Insurance coverage for at least [12 consecutive months] prior to the date Your coverage under the Policy ends.

The amount You can port is subject to the following:

1. [For You: The amount of insurance You can port is [subject to any benefit amount reductions based on Your age; and] reduced by the amount of any [employee] critical illness benefit paid by this plan.]
2. [For Your Covered Dependents: The amount of insurance You can port for each Covered Dependent is [subject to any benefit amount reductions based on Your age; and] reduced by the amount of any critical illness benefit paid by this plan on behalf of each such Dependent].

You may port Your Group Critical Illness Insurance coverage [and Dependent Group Critical Illness Insurance coverage,] subject to the following terms:

1. You may port Your coverage [or coverage for any of Your covered Dependents] if coverage under the Policy ends because You:
 - a) have terminated [employment;] [membership;]or
 - b) stop being a member of an eligible class of people; or
 - c) [the Policy ends.]
2. You may not port Your coverage [or coverage for any of Your Dependents] if:
 - a) coverage ends due to failure to pay any required premiums; or
 - b) You have reached age 65 on or before the date Your coverage under the Policy ends;
 - c) [if You received benefits under the Group Critical Illness Policy; or]
 - d) [the Policy ends.][You may not port coverage for any of Your Covered Dependents who received a benefit under the Group Critical Illness Policy.]
3. You may port:
 - a) Your coverage only;
 - b) Your coverage and coverage of Your spouse [or Domestic Partner];
 - c) Your coverage and coverage of all of Your Dependents; or
 - d) if You are a single parent, Your coverage and coverage for all of Your Dependent children.

No other combinations will be allowed. To be eligible to port, a Dependent must be covered under the Policy on the day Your coverage under the Policy ends.

To elect portability for You or Your Dependents, You must:

1. complete and have the Policyholder sign a Portability enrollment form;
2. submit the enrollment form to Us, with the required premium.

This must be received within:

1. 31 days after Group Critical Illness Insurance terminates; or
2. 15 days from the date Your Policyholder signs the application;

whichever is later. However, portability requests will not be accepted if they are received more than 91 days after Group Critical Illness Insurance terminates.

After We verify eligibility for coverage, We will issue a certificate of insurance under a portability policy. The portability coverage will be:

1. issued without evidence of insurability;
2. issued on one of the forms then being issued by Us for portability purposes; and
3. effective on the day following the date Your or Your Dependent's coverage ends.

The terms and conditions of coverage under the portability policy will not be the same terms and conditions that are applicable to coverage under this Certificate so please read the portability policy carefully.

If You die while insured for Dependent Group Critical Illness Insurance coverage, Your spouse [or Domestic Partner] may port the coverage of the Your Dependents as described above. However, the spouse [or Domestic Partner] and Dependents must be covered under the Policy on Your date of death. No Dependents will be allowed to port if: (a) there is no surviving spouse [or Domestic Partner]; or (b) the surviving spouse [or Domestic Partner] has reached age 65 on the date You die.

With respect to the certificate of insurance issued under a portability policy, We will give you credit for satisfaction or partial satisfaction of any time periods under the Group Critical Illness Policy.

The premium will be based on: (a) Your [and/or Dependent's] rate class under the Policy; and (b) Your [or surviving spouse [or Domestic Partner]'s] age bracket and will be shown in the Group Critical Illness Portability Coverage Premium Notice.

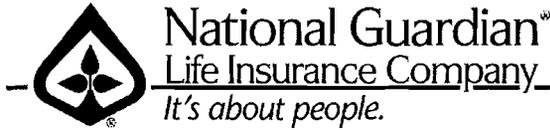
[However, each Insured's coverage under the portable certificate of coverage ends when you reach age [65, 70].]

There are no other changes to the Policy or Certificate.

In Witness whereof, Our president and secretary signed this rider as of the effective date shown on the Certificate Schedule.


