

SERFF Tracking Number: AFDL-126973323 State: Arkansas
 Filing Company: American Fidelity Assurance Company State Tracking Number: 47724
 Company Tracking Number: CRIT11AR ET AL CRITICAL ILLNESS
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
 Limited Benefit
 Product Name: CRIT11AR et al Critical Illness
 Project Name/Number: CRIT11AR et al Critical Illness/CRIT11AR et al Critical Illness

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: CRIT11AR et al Critical Illness SERFF Tr Num: AFDL-126973323 State: Arkansas

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 47724

- Limited Benefit Closed

Sub-TOI: H07I.001 Critical Illness

Co Tr Num: CRIT11AR ET AL
 CRITICAL ILLNESS

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Shari Vick, Melissa
 Mahanes, Ashlie Snyder, Tonya
 Bittle

Disposition Date: 01/21/2011

Date Submitted: 01/17/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CRIT11AR et al Critical Illness

Status of Filing in Domicile: Pending

Project Number: CRIT11AR et al Critical Illness

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/21/2011

State Status Changed: 01/21/2011

Deemer Date:

Created By: Ashlie Snyder

Submitted By: Ashlie Snyder

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your approval are the above captioned forms. These are new forms and do not replace any previously approved forms. The policy schedule pages and application are completed in John Doe fashion. Variable information is marked in brackets [] and an accompanying Statement of Variability is included describing the nature of any variability. The issue ages for these policies is age 18 through 70. The Flesch score for each form, excluding medical terminology and state mandated language, is shown on the Forms Schedule tab. The product may be requested on application A1268AR enclosed with this filing. These policies will be marketed by American Fidelity Assurance Company captive

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agents and licensed appointed brokers to individuals in our worksite markets.

The CRIT11AR Critical Illness Policy provides a lump sum Critical Illness Benefit Amount following the first Occurrence Date of the following Critical Illnesses: Heart Attack; Stroke; Major Organ Failure; End Stage Renal Failure; Paralysis due to Accident; Coma due to Accident; Major Burns; and Occupational HIV or Occupational Infectious Hepatitis. Partial benefits are provided for: Recommendation for Coronary Artery Bypass Surgery (25%); and Recommendation for Coronary Angioplasty (\$500 indemnity). Each Partial Benefit is payable only once per covered person per lifetime and reduces the associated Heart Attack Critical Illness Benefit Amount. This policy does not pay upon diagnosis, treatment or expenses incurred.

An additional Recurrence Benefit in the amount of 50% of the Critical Illness Benefit Amount is provided upon a second Occurrence Date of a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma Due To A Covered Accident, Permanent Paralysis Due To A Covered Accident, or Major Burns. The Recurrent Diagnosis will be paid only once per Covered Person per lifetime for each Critical Illness listed if the Occurrence Date of such Critical Illness occurs at least 180 days following the first Occurrence Date. Partial payments are not included.

The AMDI312 Cancer Critical Illness Benefit Rider adds cancer to the list of Critical Illnesses covered by the CRIT11AR base policy. The rider provides a lump sum benefit following the first Occurrence Date. Partial benefits are provided for: Carcinoma In Situ (25%) and Skin Cancer (\$250 indemnity). Each Partial Benefit is payable only once per covered person per lifetime and reduces the associated Cancer Critical Illness Benefit Amount.

The AMDI313 Hospital Confinement Benefit Rider provides an indemnity benefit of \$100 per day for each day a covered person is Hospital Confined up to 30 days per Confinement.

The AMDI314 Sudden Death Due to Cardiac Arrest pays a lump sum upon death due to Cardiac Arrest.

The AMDI315 Exclusion Rider will be used to exclude a Covered Person from coverage whenever a medical question is answered unfavorably. The A1268AR details which exclusion will be used.

This form may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

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Thank you for your assistance with this matter. If you have any questions, please feel free to call me at contact information shown on the Companies and Contacts tab.

Company and Contact

Filing Contact Information

Ashlie Snyder, Compliance Analyst I ashlie.snyder@af-group.com
 2000 Classen 800-654-8489 [Phone] 5255 [Ext]
 Oklahoma City, OK 73160 405-523-5793 [FAX]

Filing Company Information

| | | |
|-------------------------------------|-------------------------|-----------------------------|
| American Fidelity Assurance Company | CoCode: 60410 | State of Domicile: Oklahoma |
| 2000 North Classen Blvd | Group Code: | Company Type: LAH |
| Oklahoma City, OK 73106 | Group Name: | State ID Number: |
| (405) 523-2000 ext. [Phone] | FEIN Number: 73-0714500 | |

Filing Fees

| | |
|------------------|---------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$400.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50-per rate, rider, app |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| American Fidelity Assurance Company | \$400.00 | 01/17/2011 | 43837003 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 01/21/2011 | 01/21/2011 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---------------------|----------------------------------|---------------|------------|----------------|
| Form | Critical Illness Policy | Ashlie Snyder | 01/19/2011 | 01/19/2011 |
| Supporting Document | Health - Actuarial Justification | Ashlie Snyder | 01/19/2011 | 01/19/2011 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|----------------------|------------------|------------|------------|----------------|
| Actuarial Memorandum | Note To Reviewer | Shari Vick | 01/17/2011 | 01/17/2011 |

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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 (revised) | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Health - Actuarial Justification | Withdrawn | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | John Doe Application | Approved-Closed | Yes |
| Supporting Document | SOV | Approved-Closed | Yes |
| Form (revised) | Critical Illness Policy | Approved-Closed | Yes |
| Form | Critical Illness Policy | Withdrawn | Yes |
| Form | Critical Illness Application | Approved-Closed | Yes |
| Form | Cancer Benefit Rider | Approved-Closed | Yes |
| Form | Hospital Indemnity Benefit Rider | Approved-Closed | Yes |
| Form | Sudden Death Benefit Rider | Approved-Closed | Yes |
| Form | Exclusion Rider | Approved-Closed | Yes |
| Form | Schedule of Benefits | Approved-Closed | Yes |

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Amendment Letter

Submitted Date: 01/19/2011

Comments:

We have attached the other rate sheet under the supporting documents tab. Thank you!

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 |
|-------------|--------------|-------------------------------------|---------|-------------------|-------------------|-----------------|-------------------|------------------|
| CRIT11AR | Policy/Contr | Critical Illness Policy Certificate | Initial | | | | 50.000 | CRIT11AR_Pol.pdf |

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

- HC RATES 1 18 11.pdf
- Rate Sheet Actuarial Memorandum.pdf
- Critical Ill Memorandum AR 011811.pdf

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Note To Reviewer

Created By:

Shari Vick on 01/17/2011 04:22 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/21/2011 10:37 AM

Subject:

Actuarial Memorandum

Comments:

Please note, we forgot to upload the actuarial memorandum/rates that coincide with the Hospital Confinement Benefit Rider. We will be uploading that document no later than Wednesday of this week.

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Form Schedule

Lead Form Number: CRIT11 et al

| Schedule Item | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|---|---------|----------------------|-------------|------------------|
| Approved-Closed 01/21/2011 | CRIT11AR | Policy/Contract/Fraternal Certificate | Initial | | 50.000 | CRIT11AR_Pol.pdf |
| Approved-Closed 01/21/2011 | A1268AR | Application/Enrollment Form | Initial | | 50.000 | A1268AR.pdf |
| Approved-Closed 01/21/2011 | AMDI312 | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 56.000 | AMDI312_Can.pdf |
| Approved-Closed 01/21/2011 | AMDI313 | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Initial | | 50.000 | AMDI313_HI.pdf |
| Approved-Closed 01/21/2011 | AMDI314 | Policy/Contract/Fraternal Certificate: Amendment | Initial | | 53.000 | AMDI314_DTH.pdf |

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| | | | | |
|--------------------|-------------------------------|---------|--------|-------------|
| Approved- AMDI315 | Policy/Cont Exclusion Rider | Initial | 50.000 | AMDI315_Ex. |
| Closed | ract/Fraternal | | | pdf |
| 01/21/2011 | Certificate: Amendmen | | | |
| | t, Insert | | | |
| | Page, Endorseme | | | |
| | nt or Rider | | | |
| Approved- CRIT11SB | Schedule Schedule of Benefits | Initial | 0.000 | 1_CRIT11SB. |
| Closed | Pages | | | pdf |
| 01/21/2011 | | | | |

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

CRITICAL ILLNESS INSURANCE POLICY

GUARANTEED RENEWABLE UNTIL THE PRIMARY INSURED'S 75TH BIRTHDAY
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUM RATES BY CLASS

In this policy, "you" or "your" refers to the Primary Insured named on the Policy Schedule. "We", "our", "us", or "company" refers to American Fidelity Assurance Company.

CONSIDERATION: We have issued this policy in exchange for, and on the basis of, your application and payment of the first premium. The Effective Date is the date we assign after we have approved your application for this policy at our home office and on which the first premium is due. The Effective Date is the date from which Policy Months and premium due dates will be determined. Dates begin and end at 12:01 a.m. Standard Time at your place of residence.

GUARANTEED RENEWABLE: This policy may be renewed until the Primary Insured's 75th birthday by paying the premium when due or within the premium grace period. Upon your death, this policy may be renewed by your spouse if (s)he is currently a Covered Person under this policy. In such case, all references to the Primary Insured in this policy will apply to your spouse (see Section 9 - Continuation & Conversion). The plan and premium will be changed as appropriate for those person(s) still covered by the policy.

IMPORTANT NOTICE: Please read the copy of the application attached to this policy. Carefully check the application and write to us within 10 days if any information shown on it is incorrect or incomplete. The application is part of the policy and the policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

RIGHT TO EXAMINE POLICY: If you are not satisfied with this policy for any reason, return it to us or the insurance producer from whom it was purchased. If returned within 10 days from the date you received it, the policy will be void as of the Effective Date, and all premiums paid will be refunded.

This policy is signed for us at our home office as of the Effective Date.



President



Secretary

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, or knowingly presents false information in an application for insurance, may be guilty of insurance fraud.

PLEASE READ THIS POLICY CAREFULLY.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED CRITICAL ILLNESSES. THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. This coverage may not be appropriate for any person who is eligible for Medicaid.

SECTION 1 - TABLE OF CONTENTS

| | |
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| When a Person Becomes Insured | Face Page |
| Premium Payments | Face Page |
| Renewability | Face Page |
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| Policy Schedule | Section 2 |
| Definitions | Section 3 |
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| Premiums | Section 7 |
| Termination of Coverage | Section 8 |
| Continuation and Conversion | Section 9 |
| Claims | Section 10 |
| General Provisions | Section 11 |
| Schedule of Benefits | Insert |
| Benefit Riders | Insert |
| Application | Insert |
| Back Page | |

SECTION 2 - POLICY SCHEDULE

| | |
|--|--|
| POLICY NUMBER: [123456789] | PRIMARY INSURED: [John Doe] |
| EFFECTIVE DATE: [01/01/2007] | ISSUE AGE: [35] |
| PLAN SELECTED: [Individual/Individual & Spouse/ One Parent Family/Two Parent Family] | PREMIUM MODE: [Monthly/Skip Month/Other] |

CRITICAL ILLNESS PLAN DESCRIPTION

CRITICAL ILLNESS BENEFIT AMOUNT:

Primary Insured: [\$50,000.00] **Insured Spouse:** [\$50,000.00] **Insured Children:** [\$12,500.00 per child]

| | |
|--------------------------------|------------------------|
| CRITICAL ILLNESS POLICY | MONTHLY PREMIUM |
| | \$ [XX.xx] |

| [OPTIONAL BENEFIT RIDERS: | EFFECTIVE DATE | |
|---|----------------|--------------|
| [Cancer Critical Illness Benefit Rider | mm/dd/yyyy | \$ XX.xx] |
| [Sudden Death Due To Cardiac Arrest Benefit Rider | mm/dd/yyyy | \$ XX.xx] |
| [Hospital Confinement Benefit Rider | mm/dd/yyyy | \$ XX.xx]] |

TOTAL PREMIUM BY MODE

| | | | | |
|--------------------|-------------------------|-----------------------|---------------------|------------------------------|
| ANNUAL \$XXX.xx | SEMI-ANNUAL \$XXX.xx | QUARTERLY \$XXX.xx | MONTHLY \$XXX.xx | [SPECIAL MODAL* \$XXX.xx] |
|--------------------|-------------------------|-----------------------|---------------------|------------------------------|

[*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.]

