

SERFF Tracking Number: ARLH-126866321 State: Arkansas
Filing Company: QCA Health Plan, Inc. State Tracking Number: 46895
Company Tracking Number: QCLHIC
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: NA
Project Name/Number: /

Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: NA

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: ARLH-126866321 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46895

Co Tr Num: QCLHIC

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author:

Disposition Date: 01/04/2011

Date Submitted: 09/24/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 01/04/2011

State Status Changed: 11/23/2010

Created By: Jennifer Newkirk

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Jennifer Newkirk

Company and Contact

Filing Contact Information

NA NA,

NA, NA

LITTLE ROCK, AR 00000

NA@NA.COM

123-555-4567 [Phone]

Filing Company Information

QCA Health Plan, Inc.

10825 Financial Centre Parkway

CoCode: 95448

Group Code:

State of Domicile: Arkansas

Company Type:

SERFF Tracking Number: ARLH-126866321

State: Arkansas

Filing Company: QCA Health Plan, Inc.

State Tracking Number: 46895

Company Tracking Number: QCLHIC

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Product Name: NA

Project Name/Number: /

Suite 400
Little Rock, AR 72211
(501) 228-7111 ext. [Phone]

Group Name:
FEIN Number: 71-0794605

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: ARLH-126866321

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Sub-TOI: L04G.500 Other

Product Name: NA

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2011	01/04/2011
Approved-Closed	Linda Bird	10/22/2010	10/22/2010

<i>SERFF Tracking Number:</i>	<i>ARLH-126866321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>QCA Health Plan, Inc.</i>	<i>State Tracking Number:</i>	<i>46895</i>
<i>Company Tracking Number:</i>	<i>QCLHIC</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>NA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 01/04/2011

Implementation Date:

Status: Approved-Closed

Comment: Replacement pages submitted to the 10/20/2010 approved filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: ARLH-126866321

State: Arkansas

Filing Company: QCA Health Plan, Inc.

State Tracking Number: 46895

Company Tracking Number: QCLHIC

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Product Name: NA

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	ARLH126866321		No
Supporting Document	ARLH-126866321		No

<i>SERFF Tracking Number:</i>	<i>ARLH-126866321</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>QCA Health Plan, Inc.</i>	<i>State Tracking Number:</i>	<i>46895</i>
<i>Company Tracking Number:</i>	<i>QCLHIC</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>NA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARLH-126866321

State: Arkansas

Filing Company: QCA Health Plan, Inc.

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Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	ARLH126866321		No
Supporting Document	ARLH-126866321		No

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TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Product Name: NA

Project Name/Number: /

Supporting Document Schedules

Item Status:
Status Date:

Unsatisfied - Item: Flesch Certification
Comments:

Item Status:
Status Date:

Unsatisfied - Item: Application
Comments:

Item Status:
Status Date:

Satisfied - Item: ARLH126866321
Comments:

Attachments:

- ARLH-126866321.pdf
- ARLH-126866321-1.pdf
- ARLH-126866321-2.pdf

Item Status:
Status Date:

Satisfied - Item: ARLH-126866321
Comments:

Attachment:

- ARLH-126866321-1.pdf



~~46985~~ 46895
Ck # 00730
(\$150.00)

RECEIVED
Ck # 006829
(\$200.00)
SEP 24 2010

VIA HAND DELIVERY

September 24, 2010

Ms. Linda Bird
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

APPROVED
OCT 01 2010
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

S# ARLH-126866321

RE: QualChoice Life and Health Insurance Company, Inc. Life and AD&D Policy Certificates and Applications

Dear Ms. Bird:

Enclosed, in duplicate, are the following forms for filing and approval by QualChoice Life and Health Insurance Company, Inc.:

- Form #: QCLHIC Group Life/AD&D To Employer (10/2010);
- Form # QCLHIC Group Life/AD&D To Insured (10/2010);
- Form #: 0810+MK+014_GRPAPPCVRG (Group Application For Coverage);
- Form # 0510+MK+018_RENEWALAGRMT (Renewal Update To Group Application);
- Form # 0810+MK+017_PS&SRFR (Product Selection & Sold Rate Form);
- Form # 0810MK027LGGRPAPPL (Large Group Employee Application); and
- Form # 0810MK026SMGRPAPPL (Small Group Employee Application).

I am enclosing two (2) checks totaling \$350.00 for the fee required for the filing of these forms pursuant to Sec. 5 of Arkansas R&R 57.

This will certify QualChoice Life and Health's compliance with Rule 19 ("Unfair Sex Discrimination in the Sale of Insurance").

This will further certify that Form # QCLHIC Group Life/AD&D To Employer (10/2010) and Form # QCLHIC Group Life/AD&D To Insured (10/2010) do not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. 23-80-206. Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. 23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

It is my understanding that because these policies are for group term life insurance, it is not necessary to file the non-forfeiture values or an actuarial memorandum. If my understanding is incorrect, please let me know.

Letter of September 24, 2010
Page Two

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,

A handwritten signature in cursive script, appearing to read "James W. Couch".

James W. Couch
Vice President of Compliance
jim.couch@qualchoice.com
(501) 219-5118

Enclosures



QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

12615 Chenal Parkway, Suite 300
Little Rock, Arkansas 72211
(501) 228-7111

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OCT 01 2010

BASIC TERM LIFE / ACCIDENTAL DEATH AND DISMEMBERMENT
[and **SHORT TERM DISABILITY POLICY**]
RENEWAL AT OPTION OF QUALCHOICE LIFE
(NON-PARTICIPATING)

RECEIVED

SEP 24 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Policyholder: [ABC Company] Date of Issue: [Insert]

Policy Number: [00-10000-00] Effective Date: [Insert]

State of Delivery: Arkansas Policy Anniversary: [Insert]

In consideration of the payment of the first premium, and of the statements and agreements in the Group Application for Coverage, Product Selection and Sold Rate Form and individual applications, if any, of the eligible employees, QualChoice Life and Health Insurance Company, Inc. (herein called QualChoice Life) agrees to insure eligible employees of the Policyholder (and their eligible dependents, if any and if this Policy provides Dependent Life Insurance). ("Eligible Employees" are defined in the General Policy Provisions section. "Eligible Dependents" are defined in the Dependent Life Insurance section, if applicable). QualChoice Life promises to pay benefits according to the terms of this Policy. The Group Application for Coverage and Product Selection and Sold Rate Form, copies of which will be provide to Policyholder, are made part of this Policy.

Subject to the Policyholder Provisions and the Incontestability Provisions, this Policy may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by QualChoice Life, but will not be less than 12 months.

This Policy is delivered in and governed by the laws of the State of Delivery named above. **PLEASE READ YOUR POLICY CAREFULLY.**

For purposes of effective dates and ending dates under this Policy, all days begin and end at 12:01 a.m. Standard Time at the Policyholder's address where the Policy is delivered.

QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

Michael E. Stock
President & CEO

IMPORTANT QUALCHOICE CONTACT INFORMATION

QualChoice is committed to providing better customer support. That includes making it easy for you to contact us. You are always welcome to call us with any questions or concerns.

QualChoice Life and Health Insurance Company, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, Arkansas 72211

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OCT 01 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Website Address:

www.qualchoice.com

Our Customer Service Department can be reached:

Toll Free at (800) 235-7111

Locally at (501) 228-7111

If we at QualChoice Life and Health Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201
(501)371-2640 or (800) 852-5494

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LIFE AND HEALTH
 ARKANSAS INSURANCE DEPARTMENT

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PREMIUM RATE SCHEDULE

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Rate Effective Date: (Insert)

For Group Policy No.: (Insert)

COVERAGE

PREMIUM RATE--MONTHLY

Basic Term Life Insurance

\$() per \$1,000 of insurance

Accidental Death &
Dismemberment Benefits

\$() per \$1,000 of principal sum

[Dependent Term Life Insurance

\$() per dependent unit]

[Short Term Disability Benefits

\$() per \$10 of benefit]

1. POLICY EFFECTIVE DATE AND TERM

The Effective Date of this Policy is shown on the Group Application for Coverage and/or Product Selection and Sold Rate Form. This Policy will stay in force for as long as the proper premium is paid; however, either the Policyholder or QualChoice Life may cancel this Policy on any Premium Due Date by telling the other in writing prior to such Premium Due Date.

2. ACTIVELY AT WORK PROVISION

2.1 "Active, Full-Time Employee" means an employee who performs all of the duties of the position with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

2.2 "Full-time" means an employee must be:

1. Scheduled to work for the Policyholder at least 30 hours each week; and
2. On the regular payroll of the Policyholder for that work.

2.3 "Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

3. DEFINITIONS

3.1 "Total Disability" or "Totally Disabled" means any disability that:

1. Begins while this Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

3.2 " Group Application for Coverage and Product Selection and Sold Rate Form " mean the application(s) for this Policy signed by the Policyholder.

3.3 "Schedule of Benefits" means the description of benefits set forth in the Product Selection and Sold Rate Form.

3.4 "Insured" means an eligible employee who is insured under this Policy.

3.5 "The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

3.6 "Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a

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OCT 01 2010

LIFE AND HEALTH
DIVISION OF INSURANCE DEPARTMENT

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licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

- [3.7 **"Earnings"** means the Insured's rate of earnings from the Policyholder in effect immediately prior to the date a claim begins. It does not include bonuses, overtime pay and other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date a claim begins.]
- [3.8 **"Insured Dependent"** means an Insured's eligible spouse and/or child(ren) who are insured under this Policy, if this Policy provides Dependent Life Insurance.]

4. TERM LIFE INSURANCE BENEFIT

If an Insured dies while insured under this Policy, QualChoice Life will pay the applicable Life Insurance Benefit shown in the Schedule of Benefits.

4.1 CONTINUATION OF BASIC TERM LIFE INSURANCE BENEFIT DURING TOTAL DISABILITY

4.1.1 EXTENSION OF BASIC TERM LIFE INSURANCE BENEFIT

In the event of termination of employment, a death benefit will be paid if the Insured dies while Totally Disabled provided that the disability:

1. Began while the person was both insured under this Policy and under age 60;
2. Has been continuous until death; and
3. Began within 12 months of the date of death.

4.1.2 WAIVER OF BASIC TERM LIFE INSURANCE PREMIUM BENEFIT

If an Insured becomes Totally Disabled prior to age 60, QualChoice Life will waive premium for the Basic Term Life Insurance Benefit. The waiver of premium will begin on the first of the month following 12 consecutive months of Total Disability. The Insured must file written notice within 12 months after the date of Total Disability to be eligible for this benefit.

With respect to the Insured, this Waiver of Premium Benefit shall end on the earliest of the following:

1. On the date the Insured's Total Disability ends;
2. On the 91st day after QualChoice Life requests proof of continuous Total Disability, provided the Insured fails to furnish QualChoice Life with such proof during such 91 day period;
3. On the Premium Due Date immediately prior to the Insured's 65th birthday;
4. On the effective date of any individual life insurance policy obtained in accordance with Part 2, Right to Convert; or
5. On the date the Insured retires.

4.1.3 AMOUNT OF BASIC TERM LIFE INSURANCE BENEFIT CONTINUED

The Basic Term Life Insurance Benefit which is continued during Total Disability is the applicable amount of Basic Term Life Insurance in force as to the Insured on the date such Insured's Total Disability begins (subject to any reductions shown in the Schedule of Benefits).

This Continuation of Basic Term Life Insurance Benefit during Total Disability does not apply to the Accidental Death and Dismemberment Benefit.

4.2 RIGHT TO CONVERT

If an Insured is no longer eligible for part or all of the Life Insurance Benefit provided by this Policy, such Insured is entitled to apply to QualChoice Life for an individual policy of life insurance, without submitting evidence of insurability provided:

1. The policy applied for:
 - A. Is a type of individual life policy, other than term or universal life, then being issued by QualChoice Life; and
 - B. Does not include Accidental Death and Dismemberment [, Short Term Disability or other Supplemental benefits]; and
2. The amount of life insurance applied for under such individual life policy is in accordance with Section 4.2.1 below; and
3. The Insured agrees to pay the premium for such individual life policy. The premium will be based on the following, as of the effective date of such individual life policy;
 - A. QualChoice Life's usual rate for the amount and type of individual life policy; and
 - B. The Insured's attained age; and
4. The Insured applies and pays the first premium for such individual life policy within 31 days following termination or reduction of the Life Insurance Benefit under this Policy. Such individual life policy will become effective on the first day following the end of such 31 day period.

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OCT 01 2010

LIFE AND HEALTH
 ARKANSAS INSURANCE DEPARTMENT

4.2.1 AMOUNT TO CONVERT

This conversion privilege is allowed for the Term Life Insurance that ceases for the following reasons:

1. The Insured may convert all or part of the amount of Life Insurance Benefit the Insured is eligible for due to:
 - A. Reductions resulting from attainment of a specific age, as shown in the Schedule; or
 - B. Loss of the individual eligibility.
2. If the Insured has been insured under this Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured is no longer eligible due to:
 - A. Termination of this Policy;
 - B. Termination of the class of Insureds to which the Insured belongs; or
 - C. Reduction of benefits for the class of Insureds to which the Insured is a member:
 - (i) \$10,000, or
 - (ii) All or part of the amount for which the Insured is no longer eligible. This amount will be reduced by the amount of any life insurance for which the Insured becomes eligible to receive under a group policy issued or reinstated by QualChoice Life or any other insurer during the thirty-one day period immediately following termination of insurance under this Policy.