Secretary


President



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191 • Phone 800-988-0826

The Policy and Certificate to which this rider is attached are amended as follows:

PREMIUM PROVISIONS RIDER

1. The face pages of the Policy and Certificate are amended to include the following caveat:

[NON-CONTRIBUTORY][CONTRIBUTORY]

2. Item B under Part I of the Policy is amended to read:

B. PAYMENT OF PREMIUMS: The premiums due under this Policy are payable in advance directly to Us at the Administrator's Office. The first premium is due on the Effective Date of this Policy. Premiums after the first are due on the Premium Due Date shown on the face page of this Policy. Premiums are remitted to Us in one of three ways:

1. the Member contributes to the cost of the insurance through the Policyholder, who then submits payment to Us;
2. the Policyholder contributes 100% of the premium contribution and pays premiums directly to Us;
- or
3. the Member pays the premiums directly to Us.

The Certificate Schedule of Benefits shows the method of premium payment.

3. Part III, General Definitions is amended by the addition of the following definitions:

[Contributory: You pay all or a portion of the premium for coverage.]

[Non-Contributory: You pay no portion of the premium for coverage.]

4. The first paragraph under PART VII, INDIVIDUAL PREMIUMS of the Certificate of Insurance is amended to read:

Members may be required to contribute, either in whole or in part, to the cost of their insurance. This is subject to the terms established by the Policyholder. Your premium contributions, if required, are remitted to Us in one of three ways:

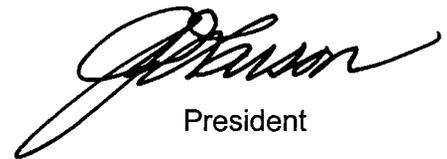
1. You contribute to the cost of the insurance through the Policyholder, who then submits payment to Us;
2. The Policyholder contributes 100% of the premium contribution and pays premiums directly to Us;
- or
3. You pay Your premiums directly to Us.

The Certificate Schedule shows the method of premium payment.

There are no other changes to the Policy or Certificate.

In Witness whereof, Our president and secretary signed this rider as of the effective date shown on the Certificate Schedule.


Secretary


President



Application for Portability Critical Illness Insurance

Underwritten by: National Guardian Life Insurance Company*
Administered by: AlwaysCare Benefits, Inc. (a Starmount Life Insurance company)
[P.O. Box 98100 Baton Rouge, LA 70898-9100, (225)926-2888 or 1-888-729-5433]

Instructions:

To elect portability this application must be completed and signed by the Policyholder and Applicant. Return the completed application to Us, with the required premium (the enclosed Premium Notice outlines the monthly premium rates and modes of payment), within the later of:

1. 31 days after Group Critical Illness Insurance terminates; or
2. 15 days from the date Your Policyholder signs the enrollment form.

Send the completed enrollment form and initial premium to:

By Mail:
AlwaysCare Benefits, Inc.
P.O. Box 98100
Baton Rouge, LA 70898-9100

By Email:
eligupdates@AlwaysCareBenefits.com

By Fax:
1-888-729-7827

NOTE: Portability requests will not be accepted if they are received more than 91 days after Group Critical Illness Insurance terminates. We will verify eligibility for coverage, either issue a certificate of insurance under a portability policy or notify You that You are not eligible and the reasons why.

Part A (To be completed by the Policyholder)

Policyholder Name ([Employer][Association])		Group Code
Member's Name (Last, First, MI)	Soc. Sec. No.	Date [Employment][Membership] Terminated
<p>[Reason for termination of coverage]</p> <p> <input type="checkbox"/> Termination of employment <input type="checkbox"/> Member no longer in an eligible class <input type="checkbox"/> Death of the Member </p> <p><input type="checkbox"/> Other _____</p>		

As a representative of the Policyholder, I represent that coverage for the named Member under the Prior Plan did not terminate because:

1. Required premiums were not paid when due; or
2. The Member has reached age 65 on or before the date coverage under the Policy ended; or
3. The Policy terminated.

WARNING: 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.

Authorized Representative of Policyholder Signature: _____

*National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company a/k/a The Guardian or Guardian Life.