IF PREMIUMS ARE TO BE PAID ON A BASIS OTHER THAN MONTHLY, THE PREMIUM WILL BE THE MONTHLY PREMIUM TIMES A FACTOR. THE MODAL FACTORS ARE [2.925, 5.725, AND 11.125] (QUARTERLY, SEMI-ANNUAL, AND ANNUAL, RESPECTIVELY). MORE FREQUENT MODES OF PAYMENT WILL REQUIRE A HIGHER ANNUAL PREMIUM OUTLAY.

[NOTE: A modification has been made to your policy effective [CHANGE DATE].]

SECTION 3 - DEFINITIONS

ACCIDENT: A sudden, unexpected and unintended event, which results in bodily injury, and which is independent of disease, bodily infirmity, or any other excluded cause.

CALENDAR YEAR: The period beginning on January 1 and ending on December 31 of the same year.

COMA DUE TO A COVERED ACCIDENT: A Covered Accident that results in a continuous profound state of unconsciousness persisting for a minimum of 14 consecutive days. A coma must be characterized by severe neurologic dysfunction and unresponsiveness of a prolonged nature. Unresponsiveness means the absence of:

1. spontaneous eye movements;
2. response to painful stimuli; and
3. vocalization.

The condition must require significant medical intervention, intubation for respiratory assistance, and life support measures. A coma does not include a Medically Induced Coma or a coma resulting from causes other than a Covered Accident.

CORONARY ANGIOPLASTY: The use of transluminal coronary catheters to correct a stenosis narrowing of one or more of the coronary arteries. This definition includes balloon angioplasty, laser angioplasty, and stenting.

CORONARY ANGIOPLASTY RECOMMENDATION: A recommendation by a Physician for Coronary Angioplasty due to Coronary Artery Disease. The Physician must recommend the Coronary Angioplasty occur within 60 days of the recommendation. A diagnosis of Coronary Artery Disease without a recommendation for Coronary Angioplasty does not satisfy this definition.

CORONARY ARTERY BYPASS SURGERY: Open heart surgery performed by a Physician to correct significant narrowing or blockage of one or more coronary arteries with bypass grafts. Coronary Artery Bypass Surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than Coronary Artery Bypass Surgery.

CORONARY ARTERY BYPASS SURGERY RECOMMENDATION: A recommendation by a Physician for Coronary Artery Bypass Surgery. The Physician must recommend the Coronary Artery Bypass Surgery occur within 60 days immediately following the date of the recommendation. A diagnosis of Coronary Artery Disease without a recommendation for Coronary Artery Bypass Surgery does not satisfy this definition.

CORONARY ARTERY DISEASE: A severe narrowing or blockage of one or more coronary arteries.

COVERED ACCIDENT: An Accident not caused by a Sickness, which occurs after the Effective Date of coverage under this policy, and occurs while the coverage is in force.

COVERED PERSON(S): A person who is eligible for coverage under this policy and for whom coverage is in force (See Section 4 - Eligibility and Effective Date).

CRITICAL ILLNESS: A Heart Attack, Coronary Artery Bypass Surgery Recommendation, Coronary Angioplasty Recommendation, Permanent Damage Due To A Stroke, Major Organ Failure, End Stage Renal Failure, Coma Due To A Covered Accident, Permanent Paralysis Due To A Covered Accident, Major Burns, and Occupational HIV or Occupational Hepatitis B, C, or D, as defined in this policy, for which a positive diagnosis is made by a Physician.

CRITICAL ILLNESS BENEFIT AMOUNT: The amount shown on the Policy Schedule and Schedule of Benefits for the Covered Person.

EFFECTIVE DATE: The date shown on the Policy Schedule. The Effective Date **IS NOT** the date you signed the application for coverage.

ELIGIBLE DEPENDENTS: Unless specifically named as excluded in any part of this contract, this means:

1. your lawful spouse who lives with you and who is under 75 years of age; and/or
2. your, and/or your spouse's, natural child, adopted child or stepchild who is under 26 years of age; and/or
3. any minor under your charge, care and control, who has been placed in your home for adoption and is under 26 years of age.

END STAGE RENAL FAILURE: End stage renal disease resulting in irreversible failure of both kidneys to function and which requires treatment with regular peritoneal dialysis, hemodialysis or renal transplantation. Failure of one kidney **IS NOT** considered End Stage Renal Failure, unless the Covered Person has only one kidney. End Stage Renal Failure does not include renal failure caused by any surgical Accidents.

HEART ATTACK: An acute myocardial infarction due to Coronary Artery Disease resulting in the ischemic death of a portion of the heart muscle. A Physician must make the diagnosis within 72 hours of the onset of symptoms. A positive diagnosis must be supported by 3 or more of the following criteria:

1. the sudden onset of symptoms consistent with an acute myocardial infarction;
2. EKG changes indicative of an acute myocardial infarction;
3. elevation of biochemical markers of myocardial necrosis; and/or
4. confirmatory imaging studies.

In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack (acute myocardial infarction) as the cause of death will be accepted.

A Heart Attack **IS NOT** congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other dysfunction of the cardiovascular system.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): A retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS).

IMMEDIATE FAMILY: Anyone who is related to the Covered Person by any degree of blood, marriage or operation of law. This includes the following relatives: parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, cousins, nephews, nieces, in-laws, adopted relatives, and step-relatives.

MAJOR BURNS: Cosmetic disfigurement covering at least 50% of the total body surface area that is a full-thickness, third or fourth-degree burn. A full-thickness, third or fourth-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue resulting in a loss of fluid. The Major Burns must be caused by exposure to fire, heat, caustics, electricity, or radiation. For the purpose of this policy, first or second-degree burns do not satisfy this definition.

MAJOR ORGAN FAILURE: The diagnosis by a Physician of failure of the heart, liver, lung, or entire pancreas resulting in the Covered Person being placed on the United Network for Organ Sharing (UNOS) list for a transplant. Kidney failure is included under the End Stage Renal Failure definition only.

MEDICALLY INDUCED COMA: A coma induced by, or at the request of, a Physician.

NURSE: Any of the following who is not a member of the Covered Person's Immediate Family:

1. a Licensed Practical Nurse (L.P.N.);
2. a Licensed Vocational Nurse (L.V.N.);
3. a graduate Registered Nurse (R.N.);
4. other designation as required by state law.

OCCUPATIONAL HIV or OCCUPATIONAL HEPATITIS B, C, or D: An accidental occupational exposure to HIV or Hepatitis B, C, or D contaminated body fluids from which the Covered Person is infected with HIV or Hepatitis B, C, or D. The accidental exposure must occur during the normal course of duties of the occupation in which the Covered Person is regularly engaged. The Covered Person must never have tested positive for HIV or Hepatitis B, C, or D prior to the accidental occupational exposure.

Occupational HIV or Occupational Hepatitis B, C, or D excludes HIV, Hepatitis B, C, or D infections as the result of intravenous drug use, sexual transmission, or HIV or Hepatitis B, C, or D infections which are determined not to have been accidental or which did not occur during the normal course of duties of the occupation in which the Covered Person is regularly engaged.

OCCURRENCE DATE: The Occurrence Date must occur on or after the Effective Date of the policy and while the coverage is in force. The Occurrence date for each of the Critical Illnesses is as follows:

1. **Heart Attack** - the date the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack definition;
2. **Coronary Artery Bypass Surgery Recommendation** - the date a Physician recommends the Covered Person undergo Coronary Artery Bypass Surgery;
3. **Coronary Angioplasty Recommendation** - the date the Physician recommends the Covered Person undergo a Coronary Angioplasty;
4. **Major Organ Failure** - the date the Covered Person is placed on the UNOS list for transplantation;
5. **Permanent Damage Due To A Stroke** - the date new neurological deficits from the stroke have persisted for a minimum of 30 consecutive days;
6. **End Stage Renal Failure** - the date End Stage Renal Failure is diagnosed;
7. **Coma Due To A Covered Accident** - the date a coma has persisted for a minimum of 14 consecutive days due to a Covered Accident;
8. **Permanent Paralysis Due To A Covered Accident** - the date the permanent paralysis has persisted for a minimum of 90 consecutive days due to a Covered Accident;
9. **Major Burns** - the date the Major Burns occur;
10. **Occupational HIV or Occupational Hepatitis B, C, or D** - the date of a positive antibody test for HIV or Hepatitis B, C, or D. The Covered Person must never have tested positive for HIV or Hepatitis B, C, or D prior to the accidental occupational exposure.

PERMANENT DAMAGE DUE TO A STROKE: An aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, due to Sickness or a Covered Accident, which causes permanent damage to the nervous system which results in a sudden neurological impairment of sensory and/or motor functions. The permanent damage must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study, and by the presence of neurological deficits persisting for a minimum of 30 consecutive days. Permanent Damage Due To A Stroke does not include a head injury, subdural hemotoma, TIAs, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.

PERMANENT PARALYSIS DUE TO A COVERED ACCIDENT: Injuries to the spinal cord due to a Covered Accident which result in paraplegia or quadriplegia. Permanent Paralysis Due To A Covered Accident must be diagnosed by a Physician. The duration of the permanent paralysis must have persisted for a minimum of 90 consecutive days. For the purposes of this policy, hemiplegia or paralysis as the result of a stroke will not be construed as Permanent Paralysis Due To A Covered Accident.

PHYSICIAN: An individual who is legally qualified and licensed to practice medicine, and is practicing within the scope of his/her license. The Physician must not be a member of your Immediate Family or anyone who normally resides with you in your residence.

POLICY MONTH: That period of time beginning at 12:01 a.m. Standard Time on the same date of the month that your policy became effective, as shown on the Policy Schedule page and ending at 12:00 a.m. Standard Time the following month on the same date.

POLICY SCHEDULE: Page 3 of this policy.

PRE-EXISTING CONDITION: A condition for which, within 12 months prior to the Covered Person's Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession.

PRIMARY INSURED: The person shown on the Policy Schedule.

RECURRENT DIAGNOSIS: A second Occurrence Date for a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma Due To A Covered Accident, Permanent Paralysis Due To A Covered Accident, or Major Burns for which a Critical Illness Benefit Amount was previously paid under this policy.