If the Insured dies during the conversion period, the maximum amount of Term Life Insurance which the Insured would have been entitled to have issued shall be payable as a claim under this Policy, whether or not application for the individual policy or the payment of the first premium has been made.

The rights or benefits granted under this provision are in lieu of any other rights or benefits granted under this Policy.

4.3. SUICIDE EXCLUSION

With respect to the Life Insurance Benefit, in the event an Insured, while sane or insane (in Missouri while sane), dies from intentionally self-inflicted injuries or any attempts thereat, within two years from the effective date of coverage, QualChoice Life's liability shall be only to return premiums paid under this Policy as to such Insured.

The Suicide Exclusion will not apply to the Insured who:

1. Is actively at work on the effective date of this Policy; and
2. Was insured for Group Life Insurance under the prior carrier's policy on its termination date.

4.4. THE ACCELERATED BENEFITS PROVISION

4.4.1 THE BENEFIT

The Insured with a medically determined terminal condition would be eligible to receive the following accelerated benefit:

Fifty percent (50%) of the Basic Term Life Insurance benefit in effect on the Insured's last day of active work up to a maximum insured amount of \$100,000. The maximum payable under this benefit is \$50,000.

An "Accelerated Benefit" covered under this Policy is a benefit payable:

1. To the Insured if, during his or her lifetime, the Insured sustains a terminal condition, as defined in this provision, the Insured or his or her legal representative may request a lump-sum accelerated death benefit payable once during the lifetime of the Insured;
2. Which reduces the death benefit otherwise payable under this Policy; and
3. Which is payable upon the occurrence of a single qualifying event which results in the payment of a benefit amount fixed at the time of acceleration.

4.4.2 TAX TREATMENT

Benefits paid under this provision may be taxable. The Insured or his or her beneficiary may incur a tax obligation. As with all tax matters, an Insured should consult with his or her personal tax advisor and/or attorney.

4.4.3 DEFINITION OF TERMINAL CONDITION

"Terminal Condition" means that the Insured has a medically determinable condition with no reasonable prospect of cure, which can be expected to result in death within 12 months of the date of disability. The proof of Terminal Condition satisfactory to QualChoice Life must be certified by the Insured's attending physician and one other physician.

QualChoice Life reserves the right to have the Insured examined at its expense by one or more physicians of its choice in connection with a request for Accelerated Death Benefit for Terminal Condition.

4.4.4 ELIGIBILITY REQUIREMENTS

All eligible Active Full Time Employees who have been covered under the Basic Term Life Insurance are eligible for the Accelerated Benefit. The benefit terminates at the earliest of:

1. When the Insured's Basic Term Life terminates;
2. At attained age 70; or
3. At retirement from employment.

In order to be eligible for this benefit, the Insured must have been continuously covered for at least one year under this Policy prior to sustaining a terminal condition, or covered under this Policy from the Policy Effective Date.

4.4.5 EFFECTIVE DATE OF THE ACCELERATED BENEFITS

The Accelerated Benefit provision shall be effective for accidents on the Policy Effective Date. The Accelerated Benefit provision shall be effective for illness thirty (30) days following the Policy Effective Date.

4.4.6 EXCLUSIONS AND LIMITATIONS

The Accelerated Benefit will not apply:

1. To any self inflicted injuries or suicide attempts;
2. To any [Supplemental Term Life Insurance benefits, including Dependent Life, nor to any] Accidental Death and Dismemberment benefits;
3. If an Insured is totally disabled on his or her Effective Date of coverage;
4. To a Basic Term Life Insurance benefit that has been assigned;
5. To a Basic Term Life Insurance benefit payable to an irrevocable beneficiary;
6. To a Basic Term Life Insurance benefit with a face amount of less than \$10,000; nor
7. If the required Basic Term Life Insurance premium is due and unpaid.

4.4.7 CONVERSION

The amount of Basic Term Life Insurance that may be converted is the Insured's Basic Term Life Insurance reduced by the Accelerated Benefit amount paid.

4.4.8 REDUCTIONS

If a benefit reduces in accordance with a reduction provision the total amount payable to the Insured will not be affected by the advanced payment.

4.4.9 FREQUENCY

Only one Accelerated Benefit payment will be made to an Insured.

4.4.10 TERMINATION

This Accelerated Benefits provision will terminate for the Insured on the earliest of the following:

1. The date the Policyholder terminates coverage under this Policy;
2. The date this Policy terminates;
3. The date the Insured retires;
4. The date the Insured dies;
5. The date the Insured receives an Accelerated Benefit payment; or
6. The date the Insured continues coverage under the Conversion Provisions of this Policy.

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5. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

5.1. LOSSES

If an Insured suffers any of the following losses, QualChoice Life will pay the indicated percentage of the Principal Sum, provided such loss:

1. Results from Injury and independently of all other causes, which Injury is caused by an accident that occurs while this benefit is in force as to the Insured; and
2. Occurs within 90 days of that accident. The Principal Sum is shown in the Schedule of Benefits.

Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%

"Loss" as above used means:

1. With reference to hand or foot, complete loss of the use of the hand, or foot; and
2. With reference to eye, irrecoverable loss of the entire sight thereof.

If the Insured suffers more than one of the above losses as a result of the same accident, the benefit provided under this provision will be paid only for the greatest loss.

If loss of Life results while an Insured was riding as a fare-paying passenger in or upon a public conveyance being operated by a licensed common carrier for passenger service, the Accidental Death benefits provided under the Policy will be increased. The additional benefit payable will be the lesser of:

1. 100% of the Principal Sum shown in the Schedule of Benefits; or
2. \$100,000.

5.2 ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT EXCLUSIONS

This Policy does not provide benefits for any loss caused by or resulting from:

1. Declared or undeclared war or any act of war;
2. Service in the armed forces of any country or international authority;
3. Suicide or intentionally self - inflicted injury whether the Insured was sane or insane (in Missouri while sane) at the time of the suicide or injury;
4. Flying in an aircraft owned, operated, leased or chartered by the Policyholder;
5. Participation in, or in consequence of having participated in, the commission of any felony;

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6. Sickness or disease, ptomaine or bacterial infection (except infections occurring through an accidental cut or wound); or
7. Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug, alcohol or any combination of these when not part of a professional medical treatment plan.

The Accidental Death and Dismemberment Benefit is not available to Insured Dependents.

5.3 SEAT BELT BENEFIT

The Accidental Death benefits provided under this Policy will be increased if, as a result of driving or riding in a private passenger automobile, the Insured dies as a result of an automobile accident.

The additional benefit payable will be the lesser of:

1. 100% of the Principal Sum shown in the Schedule of Benefits; or
2. \$10,000.

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5.4 CONDITIONS

QualChoice Life must receive proof that:

1. The Insured was insured for Accidental Death and Dismemberment benefits under this Policy; and
2. According to the official vehicle accident report, the Insured was wearing a properly installed seat belt or lap and shoulder restraint, or any other National Highway Traffic Safety Administration approved restraint at the time of the accident.

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5.5 EXCLUSION

This additional benefit will not be paid if:

1. The Insured was driving while impaired by alcohol or drugs; or
2. The driver of the automobile in which the Insured was riding was driving while impaired by alcohol or drugs.

5.6 DEFINITION

A "**private passenger automobile**" is a four-wheel private passenger car, station wagon, van, truck or jeep-type automobile. It is not:

1. A taxi, bus or any other vehicle being used for public conveyance;
2. Used in off-road activities; or
3. Used in testing racing or endurance contests, either amateur or professional.

5.7 PAYMENT OF BENEFITS

Upon receipt of due proof of loss, the Accidental Death and Dismemberment benefit will be paid to the Insured, if living; otherwise, to the beneficiary.

All Claim Provisions and Beneficiary and Settlement Provisions apply to this coverage.

[6. DEPENDENT LIFE INSURANCE BENEFIT (This is an optional benefit.)

6.1 DEPENDENT DEFINED

A "**dependent**" is any one of these family members:

1. The Insured's spouse, if not legally separated from the Insured;
2. Each unmarried child (including any stepchild, legally adopted child or foster child) who is:
 - A. At least 14 days and under 19 years of age; and
 - B. Depends on the employee for the major part of his or her support.

However, the age limit is raised to under 23 years if the child is in school as a full-time student and financially dependent upon the Insured.

An eligible dependent will not include anyone who:

1. Is eligible for Employee Insurance; or
2. Is entitled to any extended coverage under this Policy by reason of having been an employee of the Policyholder.

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife, but not of both.

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6.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

1. First enters a class that provides Dependent Insurance; and
2. First gains a dependent. This will include gaining a dependent after a time without rate.

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6.3 REQUIREMENTS FOR DEPENDENT INSURANCE

1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:
 - A. Birth;
 - B. Adoption;
 - C. Addition of a Child through a Qualified Medical Child Support Order;
 - D. Addition of step-children; or
 - E. Permanent legal custody of a Child.
3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "medical care unit" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

6.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

1. The Eligibility Requirement is met; and
2. At least one dependent will become covered.

6.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION	AMOUNT OF INSURANCE
Spouse	[xxxxxxxxx]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age ([xxxxxxxx] years, if unmarried, full-time student)	[xxxxxxxxx]
Unmarried, full-time student	[1,000]

The insurance amount for an Insured's spouse or child may not exceed 50% of the Insured's amount of life insurance under this Policy.

6.6 WHEN A DEPENDENT BECOMES COVERED FOR CHANGES IN A BENEFIT AMOUNT

The effective date of increases in a benefit amount is subject to the Deferral Rule. The effective date of a benefit decrease is not subject to the Deferral Rule.

A dependent will be covered for a change in the amount of an in force benefit as follows:

1. Benefit Change Due to Change in Age. The change takes effect on the first day of the Policy Month that coincides with or next follows the date of the age change.
2. Benefit Change Due to Change in Employee's Benefit Amount. The change takes effect on the same day as the change in the Insured's personal coverage.

6.7 WHEN A DEPENDENT BECOMES COVERED FOR A NEWLY ACQUIRED BENEFIT

Subject to the Deferral Rule, a dependent will first be covered for a newly acquired benefit from the

1. The person is an eligible dependent and eligible for the new benefit;
2. The Insured has enrolled for Dependent Insurance; and
3. The enrollment requirements of the Policy are met for that benefit.

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6.8 TERMINATION OF DEPENDENT INSURANCE

Dependent Insurance of an Insured will terminate on the earliest of:

1. The first day of the Policy Month that coincides with or next follows the date of the Insured's death;
2. The date that the Insurance of an Insured terminates;
3. The date Dependent Insurance benefits are discontinued under this Policy;
4. The date the Insured's class changes to one that does not provide Dependent Insurance benefits;
5. The beginning of the period for which premium is not paid as to the Insured Dependent;
6. The Premium Due Date immediately prior to the Insured Dependent Child's 19th birthday (23rd birthday, if attending school on a full-time basis), marriage or entry into the armed forces; or
7. For contributory coverage only, the end of the last period for which a premium charge has been paid if the next premium charge is not paid when due.

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6.9 LOSS OF DEPENDENT STATUS

Dependent Insurance will cease for a person on the date that he or she is no longer an eligible dependent.

6.10 DEATH BENEFIT

QualChoice Life will pay a death benefit as shown in items 1. or 2. upon receipt of proof of death. It will be paid to the Insured if living at the time of payment; otherwise, it will be paid to the Insured's estate.

1. Death Benefit While the Dependent is Covered - When a person who is covered as a dependent dies, QualChoice Life will pay a death benefit. This benefit will be the amount of Dependent Term Life Insurance in force on that person's life at time of death.
2. Death Benefit During the Conversion Period - A death benefit will be paid if a dependent dies:
 - A. Within 31 days after all or part of the Dependent Term Life Insurance for the dependent would otherwise have terminated; and
 - B. During the period the dependent would have been entitled to have a conversion policy issued under the terms of the Conversion Privilege.

The death benefit will be the amount of Dependent Term Life Insurance that could have been converted for the dependent.

6.11 CONVERSION PRIVILEGE

This conversion privilege is allowed for the Dependent Term Life Insurance that ceases as described in items 1. and 2. below. This privilege must be exercised by the Insured Dependent unless legally unable to make a valid contract. In that case, the application must be made by the Insured, if living, or otherwise by the legal guardian of the Insured Dependent.

1. The Insured Dependent may convert all or part of the amount of insurance that ceases due to:
 - A. Provisions of the Product Selection and Sold Rate Form; or
 - B. Loss of eligibility.

However, no conversion is allowed for life insurance which stops solely due to non-payment of contributions.

2. If the Insured Dependent has been insured under this Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured Dependent is no longer eligible due to:

- A. Termination of this Policy;
- B. Termination of the Policyholder's coverage under this Policy; or
- C. Amendment of this Policy to terminate the Dependent Term Insured's Eligible Class.