Part B (To be completed by the Applicant)

Member's Home Address (Street, City, State, Zip)		Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Telephone Number	Work Telephone Number	Email Address	

Please complete the following for all dependents to be covered:

Name (Last First, MI)	Social Security Number	Sex	Birth Date	F/T Student
Spouse[/Domestic Partner]		<input type="checkbox"/> M <input type="checkbox"/> F		
Child(ren)		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

You are currently covered under the [Per Critical Illness Maximum Benefit Plan][Combined Critical Illness Maximum Benefit Plan]. Critical Illness Insurance may be ported for the following individuals who are currently covered under the Group Critical Illness Policy [as long as they are under the age of 65: You, You and Your spouse[/domestic partner]; or You and all eligible dependents. You must be eligible to port in order for Your dependents to port with one exception. In the event of Your death, a surviving spouse[/domestic partner] under the age of 65 may port the coverage for him/herself and all eligible dependent children.

Ported coverage is being elected for:

- Member Only
- Member and Spouse[/domestic partner]
- Member and all Eligible Dependents
- Surviving Spouse
- Surviving Spouse and Child(ren)

The following benefits are available under the ported coverage:

<u>Member</u>	<u>Spouse[/domestic partner]</u>	<u>Child(ren)</u>
Maximum Basic Benefit Amount: \$ _____	Maximum Basic Benefit Amount: \$ _____	Maximum Basic Benefit Amount: \$ _____
Lifetime Benefit Maximum Payout: \$ _____	Lifetime Benefit Maximum Payout: \$ _____	Lifetime Benefit Maximum Payout: \$ _____

Such amounts will be reduced by any benefits previously paid under the Prior Policy.

I declare that the information I have completed on this enrollment form is complete and true. I have read and understand the statements and understand an agent or broker cannot guarantee coverage, revise rates, benefits, or provisions without written approval from National Guardian Life Insurance Company.

WARNING: 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.

Member Signature: _____

Spouse[/Domestic Partner] Signature, if applicable: _____

SERFF Tracking Number: CLTR-126633595 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 46048
 Company Tracking Number: NGL PORT POL CI 5/10
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Portability Critical Illness
 Project Name/Number: Portability Critical Illness Filing/NGL PORT CERT CI 5/10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: CI Port Readability Certification.pdf AR Rule Reg 19 49 Certification.pdf AR Consumer Information Notice.pdf	Approved-Closed	07/13/2010
Bypassed - Item: Application Bypass Reason: attached to forms tab Comments:	Approved-Closed	07/13/2010
Satisfied - Item: authorization to file Comments: Attachment: NGL CI and Accident Authorization Letter.pdf	Approved-Closed	07/13/2010



CERTIFICATION OF COMPLIANCE
FOR
READABILITY

<u>Form Number(s)</u>	<u>Form Name</u>	<u>Flesch Readability Score</u>
CI PORTAPP 5/10	Enrollment Form	45.4
NGL PORT CERT 04/10	Portability Certificate	50.1
NCI PORT 04/10	Portability rider	50.2
NRID-PREM 2010	Premium Rider	52.4

I hereby certify on behalf of National Guardian Life Insurance Company that the Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores. I further certify that in my judgment, the enclosed forms are readable under the rules and standards of your State.

Signature: Mathew J. Dew

Typed Name and Title: Mathew Dew, Vice President and General Counsel

Date: May 24, 2010



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191 • Phone 800-988-0826

CONSUMER INFORMATION NOTICE

Policyholder Service Office of Company

Address: AlwaysCare Benefits, Inc.
7800 Office Park Blvd
PO Drawer 80139
Baton Rouge, LA 70898-9100

Telephone Number: 1-888-729-5433

Agent (to be completed at time of application)

Name of Agent _____

Address _____

Telephone Number _____

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

Arkansas Insurance Department
Consumer Services Divisions
1200 West Third Street
Little Rock, Arkansas 72201-1904
Phone: (501) 371-2640



NGL Insurance Group

Mathew J. Dew
Vice President & General Counsel
(800) 626-7931, ext 5253
FAX (608) 443-5153
mjdew@nglic.com

DATE: February 19, 2010

TO: State Insurance Departments

RE: Policy Filings – Group Critical Illness and Group Accident Insurance Policy

To Whom It May Concern:

National Guardian Life Insurance Company has engaged the services of Coulter & Associates to assist with its form filings. I hereby authorize Coulter & Associates, to represent National Guardian Life Insurance Company in regard to its Group Critical Illness and Group Accident filings in your state.

Very truly ours

Mathew J. Dew
Vice President and General Counsel

MJD/c