The first Occurrence Date and the Recurrent Diagnosis must:

1. occur while the policy is in force; and
2. be separated by at least 180 days.

SICKNESS: Any illness, disease, infection, or abnormal condition of the body that is not caused by an Accident, that manifests itself after the Effective Date of coverage under this policy, and while the coverage is in force.

SCHEDULE OF BENEFITS: The benefit schedule set forth in this Policy.

TRANSIENT ISCHEMIC ATTACK (OR TIA): A neurological condition or event with the signs and symptoms of a stroke, but which disappear within 24 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. TIA's are specifically excluded from this policy.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY: The plan of insurance shown on the Policy Schedule determines who is eligible for coverage under this policy. Those eligible under each plan of insurance are as follows:

1. Individual means you;
2. One Parent Family means you and each Eligible Dependent child;
3. Individual and Spouse means you and your lawful spouse;
4. Two Parent Family means you, your lawful spouse, and each Eligible Dependent child.

CHANGE OF PLAN: The plan of insurance may be changed as follows:

1. removing a Covered Person will require:
 - a) a written request from you; and
 - b) submission of the correct premium for the new plan.
2. adding an eligible person(s), except a newborn or adopted child as described in the Newborn/Adopted Children provision, will require:
 - a) a written application to add the eligible person (s); and
 - b) proof of insurability for each person to be added; and
 - c) submission of any additional premium needed for the new plan.

The change of plan will take effect on the beginning of the next Policy Month after the request has been received and we have notified you in writing that the change has been approved.

EFFECTIVE DATE OF COVERAGE: For all eligible persons listed on the original application, coverage will begin on the Effective Date of this policy, unless such person is specifically excluded by rider or endorsement. For any person, except a newborn or adopted child as described in the Newborn/Adopted Children provision, added after the Effective Date, coverage will take effect on the beginning of the next Policy Month after:

1. a written application to add the person has been received and approved by us;
2. any required additional premium has been received by us; and
3. we have notified you in writing of the approval of such person's addition to the policy.

NEWBORN/ADOPTED CHILDREN: If your plan is an Individual Plan or Individual and Spouse Plan, all your newborn children are covered from the moment of birth for a period of 90 days. The coverage for each newborn will cease after 90 days unless you notify us of the child's birth within that time period. If we receive notice within the 90 days, your policy will be converted to the One Parent Family Plan or Two Parent Family Plan, as applicable, and you will be advised of the additional premium due.

Coverage for adopted children will begin on the date of placement for adoption if you apply for coverage within 90 days of that date. However, coverage will begin from the moment of birth if the application for coverage is filed within 90 days of the date of birth. The coverage for each adopted child will cease after 90 days unless you notify us of the birth or placement for adoption within that time period. If we receive notice within the 90 days, your policy will be converted to the One Parent Family Plan or Two Parent Family Plan, as applicable, and you will be advised of the additional premium due.

If your plan is a One Parent Family Plan or Two Parent Family Plan, all your newborn or adopted children are covered from the moment of birth or placement for adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

We will provide benefits for the Critical Illnesses, as described in this policy or any attached riders, when the Covered Accident or Sickness occurs after the Effective Date and while coverage is in force.

CRITICAL ILLNESS:

The Critical Illness Benefit Amount is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under this policy or any attached rider, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date:

1. is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid;
2. is separated by more than 180 days following the last Critical Illness Occurrence Date;
3. occurs while the Covered Person is insured under the policy or rider.

Any Critical Illness not specifically listed in the Critical Illness definition is not payable under this policy. If the Occurrence Date of two or more Critical Illnesses is within the same 24 hour period, we will pay only one Critical Illness Benefit Amount. We will pay for the Critical Illness that occurred first. Critical Illnesses with a Critical Illness Benefit Amount of less than 100% are not subject to this requirement.

HEART ATTACK: Following the Occurrence Date of a Covered Person's Heart Attack, we will pay 100% of the Critical Illness Benefit Amount.

If a Covered Person receives a benefit for a Coronary Artery Bypass Surgery Recommendation or a Coronary Angioplasty Recommendation, and is later diagnosed with a Heart Attack, we will pay the Heart Attack benefit less the amount received for a Coronary Artery Bypass Surgery Recommendation and/or a Coronary Angioplasty Recommendation. For all heart related benefits combined, we will not pay more than 100% of the Critical Illness Benefit Amount shown on the Schedule of Benefits for the Covered Person.

Coronary Artery Bypass Surgery Recommendation: Following the Occurrence Date of a Covered Person's Coronary Artery Bypass Recommendation, we will pay 25% of the Critical Illness Benefit Amount. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Artery Bypass Recommendation Occurrence Date is not subject to the 180 day separation period.

Coronary Angioplasty Recommendation: Following the Occurrence Date of a Covered Person's Coronary Angioplasty Recommendation, we will pay a fixed indemnity amount of \$500.00. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Angioplasty Recommendation Occurrence Date is not subject to the 180 day separation period.

PERMANENT DAMAGE DUE TO A STROKE: Following the Occurrence Date of a Covered Person's Permanent Damage Due To A Stroke, we will pay 100% of the Critical Illness Benefit Amount.

MAJOR ORGAN FAILURE: Following the Occurrence Date of a Covered Person's Major Organ Failure, we will pay 100% of the Critical Illness Benefit Amount.

END STAGE RENAL FAILURE: Following the Occurrence Date of a Covered Person's End Stage Renal Failure, we will pay 100% of the Critical Illness Benefit Amount.

COMA DUE TO A COVERED ACCIDENT: Following the Occurrence Date of a Covered Person's Coma Due To A Covered Accident, we will pay 100% of the Critical Illness Benefit Amount.

PERMANENT PARALYSIS DUE TO A COVERED ACCIDENT: Following the Occurrence Date of a Covered Person's Permanent Paralysis Due To A Covered Accident, we will pay 100% of the Critical Illness Benefit Amount.

MAJOR BURNS: Following the Occurrence Date of a Covered Person's Major Burns, we will pay 100% of the Critical Illness Benefit Amount.

OCCUPATIONAL HIV or OCCUPATIONAL HEPATITIS B, C, or D: Following the Occurrence Date of a Covered Person's accidental exposure to Occupational HIV or Occupational Hepatitis B, C, or D, we will pay 100% of the Critical Illness Benefit Amount. We will pay only one Critical Illness Benefit Amount for either Occupational HIV or Occupational Hepatitis B, C, or D.

RECURRENT DIAGNOSIS BENEFIT: If a Covered Person receives a Recurrent Diagnosis, we will pay an additional benefit for such Critical Illness equal to 50% of the Critical Illness Benefit Amount.

The first Occurrence Date and the Recurrent Diagnosis must:

1. occur while the policy is in force; and
2. be separated by at least 180 days.

This benefit is payable once per Covered Person for each Recurrent Diagnosis of a Critical Illness. Once a Recurrent Diagnosis Benefit has been paid for a Critical Illness, no further Occurrence Dates of that same Critical Illness will be payable. Any Critical Illness not specifically listed in the Recurrent Diagnosis definition is not payable under this benefit.

HEALTH SCREENING TESTS: We will pay the indemnity benefit amount shown on the Schedule of Benefits for one of the following health screening tests if such health screening test occurs after the Effective Date and while coverage is in force:

- Blood test for triglycerides
- Doppler ultrasound
- Echocardiogram
- Electrocardiogram (EKG)
- Fasting blood glucose test
- Serum cholesterol test to determine HDL and LDL levels
- Exercise or Pharmacologic Stress Test
- Neuroimaging studies

This benefit is available without a diagnosis of a Critical Illness. This benefit is payable for one covered test per Covered Person per Calendar Year. This benefit **DOES NOT** reduce the Critical Illness Benefit Amount.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for any Critical Illness with an Occurrence Date during the first 12 months of the Covered Person's coverage under this policy if the Critical Illness is the result of a Pre-Existing Condition.

EXCLUSIONS: We will not pay benefits for any Critical Illness resulting from or caused, whether directly or indirectly, by:

1. war or any act caused by war, whether declared or undeclared, or active service in the armed forces;
2. an intentionally self-inflicted injury;
3. suicide or attempted suicide, while sane or insane;
4. participating in a riot, insurrection, or rebellion;
5. being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred);
6. committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place);
7. being incarcerated in any type of penal institution;
8. alcoholism or drug addiction;
9. a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The premium for each premium mode and the Effective Date are shown on the Policy Schedule. Premiums after the initial premium are due as of the first day of each new premium term. Premiums may be sent to us or our authorized insurance producer. If you do not pay the premium when due or within the grace period, this policy will lapse at the end of the period for which premium is due.

PREMIUM TERM: The premium term is the period of time that a premium payment will keep this policy in force.

PREMIUM MODE: The premium mode you selected when you applied for this policy is shown on the Policy Schedule. You may change the premium mode on any premium due date if we agree.

PREMIUM CHANGES: The premium for a premium term is figured from the table of premium rates in force on the first day of that term. We have the right to change that table from time to time for persons of the same class. Any change in premium will take effect on the next premium due date.

REFUND OF UNUSED PREMIUM: Upon the death of a Covered Person, any proceeds payable will include any premium paid for such person for any period beyond the end of the Policy Month in which death occurred.

SECTION 8 - TERMINATION OF INSURANCE

POLICY: This policy will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium remains unpaid;
2. the end of the Policy Month in which we receive a written request from the Primary Insured to terminate this policy;
3. the date 100% of the Critical Illness Benefit Amount for all Critical Illnesses has been paid for all Covered Persons under this policy;
4. the date of the Primary Insured's 75th birthday; (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion.)
5. the date of the Primary Insured's death; (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion.)
6. the date insurance has ceased on all persons covered under this policy.

We have the right to terminate your policy, and any attached riders, if you make a fraudulent claim.

YOU: Insurance for you will cease on the earliest of:

1. the date the policy terminates;
2. the end of the Policy Month in which we receive a written request from you to delete yourself;
3. the date 100% of the Critical Illness Benefit Amount for all Critical Illnesses has been paid for you;
4. the date of your 75th birthday;
5. the date of your death.

YOUR SPOUSE: Insurance for your covered spouse will cease on the earliest of:

1. the date the policy terminates;
2. the end of the premium term in which a divorce, annulment, or legal separation is obtained (see Section 9 - Continuation and Conversion);
3. the end of the Policy Month in which we receive a written request from you to delete your spouse;
4. the date 100% of the Critical Illness Benefit Amount for all Critical Illnesses has been paid for your spouse;
5. the date of your spouse's 75th birthday;
6. the date of your spouse's death.

YOUR CHILDREN: Insurance for a covered child will cease on the earliest of:

1. the date the policy terminates;
2. the end of the premium term in which such child ceases to meet the definition of Eligible Dependent child (see Section 9 - Continuation and Conversion);
3. the end of the Policy Month in which we receive a written request from you to delete your child;
4. the date 100% of the Critical Illness Benefit Amount for all Critical Illnesses has been paid for your child;
5. the date of your child's death.

SECTION 9 - CONTINUATION AND CONVERSION

CONTINUATION AFTER TERMINATION OF A COVERED PERSON: If we accept premium for a period that extends past the date coverage would otherwise terminate on a Covered Person, coverage for such person will continue until the end of the premium term for which premium was accepted. However, our liability will be limited to a refund of premium paid, if any, from the end of the Policy Month in which the Covered Person became ineligible to the next premium due date, if acceptance of such premium was due to:

1. a misstatement of age;
2. failure to notify us of a divorce, annulment or legal separation of the Primary Insured and covered spouse;
3. failure to notify us of the death of a Covered Person;
4. failure to notify us that a covered dependent no longer meets the definition of Eligible Dependent.