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The amount that may be converted if the Insured Dependent is no longer eligible due to one of the reasons listed above is the lesser of:

- (i) \$10,000; or
- (ii) All or part of the amount that ceases. This amount is reduced by any new dependent life insurance for which the Insured becomes eligible under any other group policy issued within 31 days of termination under this Policy.

6.12 TYPE OF CONVERSION POLICY AVAILABLE

A conversion policy will be one of the kinds of individual life insurance policies, other than term or universal life insurance, then being issued by the Company. The conversion policy will not include accidental death, disability or other supplementary benefits. It will be issued without evidence of insurability.

6.13 EFFECTING A CONVERSION PRIVILEGE

A conversion policy will take effect at the end of 31 days after insurance termination. To convert, the person requesting conversion must submit the following to the Company within that 31 day period:

1. Written application; and
2. The first premium payment.

6.14 CONVERSION POLICY PREMIUM RATE

The premiums for the conversion policy will be at:

1. QualChoice Life's usual rates for its type and amount;
2. The dependent's class of risk; and
3. The dependent's age last birthday as of its effective date.]

7. BENEFICIARY AND SETTLEMENT OPTIONS

7.1 BENEFICIARY DESIGNATION

The beneficiary or beneficiaries of an Insured shall be that person or persons indicated on the Insured's individual application for insurance. This application will be filed with the Policyholder. The beneficiary of an Insured Dependent, if this Policy provides Dependent Life Insurance, shall be the Insured.

7.2 CHANGE OF BENEFICIARY

Unless the Insured has made an irrevocable assignment of benefits, the beneficiary may be changed by sending a written request to the home office of QualChoice Life. When such request is received by QualChoice Life, the change of beneficiary shall take effect as of the date of execution of the written request, but without prejudice to QualChoice Life on account of any payment previously made by QualChoice Life.

7.3 CONSENT OF BENEFICIARY

If the Insured does initially name the spouse as beneficiary, QualChoice Life will require written consent of the spouse to name or change the beneficiary in community property states.

7.4 PREFERENTIAL BENEFICIARY

If the Insured has died and no beneficiary is living or named, QualChoice Life may, at its option, pay the benefits to the Insured's estate or to the surviving relatives of the Insured, specifically, the Insured's:

1. Spouse;
2. Child or children;
3. Parent(s);
4. Brothers and sisters; or
5. Executors or administrators.

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QualChoice Life will not be liable to the extent of any payment so made, unless it receives written notice of a valid claim by some other person before payment is made.

7.5 MINOR BENEFICIARY

If the beneficiary is a minor or, in the opinion of QualChoice Life, is not able to give valid release for any payment due, QualChoice Life may, at its option and until claim is made by the duly appointed guardian, pay the benefit to the person or entity who appears to have assumed the care and support of the beneficiary. [Benefits in this event will be made in monthly payments of not more than \$50 each.]

QualChoice Life will not be liable to the extent of any payment so made in good faith.

7.6 MORE THAN ONE BENEFICIARY

If the Insured has named more than one beneficiary, the applicable amount of insurance shall be paid to the beneficiaries who survive the Insured, in equal share, unless the Insured has specified a different proportion.

7.7 NO BENEFICIARY

If the beneficiary predeceases the Insured or if the Insured does not designate a beneficiary, then the applicable amount of life insurance will be paid to the estate of the Insured.

7.8 SETTLEMENT OPTIONS

An Insured may elect or change a settlement option by filing a written request with QualChoice Life. The settlement options available will be those offered by QualChoice Life when the option is chosen. If an Insured does not request a settlement option, the beneficiary may do so after the Insured's death.

7.9 ASSIGNMENT

1. The Insured may make an irrevocable assignment of interest under this Policy. The assignment:
 - A. Must be made in writing on a form approved by QualChoice Life;
 - B. Must be an absolute assignment that transfers all rights except those of an irrevocably named beneficiary; and
 - C. Must not be a collateral assignment.
2. Assignment of interest conveys all rights of ownership. These include the right to change the beneficiary, receive payment of claims and assign the insurance.
3. QualChoice Life is not responsible for the validity or results of the assignment.

[8. SHORT TERM DISABILITY BENEFIT (This is an optional benefit.)

8.1 WHAT CERTAIN TERMS MEAN FOR SHORT TERM DISABILITY BENEFITS

"Elimination Period" means the number of consecutive days an Insured must be Totally Disabled before benefits become payable under this Policy. The Elimination Period is shown in the Group Application for

Coverage and/or Product Selection and Sold Rate Form.

"Injury" means bodily injury caused by an accident when:

1. The accident occurs while this Policy is in force as to the Insured;
2. The accident and Injury are not caused or contributed to by illness or disease; and
3. The Injury results directly and independently of all other causes in Total Disability which commences within 60 days of the accident. If the Injury results in Total Disability which commences more than 60 days following the date of the accident, Total Disability shall be deemed to be the

"Partial Disability" means the Insured:

1. Is able to do some but not all of the duties of his or her occupation; and
2. Is under the regular care and attendance of a licensed physician.

["Pre-existing Condition" means a condition:

1. Resulting from an Injury that occurred or a Sickness that began before the Insured's effective date of coverage under this Policy;
2. For which medical treatment or advice was received during the 6 month period immediately before the Insured's effective date of coverage under this Policy; and
3. That causes Total Disability while the Insured is insured under this Policy.]

"Sickness" means illness or disease which causes Total Disability that begins while the Insured is insured under this Policy.

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while this Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

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8.2 TOTAL DISABILITY BENEFIT - INJURY

QualChoice Life will pay the benefits in the Schedule of Benefits, when an Injury causes the Insured to be Totally Disabled beyond the Elimination Period.

8.3 TOTAL DISABILITY BENEFIT - SICKNESS

QualChoice Life will pay the benefits in the Schedule of Benefits, when a Sickness causes the Insured to be Totally Disabled beyond the Elimination Period.

8.4 MAXIMUM BENEFIT PERIOD

The Maximum Benefit Period is shown in the Schedule of Benefits. Total and Partial Disability will be considered one period of Total Disability.

8.5 RECURRENT DISABILITY

While this Policy is in force as to the Insured, successive periods of Total Disability:

1. Resulting from the same or related Injury or Sickness; and
2. For which benefits had been paid under this Policy;

will be considered as one period of Total Disability under this Policy unless such periods of Total Disability are separated by at least 14 consecutive days, during which the Insured has returned to active, full-time work.

8.6 LIMITATIONS

This Policy will not pay benefits for any disability which:

1. Is not being continuously treated by a physician;
2. Is the result of Injury or Sickness that, in either case, arises out of work for wage or profit;
3. Is the result of an intentionally self-inflicted injury or a suicide attempt; and

4. Is due to mental disorder, alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

8.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by this Policy; and
2. Must be Partially Disabled as a result of the same Sickness or Injury that caused Total Disability.

8.8 TERMINATION OF TOTAL DISABILITY BENEFITS

QualChoice Life will stop paying a Total Disability Benefit on the earlier of the following dates:

1. The date the Insured ceases to be Totally Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached.

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8.9 PARTIAL DISABILITY BENEFIT CALCULATION

To figure the amount of Partial Disability Benefit:

1. Determine the Total Disability Benefit as shown in the Schedule of Benefits;
2. Multiply the Insured's part-time weekly earnings by 50%; and
3. Subtract the amount determined in Step 2 above from the amount determined in Step 1.

The amount determined in Step 3 is the Partial Disability Benefit.

However, for a Partial Disability Benefit to be payable, the Insured's part-time weekly earnings may not exceed the Total Disability Benefit as shown in the Schedule of Benefits.

8.10 TOTAL DISABILITY BENEFIT - PRE-EXISTING CONDITION LIMITATION

QualChoice Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

8.11 TERMINATION OF TOTAL AND PARTIAL DISABILITY BENEFIT

QualChoice Life will stop paying a Total or Partial Disability Benefit on the earliest of the following dates:

1. The date the Insured ceases to be Totally or Partially Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached; or
3. The date the employee's part-time weekly earnings exceed the Insured's Total Disability Benefit as shown in the Schedule of Benefits.

8.12 WAIVER OF PRE-EXISTING CONDITION LIMITATION

The "Pre-existing Condition Limitation" will not apply if the Insured:

1. Is actively at work on the effective date of this Policy; and
2. Was insured under the prior carrier's policy on its termination date.]

9. CHANGE OF CLASS OR EARNINGS

If a change in an Insured's class or earnings would increase the amount of the benefits entitled to be received under this Policy, such increase in benefits will become effective on the Premium Due Date following such change, provided:

1. Notice of the change is given to QualChoice Life within 30 days of the change; and
2. Such increase in benefits does not exceed the Guarantee Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form.

If notice is not given within the required time or the increase in benefits would exceed the Guaranteed Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form, such increase in benefits:

1. Must be approved by QualChoice Life; and
2. Will become effective on the Premium Due date following QualChoice Life's approval.

If the Insured is not at work full-time due to Injury or Sickness on the date an increase in benefits is due to begin, such increase in benefits will not begin until the Insured returns to full-time work.

If a change in an Insured's class or earnings would decrease the amount of benefits entitled to be received under this Policy, such decrease in benefits will become effective on the Premium Due Date following the change.

10. WHEN INDIVIDUAL INSURANCE BEGINS

To become insured, eligible employees must make written application to QualChoice Life. Coverage will begin on the Premium Due Date, shown in the Group Application for Coverage and/or Product Selection and Sold Rate Form for benefits, following the date QualChoice Life approves the application. QualChoice Life may require evidence of insurability before approving the application.

If an eligible employee is not at full-time work due to an Injury or Sickness on the date insurance is due to begin, it will not begin until return to full-time work.

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11. WHEN INDIVIDUAL INSURANCE ENDS

The insurance will end with respect to an Insured on the earliest of the following:

1. When this Policy is cancelled;
2. When the insurance is cancelled for the class of insureds to which the Insured belongs;
3. The beginning of the period for which premium is not paid as to the Insured; or
4. The date the Insured is no longer actively working on a Full-time basis in any class or classes insured under this Policy unless (and only with respect to the Basic Term Life Insurance Benefit, if provided by this Policy) the Continuation of Basic Term Life Insurance Benefit During Total Disability applies.

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12. PREMIUM PROVISIONS

12.1 PREMIUM PAYMENT

Premiums are payable at the Home Office of QualChoice Life on or before each premium due date.

12.2 PREMIUM DUE DATE

The first premium will be due on the Policy effective date and on the same day of each subsequent month unless the Policyholder and QualChoice Life agree on some other method of premium payment.

12.3 CHANGES IN PREMIUM RATES

The monthly premium rates may be changed by QualChoice Life from time to time if it gives the Policyholder at least 31 days advance written notice. No such change will be made until 12 months after the Policy Effective Date except when the Policyholder requests it.

12.4 INCORRECT PREMIUM PAYMENT

Premiums paid in error for a person who is not eligible to be insured will be refunded without interest when requested by the Policyholder. These premiums will not be refunded for any period before the last Policy anniversary date.

12.5 GRACE PERIOD

If, before any premium due date except the first, the Policyholder has not given written notice to QualChoice Life that this Policy is to be terminated, a grace period of 31 days will be given in which to pay the premium then due. This Policy will stay in effect during that time. If any premium is not paid by the end of the grace period, this policy will automatically terminate at the end of the grace period; except that if the Policyholder has given written notice in advance of an earlier date of termination, this Policy will terminate as of the earlier date.

13. GENERAL POLICY PROVISIONS

13.1 ENTIRE CONTRACT

This Policy, with the Policyholder's Application, the individual applications, if any, and Amendments, if any, is the entire contract between the Policyholder and QualChoice Life. All statements made by the Policyholder or the persons insured will be deemed representations and not warranties. No change in this Policy will be valid until approved by a QualChoice Life officer. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

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13.2 INCONTESTABILITY

The validity of this Policy may not be contested, except for nonpayment of premium, after it has been in force for two years from its Effective Date. No statement made by an Insured may be used to reduce or deny a claim or to contest the validity of the insurance unless all of the following are true:

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1. The insurance has been in effect for a period of two years or less;
2. The statement is in a written instrument signed by the Insured; and
3. A copy of the written instrument has been given to the Insured or the Insured's beneficiary.

13.3 POLICY REINSTATEMENT

In the event that this Policy is terminated because premiums were not paid within the grace period, QualChoice Life may reinstate this Policy at its sole option, and may charge an additional reinstatement fee if it wishes to do so. If QualChoice Life does not elect to reinstate this policy, it is not required to do so.

13.4 NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss begins, or as soon as reasonably possible. The notice may be given to QualChoice Life at P. O. Box 25610, Little Rock, Arkansas 72221. Notice should include information which identifies the Insured or Insured Dependent and this Policy.

13.5 CLAIM FORMS

When QualChoice Life receives notice of claim, forms for filing proof of loss will be sent to the claimant. If these forms are not sent within 15 days, the claimant will meet the proof of loss requirements if, within 90 days after the loss began, QualChoice Life is given written proof of the nature and extent of the loss.

13.6 PROOFS OF LOSS

Written proof of loss must be given to QualChoice Life within 90 days after the loss begins. QualChoice Life will not deny nor reduce any claim if it was not reasonably possible to give QualChoice Life such proof in the time required. In any event, proof must be given to QualChoice Life within 1 year after it is due, unless the claimant is legally incapable of doing so. QualChoice Life has the right to require proof of the continuance of total disability at any time during the first two years after receipt of initial proof of total disability, and thereafter, once a year.

13.7 PAYMENT OF CLAIMS

Benefits provided by this Policy will be paid to the beneficiary determined in accordance with Section 7 of this Policy, entitled "BENEFICIARY AND SETTLEMENT OPTIONS".

13.8 TIME OF CLAIM PAYMENT

Short Term Disability Benefit claims (if this Policy provides a Short Term Disability Benefit) will be paid weekly as of the dates required. Claims for other benefits will be paid not more than 30 days after receipt by QualChoice Life of written proofs of loss. If we fail to pay benefits within this 30-day period, the Insured is entitled to interest at the rate of 6 percent per year from the 60th day after receipt of due proof to the date of late payment.

13.9 PHYSICAL EXAMINATIONS AND AUTOPSY

QualChoice Life at its own expense will have the right and opportunity to have the Insured examined as often as reasonably necessary while a claim is pending. QualChoice Life at its own expense may have an autopsy made (during the period of contestability), unless prohibited by law. If the Insured fails to submit proof of continuing Total

Disability when required; or fails to be examined medically when required, no further benefit will be provided for that Total Disability.

13.10 LEGAL ACTIONS

No legal action may be brought to recover on this Policy before 60 days after written proof of loss has been furnished, as required by this Policy. No such action may be brought after 6 years from the time written proof of loss is required to be furnished.

13.11 NON-PARTICIPATION

This Policy will not share in any earnings of QualChoice Life.

13.12 MISSTATEMENT OF AGE

If an Insured's or Insured Dependent's age has been misstated, benefits payable for such Insured or Insured Dependent will be what the premium paid would have purchased at the correct age. This benefit will be subject to the applicable Policy maximums.

13.13 EMPLOYEE ELIGIBILITY

Active, Full-Time Employees of the Policyholder (Employer) who:

1. Are in a class of employees determined by conditions of employment, which is agreed upon as eligible by the Policyholder and QualChoice Life; and
2. Have been continuously employed during the minimum service period, as shown in the Group Application for Coverage and/or Product Selection and Sold Rate Form, immediately preceding their individual effective dates of insurance.

13.14 DUAL COVERAGE PRECLUDED

No person may be insured under this Policy as:

1. A dependent of more than one employee; or
2. Both an employee and a dependent.

13.15 EXAMINATION OF POLICYHOLDER'S RECORDS

QualChoice Life will be allowed to examine the records of the Policyholder relating to this Policy. This may be done at any reasonable time up to 2 years after the cancellation of this Policy, or until settlement of all claims, whichever is later.

13.16 CERTIFICATES

QualChoice Life will issue a Certificate of Insurance for each Insured. It will describe:

1. The benefits to which an Insured (or Insured Dependent, if this Policy provides Dependent Life Insurance) is entitled under this Policy;
2. To whom such benefits are payable; and
3. The limitations and requirements of this Policy.

13.17 ERISA

If this Policy is an integral part of an employee welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), QualChoice Life is a claim fiduciary. As claim fiduciary, QualChoice Life shall have the discretionary authority to determine eligibility for benefits and to construe the terms of that part of the ERISA plan represented by this Contract. Any judicial review of a decision of QualChoice Life shall be conducted under the arbitrary and capricious standard of review with deference given to the claim fiduciary's decision.

13.18 SPENDTHRIFT CLAUSE

To the extent allowed by law, no benefit of the Policy is subject to the claim or legal process of a creditor of an Insured or a beneficiary.

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13.19 RECORDS AND ESSENTIAL DATA

The Policyholder will keep a record of all Insureds. This record will contain all of the data that is specified by QualChoice Life.

13.20 CONFORMITY WITH STATE STATUTES

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which this Policy is delivered, is amended to conform to the minimum requirements of such laws.

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13.21 POLICY TERMINATION

The Policyholder may terminate this Policy by giving QualChoice Life at least 31 days prior written notice.

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QualChoice Life may terminate this Policy as of any premium due date by giving at least 31 days advance written notice to the Policyholder if any of the following occurs:

1. If on a non-contributory plan, less than 100% of the eligible employees are insured under this Policy.
2. If on a contributory plan, less than 75% of the eligible employees are insured under this Policy.
3. If on a contributory plan, less than 75% of the eligible employees [(15% with respect to the Short Term Disability Benefit)] are insured under this Policy.
4. If less than 2 eligible employees are insured under this Policy.
5. If less than 2 eligible employees [(10 with respect to the Short Term Disability Benefit)] are insured under this Policy.
6. If less than the minimum required by law are insured under this Policy.

QualChoice Life may terminate this Policy at any time after it has been in effect for 12 months by giving advance written notice to the Policyholder.

Termination will take effect on the later of the date stated in the notice or 31 days from the date of mailing such notice.

The Policy will terminate at the end of the grace period if premiums have not been paid by that date.

13.22 ALLOCATION OF AUTHORITY

Except for those functions which the Policy specifically reserves to the Policyholder, QualChoice Life has full and exclusive authority to control and manage this Policy, to administer claims and to interpret this Policy and resolve all questions arising in the administration, interpretation and application of this Policy.

QualChoice Life's authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the group policy and any claim under it; and
3. The right to determine:
 - A. Eligibility for insurance;
 - B. Entitlement to benefits;
 - C. The amount of benefits payable; and
 - D. The sufficiency and the amount of information QualChoice Life may reasonably require to determine A, B, or C above.

Subject to the review procedures of the group policy, any decision QualChoice Life makes in the exercise of this authority is conclusive and binding.



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QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

12615 Chenal Parkway, Suite 300
Little Rock, Arkansas 72211
(501) 228-7111

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BASIC TERM LIFE / ACCIDENTAL DEATH AND DISMEMBERMENT

[and SHORT TERM DISABILITY POLICY]

**RENEWAL AT OPTION OF QUALCHOICE LIFE
(NON-PARTICIPATING)**

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ARKANSAS INSURANCE DEPARTMENT

QualChoice Life and Health Insurance Company, Inc. ("QualChoice Life") certifies that it has issued the group insurance policy shown below (referred to in this certificate as the "Policy") and, subject to the terms of that Policy you, the Insured, are eligible.

This certificate is merely evidence of your insurance under the Policy, and all matters pertaining to such insurance are subject to the terms and conditions of the Policy. This certificate replaces any certificate previously issued to the employee by Companion Life under the Policy.

Policy Number: []

Certificate Number: []

Policyholder: [ABC Company
125 N. Main Street
Any City, USA]

CERTIFICATE DATE: []

INSURED EMPLOYEE: []

SCHEDULE OF BENEFITS

BASIC TERM LIFE: [\$]

DEPENDENT LIFE: [\$]

AD&D PRINCIPAL SUM: [\$]

[SHORT TERM DISABILITY: [\$ Per Week]]

[Each of the amount of Basic Term Life insurance and the principal sum for accidental death and dismemberment insurance shall reduce by 35% at age 65, 50% at age 70, and then 70% at age 75. Benefits terminate at retirement.

Disability benefits begin on the [1st] day of disability due to accidental injury, the [8th] day of disability due to sickness, [or the [1st] day of disability if confined to a hospital] and are payable for a maximum of [26] weeks.]

PLEASE READ YOUR CERTIFICATE CAREFULLY.

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QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

Michael E. Stock

Michael E. Stock
President & CEO

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IMPORTANT QUALCHOICE CONTACT INFORMATION

QualChoice is committed to providing better customer support. That includes making it easy for you to contact us. You are always welcome to call us with any questions or concerns.

QualChoice Life and Health Insurance Company, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, Arkansas 72211

Website Address:

www.qualchoice.com

Our Customer Service Department can be reached:

Toll Free at (800) 235-7111

Locally at (501) 228-7111

If we at QualChoice Life and Health Insurance Company, Inc. fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201
(501)371-2640 or (800) 852-5494

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1. ACTIVELY AT WORK PROVISION

1.1 **"Active, Full-Time Employee"** means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

1.2 **"Full-time"** means an employee must be:

1. Scheduled to work for the Policyholder at least 30 hours each week; and
2. On the regular payroll of the Policyholder for that work.

1.3 **"Active work"** is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

2. DEFINITIONS

2.1 **"Total Disability" or "Totally Disabled"** means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

2.2 **"Schedule of Benefits"** means the description of benefits set forth on the face page of this certificate.

2.3 **"Insured"** means an eligible employee who is insured under the Policy.

2.4 **"The date the Insured retires" or "retirement"** means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

2.6 **"Physician"** means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

[2.7 **"Earnings"** means the Insured's rate of earnings from the Policyholder in effect immediately prior to the date a claim begins. It does not include bonuses, overtime pay and other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date a claim begins.]

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[2.8 **"Insured Dependent"** means an Insured's eligible spouse and/or child(ren) who are insured under the Policy, if the Policy provides Dependent Life Insurance.]

3. TERM LIFE INSURANCE BENEFIT

If an Insured dies while insured under the Policy, QualChoice Life will pay the applicable Basic Term Life Insurance Benefit shown in the Schedule of Benefits.

3.1 CONTINUATION OF BASIC TERM LIFE INSURANCE BENEFIT DURING TOTAL DISABILITY

3.1.1 EXTENSION OF BASIC TERM LIFE INSURANCE BENEFIT

In the event of termination of employment, a death benefit will be paid if the Insured dies while Totally Disabled provided that the disability:

1. Began while the person was both insured under the Policy and under age 60;
2. Has been continuous until death; and
3. Began within 12 months of the date of death.

3.1.2 WAIVER OF BASIC TERM LIFE INSURANCE PREMIUM BENEFIT

If an Insured becomes Totally Disabled prior to age 60, QualChoice Life will waive premium for the Basic Term Life Insurance Benefit. The waiver of premium will begin on the first of the month following 12 consecutive months of Total Disability. The Insured must file written notice within 12 months after the date of Total Disability to be eligible for this benefit.

With respect to the Insured, this Waiver of Premium Benefit shall end on the earliest of the following:

1. On the date the Insured's Total Disability ends;
2. On the 91st day after QualChoice Life requests proof of continuous Total Disability, provided the Insured fails to furnish QualChoice Life with such proof during such 91 day period;
3. On the Premium Due Date immediately prior to the Insured's 65th birthday;
4. On the effective date of any individual life insurance policy obtained in accordance with Part 2, Right to Convert; or
5. On the date the Insured retires.

3.1.3 AMOUNT OF BASIC TERM LIFE INSURANCE BENEFIT CONTINUED

The Basic Term Life Insurance Benefit which is continued during Total Disability is the applicable amount of Basic Term Life Insurance in force as to the Insured on the date such Insured's Total Disability begins (subject to any reductions shown in the Schedule of Benefits).

This Continuation of Basic Term Life Insurance Benefit during Total Disability does not apply to the Accidental Death and Dismemberment Benefit.

3.2. RIGHT TO CONVERT

3.2.1 If an Insured is no longer eligible for part or all of the Life Insurance Benefit provided by the Policy, such Insured is entitled to apply to QualChoice Life for an individual policy of life insurance, without submitting evidence of insurability provided:

1. The policy applied for:
 - A. Is a type of individual life policy, other than term or universal life, then being issued by QualChoice Life; and
 - B. Does not include Accidental Death and Dismemberment [, Short Term Disability or other Supplemental benefits]; and
2. The amount of life insurance applied for under such individual life policy is in accordance with Section 3.2.2 ("Amount to Convert") below; and

3. The Insured agrees to pay the premium for such individual life policy. The premium will be based on the following, as of the effective date of such individual life policy;
 - A. QualChoice Life's usual rate for the amount and type of individual life policy; and
 - B. The Insured's attained age; and
4. The Insured applies and pays the first premium for such individual life policy within 31 days following termination or reduction of the Life Insurance Benefit under the Policy. Such individual life policy will become effective on the first day following the end of such 31 day period.

3.2.2 AMOUNT TO CONVERT

This conversion privilege is allowed for the Term Life Insurance that ceases for the following reasons:

1. The Insured may convert all or part of the amount of Life Insurance Benefit the Insured is no longer eligible for due to:
 - A. Reductions resulting from attainment of a specific age, as shown in the Schedule; or
 - B. Loss of the individual eligibility.
2. If the Insured has been insured under the Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured is no longer eligible due to:
 - A. Termination of the Policy;
 - B. Termination of the class of Insureds to which the Insured belongs; or
 - C. Reduction of benefits for the class of Insureds to which the Insured is a member:
 - (i) \$10,000, or
 - (ii) All or part of the amount for which the Insured is no longer eligible. This amount will be reduced by the amount of any life insurance for which the Insured becomes eligible to receive under a group policy issued or reinstated by QualChoice Life or any other insurer during the thirty-one day period immediately following termination of insurance under the Policy.

If the Insured dies during the conversion period, the maximum amount of Term Life Insurance which the Insured would have been entitled to have issued shall be payable as a claim under the Policy, whether or not application for the individual policy or the payment of the first premium has been made.