CONTINUATION AFTER YOUR DEATH: If your spouse is a Covered Person under this policy on the date of your death, the policy may be continued by your spouse. In such case, your spouse will then replace you as the Primary Insured. The plan and premium will be changed as appropriate for those person(s) still covered by the policy.

CONTINUATION AFTER PRIMARY INSURED'S 75TH BIRTHDAY: If your spouse is a Covered Person under this policy and under age 75 on the date of your 75th birthday, the policy may be continued by your spouse. In such case, your spouse will then replace you as the Primary Insured. The covered spouse must notify us within 60 days of the Primary Insured 75th birthday of their intent to continue this coverage as the Primary Insured. The plan and premium will be changed as appropriate for those person(s) still covered by the policy.

CONTINUATION FOR HANDICAPPED CHILDREN: The insurance for an Eligible Dependent child may be kept in force beyond the limiting age, as shown in the Eligible Dependent definition, if:

1. the child is unable to sustain employment due to a mental or physical incapacity; and
2. the child is unmarried and depends on you for the major part of his or her support; and
3. you provide us notice of the incapacity.

You must also notify us if the incapacity is removed or terminated at a later date. The premium will remain unchanged. The child's coverage will terminate at the earlier of the end of the Policy Month in which the conditions cease, or the policy terminates.

If you choose, coverage for a handicapped child may be converted to a separate policy instead of being continued. Such conversion must take place at the time the limiting age is reached and is subject to the terms of the Conversion Privilege.

CONVERSION PRIVILEGE: A covered child who ceases to meet the definition of Eligible Dependent has the right to obtain a conversion policy, subject to the terms of this provision. A covered spouse who ceases to be eligible for coverage because of divorce, annulment or legal separation has the right to obtain a conversion policy, subject to the terms of this provision.

1. Application for the conversion policy and payment of the first premium must be made within 60 days after coverage ceases under this policy. Premiums will be figured from the premium rate table in effect on the date of conversion.
2. The conversion policy will be issued without proof of insurability. It will provide benefits similar to, but not greater than, those of this policy.
3. The conversion policy will take effect the day after coverage ceases under this policy. However, no benefits will be payable under the conversion policy for any Critical Illness for which benefits are payable under this policy.
4. The Pre-Existing Condition Limitation and Time Limit on Certain Defenses provisions for the conversion policy will be figured from the Covered Person's Effective Date of coverage under this policy.
5. Any benefit maximums will be figured from the Effective Date of this policy.

SECTION 10 - CLAIMS

NOTICE OF CLAIM: We must receive written notice, including the policy number, when there is a claim. Notice must be given within 60 days of the Critical Illness Occurrence Date, or as soon as reasonably possible. Notice must be given to us by or on behalf of the Covered Person or the beneficiary at 2000 North Classen Boulevard, Oklahoma City, Oklahoma 73106 or to any authorized insurance producer.

CLAIM FORMS: When we receive notice of claim, we will send the applicable claim forms. If these forms are not sent within 15 days, proof of Critical Illness may be submitted by giving us a written statement of the nature and extent of the Critical Illness.

PROOF OF LOSS: For the purpose of this policy, proof of loss means proof of Critical Illness. Proof of Loss must be provided at your expense, and must be given to us within 90 days after the Critical Illness Occurrence Date. However after the 90 days, the claim will not be reduced or denied if:

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

In no event, except in the absence of legal capacity, may proof be given later than 12 months after the date proof is otherwise required.

Proof of Critical Illness includes, but is not limited to, the following documentation:

1. certification by a Physician of the Critical Illness, as supported by a completed Critical Illness Claim Form provided by us, or some other mutually agreed-upon means;
2. the Occurrence Date of your Critical Illness;
3. the cause of your Critical Illness;
4. the objective test results confirming the Critical Illness, as required in the definition of such Critical Illness; and
5. a copy of the death certificate, if the Critical Illness resulted in the Covered Person's death.

Acceptable Proof of Loss for Occupational HIV or Occupational Hepatitis B, C, or D, shall include all of the following:

1. the incident report, or notice of exposure, describing the nature of the exposure to HIV or Hepatitis B, C, or D, which was filed with the employer pursuant to the established occupational procedures for such Accidents; and
2. the preliminary screening test which was performed within 14 days of the accidental exposure; and
3. the subsequent screening test which was performed within 26 weeks of the accidental exposure; and
4. positive test results indicating HIV or Hepatitis B, C, or D provided as soon as is reasonably possible.

All HIV or Hepatitis B, C, or D tests must be a blood test approved by the Food and Drug Administration (FDA) and must be performed by a state certified and licensed laboratory.

TIME OF PAYMENT OF CLAIMS: All benefits will be paid promptly after we receive acceptable written proof of loss.

PAYMENT OF CLAIMS: We will pay all benefits to you. Any benefits that have not been paid at the time of your death will be paid to your designated beneficiary, if living, or to the contingent beneficiary. If no such designation is made, or in the event of death of both the beneficiary and contingent beneficiary, benefits will be paid to your estate. If benefits are payable to your estate or to any person who is not competent to give us a valid release, we have the right to pay up to \$1,000 of those benefits to any person related to you by blood or marriage who we believe is justly entitled to such payment. If we make a payment under this provision in good faith, we will be released from liability to the extent of the payment.

PHYSICAL EXAMINATION AND AUTOPSY: If you make a claim, you or the Covered Person on whose behalf the claim is made must submit to a physical examination as often as we may reasonably request. If the Critical Illness results in death of the Covered Person, we may have an autopsy performed unless prohibited by law. The autopsy must confirm the death resulted from the covered Critical Illness. We will pay for such examinations or autopsies.

LEGAL ACTION: No legal action can be taken to receive benefits under this policy less than 60 days after written proof of loss has been furnished as required; or more than 3 years after written proof of loss is required to be furnished.

UNPAID PREMIUM: When a claim is paid under the policy, any premium due and unpaid may be deducted from the claim payment if the claim is incurred during the Grace Period.

SECTION 11 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of this policy, the application for this policy, and any attached riders or endorsements. A copy of the application is attached.

CHANGES TO THE ENTIRE CONTRACT: No changes to this policy, or any attached riders or endorsements, will be valid unless it is approved by one of our executive officers. The change must be signed by the officer and attached to the policy. No insurance producer may change the policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the Covered Person's Effective Date, no misstatement made in the application for the issuance, renewal or reinstatement of the policy, except fraudulent misstatements, will be used to void the policy or deny a claim for any Critical Illness incurred commencing after the end of such 2 year period.

No claim for any Critical Illness incurred after 2 years from the Effective Date will be reduced or denied on the grounds that a Sickness or physical condition, not excluded from coverage by name or specific description, effective on the Critical Illness Occurrence Date, had existed prior to the Effective Date.

CHANGES TO COVERAGE: You have the right to change the plan or amount of insurance, or both, after the Effective Date of this policy. A new application and evidence of insurability may be required.

If you increase the Critical Illness Benefit Amount after the Effective Date of this policy, the premiums will be based on your attained age on the Effective Date of the increase, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will be based on the Effective Date of such increase.

If you decrease the Critical Illness Benefit Amount after the Effective Date of this policy, the premiums will be based on your original age on the Effective Date of the decrease, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected.

GRACE PERIOD: This policy has a 31 day grace period for paying premium. This means that if a renewal premium is not paid by the date due, it may be paid during the following 31 days. During the grace period the policy will stay in force. If you do not pay your premium by the end of the 31 day grace period, your policy will terminate as of the date the renewal premium became due.

REINSTATEMENT: If this policy terminates because premiums have not been paid, it can be reinstated as follows:

1. If an application for reinstatement is not required, the policy can be reinstated if all required premium is sent to us or our authorized insurance producer.
2. If an application for reinstatement is required, we, or our authorized insurance producer, will issue to the applicant a conditional receipt for the premium submitted. Reinstatement will be granted on the earlier of:
 - a) the date the application is approved by us;
 - b) the 45th day after receipt of the conditional receipt, if you do not receive notice of your application's disapproval before then.

If the policy is reinstated, the reinstatement application will be subject to the Time Limit on Certain Defenses for 2 years from the date of reinstatement. The reinstated policy will apply to Covered Accidents immediately following the Effective Date of the reinstated policy, and Sickness or health screening tests beginning 10 days following the Effective Date of the reinstated policy. All parties will have the same rights as before termination, subject to any added endorsements. All other terms of the policy remain unchanged.

CHANGE OF BENEFICIARY: You may change the beneficiary at any time by giving us written notice. The consent of the beneficiary is not required for this or any other change in the policy, unless there is an irrevocable beneficiary. The effective date of the beneficiary change will be the date we record the change at our home office.

MISSTATEMENT OF AGE: If you misstated the age of any Covered Person on your application, the benefits and termination date will be based on such Covered Person's correct age. Any difference in premium will be deducted from claims paid and future premiums will be adjusted accordingly. If we have accepted a premium on behalf of the person for a period after the date when coverage should have ended, we will refund any such premium, but we will not pay any claims for services the person received after coverage should have ended.

MISSTATEMENT OF NICOTINE USE: If you misstated the nicotine use of any Covered Person on your application, any difference in premium will be deducted from claims paid and future premiums will be adjusted accordingly.

OTHER INSURANCE WITH THIS INSURER: If a Covered Person has more than one Critical Illness policy in force with us at any one time, only one Critical Illness policy elected by the Primary Insured, his or her beneficiary or estate will be in effect. We will return all premiums paid for all other such Critical Illness policies for any months when premiums were paid on more than one policy.

CONFORMITY WITH STATE STATUTES: On the Effective Date, any provision of this policy that is in conflict with the laws of the state of issue is amended to meet the minimum requirements of those laws.

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

CRITICAL ILLNESS INSURANCE POLICY

GUARANTEED RENEWABLE UNTIL THE PRIMARY INSURED'S 75TH BIRTHDAY
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUM RATES BY CLASS

Applicant's Name: _____

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Medical History

Please answer for ALL covered persons

5. Within the last 10 years, no person to be covered has received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: heart attack (acute myocardial infarction), coronary artery disease (including coronary angioplasty or bypass surgery), disease of the heart or circulatory system, any abnormality of the heart, transient ischemic attack (TIA), stroke, 3 or more prescriptions taken for the control of high blood pressure, emphysema, chronic obstructive pulmonary disorder (COPD), organ failure or transplant, hepatitis B, C, or D, chronic pancreatitis, liver disease, diabetes, kidney disease (except kidney stones), systemic lupus, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the base policy and any attached riders.

6. Within the last 12 months, no person to be covered has received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of any heart or circulatory condition or stroke: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the base policy and any attached riders.

Complete If Applying For The Cancer Critical Illness Benefit Rider

Please answer for ALL covered persons

7. Within the last 10 years, no person to be covered has received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: cancer, carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, melanoma, or a malignant tumor in any form, except: _____
If none, check here:

List name and relationship of the person to be excluded from the Cancer Critical Illness Benefit rider. If the person has had only skin cancer, a copy of the pathology report must be submitted with the application. If the skin cancer was diagnosed or treated within the last 3 years, the person will be excluded from skin cancer coverage under the Cancer Critical Illness Benefit Rider.