The rights or benefits granted under this provision are in lieu of any other rights or benefits granted under the Policy.

3.3 SUICIDE EXCLUSION

With respect to the Life Insurance Benefit, in the event an Insured, while sane or insane (in Missouri while sane), dies from intentionally self-inflicted injuries or any attempts thereat, within two years from the effective date of coverage, QualChoice Life's liability shall be only to return premiums paid under the Policy as to such Insured.

The Suicide Exclusion will not apply to the Insured who:

1. Is actively at work on the effective date of the Policy; and
2. Was insured for Group Life Insurance under the prior carrier's policy on its termination date.

3.4 THE ACCELERATED BENEFITS PROVISION

3.4.1 THE BENEFIT

The Insured with a medically determined terminal condition would be eligible to receive the following accelerated benefit:

Fifty percent (50%) of the Basic Term Life Insurance benefit in effect on the Insured's last day of active work up to a maximum insured amount of \$100,000. The maximum payable under this benefit is \$50,000.

An "Accelerated Benefit" covered under the Policy is a benefit payable:

1. To the Insured if, during his or her lifetime, the Insured sustains a terminal condition, as defined in this provision, the Insured or his or her legal representative may request a lump-sum accelerated death benefit payable once during the lifetime of the Insured;
2. Which reduces the death benefit otherwise payable under the Policy; and

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3. Which is payable upon the occurrence of a single qualifying event which results in the payment of a benefit amount fixed at the time of acceleration.

3.4.2 TAX TREATMENT

Benefits paid under this provision may be taxable. The Insured or his or her beneficiary may incur a tax obligation. As with all tax matters, an Insured should consult with his or her personal tax advisor and/or attorney.

3.4.3 DEFINITION OF TERMINAL CONDITION

"Terminal Condition" means that the Insured has a medically determinable condition with no reasonable prospect of cure, which can be expected to result in death within 12 months of the date of disability. The proof of Terminal Condition satisfactory to QualChoice Life must be certified by the Insured's attending physician and one other physician.

QualChoice Life reserves the right to have the Insured examined at its expense by one or more physicians of its choice in connection with a request for Accelerated Death Benefit for Terminal Condition.

3.4.4 ELIGIBILITY REQUIREMENTS

All eligible Active Full Time Employees who have been covered under the Basic Term Life Insurance are eligible for the Accelerated Benefit. The benefit terminates at the earliest of:

1. When the Insured's Basic Term Life terminates;
2. At attained age 70; or
3. At retirement from employment.

In order to be eligible for this benefit, the Insured must have been continuously covered for at least one year under the Policy prior to sustaining a terminal condition, or covered under the Policy from the Policy Effective Date.

3.4.5 EFFECTIVE DATE OF THE ACCELERATED BENEFITS

The Accelerated Benefit provision shall be effective for accidents on the Policy Effective Date. The Accelerated Benefit provision shall be effective for illness thirty (30) days following the Policy Effective Date.

3.4.6 EXCLUSIONS AND LIMITATIONS

The Accelerated Benefit will not apply:

1. To any self inflicted injuries or suicide attempts;
2. To any [Supplemental Term Life Insurance benefits, including Dependent Life, nor to any] Accidental Death and Dismemberment benefits;
3. If an Insured is totally disabled on his or her Effective Date of coverage;
4. To a Basic Term Life Insurance benefit that has been assigned;
5. To a Basic Term Life Insurance benefit payable to an irrevocable beneficiary;
6. To a Basic Term Life Insurance benefit with a face amount of less than \$10,000; nor
7. If the required Basic Term Life Insurance premium is due and unpaid.

3.4.7 CONVERSION

The amount of Basic Term Life Insurance that may be converted is the Insured's Basic Term Life Insurance reduced by the Accelerated Benefit amount paid.

3.4.8 REDUCTIONS

If a benefit reduces in accordance with a reduction provision the total amount payable to the Insured will not be affected by the advanced payment.

3.4.9 FREQUENCY

Only one Accelerated Benefit payment will be made to an Insured.

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3.4.10 TERMINATION

This Accelerated Benefits provision will terminate for the Insured on the earliest of the following dates:

1. The date the Policyholder terminates coverage under the Policy;
2. The date the Policy terminates;
3. The date the Insured retires;
4. The date the Insured dies;
5. The date the Insured receives an Accelerated Benefit payment; or
6. The date the Insured continues coverage under the Conversion Provisions of the Policy.

4. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

4.1. LOSSES

If an Insured suffers any of the following losses, QualChoice Life will pay the indicated percentage of the Principal Sum, provided such loss:

1. Results from Injury and independently of all other causes, which Injury is caused by an accident that occurs while this benefit is in force as to the Insured; and
2. Occurs within 90 days of that accident. The Principal Sum is shown in the Schedule of Benefits.

Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and the Entire Sight of One Eye	100%
Loss of One Foot and the Entire Sight of One Eye	100%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%

"Loss" as above used means:

1. With reference to hand or foot, complete loss of the use of the hand, or foot; and
2. With reference to eye, irrecoverable loss of the entire sight thereof.

If the Insured suffers more than one of the above losses as a result of the same accident, the benefit provided under this provision will be paid only for the greatest loss.

If loss of Life results while an Insured was riding as a fare-paying passenger in or upon a public conveyance being operated by a licensed common carrier for passenger service, the Accidental Death benefits provided under the Policy will be increased. The additional benefit payable will be the lesser of:

1. 100% of the Principal Sum shown in the Schedule of Benefits; or
2. \$100,000.

4.2 ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT EXCLUSIONS

The Policy does not provide benefits for any loss caused by or resulting from:

1. Declared or undeclared war or any act of war;
2. Service in the armed forces of any country or international authority;
3. Suicide or intentionally self - inflicted injury whether the Insured was sane or insane (in Missouri while sane) at the time of the suicide or injury;
4. Flying in an aircraft owned, operated, leased or chartered by the Policyholder;
5. Participation in, or in consequence of having participated in, the commission of any felony;
6. Sickness or disease, ptomaine or bacterial infection (except infections occurring through an accidental cut or wound); or
7. Intentionally taking a narcotic, drug, barbiturate, hallucinogenic drug, alcohol or any combination of these when not part of a professional medical treatment plan.

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The Accidental Death and Dismemberment Benefit is not available to Insured Dependents.

4.3 SEAT BELT BENEFIT

The Accidental Death benefits provided under the Policy will be increased if, as a result of driving or riding in a private passenger automobile, the Insured dies as a result of an automobile accident.

The additional benefit payable will be the lesser of:

1. 100% of the Principal Sum shown in the Schedule of Benefits; or
2. \$10,000.

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4.4 CONDITIONS

QualChoice Life must receive proof that:

1. The Insured was insured for Accidental Death and Dismemberment benefits under the Policy; and
2. According to the official vehicle accident report, the Insured was wearing a properly installed seat belt or lap and shoulder restraint, or any other National Highway Traffic Safety Administration approved restraint at the time of the accident.

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4.5 EXCLUSION

This additional benefit will not be paid if:

1. The Insured was driving while impaired by alcohol or drugs; or
2. The driver of the automobile in which the Insured was riding was driving while impaired by alcohol or drugs.

4.6 DEFINITION

A "**private passenger automobile**" is a four-wheel private passenger car, station wagon, van, truck or jeep-type automobile. It is not:

1. A taxi, bus or any other vehicle being used for public conveyance;
2. Used in off-road activities; or
3. Used in testing racing or endurance contests, either amateur or professional.

4.7 PAYMENT OF BENEFITS

Upon receipt of due proof of loss, the Accidental Death and Dismemberment benefit will be paid to the Insured, if living; otherwise, to the beneficiary.

All Claim Provisions and Beneficiary and Settlement Provisions apply to this coverage.

5. DEPENDENT LIFE INSURANCE BENEFIT

5.1 DEPENDENT DEFINED

An "**eligible dependent**" is any one of these family members:

1. The Insured's spouse, if not legally separated from the Insured;
2. Each unmarried child (including any stepchild, legally adopted child or foster child) of the Insured who is:
 - A. At least 14 days and under 19 years of age; and
 - B. Depends on the employee for the major part of his or her support.

However, the age limit is raised to under 23 years if the child is in school as a full-time student and financially dependent upon the Insured.

An eligible dependent will not include anyone who:

1. Is eligible for Employee Insurance; or
2. Is entitled to any extended coverage under the Policy by reason of having been an employee of the Policyholder.

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife, but not of both.

5.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

1. First enters a class that provides Dependent Insurance; and
2. First gains a dependent. This will include gaining a dependent after a time without one.

5.3 REQUIREMENTS FOR DEPENDENT INSURANCE

1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:

- A. Birth;
- B. Adoption;
- C. Addition of a Child through a Qualified Medical Child Support Order;
- D. Addition of step-children; or
- E. Permanent legal custody of a Child.

3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "medical care unit" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

5.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

1. The Eligibility Requirement is met; and
2. At least one dependent will become covered.

5.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION	AMOUNT OF INSURANCE
Spouse	[\$]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age	
([xxxxxxxx] years, if unmarried, full-time student)	[\$]
Unmarried, full-time student	[\$]

The insurance amount for an Insured's spouse or child may not exceed 50% of the Insured's amount of life insurance under the Policy.

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5.6 WHEN A DEPENDENT BECOMES COVERED FOR CHANGES IN A BENEFIT AMOUNT

The effective date of increases in a benefit amount is subject to the Deferral Rule. The effective date of a benefit decrease is not subject to the Deferral Rule.

A dependent will be covered for a change in the amount of an in force benefit as follows:

1. Benefit Change Due to Change in Age. The change takes effect on the first day of the Policy Month that coincides with or next follows the date of the age change.
2. Benefit Change Due to Change in Employee's Benefit Amount. The change takes effect on the same day as the change in the Insured's personal coverage.

5.7 WHEN A DEPENDENT BECOMES COVERED FOR A NEWLY ACQUIRED BENEFIT

Subject to the Deferral Rule, a dependent will first be covered for a newly acquired benefit from the

1. The person is an eligible dependent and eligible for the new benefit;
2. The Insured has enrolled for Dependent Insurance; and
3. The enrollment requirements of the Policy are met for that benefit.

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5.8 TERMINATION OF DEPENDENT INSURANCE

Dependent Insurance of an Insured will terminate on the earliest of:

1. The first day of the Policy Month that coincides with or next follows the date of the Insured's death;
2. The date that the Insurance of an Insured terminates;
3. The date Dependent Insurance benefits are discontinued under the Policy;
4. The date the Insured's class changes to one that does not provide Dependent Insurance benefits;
5. The beginning of the period for which premium is not paid as to the Insured Dependent;
6. The Premium Due Date immediately prior to the Insured Dependent Child's 19th birthday (23rd birthday, if attending school on a full-time basis), marriage or entry into the armed forces; or
7. For contributory coverage only, the end of the last period for which a premium charge has been paid if the next premium charge is not paid when due.

5.9 LOSS OF DEPENDENT STATUS

Dependent Insurance will cease for a person on the date that he or she is no longer an eligible dependent.

5.10 DEATH BENEFIT

QualChoice Life will pay a death benefit as shown in items 1. or 2. upon receipt of proof of death. It will be paid to the Insured if living at the time of payment; otherwise, it will be paid to the Insured's estate.

1. Death Benefit While the Dependent is Covered - When a person who is covered as a dependent dies, QualChoice Life will pay a death benefit. This benefit will be the amount of Dependent Term Life Insurance in force on that person's life at time of death.
2. Death Benefit During the Conversion Period - A death benefit will be paid if a dependent dies:
 - A. Within 31 days after all or part of the Dependent Term Life Insurance for the dependent would otherwise have terminated; and
 - B. During the period the dependent would have been entitled to have a conversion policy issued under the terms of the Conversion Privilege.

The death benefit will be the amount of Dependent Term Life Insurance that could have been converted for the dependent.

5.11 CONVERSION PRIVILEGE

This conversion privilege is allowed for the Dependent Term Life Insurance that ceases as described in items 1. and 2. below. This privilege must be exercised by the Insured Dependent unless legally unable to make a valid contract. In that case, the application must be made by the Insured, if living, or otherwise by the legal guardian of the Insured Dependent.

1. The Insured Dependent may convert all or part of the amount of insurance that ceases due to:
 - A. Provisions of the Product Selection and Sold Rate Form; or
 - B. Loss of eligibility.

However, no conversion is allowed for life insurance which stops solely due to non-payment of contributions.

2. If the Insured Dependent has been insured under the Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured Dependent is no longer eligible due to:

- A. Termination of the Policy;
- B. Termination of the Policyholder's coverage under the Policy; or
- C. Amendment of the Policy to terminate the Dependent Term Life Insurance under the Insured's Eligible Class.

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The amount that may be converted if the Insured Dependent is no longer eligible due to one of the reasons listed above is the lesser of:

- (i) \$10,000; or
- (ii) All or part of the amount that ceases. This amount is reduced by any new dependent life insurance for which the Insured becomes eligible under any other group policy issued within 31 days of termination under the Policy.

5.12 TYPE OF CONVERSION POLICY AVAILABLE

A conversion policy will be one of the kinds of individual life insurance policies, other than term or universal life insurance, then being issued by the Company. The conversion policy will not include accidental death, disability or other supplementary benefits. It will be issued without evidence of insurability.

5.13 EFFECTING A CONVERSION PRIVILEGE

A conversion policy will take effect at the end of 31 days after insurance termination. To convert, the person requesting conversion must submit the following to the Company within that 31 day period:

- 1. Written application; and
- 2. The first premium payment.

5.14 CONVERSION POLICY PREMIUM RATE

The premiums for the conversion policy will be at:

- 1. QualChoice Life's usual rates for its type and amount;
- 2. The dependent's class of risk; and
- 3. The dependent's age last birthday as of its effective date.

6. BENEFICIARY AND SETTLEMENT OPTIONS

6.1 BENEFICIARY DESIGNATION

The beneficiary or beneficiaries of an Insured shall be that person or persons indicated on the Insured's individual application for insurance. This application will be filed with the Policyholder. The beneficiary of an Insured Dependent, if the Policy provides Dependent Life Insurance, shall be the Insured.

6.2 CHANGE OF BENEFICIARY

Unless the Insured has made an irrevocable assignment of benefits, the beneficiary may be changed by sending a written request to the home office of QualChoice Life. When such request is received by QualChoice Life, the change of beneficiary shall take effect as of the date of execution of the written request, but without prejudice to QualChoice Life on account of any payment previously made by QualChoice Life.

6.3 CONSENT OF BENEFICIARY

If the Insured does initially name the spouse as beneficiary, QualChoice Life will require written consent of the spouse to name or change the beneficiary in community property states.

6.4 PREFERENTIAL BENEFICIARY

If the Insured has died and no beneficiary is living or named, QualChoice Life may, at its option, pay the benefits to the Insured's estate or to the surviving relatives of the Insured, specifically, the Insured's:

1. Spouse;
2. Child or children;
3. Parent(s);
4. Brothers and sisters; or
5. Executors or administrators.

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QualChoice Life will not be liable to the extent of any payment so made, unless it receives written notice of a valid claim by some other person before payment is made.

6.5 MINOR BENEFICIARY

If the beneficiary is a minor or, in the opinion of QualChoice Life, is not able to give valid release for any payment due, QualChoice Life may, at its option and until claim is made by the duly appointed guardian, pay the benefit to the person or entity who appears to have assumed the care and support of the beneficiary. [Benefits in this event will be made in monthly payments of not more than \$50 each.]

QualChoice Life will not be liable to the extent of any payment so made in good faith.

6.6 MORE THAN ONE BENEFICIARY

If the Insured has named more than one beneficiary, the applicable amount of insurance shall be paid to the beneficiaries who survive the Insured, in equal share, unless the Insured has specified a different proportion.

6.7 NO BENEFICIARY

If the beneficiary predeceases the Insured or if the Insured does not designate a beneficiary, then the applicable amount of life insurance will be paid to the estate of the Insured.

6.8 SETTLEMENT OPTIONS

An Insured may elect or change a settlement option by filing a written request with QualChoice Life. The settlement options available will be those offered by QualChoice Life when the option is chosen. If an Insured does not request a settlement option, the beneficiary may do so after the Insured's death.

6.9 ASSIGNMENT

1. The Insured may make an irrevocable assignment of interest under the Policy. The assignment:
 - A. Must be made in writing on a form approved by QualChoice Life;
 - B. Must be an absolute assignment that transfers all rights except those of an irrevocably named beneficiary; and
 - C. Must not be a collateral assignment.
2. Assignment of interest conveys all rights of ownership. These include the right to change the beneficiary, receive payment of claims and assign the insurance.
3. QualChoice Life is not responsible for the validity or results of the assignment.

[7. SHORT TERM DISABILITY BENEFIT (This is an optional benefit.)

7.1 WHAT CERTAIN TERMS MEAN FOR SHORT TERM DISABILITY BENEFITS

"Elimination Period" means the number of consecutive days an Insured must be Totally Disabled before benefits become payable under the Policy. The Elimination Period is shown in the Schedule of Benefits.

"Injury" means bodily injury caused by an accident when:

1. The accident occurs while the Policy is in force as to the Insured;
2. The accident and Injury are not caused or contributed to by illness or disease; and
3. The Injury results directly and independently of all other causes in Total Disability which commences within 60 days of the accident. If the Injury results in Total Disability which commences more than 60

days following the date of the accident, Total Disability shall be deemed to be the re

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"Partial Disability" means the Insured:

1. Is able to do some but not all of the duties of his or her occupation; and
2. Is under the regular care and attendance of a licensed physician.

["Pre-existing Condition" means a condition:

1. Resulting from an Injury that occurred or a Sickness that began before the Insured's effective date of coverage under the Policy;
2. For which medical treatment or advice was received during the 6 month period immediately before the Insured's effective date of coverage under the Policy; and
3. That causes Total Disability while the Insured is insured under the Policy.]

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"Sickness" means illness or disease which causes Total Disability that begins while the Insured is insured under the Policy.

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

7.2 TOTAL DISABILITY BENEFIT - INJURY

QualChoice Life will pay the benefits in the Schedule of Benefits, when an Injury causes the Insured to be Totally Disabled beyond the Elimination Period.

7.3 TOTAL DISABILITY BENEFIT - SICKNESS

QualChoice Life will pay the benefits in the Schedule of Benefits, when a Sickness causes the Insured to be Totally Disabled beyond the Elimination Period.

7.4 MAXIMUM BENEFIT PERIOD

The Maximum Benefit Period is shown in the Schedule of Benefits. Total and Partial Disability will be considered one period of Total Disability.

7.5 RECURRENT DISABILITY

While the Policy is in force as to the Insured, successive periods of Total Disability:

1. Resulting from the same or related Injury or Sickness; and
2. For which benefits had been paid under the Policy;

will be considered as one period of Total Disability under the Policy unless such periods of Total Disability are separated by at least 14 consecutive days, during which the Insured has returned to active, full-time work.

7.6 LIMITATIONS

The Policy will not pay benefits for any disability which:

1. Is not being continuously treated by a physician;
2. Is the result of Injury or Sickness that, in either case, arises out of work for wage or profit;
3. Is the result of an intentionally self-inflicted injury or a suicide attempt; and
4. Is due to mental disorder, alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

7.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by the Policy; and

2. Must be Partially Disabled as a result of the same Sickness or Injury that caused Total Disability.

7.8 TERMINATION OF TOTAL DISABILITY BENEFIT

QualChoice Life will stop paying a Total Disability Benefit on the earlier of the following dates:

1. The date the Insured ceases to be Totally Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached.

7.9 PARTIAL DISABILITY BENEFIT CALCULATION

To figure the amount of Partial Disability Benefit:

1. Determine the Total Disability Benefit as shown in the Schedule of Benefits;
2. Multiply the Insured's part-time weekly earnings by 50%; and
3. Subtract the amount determined in Step 2 above from the amount determined in Step 1 above.

The amount determined in Step 3 is the Partial Disability Benefit.

However, for a Partial Disability Benefit to be payable, the Insured's part-time weekly earnings may not exceed the Total Disability Benefit as shown in the Schedule of Benefits.

7.10 TOTAL DISABILITY BENEFIT - PRE-EXISTING CONDITION LIMITATION

QualChoice Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under the Policy.

7.11 WAIVER OF PRE-EXISTING CONDITION LIMITATION

The "Pre-existing Condition Limitation" will not apply if the Insured:

1. Is actively at work on the effective date of the Policy; and
2. Was insured under the prior carrier's policy on its termination date.

7.12 TERMINATION OF TOTAL AND PARTIAL DISABILITY BENEFIT

QualChoice Life will stop paying a Total or Partial Disability Benefit on the earliest of the following dates:

1. The date the Insured ceases to be Totally or Partially Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached; or
3. The date the Insured's part-time weekly earnings exceed the Insured's Total Disability Benefit as shown in the Schedule of Benefits.]

8. CHANGE OF CLASS OR EARNINGS

If a change in an Insured's class or earnings would increase the amount of the benefits entitled to be received under the Policy, such increase in benefits will become effective on the Premium Due Date following such change, provided:

1. Notice of the change is given to QualChoice Life within 30 days of the change; and
2. Such increase in benefits does not exceed the Guarantee Issue Amount, stated in the Product Selection and Sold Rate Form.

If notice is not given within the required time or the increase in benefits would exceed the Guaranteed Issue Amount, stated in the Product Selection and Sold Rate Form, such increase in benefits:

1. Must be approved by QualChoice Life; and
2. Will become effective on the Premium Due date following QualChoice Life's approval.

If the Insured is not at work full-time due to Injury or Sickness on the date an increase in benefits is due to begin, such increase in benefits will not begin until the Insured returns to full-time work.

If a change in an Insured's class or earnings would decrease the amount of benefits entitled to be received under the Policy, such decrease in benefits will become effective on the Premium Due Date following the change.

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9. WHEN INDIVIDUAL INSURANCE BEGINS

To become insured, eligible employees must make written application to QualChoice Life. Coverage will begin on the Premium Due Date, shown in the Product Selection and Sold Rate Form for benefits, following the date QualChoice Life approves the application. QualChoice Life may require evidence of insurability before approving the application.

If an eligible employee is not at full-time work due to an Injury or Sickness on the date insurance is due to begin, it will not begin until return to full-time work.

10. WHEN INDIVIDUAL INSURANCE ENDS

The insurance will end, with respect to an Insured, on the earliest of the following:

1. When the Policy is cancelled;
2. When the insurance is cancelled for the class of insureds to which the Insured belongs;
3. The beginning of the period for which premium is not paid as to the Insured; or
4. The date the Insured is no longer actively working on a Full-time basis in any class of insureds under the Policy unless (and only with respect to the Basic Term Life Insurance Benefit of the Policy) the Continuation of Basic Term Life Insurance During Total Disability applies.

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11. CLAIM PROVISIONS

11.1 NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss begins, or as soon as reasonably possible. The notice may be given to QualChoice Life at P. O. Box 25610, Little Rock, Arkansas 72221. Notice should include information which identifies the Insured or Insured Dependent and the Policy.

11.2 CLAIM FORMS

When QualChoice Life receives notice of claim, forms for filing proof of loss will be sent to the claimant. If these forms are not sent within 15 days, the claimant will meet the proof of loss requirements if, within 90 days after the loss began, he or she gives QualChoice Life written proof of the nature and extent of the loss.

11.3 PROOFS OF LOSS

Written proof of loss must be given to QualChoice Life within 90 days after the loss begins. QualChoice Life will not deny nor reduce any claim if it was not reasonably possible to give QualChoice Life such proof in the time required. In any event, proof must be given to QualChoice Life within 1 year after it is due, unless the claimant is legally incapable of doing so. QualChoice Life has the right to require proof of the continuance of total disability at any time during the first two years after receipt of initial proof of total disability, and thereafter, once a year.

11.4 PAYMENT OF CLAIMS

Benefits provided by the Policy will be paid to the beneficiary determined in accordance with Section 6 ("Beneficiary and Settlement Options") of this certificate.

11.5 TIME OF CLAIM PAYMENT

Short Term Disability Benefit claims (if the Policy provides a Short Term Disability Benefit) will be paid weekly as of the dates required. Claims for other benefits will be paid not more than 30 days after receipt by QualChoice Life of written proofs of loss. If we fail to pay benefits within this 30-day period, the Insured is entitled to interest at the rate of 6 percent per year from the 60th day after receipt of due proof to the date of late payment.

11.6 PHYSICAL EXAMINATIONS AND AUTOPSY

QualChoice Life at its own expense will have the right and opportunity to have the Insured examined as often as reasonably necessary while a claim is pending. QualChoice Life at its own expense may have an autopsy made (during the period of contestability), unless prohibited by law. If the Insured fails to submit proof of continuing Total Disability when required; or fails to be examined medically when required, no further benefit will be provided for that Total Disability.

11.7 LEGAL ACTIONS

No legal action may be brought to recover on the Policy before 60 days after written proof of loss has been furnished, as required by the Policy. No such action may be brought after 6 years from the time written proof of loss is required to be furnished.

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12. GENERAL PROVISIONS

12.1 MISSTATEMENT OF AGE

If an Insured's or Insured Dependent's age has been misstated, benefits payable for such Insured or Insured Dependent will be what the premium paid would have purchased at the correct age. This benefit will be subject to the applicable Policy maximums.

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12.2 EMPLOYEE ELIGIBILITY

Active, Full-Time Employees of the Policyholder (Employer) who:

1. Are in a class of employees determined by conditions of employment, which is agreed upon as eligible by the Policyholder and QualChoice Life; and
2. Have been continuously employed during the minimum service period, as shown in the Product Selection and Sold Rate Form, immediately preceding their individual effective dates of insurance.

12.3 DUAL COVERAGE PRECLUDED

No person may be insured under the Policy as:

1. A dependent of more than one employee; or
2. Both an employee and a dependent.

12.4 ERISA

If this certificate is an integral part of an employee welfare benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), QualChoice Life is a claim fiduciary. As claim fiduciary, QualChoice Life shall have the discretionary authority to determine eligibility for benefits and to construe the terms of that part of the ERISA plan represented by this Contract. Any judicial review of a decision of QualChoice Life shall be conducted under the arbitrary and capricious standard of review with deference given to the claim fiduciary's decision.