8. No person to be covered has ever received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of cancer or skin cancer: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the Cancer Critical Illness Benefit Rider.

Complete If Applying For The Hospital Confinement Benefit Rider

Please answer for ALL covered persons

9. No person to be covered is currently confined in a hospital or nursing home nor has any person to be covered received medical advice by a member of the medical profession within the last 12 months to be hospitalized or have surgery (excluding pregnancy), where such hospitalization or surgery has not yet occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the Hospital Confinement Benefit Rider.

Signature And Acknowledgment

I have received and reviewed a copy of consumer brochure(s) form number: _____

_____ and the Outline of Coverage, where required by law to be provided at time of application. The statements and answers in this application are true and complete. The policy will be issued when the application and payment of the first premium is received and approved by us. I understand that the policy becomes effective on the Effective Date shown in the Policy Schedule. It is not necessarily the date the application is signed. No person to be covered by this policy is covered by Medicaid or any other similar program. **Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.**

Signed At (City and State)

Signature of the Applicant

Date

Printed Name and Agent Number

Signature of Licensed Agent (if any)

Date

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

CANCER CRITICAL ILLNESS BENEFIT RIDER

GUARANTEED RENEWABLE UNTIL THE PRIMARY INSURED'S 75TH BIRTHDAY
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUM RATES BY CLASS

We have issued this rider in exchange for and on the basis of your application and payment of the first premium. This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The Critical Illness Benefit Amount, rider Effective Date, and rider premium are shown on the Policy Schedule.

DEFINITIONS

CANCER CRITICAL ILLNESS: Carcinoma In Situ, Invasive Cancer, and Skin Cancer, as defined in this rider, for which a positive diagnosis is made by a Physician.

CARCINOMA IN SITU: For the purpose of benefits under this rider, Carcinoma In Situ means an early stage of internal cancer in which the tumor, or tumor cells, are confined to the organ or tissue where it first developed. The disease has not invaded other parts of the organ, tissue, or spread to distant parts of the body. For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Carcinoma In Situ.

Examples of Carcinoma In Situ include, but are not limited to:

1. for prostate cancer: a diagnosis of Stage A1 or A2, using the Jewett-Whitmore system, or a diagnosis of T1a or T1b using the Tumors, Nodes, Metastases (TNM) system, or equivalent staging; or
2. for breast cancer: a diagnosis of "in situ," or Tis, using the TNM system, or equivalent staging; or
3. for colon cancer: a diagnosis of Stage 0, using the American Joint Cancer Committee (AJCC) staging, or Tis, using the TNM system, or equivalent staging; or
4. for melanoma: a diagnosis of Stage 0, using the AJCC staging, or Tis, using the TNM system, or Level I, using the Clark Level staging, or equivalent staging; or
5. any other cancer which meets the definition of Carcinoma In Situ.

Carcinoma In Situ does not include Invasive Cancer, Skin Cancer, or conditions that may be considered pre-cancerous or having malignant potential such as:

1. Acquired Immunodeficiency Syndrome (AIDS); or
2. Actinic keratosis; or
3. Myelodysplastic and non-malignant myeloproliferative disorders; or
4. Aplastic anemia; or
5. Atypia; or
6. Non-malignant monoclonal gamopathy; or
7. Pre-malignant lesions, benign tumors or polyps; or
8. Leukoplakia; or
9. Hyperplasia; or
10. Carcinoid; or
11. Polycythemia.

INVASIVE CANCER: A disease that is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Invasive Cancer.

For the purposes of this definition, Invasive Cancer does not include Carcinoma In Situ, Skin Cancer, or conditions that may be considered pre-cancerous or having malignant potential such as:

1. Acquired Immunodeficiency Syndrome (AIDS); or
2. Actinic keratosis; or
3. Myelodysplastic and non-malignant myeloproliferative disorders; or
4. Aplastic anemia; or
5. Atypia; or
6. Non-malignant monoclonal gamopathy; or
7. Pre-malignant lesions, benign tumors or polyps; or
8. Leukoplakia; or
9. Hyperplasia; or
10. Carcinoid; or
11. Polycythemia.

OCCURRENCE DATE: The Occurrence Date must occur on or after the Effective Date of the policy and while the coverage is in force. The Occurrence date for each of the Critical Illnesses is as follows:

1. **Carcinoma In Situ or Invasive Cancer** - the date such cancer is first positively diagnosed by a Physician certified by the American Board of Pathology or American Board of Osteopathic Pathology. The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen. Clinical diagnosis of Carcinoma In Situ or Invasive Cancer will be accepted as evidence that such cancer exists in a Covered Person when a pathological diagnosis is medically inadvisable in the case that such medical evidence substantially documents the diagnosis of such cancer and the Covered Person receives treatment for such cancer by a Physician;
2. **Skin Cancer** - the date pathologic interpretation of the histology of skin lesions is first made by a Physician certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem).

SKIN CANCER: A cancer or malignant neoplasm of the skin that does not invade bone or does not metastasize to internal/visceral organs. For the purpose of this definition, melanoma is not Skin Cancer. For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Skin Cancer.

BENEFITS

For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Carcinoma In Situ, Invasive Cancer or Skin Cancer.

The following Critical Illnesses are added to those listed in, and are subject to the provisions of, the Critical Illness provision under Section 5 - Benefits in the base policy:

INVASIVE CANCER: Following the Occurrence Date of a Covered Person's Invasive Cancer, we will pay 100% of the Critical Illness Benefit Amount.

If a Covered Person receives a benefit for Carcinoma In Situ or Skin Cancer, and is later diagnosed with Invasive Cancer, we will pay the Invasive Cancer benefit less the amount received for Carcinoma In Situ and/or Skin Cancer. For all cancer related benefits combined, we will not pay more than 100% of the Critical Illness Benefit Amount shown on the Schedule of Benefits for the Covered Person.

Carcinoma In Situ: Following the Occurrence Date of a Covered Person's Carcinoma In Situ, we will pay 25% of the Critical Illness Benefit Amount. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Invasive Cancer, 100% of the Cancer Benefit has been exhausted and this benefit is not payable. The Carcinoma In Situ Occurrence Date is not subject to the 180 day separation period.

Skin Cancer: Following the Occurrence Date of a Covered Person's Skin Cancer, we will pay a fixed indemnity amount of \$250.00. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Invasive Cancer, 100% of the cancer related benefits has been exhausted and this benefit is not payable. Skin Cancer will only be payable under this benefit. The Skin Cancer Occurrence Date is not subject to the 180 day separation period.

The above Critical Illnesses expand the list of Critical Illnesses listed in the base policy, and are subject to the benefit amounts, limits, and separation periods of the base policy (unless stated otherwise).

HEALTH SCREENING TESTS: The following eligible health screening tests are added to those listed in the Health Screening Tests provision under Section 5 - Benefits in the base policy:

- Biopsy for skin cancer
- Bone marrow testing
- Breast themography
- Breast ultrasound
- Chest X-Ray
- CA 125 (ovarian cancer blood test)
- CA 15-3 (breast cancer blood test)
- CEA (colon cancer blood test)
- Colonoscopy
- Computerized Axial Tomography (CAT scan)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Magnetic Resonance Imaging (MRI)
- Mammography (including breast ultrasound)
- Pap Smear (including ThinPrep Pap Test)
- PSA (prostate cancer blood test)
- Positron Emission Tomography (PET scan)
- Serum protein electrophoresis (myeloma test)
- Thermography
- Virtual colonoscopy

The above tests expand the list of eligible health screening tests listed in the base policy and are subject to the indemnity amounts, limits, and Calendar Year maximums of the base policy.

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for any Cancer Critical Illness with an Occurrence Date during the first 12 months of the Covered Person's coverage under this rider if the Cancer Critical Illness is the result of a Pre-Existing Condition.

TERMINATION OF RIDER COVERAGE

RIDER: This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the policy to which this rider is attached terminates;
3. the end of the Policy Month in which we receive a written request from the Primary Insured to terminate this rider;
4. the date 100% of the Critical Illness Benefit Amount for all cancer related benefits combined has been paid for all Covered Persons under this rider;
5. the date of the Primary Insured's 75th birthday; (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)
6. the date of the Primary Insured's death. (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)

We have the right to terminate your policy, and any attached riders, if you make a fraudulent claim.

YOU: Coverage provided by this rider will cease for you on the earliest of:

1. the date the rider terminates;
2. the end of the Policy Month in which we receive a written request from you to terminate this rider;
3. the date 100% of the Critical Illness Benefit Amount for all cancer related benefits combined has been paid for you;
4. the date of your 75th birthday;
5. the date of your death.

YOUR SPOUSE: Coverage provided by this rider will cease for a covered spouse on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which a divorce, annulment or legal separation is obtained (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your spouse from this rider;
4. the date 100% of the Critical Illness Benefit Amount for all cancer related benefits combined has been paid for your spouse;
5. the date of your spouse's 75th birthday;
6. the date of your spouse's death.

YOUR CHILDREN: Coverage provided by this rider will cease for a covered child on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which such child ceases to meet the definition of Eligible Dependent Child (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your child;
4. the date 100% of the Critical Illness Benefit Amount for all cancer related benefits combined has been paid for the covered child;
5. the date of your child's death.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the policy. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider Effective Date shown on the Policy Schedule.

OTHER INSURANCE WITH THIS INSURER: If a Covered Person has more than one cancer coverage, in force with us at any one time, only one cancer coverage elected by the Primary Insured, his or her beneficiary or estate, will be in effect. We will return all premiums paid for all other such cancer coverages for any months when premiums were paid on more than one coverage.


[Secretary]

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

HOSPITAL CONFINEMENT BENEFIT RIDER

GUARANTEED RENEWABLE UNTIL THE PRIMARY INSURED'S 75TH BIRTHDAY
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUM RATES BY CLASS

We have issued this rider in exchange for and on the basis of your application and payment of the first premium. This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The rider Effective Date and rider premium are shown on the Policy Schedule.

DEFINITIONS

COMPLICATIONS OF PREGNANCY: Conditions requiring medical treatment, when the pregnancy is not terminated, whose diagnoses are distinct from pregnancy, but are adversely affected by pregnancy, including but not limited to: acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement as an Inpatient, ectopic pregnancy, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include false labor, occasional spotting, Physician prescribed rest during pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy.

EMERGENCY ROOM: A specified area within a Hospital designated for the emergency care of bodily injuries or Sicknesses. This area must:

1. be staffed and equipped to handle trauma; and
2. be supervised and provide treatment by Physicians; and
3. provide care 7 days a week, 24 hours a day.

HOSPITAL: A place that:

1. is licensed and operated pursuant to law; and
2. provides care and treatment for ill and injured persons on an Inpatient basis; and
3. provides facilities for medical, diagnostic, and surgical care (These facilities need not be at the Hospital. They may be elsewhere if there is a formal agreement for their use.); and
4. provides 24 hour a day nursing care by or under the supervision of a Nurse; and
5. is supervised by a staff of one or more Physicians; and
6. is accredited by the Joint Commission on the Accreditation of Hospitals; and
7. is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or for drug or alcohol addiction.

HOSPITAL CONFINEMENT (HOSPITAL CONFINED): The Covered Person must be confined to a Hospital as an Inpatient on the advice of a Physician for at least 18 consecutive hours to be considered one day of Hospital Confinement. One period of confinement includes all consecutive calendar days a Covered Person is confined as an Inpatient in a Hospital. Successive Hospital stays will be considered as one confinement if they are:

1. due to the same or related Sickness or bodily injury; and
2. separated by less than 30 days.

INPATIENT: A Covered Person who is admitted as a resident patient to a Hospital for at least 18 consecutive hours and is being charged for room and board facilities.

BENEFITS

We will pay the indemnity amount shown on the Schedule of Benefits when a Covered Person requires Hospital Confinement for the treatment of Sickness or injuries sustained in an Accident. This benefit is payable up to the maximum number of days per Covered Person per Hospital Confinement as shown in the Schedule of Benefits. This benefit **DOES NOT** reduce the Critical Illness Benefit Amount.

We **WILL NOT** pay this benefit for:

1. outpatient treatment or a stay in an Emergency Room; or
2. Hospital Confinements due to pregnancy, including Cesarean delivery, any post-partum or routine services rendered to mother and child after birth. Complications of Pregnancy will be covered as any other Sickness.

Whenever termination of coverage occurs, such termination shall be without prejudice to any Hospital Confinement which commenced while this policy was in force; provided, however, that the Covered Person is and continues to be Hospital Confined as an Inpatient, subject to the maximum number of days per Covered Person per Hospital Confinement as shown in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for any Hospital Confinements during the first 12 months of the Covered Person's coverage under this rider if the Hospital Confinement is the result of a Pre-Existing Condition.

EXCLUSIONS: No benefits will be provided for loss incurred for Sickness, or injuries received in an Accident, that is caused, whether directly or indirectly, by or occurs as a result of:

1. an intentionally self-inflicted injury;
2. suicide or attempted suicide, whether sane or insane;
3. war or any act caused by war, whether declared or undeclared, or active service in the armed forces;
4. participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
5. participating in a riot, insurrection, or rebellion;
6. committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place);
7. alcoholism or drug addiction;
8. dental care or dental procedures, unless due to a Covered Accident;
9. routine newborn care, including routine nursery confinements;
10. pregnancy, including Cesarean delivery, any post-partum or routine services rendered to mother and child after birth; (Complications of Pregnancy will be covered as any other Sickness.)
11. a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind;
12. cosmetic surgery, including complications of cosmetic surgery; (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.)
13. elective surgery, including complications of elective surgery;
14. medical treatment received outside the United States or its territories;
15. services rendered by a member of the Covered Person's Immediate Family, as defined in the policy;
16. participation in any sport as a professional;
17. participation in any contest of speed in a power driven vehicle as a professional.

TERMINATION OF RIDER COVERAGE

RIDER: This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the policy to which this rider is attached terminates;
3. the end of the Policy Month in which we receive a written request from the Primary Insured to terminate this rider;
4. the date of the Primary Insured's 75th birthday; (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)
5. the date of the Primary Insured's death. (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)

We have the right to terminate your policy, and any attached riders, if you make a fraudulent claim.

YOU: Coverage provided by this rider will cease for you on the earliest of:

1. the date the rider terminates;
2. the end of the Policy Month in which we receive a written request from you to terminate this rider;
3. the date of your 75th birthday;
4. the date of your death.

YOUR SPOUSE: Coverage provided by this rider will cease for a covered spouse on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which a divorce, annulment or legal separation is obtained (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your spouse from this rider;
4. the date of your spouse's 75th birthday;
5. the date of your spouse's death.

YOUR CHILDREN: Coverage provided by this rider will cease for a covered child on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which such child ceases to meet the definition of Eligible Dependent Child (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your child;
4. the date of your child's death.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the policy. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider Effective Date shown on the Policy Schedule.


[Secretary]

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

SUDDEN DEATH DUE TO CARDIAC ARREST BENEFIT RIDER

GUARANTEED RENEWABLE UNTIL THE PRIMARY INSURED'S 75TH BIRTHDAY
SUBJECT TO THE COMPANY'S RIGHT TO CHANGE PREMIUM RATES BY CLASS

We have issued this rider in exchange for and on the basis of your application and payment of the first premium. This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The Critical Illness Benefit Amount, rider Effective Date, and rider premium are shown on the Policy Schedule.

DEFINITIONS

SUDDEN DEATH DUE TO CARDIAC ARREST: Death resulting from a sudden, unexpected loss of heart function due to Sickness or a Covered Accident, in which the heart, abruptly and without warning, stops working as a result of an internal electrical system malfunction of the heart. Cardiac arrest **IS NOT** a Heart Attack.

OCCURRENCE DATE: The Occurrence Date for Sudden Death Due to Cardiac Arrest is the date of death from a cardiac arrest from which the Covered Person could not be revived.

BENEFITS

The following Critical Illness is added to those listed in, and is subject to the provisions of, the Critical Illness provision under Section 5 - Benefits in the base policy:

SUDDEN DEATH DUE TO CARDIAC ARREST: Following the Occurrence Date of a Covered Person's Sudden Death Due to Cardiac Arrest, we will pay 100% of the Critical Illness Benefit Amount.

The above Critical Illness expands the list of Critical Illnesses listed in the base policy and is subject to the benefit amounts, limits, and separation periods of the base policy.

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for any Sudden Death Due To Cardiac Arrest with an Occurrence Date during the first 12 months of the Covered Person's coverage under this rider if the Sudden Death Due To Cardiac Arrest is the result of a Pre-Existing Condition.

TERMINATION OF RIDER COVERAGE

RIDER: This rider will terminate and coverage will end for all Covered Persons on the earliest of:

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the policy to which this rider is attached terminates;
3. the end of the Policy Month in which we receive a written request from the Primary Insured to terminate this rider;
4. the date 100% of the Critical Illness Benefit Amount for Sudden Death Due to Cardiac Arrest has been paid for all Covered Persons under this rider;

5. the date of the Primary Insured's 75th birthday; (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)
6. the date of the Primary Insured's death. (If Individual and Spouse or Two Parent Family plan, see Section 9 - Continuation and Conversion in the policy.)

We have the right to terminate your policy, and any attached riders, if you make a fraudulent claim.

YOU: Coverage provided by this rider will cease for you on the earliest of:

1. the date the rider terminates;
2. the end of the Policy Month in which we receive a written request from you to terminate this rider;
3. the date 100% of the Critical Illness Benefit Amount for Sudden Death Due to Cardiac Arrest has been paid for you;
4. the date of the your 75th birthday;
5. the date of the your death.

YOUR SPOUSE: Coverage provided by this rider will cease for a covered spouse on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which a divorce, annulment or legal separation is obtained (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your spouse from this rider;
4. the date 100% of the Critical Illness Benefit Amount for Sudden Death Due to Cardiac Arrest has been paid for your spouse;
5. the date of your spouse's 75th birthday;
6. the date of your spouse's death.

YOUR CHILDREN: Coverage provided by this rider will cease for a covered child on the earliest of:

1. the date the rider terminates;
2. the end of the premium term in which such child ceases to meet the definition of Eligible Dependent Child (see Section 9 - Continuation and Conversion in the policy);
3. the end of the Policy Month in which we receive a written request from you to delete your child;
4. the date 100% of the Critical Illness Benefit Amount for Sudden Death Due to Cardiac Arrest has been paid for your child;
5. the date of your child's death.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the policy. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider Effective Date shown on the Policy Schedule.


[Secretary]

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

AMENDMENT RIDER

The policy to which this rider is attached is hereby amended as follows:

[The following person(s) is (are) not eligible for coverage provided by the policy and any riders attached to the policy.

Name of Person(s) To Be Excluded from coverage provided under the base policy and any attached riders:

| | |
|----------|----------|
| [NAME 1] | [NAME 3] |
| [NAME 2] | [NAME 4] |

]

[The following person(s) is (are) not eligible for coverage provided by the Cancer Benefit Rider attached to this policy.

Name of Person(s) To Be Excluded from the Cancer Benefit Rider:

| | |
|----------|----------|
| [NAME 1] | [NAME 3] |
| [NAME 2] | [NAME 4] |

]

[The following person(s) is (are) not eligible for coverage provided by the Hospital Confinement Benefit Rider attached to this policy.

Name of Person(s) To Be Excluded from the Hospital Confinement Benefit Rider:

| | |
|----------|----------|
| [NAME 1] | [NAME 3] |
| [NAME 2] | [NAME 4] |

]

[The following person(s) is (are) not eligible for coverage provided by the Skin Cancer benefit available under the Cancer Benefit Rider attached to this policy.

Name of Person(s) To Be Excluded from Skin Cancer benefit:

| | |
|----------|----------|
| [NAME 1] | [NAME 3] |
| [NAME 2] | [NAME 4] |

]

This rider is subject to all of the provisions of the policy as long as this rider does not amend them. This rider will terminate on the same date as the policy to which it is attached.


[Secretary]

SCHEDULE OF BENEFITS

CRITICAL ILLNESS BENEFIT AMOUNT

Primary Insured: [\$50,000.00] **[Insured Spouse:** [\$50,000.00]] **[Insured Children:** [\$12,500.00 per child]]

| POLICY BENEFITS | BENEFIT AMOUNTS | |
|--|--|--------------------------------|
| | PERCENT OF CRITICAL ILLNESS BENEFIT AMOUNT | INDEMNITY BENEFIT AMOUNT |
| CRITICAL ILLNESS: | | |
| Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person | | |
| Heart Attack | 100% | |
| Coronary Artery Bypass Surgery Recommendation* | 25%* | |
| Coronary Angioplasty Recommendation* | | \$500.00* |
| *Partial payments reduce the Heart Attack benefit. At no time will combined payments for any heart related benefits exceed 100% of the Critical Illness Benefit Amount. | | |
| Permanent Damage Due to a Stroke | 100% | |
| Major Organ Failure | 100% | |
| End Stage Renal Failure | 100% | |
| Coma Due to a Covered Accident | 100% | |
| Permanent Paralysis Due to a Covered Accident | 100% | |
| Major Burns | 100% | |
| Occupational HIV or Occupational Hepatitis B, C or D | 100% | |
| RECURRENT: | 50%** | |
| Maximum one Recurrent Benefit per Critical Illness per Covered Person | | |
| **Percent of Critical Illness Benefit for Recurrent Diagnosis of a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma Due To A Covered Accident, Permanent Paralysis Due To A Covered Accident, or Major Burns. | | |
| HEALTH SCREENING TESTS: | | \$50.00 |
| Maximum of one covered test per Covered Person per Calendar Year | | |

| [OPTIONAL RIDER BENEFITS | BENEFIT AMOUNTS | |
|---|--|--------------------------------|
| | PERCENT OF CRITICAL ILLNESS BENEFIT AMOUNT | INDEMNITY BENEFIT AMOUNT |
| [CRITICAL ILLNESS: | | |
| Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person | | |
| [Invasive Cancer | 100% | |
| Carcinoma In Situ* | 25%* | |
| Skin Cancer* | | \$250.00* |
| *Partial payments reduce the Invasive Cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the Critical Illness Benefit Amount. | | |
| [Sudden Death Due to Cardiac Arrest | 100% | |
| [HOSPITAL CONFINEMENT: | | \$100.00 |
| Indemnity per day per Covered Person | | |
| Maximum 30 days per Confinement | | |