12.5 SPENDTHRIFT CLAUSE

To the extent allowed by law, no benefit of the Policy is subject to the claim or legal process of a creditor of an Insured or a beneficiary.

12.6 RECORDS AND ESSENTIAL DATA

The Policyholder will keep a record of all Insureds. This record will contain all of the data that is specified by QualChoice Life.

12.7 ALLOCATION OF AUTHORITY

Except for those functions which the Policy specifically reserves to the Policyholder, QualChoice Life has full and exclusive authority to control and manage the Policy, to administer claims and to interpret the Policy and resolve all questions arising in the administration, interpretation and application of the Policy.

QualChoice Life's authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the group policy and any claim under it; and
3. The right to determine:
 - A. Eligibility for insurance;
 - B. Entitlement to benefits;
 - C. The amount of benefits payable; and
 - D. The sufficiency and the amount of information QualChoice Life may reasonably require to determine A, B, or C above.

Subject to the review procedures of the group policy, any decision QualChoice Life makes in the exercise of this authority is conclusive and binding.

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PLEASE PRINT. All sections must be completed.

SECTION I: GROUP INFORMATION			
PLAN SPONSOR/GROUP NAME		EFFECTIVE DATE (MM/DD/YYYY)	
ADMINISTRATIVE CONTACT NAME		EMAIL ADDRESS	
PHONE NUMBER		CELL NUMBER	
EXECUTIVE CONTACT NAME		EMAIL ADDRESS	
PHONE NUMBER		CELL NUMBER	
MAILING ADDRESS		CITY	STATE
PHYSICAL ADDRESS (IF SAME AS ABOVE, MARK 'SAME')		CITY	STATE
IS THIS A MULTI-LOCATION GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST CITY AND STATE OF OTHER LOCATIONS			
IS THE PLAN SPONSOR SUBJECT TO THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) OF 1985? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Questions? Please consult your broker or attorney.			
IS THE PLAN SPONSOR ELECTING COBRA/HIPAA ADMINISTRATION SERVICES THROUGH COMPLIANCE CONSULTING COMPANY (CCC)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, SUBMIT THE PRODUCT SELECTION & SOLD RATES FORM AND THE SIGNED CCC CONTRACT.			
SECTION II: BILLING INFORMATION			
FEDERAL TAX ID NUMBER		SIC CODE	NATURE OF BUSINESS
BANK DRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH THE AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS FORM			
SECTION III: BROKER INFORMATION			
AGENCY NAME		BROKER NAME	
PHONE NUMBER		CELL NUMBER	
MAILING ADDRESS		CITY	STATE
SECTION IV: PRIOR CARRIER INFORMATION			
IF ACCEPTED FOR COVERAGE WITH QUALCHOICE, WILL THIS COVERAGE REPLACE AN EXISTING GROUP HEALTH INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CURRENT CARRIER	
ARE ALL EMPLOYEES COVERED BY WORKERS' COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE COVERAGE ENDS (MM/DD/YYYY)	
		NAME OF WORKERS' COMPENSATION CARRIER	
SECTION V: CONTRIBUTIONS NOTE: Changes to contributions could affect the grandfathered status of the health plan(s)			
EMPLOYER CONTRIBUTION FOR EMPLOYEE ONLY HEALTH COVERAGE (Cannot be less than 50%) _____ %		EMPLOYER CONTRIBUTION FOR DEPENDENT HEALTH COVERAGE _____ %	
SECTION VI: ENROLLMENT RULES			
NEW HIRE(S): WAITING PERIOD: _____ WAITING PERIOD: _____ ARE YOU WAIVING THE INITIAL WAITING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		OPEN ENROLLMENT: <input type="checkbox"/> 30 DAYS PRIOR TO THE RENEWAL DATE <input type="checkbox"/> OTHER (PLEASE EXPLAIN)* _____ *NOTE: Will be subject to underwriting approval.	

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SECTION VII: ELIGIBILITY INFORMATION

ELIGIBILITY CLASSES OF EMPLOYEES FOR HEALTH COVERAGE

- FULL-TIME ACTIVE EMPLOYEES* NUMBER OF REQUIRED HOURS PER WEEK: _____
- CONTRACT EMPLOYEES
- RETIREES (only available to employer groups of 100 employees or more)
Please explain _____
- OTHER _____

	IN STATE	OUT OF STATE	TOTAL
FULL-TIME EMPLOYEES ENROLLING (include those satisfying their waiting period within 3 months after the effective date)			
FULL-TIME EMPLOYEES WAIVING COVERAGE (include those satisfying their waiting period within 3 months after the effective date)			
FEDERAL COBRA OR STATE CONTINUATION COVERAGE CONTINUEES ENROLLING			
TOTAL ENROLLING AND WAIVING			
NEW FULL TIME EMPLOYEES WHO WILL NOT SATISFY THE WAITING PERIOD WITHIN 3 MONTHS AFTER THE EFFECTIVE DATE			
PART TIME/SEASONAL/TEMPORARY EMPLOYEES			
TOTAL NUMBER OF EMPLOYEES			

Under the Medicare Secondary Rules, it is the employer's responsibility to annually inform QualChoice of proper employee counts for the purpose of determining payment priority between Medicare and QualChoice. QualChoice is required to furnish these counts to the Centers of Medicare and Medicaid Services (CMS).
*FULL TIME MEANS AN ACTIVE EMPLOYEE WITH A MINIMUM OF 30 HRS/WEEK AND 48 WKS/YR.

SECTION VIII: ID CARDS

ID CARDS DELIVERED TO: GROUP ALWAYS GROUP (Initially) INDIVIDUAL

SECTION IX: COVERAGE EFFECTIVE AND TERMINATION DATES

EFFECTIVE DATE FOR NEW HIRES

- EFFECTIVE DATE IS DATE OF HIRE
- EFFECTIVE DATE IS FIRST OF THE MONTH FOLLOWING COMPLETION OF THE WAITING PERIOD
- OTHER (Please define) _____

EFFECTIVE DATE FOR RE-HIRES

- NO REHIRE POLICY. EMPLOYEE HAS TO COMPLETE THE WAITING PERIOD AGAIN AS NEW HIRE.
- EFFECTIVE DATE IS FIRST OF THE MONTH FOLLOWING THE REHIRE DATE (NOTE: REHIRE DATE CANNOT EXCEED 12 MONTHS FROM TERMINATION DATE)
- _____ MONTHS 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS

TERMINATION DATE FOR EMPLOYEES

- ON THE DATE OF TERMINATION OF EMPLOYMENT OR LOSS OF ELIGIBILITY
- END OF THE MONTH
- OTHER (Please define) _____

TERMINATION DATE FOR DEPENDENTS

- ON THE DATE OF LOSS OF ELIGIBILITY
- END OF THE MONTH
- OTHER (Please define) _____

SECTION X: ONLINE AUTHORIZATION (eENROLL)	
Our eEnroll web-based tool streamlines and automatés the process of enrolling new health plan members, resulting in fewer errors, quick processing times, and seamless administration. To create an online account which allows access to the eEnroll feature, please indicate below all parties who should have access to their email address.	
<input type="checkbox"/> EMPLOYER ONLY <input type="checkbox"/> BROKER ONLY <input type="checkbox"/> EMPLOYER AND BROKER	
EMPLOYER EMAIL	BROKER EMAIL
SECTION XI: MISCELLANEOUS	
HAS THE PLAN SPONSOR (OR ANY AFFILIATED ENTITY) FILED FOR PROTECTION OR OPERATED UNDER FEDERAL/STATE BANKRUPTCY LAWS (CHAPTER 7 OR CHAPTER 11) WITHIN THE LAST 36 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS ANY CREDITOR FILED OR THREATENED TO FILE A PETITION REQUESTING THE PLAN SPONSOR (OR ANY AFFILIATED ENTITY) BE PLACED VOLUNTARILY INTO BANKRUPTCY WITHIN THE LAST 36 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE PLAN SPONSOR A MEMBER OF A "CONTROLLED GROUP OF CORPORATIONS" AS THAT TERM IS DEFINED BY U.S. SECTION 414(B) INTERNAL REVENUE CODE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE GIVE THE LEGAL NAMES OF ALL OTHER BUSINESS ENTITIES WITHIN THE CONTROL GROUP AND THE NUMBER OF EMPLOYEES THAT ARE EMPLOYED BY EACH. INCLUDE ADDITIONAL SHEETS IF NEEDED.	
<hr/> <hr/>	
HAS THE PLAN SPONSOR HAD 20 OR MORE EMPLOYEES, ON AT LEAST 50% OF THE PLAN SPONSOR'S WORKING DAYS, IN THE PRECEDING CALENDAR YEAR?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION XII: AUTHORIZED SIGNATURES	
The undersigned certifies on behalf of the Plan Sponsor that the information entered on this Group Application for Coverage is correct and complete. The undersigned agrees submission of a Group Application for Coverage containing a false statement, material misrepresentation, or omission constitutes insurance fraud and may result in termination of coverage. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	
In making this application, the Plan Sponsor agrees to the terms of the Group Master Contract provided by QualChoice and further agrees that the Group Application for Coverage will be part of the Agreement between the Plan Sponsor and QualChoice.	
Consistent with the requirements of the Genetic Information Nondiscrimination Act of 2008, QualChoice does not use genetic information for underwriting purposes or any other purpose prohibited by applicable law. The undersigned acknowledges that as part of the application process QualChoice requested that it not be provided with any plan participant's family medical history or any plan participant's information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the participant believes she/he may be at risk.	
PLAN SPONSOR/GROUP NAME	
PRINT NAME	TITLE
SIGNATURE	DATE
APPROVED BY QUALCHOICE REPRESENTATIVE (PRINT NAME)	TITLE
SIGNATURE	DATE
SECTION XIII: INSTRUCTIONS	
PLEASE FAX OR MAIL TO:	
<p>QualChoice ATTN: Marketing Department 12615 Chenal Pkwy, Ste 300 . Little Rock, AR 72211 FAX: 501.219.5121</p>	

APPROVED

OCT 01 2010

LIFE AND HEALTH
 ARKANSAS INSURANCE DEPARTMENT



RENEWAL UPDATE TO GROUP APPLICATION

PLEASE PRINT. All sections must be completed.

SECTION I: GROUP INFORMATION				APPROVED	
PLAN SPONSOR/GROUP NAME			EFFECTIVE DATE (MM/DD/YYYY)		
			OCT 01 2010		
ADMINISTRATIVE CONTACT NAME		EMAIL ADDRESS			
PHONE NUMBER	CELL NUMBER	FAX NUMBER		LIFE AND HEALTH	
				ARKANSAS INSURANCE DEPARTMENT	
EXECUTIVE CONTACT NAME		EMAIL ADDRESS			
PHONE NUMBER	CELL NUMBER	FAX NUMBER			
MAILING ADDRESS		CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS (IF SAME AS ABOVE, MARK 'SAME')		CITY	STATE	ZIP CODE	
IS THIS A MULTI-LOCATION GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST CITY AND STATE OF OTHER LOCATIONS					
IS THE PLAN SPONSOR SUBJECT TO THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) OF 1985? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Questions? Please consult your broker or attorney.					
IS THE PLAN SPONSOR ELECTING COBRA/HIPAA ADMINISTRATION SERVICES THROUGH COMPLIANCE CONSULTING COMPANY (CCC)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION II: BILLING INFORMATION					
FEDERAL TAX ID NUMBER		SIC CODE	NATURE OF BUSINESS		
BANK DRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION III: CONTRIBUTIONS NOTE: Changes to contributions could affect the grandfathered status of the health plan(s)					
EMPLOYER CONTRIBUTION FOR EMPLOYEE ONLY HEALTH COVERAGE (Cannot be less than 50%) _____ %			EMPLOYER CONTRIBUTION FOR DEPENDENT HEALTH COVERAGE _____ %		
SECTION IV: ENROLLMENT RULES					
CONFIRM WAITING PERIOD:			CONFIRM OPEN ENROLLMENT PERIOD:		
WAITING PERIOD: _____			30 DAYS PRIOR TO THE RENEWAL DATE		
WAITING PERIOD: _____			OTHER (PLEASE EXPLAIN)* _____		
			*NOTE: Will be subject to underwriting approval.		
SECTION V: ELIGIBILITY INFORMATION					
	IN STATE	OUT OF STATE	TOTAL		
*FULL-TIME EMPLOYEES ENROLLING (include those satisfying their waiting period within 3 months after the effective date)					
*FULL-TIME EMPLOYEES WAIVING COVERAGE (include those satisfying their waiting period within 3 months after the effective date)					
FEDERAL COBRA OR STATE CONTINUATION COVERAGE CONTINUEES ENROLLING					
TOTAL ENROLLING AND WAIVING					
NEW FULL TIME EMPLOYEES WHO WILL NOT SATISFY THE WAITING PERIOD WITHIN 3 MONTHS AFTER THE EFFECTIVE DATE					
	PART TIME/SEASONAL/TEMPORARY EMPLOYEES				
TOTAL NUMBER OF EMPLOYEES					
Under the Medicare Secondary Rules, it is the employer's responsibility to annually inform QualChoice of proper employee counts for the purpose of determining payment priority between Medicare and QualChoice. QualChoice is required to furnish these counts to the Centers of Medicare and Medicaid Services (CMS).					
*FULL TIME MEANS AN ACTIVE EMPLOYEE WITH A MINIMUM OF 30 HRS/WEEK AND 48 WKS/YR					



RENEWAL UPDATE TO GROUP APPLICATION

SECTION VI: ONLINE AUTHORIZATION (eENROLL)

Our eEnroll web-based tool streamlines and automates the process of enrolling new health plan members, resulting in fewer errors, quicker turnaround time, and seamless administration. To create an online account which allows access to the eEnroll feature, please indicate below all parties who should be granted access and their email address.