SERFF Tracking Number: AFDL-126973323 State: Arkansas
 Filing Company: American Fidelity Assurance Company State Tracking Number: 47724
 Company Tracking Number: CRIT11AR ET AL CRITICAL ILLNESS
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: CRIT11AR et al Critical Illness
 Project Name/Number: CRIT11AR et al Critical Illness/CRIT11AR et al Critical Illness

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|----------------------|-----------------|-----------------|
| Satisfied - Item: | Flesch Certification | Approved-Closed | 01/21/2011 |
| Comments: | | | |
| Attachment: | | | |
| FleschCert.pdf | | | |
| Bypassed - Item: | Application | Approved-Closed | 01/21/2011 |
| Bypass Reason: | SEE FORM SCHEDULE | | |
| Comments: | | | |
| Satisfied - Item: | Outline of Coverage | Approved-Closed | 01/21/2011 |
| Comments: | | | |
| Attachment: | | | |
| CRIT11OC.pdf | | | |
| Satisfied - Item: | John Doe Application | Approved-Closed | 01/21/2011 |
| Comments: | | | |
| Attachment: | | | |
| A1268_JD.pdf | | | |
| Satisfied - Item: | SOV | Approved-Closed | 01/21/2011 |
| Comments: | | | |

SERFF Tracking Number: AFDL-126973323 *State:* Arkansas
Filing Company: American Fidelity Assurance Company *State Tracking Number:* 47724
Company Tracking Number: CRIT11AR ET AL CRITICAL ILLNESS
TOI: H071 Individual Health - Specified Disease - *Sub-TOI:* H071.001 Critical Illness
Limited Benefit
Product Name: CRIT11AR et al Critical Illness
Project Name/Number: CRIT11AR et al Critical Illness/CRIT11AR et al Critical Illness

Attachment:

SoV_CRIT11.pdf



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READABILITY CERTIFICATION

I, Michelle Lynch, hereby certify that policy forms enclosed on the Forms filing tab meet the minimum reading ease score required by the Insurance Code in your state. The Flesch Score for each form, excluding medical terminology and state mandated language, is shown on the Forms Schedule Tab.

For AR and VA: the word count is:

CRIT11 Critical Illness Policy is 5896.

AMD1315 Exclusion Rider is 163.

AMD1314 Sudden Death Due to Cardiac Arrest Benefit Rider is 801.

AMD1313 Hospital Indemnity Benefit Rider is 1114.

AMD1312 Cancer Critical Illness Benefit Rider 1228.

A1268 Critical Illness Application is 981.

A handwritten signature in black ink that reads 'Michelle Lynch'.

Michelle Lynch
Assistant Vice President and Compliance Manager

January 17, 2011

Date

AMERICAN FIDELITY ASSURANCE COMPANY

(a Stock Company)

2000 N. CLASSEN BLVD. OKLAHOMA CITY, OKLAHOMA 73106

OUTLINE OF COVERAGE CRITICAL ILLNESS POLICY - FORM NUMBER SERIES CRIT11

**This policy IS NOT A MEDICARE SUPPLEMENT policy
If you are eligible for Medicare, review the
Medicare Supplement Buyer's Guide available from the Company.**

- 1) **READ YOUR POLICY CAREFULLY** - This outline of coverage provides a very brief description of the important features of your policy, and any attached riders. This is not the insurance contract and only the actual provisions of the policy will govern. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- 2) **CRITICAL ILLNESS COVERAGE** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain critical illnesses occur. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- 3) **POLICY BENEFITS:**

| | | |
|---|-------------------|--|
| Critical Illness Benefit Amount: | Primary Insured: | [\$5,000 to \$50,000] in \$5,000 increments Benefits payable are based on the Critical Illness Benefit Amount selected by the Primary Insured at time of application. |
| | Insured Spouse: | 100% of the Primary Insured's Critical Illness Benefit Amount |
| | Insured Children: | 25% of the Primary Insured's Critical Illness Benefit Amount |

We will provide benefits for covered Critical Illnesses, as defined in the policy or any attached riders, that occur after the Effective Date and while coverage is in force.

The Critical Illness Benefit Amount is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under this policy or any attached rider, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid, is separated by more than 180 days following the last Critical Illness Occurrence Date, and occurs while the Covered Person is insured under the policy or rider.

Critical Illness:

A. Heart Attack: This policy pays 100% of the Critical Illness Benefit Amount following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery Recommendation and/or a Coronary Angioplasty Recommendation will be deducted from the amount payable under this benefit. For all heart related benefits combined, we will not pay more than 100% of the Critical Illness Benefit Amount. A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other dysfunction of the cardiovascular system. Cardiac arrest is **ONLY** payable under the **OPTIONAL** rider for Sudden Death Due To Cardiac Arrest.

Coronary Artery Bypass Surgery Recommendation: This policy pays 25% of the Critical Illness Benefit Amount following a Physician's recommendation for Coronary Artery Bypass Surgery due to Coronary Artery Disease. This benefit is not payable if a Critical Illness Benefit Amount for Heart Attack has previously been paid for such Covered Person.

Coronary Angioplasty Recommendation: This policy pays a fixed indemnity amount of \$500.00 following a Physician's recommendation for Coronary Angioplasty due to Coronary Artery Disease. This benefit is not payable if a Critical Illness Benefit Amount for Heart Attack has previously been paid for such Covered Person.

- B. Permanent Damage Due To A Stroke:** This policy pays 100% of the Critical Illness Benefit Amount following Permanent Damage Due To A Stroke. Permanent Damage must be due to a stroke and persist for a minimum of 30 consecutive days before this benefit is payable. Permanent Damage Due to a Stroke does not include a head injury, subdural hematoma, TIAs, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.
- C. Major Organ Failure:** This policy pays 100% of the Critical Illness Benefit Amount following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung or entire pancreas.
- D. End Stage Renal Failure:** This policy pays 100% of the Critical Illness Benefit Amount following a Physician's diagnosis of End Stage Renal Failure. Failure of one kidney is not End Stage Renal Failure, unless the Covered Person has only one kidney. End Stage Renal Failure does not include renal failure caused by any surgical Accidents.
- E. Coma Due To A Covered Accident:** This policy pays 100% of the Critical Illness Benefit Amount following a Coma Due To A Covered Accident. The Coma must be due to a Covered Accident and persist for a minimum of 14 consecutive days before this benefit is payable. A coma does not include a coma induced by, or at the request of a Physician, or a coma resulting from causes other than a Covered Accident.
- F. Permanent Paralysis Due To A Covered Accident:** This policy pays 100% of the Critical Illness Benefit Amount following Permanent Paralysis Due To A Covered Accident. Permanent Paralysis must be due to a Covered Accident and persist for a minimum of 90 consecutive days before this benefit is payable. Hemiplegia or paralysis as the result of a stroke will not be construed as Permanent Paralysis Due To A Covered Accident.
- G. Major Burns:** This policy pays 100% of the Critical Illness Benefit Amount following the date cosmetic disfigurement covering at least 50% of the total body surface area that is a full-thickness, third or fourth-degree burn occurred. First or second-degree burns are not payable under this policy.
- H. Occupational HIV Or Occupational Hepatitis B, C, Or D:** This policy pays 100% of the Critical Illness Benefit Amount following the date of a positive antibody test for HIV or Hepatitis B, C, or D, due to an occupational accidental exposure to HIV or Hepatitis B, C, or D. Only one Critical Illness Benefit Amount for either Occupational HIV or Occupational Hepatitis B, C, or D is payable.

Recurrent Diagnosis Benefit: This policy pays 50% of the Critical Illness Benefit Amount following the second Occurrence Date for a Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma Due To A Covered Accident, Permanent Paralysis Due To A Covered Accident, or Major Burns for which a Critical Illness Benefit Amount was previously paid under this policy. The second Occurrence Date must occur while the policy is in force and must be separated by a minimum of 180 consecutive days from the first Occurrence Date of that same Critical Illness.

This benefit is payable once per Covered Person for each Recurrent Diagnosis of a Critical Illness. Once a Recurrent Diagnosis Benefit has been paid for a Critical Illness, no further benefits for that same Critical Illness will be payable. Each subsequent Recurrent Diagnosis will only be payable if such Recurrent Diagnosis is for a Critical Illness for which a Recurrent Diagnosis Benefit has not been previously paid and occurs while the Covered Person is insured under this policy.

Health Screening Benefit: This policy pays \$50 when a Covered Person receives a covered Health Screening Test. Covered Health Screening Tests under the base policy are blood test for triglycerides, Doppler ultrasound, echocardiogram, electrocardiogram (EKG), fasting blood glucose test, serum cholesterol test to determine HDL and LDL levels, exercise or pharmacologic stress test, neuroimaging studies. This policy pays for one test per Covered Person per Calendar Year regardless of the number tests a Covered Person receives during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness Benefit Amount.

4) LIMITATIONS AND EXCLUSIONS:

Pre-Existing Condition Limitation: No benefits are payable for any Critical Illness with an Occurrence Date during the first 12 months of the Covered Person's coverage under this policy if the Critical Illness is the result of a Pre-Existing Condition. "Pre-Existing Condition" means a condition for which, within 12 months prior to the Covered Person's Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession.

Exclusions: No benefits will be paid for any Critical Illness resulting from or caused, whether directly or indirectly, by:

- a) war or any act caused by war, whether declared or undeclared, or active service in the armed forces;
- b) an intentionally self-inflicted injury;
- c) suicide or attempted suicide, while sane or insane;
- d) participating in a riot, insurrection, or rebellion;
- e) being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred);
- f) committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place);
- g) being incarcerated in any type of penal institution;
- h) alcoholism or drug addiction;
- i) a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States.

5) **RENEWABILITY** - The policy is guaranteed renewable until the Primary Insured's 75th birthday, as long as premiums are paid before the date due or within the next 31 days. Premium rates may be changed, but only on a class basis.

6) **OPTIONAL BENEFITS:** The following optional riders may have been applied for:

Cancer Critical Illness Benefit Rider: This rider adds Carcinoma In Situ, Skin Cancer and Invasive Cancer to the list of Critical Illnesses payable under the base policy. For all cancers, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Carcinoma In Situ, Invasive Cancer or Skin Cancer. THE CANCER CRITICAL ILLNESS BENEFITS ARE SUBJECT TO THE BENEFIT AMOUNTS, LIMITS, AND SEPARATION PERIODS OF THE BASE POLICY.

Invasive Cancer: This rider pays 100% of the Critical Illness Benefit Amount following a Physician's diagnosis of Invasive Cancer. Any previous amounts paid for a Carcinoma In Situ and/or Skin Cancer will be deducted from the amount payable under this benefit. For all cancer related benefits combined, we will not pay more than 100% of the Critical Illness Benefit Amount.

Carcinoma In Situ: This rider pays 25% of the Critical Illness Benefit Amount following a Physician's diagnosis of Carcinoma In Situ. This benefit is not payable if a Critical Illness Benefit Amount for Invasive Cancer has previously been paid for such Covered Person.

Skin Cancer: This rider pays a fixed indemnity amount of \$250.00 following a Physician's diagnosis of Skin Cancer. This benefit is not payable if a Critical Illness Benefit Amount for Invasive Cancer has previously been paid for such Covered Person.

Health Screening Tests: This rider adds cancer related screening tests to the list of health screening tests payable under the base policy. The covered Health Screening Tests **added** to the base policy by this rider are biopsy for skin cancer, bone marrow testing, breast thermography, breast ultrasound, chest X-Ray, CA 125 (ovarian cancer blood test), CA 15-3 (breast cancer blood test), CEA (colon cancer blood test), Colonoscopy Computerized Axial Tomography (CAT scan), flexible sigmoidoscopy, hemocult stool analysis, Magnetic Resonance Imaging (MRI), mammography (including breast ultrasound), pap smear (including ThinPrep Pap Test), PSA (prostate cancer blood test), Positron Emission Tomography (PET scan), serum protein electrophoresis (myeloma test), thermography, virtual colonoscopy. THE CANCER HEALTH SCREENING TESTS BENEFIT IS SUBJECT TO THE BENEFIT AMOUNTS, LIMITS, AND CALENDAR YEAR MAXIMUMS OF THE BASE POLICY.

Sudden Death Due To A Cardiac Arrest Rider: This rider adds Sudden Death Due To A Cardiac Arrest to the list of Critical Illnesses payable under the base policy.

This rider pays 100% of the Critical Illness Benefit Amount following the date of Sudden Death Due To A Cardiac Arrest. THE SUDDEN DEATH DUE TO A CARDIAC ARREST CRITICAL ILLNESS BENEFIT IS SUBJECT TO THE BENEFIT AMOUNTS, LIMITS, AND SEPARATION PERIODS OF THE BASE POLICY.

Hospital Confinement Indemnity Rider: This rider pays an indemnity amount of \$100 per day of confinement when confined in a Hospital for at least 18 hours, up to 30 days per Covered Person. This benefit will not be paid for outpatient treatment or a stay in an Emergency Room, or Hospital Confinements due to pregnancy, including Cesarean delivery, any post-partum or routine services rendered to mother and child after birth. Complications of Pregnancy will be covered as any other Sickness.

For the purpose of this rider, no benefits will be provided for loss incurred for Sickness, or injuries received in an Accident, that is caused, whether directly or indirectly, by or occurs as a result of:

1. an intentionally self-inflicted injury;
2. suicide or attempted suicide, whether sane or insane;
3. war or any act caused by war, whether declared or undeclared, or active service in the armed forces;
4. participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred);
5. participating in a riot, insurrection, or rebellion;
6. committing, or attempting to commit, an illegal act that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the act takes place);
7. alcoholism or drug addiction;
8. dental care or dental procedures, unless due to a Covered Accident;
9. routine newborn care, including routine nursery confinements;
10. pregnancy, including Cesarean delivery, any post-partum or routine services rendered to mother and child after birth; (Complications of Pregnancy will be covered as any other Sickness.)
11. a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind;
12. cosmetic surgery, including complications of cosmetic surgery; (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.)
13. elective surgery, including complications of elective surgery;
14. medical treatment received outside the United States or its territories;
15. services rendered by a member of the Covered Person's Immediate Family, as defined in the policy;
16. participation in any sport as a professional;
17. participation in any contest of speed in a power driven vehicle as a professional.

Applicant's Name: _____

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Medical History

Please answer for ALL covered persons

5. Within the last 10 years, no person to be covered has received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: heart attack (acute myocardial infarction), coronary artery disease (including coronary angioplasty or bypass surgery), disease of the heart or circulatory system, any abnormality of the heart, transient ischemic attack (TIA), stroke, 3 or more prescriptions taken for the control of high blood pressure, emphysema, chronic obstructive pulmonary disorder (COPD), organ failure or transplant, hepatitis B, C, or D, chronic pancreatitis, liver disease, diabetes, kidney disease (except kidney stones), systemic lupus, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the base policy and any attached riders.

6. Within the last 12 months, no person to be covered has received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of any heart or circulatory condition or stroke: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the base policy and any attached riders.

Complete If Applying For The Cancer Critical Illness Benefit Rider

Please answer for ALL covered persons

7. Within the last 10 years, no person to be covered has received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: cancer, carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, melanoma, or a malignant tumor in any form, except: _____
If none, check here:

List name and relationship of the person to be excluded from the Cancer Critical Illness Benefit rider. If the person has had only skin cancer, a copy of the pathology report must be submitted with the application. If the skin cancer was diagnosed or treated within the last 3 years, the person will be excluded from skin cancer coverage under the Cancer Critical Illness Benefit Rider.

8. No person to be covered has ever received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of cancer or skin cancer: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the Cancer Critical Illness Benefit Rider.

Complete If Applying For The Hospital Confinement Benefit Rider

Please answer for ALL covered persons

9. No person to be covered is currently confined in a hospital or nursing home nor has any person to be covered received medical advice by a member of the medical profession within the last 12 months to be hospitalized or have surgery (excluding pregnancy), where such hospitalization or surgery has not yet occurred, except: _____
If none, check here:

List the name and relationship of the person to be excluded from the Hospital Confinement Benefit Rider.

Signature And Acknowledgment

I have received and reviewed a copy of consumer brochure(s) form number: SB1234

_____ and the Outline of Coverage, where required by law to be provided at time of application. The statements and answers in this application are true and complete. The policy will be issued when the application and payment of the first premium is received and approved by us. I understand that the policy becomes effective on the Effective Date shown in the Policy Schedule. It is not necessarily the date the application is signed. **Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.**

| | | |
|--|---|---------------|
| _____ Signed At (City and State) | _____ Signature of the Applicant | _____ Date |
| _____ Printed Name and Agent Number | _____ Signature of Licensed Agent (if any) | _____ Date |

STATEMENT OF VARIABILITY

The CRIT11 Critical Illness Policy et. Seq. contains variable information. All forms are completed in John Doe format and variable information is enclosed in brackets []. All variable items will become fixed at time of policy approval. Any changes made to these items will be limited to new issues.

1. The signatures for the President and Secretary of the Company have been marked variable. Our President recently changed and the current president's signature block has been updated to include the new President's signature.

CRIT11 Policy Schedule and CRIT11SB Schedule of Benefits

2. The Policy Number is the unique identifier our company assigns to the policy at time of policy issue.
3. The Primary Insured's name is the name of the Primary Insured as it appears on the application for insurance. The format will be first name followed by last name.
4. The Effective Date is the date the policy goes into effect. This is the date the first premium is due; and is the date from which policy years, premium due dates, and policy anniversaries will be determined. Possible formats include: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008.
5. The Issue Age is the Primary I-insured's age at time of policy issue.
6. The Plan Selected is selected by the Primary Insured on the A1268 Critical Illness Application. Available variables are Individual, Individual and Spouse, One Parent Family or Two Parent Family.
7. The Premium Mode is selected by the Primary Insured on the A1268 Critical Illness Application. Available variables are Annual, Semi-Annual, Quarterly, Monthly or Skip Month. -If Skip Month is elected, a description of which months will be skipped is described on the application.
8. The Critical Illness Benefit Amount is selected by the Primary Insured at time of application. The range for the Benefit Amount is \$5,000 to \$50,000 in \$5,000 increments. The Critical Illness Benefit Amount for the spouse is 100% of the Primary Insured's Critical Illness Benefit Amount. The Critical Illness Benefit Amount for any Insured Children will always be 25% of the Primary Insured's Critical Illness Benefit Amount. NOTE: The Critical Illness Benefit Amount will also print on the Schedule of Benefits (form number CRIT11SB).
9. The plan has 3 Optional Benefit Riders available for selection: Cancer Critical Illness Benefit Rider, Sudden Death Due to Cardiac Arrest Benefit Rider and Hospital Confinement Benefit Rider.

If a benefit rider is selected by the Primary Insured, the Optional Benefit Riders section will be displayed on the Policy Schedule and will detail each rider selected by the Primary Insured.

If no benefit riders are elected by the Primary Insured, this section will not print on the Policy Schedule.

NOTE: The Schedule of Benefits (form number CRIT11SB) also contains a variable Optional Benefit Riders section. The variability will match that of the Policy Schedule. The % of Critical Illness Benefit Amounts or any indemnity amounts associated with the Optional Benefit Riders available with the base policy are fixed and will not change. Variability for this section is limited to whether or not a rider or the section will print based on the Primary Insured's elections.

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CRIT11SoV

10. The total premiums will be shown in 4 columns if the premium mode elected is monthly, quarterly, semi-annual or annual. The appropriate premiums will be displayed beginning with Annual and follow in chronological order, ending with Monthly.

Since these forms will be marketed to individuals in our payroll markets, the Insured may elect a Special Modal premium to coincide with payroll deduction requirements. The total premiums will be displayed in 5 columns if the premium method elected is a skip month premium. The columns will be displayed as listed above with the exception of ending with Monthly. The skip month mode will be shown as column 5. The column heading will be: Special Modal. In addition to the 5th column, a paragraph will print directly under the Total Premium By Mode describing the Special Modal Premium. The paragraph will state, “SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.”

11. Although not likely to [vary/change](#), the Modal Factors may vary in accordance with changes in our expenses or actuarial experience.
12. If after the Effective Date a change is made to the policy, such as the addition or deletion of a rider or an increase or decrease in the Critical Illness Benefit Amount, a revised Policy Schedule will be issued with a paragraph stating, “NOTE: A modification has been made to your policy effective [CHANGE DATE]. The CHANGE DATE will print the effective date of the change. Possible formats for the CHANGE DATE include: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008

A1268 Critical Illness Application

13. Benefit Amount selections available for the base policy will be \$5,000 to \$50,000 in \$5,000 increments. Our company may elect to limit the number of Benefit Amount selections available but the selections will be chosen from the list shown on the A1268 application.
14. The plan has 3 Optional Benefit Riders available for selection: Cancer Critical Illness Benefit Rider, Sudden Death Due to Cardiac Arrest Benefit Rider and Hospital Confinement Benefit Rider.

The A1268 also includes two lines marked “Other” for future rider flexibility. Any new riders which may be offered with this plan will be filed with your department prior to use with an explanation of what information will print in these selections.

15. The Billing Method is variable. List Bill will be selected when the premium will be payroll deducted by the worksite. Bank Draft will be selected if the worksite elects to have the premium remitted monthly through a Bank Draft. Direct Bill will be used whenever an individual leaves the worksite and must begin paying for the policy directly to us.

Outline of Coverage (IF APPLICABLE)

16. If an Outline of Coverage is required in your state, and is included with this filing, the Benefit Amount selections available for the base policy will be \$5,000 to \$50,000 in \$5,000 increments. Our company may elect to limit the number of Benefit Amount selections available but the selections will be chosen from the list shown on the Outline of Coverage.

AMD1315 Exclusion Rider

17. For any person answering a medical history question unfavorably, such person will be excluded from coverage under the section.

For any person listed on the line for questions ~~5 and~~4 thru 6, such person will be excluded from coverage under the base policy and any attached riders.

For any person listed on the line for questions 7 and 8, such person will be excluded from coverage under the Cancer Critical Illness Benefit Rider. NOTE: for question 7, if the person has only had skin cancer within the last 3 years, as demonstrated by a pathology report, then such person will only be excluded from skin cancer coverage under the Cancer Critical Illness Benefit Rider.

For any person answering yes to question 9, such person will be excluded from coverage under the Hospital Confinement Benefit Rider.

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Melissa Mahanes

Melissa Mahanes
Compliance Analyst II

1/5/11
Date