EMPLOYER ONLY BROKER ONLY EMPLOYER AND BROKER

EMPLOYER EMAIL

BROKER EMAIL

APPROVED
OCT 01 2010

SECTION VII: MISCELLANEOUS

HAS THE PLAN SPONSOR (OR ANY AFFILIATED ENTITY) FILED FOR PROTECTION OR OPERATED UNDER FEDERAL/STATE BANKRUPTCY LAWS (CHAPTER 7 OR CHAPTER 11) WITHIN THE LAST 36 MONTHS? YES NO

HAS ANY CREDITOR FILED OR THREATENED TO FILE A PETITION REQUESTING THE PLAN SPONSOR (OR ANY AFFILIATED ENTITY) BE PLACED VOLUNTARILY INTO BANKRUPTCY WITHIN THE LAST 36 MONTHS? YES NO

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

IS THE PLAN SPONSOR A MEMBER OF A "CONTROLLED GROUP OF CORPORATIONS" AS THAT TERM IS DEFINED BY U.S. SECTION 414(b) INTERNAL REVENUE CODE? YES NO

IF YES, PLEASE GIVE THE LEGAL NAMES OF ALL OTHER BUSINESS ENTITIES WITHIN THE CONTROL GROUP AND THE NUMBER OF EMPLOYEES THAT ARE EMPLOYED BY EACH. INCLUDE ADDITIONAL SHEETS IF NEEDED.

HAS THE PLAN SPONSOR HAD 20 OR MORE EMPLOYEES, ON AT LEAST 50% OF THE PLAN SPONSOR'S WORKING DAYS, IN THE PRECEDING CALENDAR YEAR? YES NO

SECTION VIII: AUTHORIZED SIGNATURES

The undersigned certifies on behalf of the Plan Sponsor that the information entered on this **Renewal Update To Group Application** is correct and complete. The undersigned agrees submission of a **Renewal Update To Group Application** containing a false statement, material misrepresentation, or omission constitutes insurance fraud and may result in termination of coverage. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*In making this application, the Plan Sponsor agrees to the terms of the Group Master Contract provided by QualChoice and further agrees that the **Renewal Update To Group Application** will be part of the Agreement between the Plan Sponsor and QualChoice.*

Consistent with the requirements of the Genetic Information Nondiscrimination Act of 2008, QualChoice does not use genetic information for underwriting purposes or any other purpose prohibited by applicable law. The undersigned acknowledges that as part of the application process QualChoice requested that it not be provided with any plan participant's family medical history or any plan participant's information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the participant believes she/he may be at risk.

GROUP NAME

PRINT NAME

TITLE

SIGNATURE

DATE

APPROVED BY QUALCHOICE REPRESENTATIVE (PRINT NAME)

TITLE

SIGNATURE

DATE

SECTION IX: INSTRUCTIONS

PLEASE FAX OR MAIL TO:

QualChoice
ATTN: Marketing Department
12615 Chenal Pkwy, Ste 300 • Little Rock, AR 72211
Fax: 501.707.6812

PLEASE SELECT ONE

INITIAL TERM

RENEWAL TERM

SECTION I: GROUP INFORMATION	
PLAN SPONSOR/GROUP NAME	EFFECTIVE DATE (RENEWAL DATE (MM/DD/YYYY))
BROKER NAME	AGENCY NAME

APPROVED
OCT 01 2010

SECTION II: PLAN SELECTION (Please check selected benefits) **LIFE AND HEALTH**
ARKANSAS INSURANCE DEPARTMENT

POS STANDARD PLAN OPTIONS PREFERREDCHOICE FLEXCHOICE RIGHTCHOICE
UNDERWRITTEN BY QCA HEALTH PLAN, INC.

FAMILY DEDUCTIBLE (MAX #/FAMILY) <input type="checkbox"/> 2X <input type="checkbox"/> 3X	BASIS: <input type="checkbox"/> ACCUMULATED <input type="checkbox"/> FULFILLMENT
FAMILY CALENDAR YEAR COINSURANCE MAX (MAX #/FAMILY) <input type="checkbox"/> 2X <input type="checkbox"/> 3X	
PRESCRIPTION DRUG RIDER* <input type="checkbox"/> ENHANCED <input type="checkbox"/> CORE <input type="checkbox"/> BASIC	
DEDUCTIBLE CARRYOVER BENEFITS RIDER* (not available for RightChoice Plans) <input type="checkbox"/> YES <input type="checkbox"/> NO	

PPO STANDARD PLAN OPTIONS PPO COMPLETE PPO SELECT PPO PERFORMANCE
UNDERWRITTEN BY QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

FAMILY DEDUCTIBLE (MAX #/FAMILY) <input type="checkbox"/> 2X <input type="checkbox"/> 3X	BASIS: <input type="checkbox"/> ACCUMULATED <input type="checkbox"/> FULFILLMENT
FAMILY CALENDAR YEAR COINSURANCE MAX (MAX #/FAMILY) <input type="checkbox"/> 2X <input type="checkbox"/> 3X	
PCP BENEFIT RIDER* OFFICE VISIT: <input type="checkbox"/> \$30 PCP <input type="checkbox"/> OTHER	
PCP/SPECIALIST BENEFIT RIDER* OFFICE VISIT: <input type="checkbox"/> \$30 PCP/\$50 SCP <input type="checkbox"/> OTHER	
PRESCRIPTION DRUG RIDER* <input type="checkbox"/> ENHANCED <input type="checkbox"/> CORE <input type="checkbox"/> BASIC	
SUPPLEMENTAL ACCIDENT BENEFIT RIDER* <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEDUCTIBLE CARRYOVER BENEFITS RIDER* (not available for PPO Performance Plans) TO OPT OUT OF THIS BENEFIT, CHECK HERE <input type="checkbox"/>	

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
PCP		
SPECIALIST		
DEDUCTIBLE		
COINSURANCE		
OUT OF POCKET MAXIMUM		
INPATIENT CARE		
OUTPATIENT SURGERY		
EMERGENCY SERVICES		
PRESCRIPTION DRUG		

*Riders listed on p.4

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SECTION III: SOLD PREMIUMS		
EMPLOYEE ONLY	\$	LIFE AND HEALTH If group is ARKANSAS INSURANCE DEPARTMENT premium below and attach the Underwriting Rate Table for the sold benefits. MONTHLY PREMIUM: \$ _____
EMPLOYEE & SPOUSE	\$	
EMPLOYEE & CHILDREN	\$	
EMPLOYEE & FAMILY	\$	

SECTION III-A: SOLD PREMIUMS (IF SHARED SECURITY)	FIXED PREMIUM	CLAIMS LIABILITY LIMIT	TOTAL
EMPLOYEE ONLY	\$	\$	\$
EMPLOYEE & SPOUSE	\$	\$	\$
EMPLOYEE & CHILDREN	\$	\$	\$
EMPLOYEE & FAMILY	\$	\$	\$
POOLING POINT \$ _____			

SECTION IV: RENEWAL GROUPS ONLY

PLEASE RENEW GROUP HEALTH COVERAGE WITH MANDATORY CHANGES ONLY.

PLEASE CANCEL GROUP HEALTH COVERAGE EFFECTIVE _____.

SECTION V: OPTIONAL SERVICES	EMPLOYEE SIZE	COBRA FEE
<input type="checkbox"/> COBRA COORDINATION	UP TO 20 EMPLOYEES	<input type="checkbox"/> \$4.50 PEPM
	21-29 EMPLOYEES	<input type="checkbox"/> \$3.25 PEPM
	30-39 EMPLOYEES	<input type="checkbox"/> \$2.25 PEPM
	40-59 EMPLOYEES	<input type="checkbox"/> \$2.00 PEPM
	60+ EMPLOYEES	<input type="checkbox"/> \$1.50 PEPM

SECTION VI: ANCILLARY PRODUCTS

GROUP TERM LIFE AND AD&D
 UNDERWRITTEN BY QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC.

(Please Check One)

\$15,000 (Automatically included on groups with 2-100 enrolled lives)

\$25,000

\$30,000

DEPENDENT LIFE YES NO

<input type="checkbox"/> SPOUSE: \$2,500	<input type="checkbox"/> CHILDREN: \$1,250
<input type="checkbox"/> SPOUSE: \$5,000	<input type="checkbox"/> CHILDREN: \$2,500
<input type="checkbox"/> SPOUSE: \$7,500	<input type="checkbox"/> CHILDREN: \$3,750
<input type="checkbox"/> SPOUSE: \$10,000	<input type="checkbox"/> CHILDREN: \$5,000

Group Term Life and AD&D benefits reduce 35% at age 65 and 50% at age 70. Benefits terminate when employee is no longer actively at work. (1) Employee must be actively at work on his/her effective date for Group Term Life and AD&D to take effect. (2) QualChoice Life and Health Insurance Company, Inc., (QCL&H) is an independent company and operates separately from QCA Health Plan, Inc. QCL&H is solely responsible for life insurance. (3) \$15,000 is mandatory for groups of 2-100 lives on all health benefit plans purchased.

FSA ADMINISTRATION (Please complete the *Application for FSA/HRA Administration*)

APPROVED

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SECTION VII: OPTIONAL BENEFIT RIDERS (Summary description of all benefit riders attached)
By electing any of the following benefit riders, premiums will be adjusted accordingly.

BENEFIT RIDERS PPO and POS PLANS ONLY	MENTAL HEALTH AND SUBSTANCE USE DISORDER - POS AND PPO PLANS <small>(Plan sponsors with more than 50 eligible employees do not need to answer this question as they receive Mental Health and Substance Abuse Disorder benefits consistent with the Wellstone and Domenici Mental Health Parity and Addiction Equity Act of 2008.)</small>		LIFE AND HEALTH MANDATED OFFER ARKANSAS INSURANCE DEPARTMENT
	<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept Mental Health and Substance Use Disorder benefits under the Arkansas Mental Health Parity Act.	
	<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept Mental Health and Substance Use Disorder benefits under the Arkansas Mental Health Parity Act.	
	TEMPOROMANDIBULAR JOINT DISORDER (TMJ) - POS AND PPO PLANS		MANDATED OFFER
	<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept the QualChoice TMJ rider.	
<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept the QualChoice TMJ rider.		
TREATMENT OF ALCOHOL AND/OR DRUG DEPENDENCY BENEFITS - POS AND PPO PLANS		MANDATED OFFER	
<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept the Treatment of Alcohol and/or Drug Dependency rider.		
<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept the Treatment of Alcohol and/or Drug Dependency rider.		
TREATMENT OF PSYCHIATRIC CONDITIONS BENEFITS - POS AND PPO PLANS		MANDATED OFFER	
<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept the Treatment of Psychiatric Conditions rider.		
<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept the Treatment of Psychiatric Conditions rider.		

BENEFIT RIDERS PPO PLANS ONLY	HEARING AIDS AND HEARING INSTRUMENTS BENEFITS - PPO PLANS ONLY		MANDATED OFFER
	<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept the Hearing Aid rider.	
<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept the Hearing Aid rider.		
QUALCHOICE NATIONAL NETWORK (QCNN) - PPO PLANS ONLY			
<input type="checkbox"/> YES	We, the undersigned Plan Sponsor, do accept the QCNN.		
<input type="checkbox"/> NO	We, the undersigned Plan Sponsor, do NOT accept the QCNN.		

SECTION VIII: AUTHORIZED SIGNATURES

The undersigned certifies on behalf of the Plan Sponsor that the information entered on this **Product Selection & Sold Rate** form is correct and complete. The undersigned agrees submission of a **Product Selection & Sold Rate** form containing a false statement, material misrepresentation, or omission constitutes insurance fraud and may result in termination of coverage. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

On behalf of the Plan Sponsor, the undersigned understands no coverage will be effective prior to written approval being provided by QualChoice and current coverage should not be cancelled prior to such approval.

PLAN SPONSOR/GROUP NAME	
PRINT NAME	TITLE
SIGNATURE	DATE
APPROVED QUALCHOICE REPRESENTATIVE (PRINT NAME)	TITLE
SIGNATURE	DATE

POS products are underwritten by QCA Health Plan, Inc. PPO and ancillary products are underwritten by QualChoice Life and Health Insurance Company, Inc. The "QualChoice" name and symbol are registered marks of QualChoice of Arkansas, Inc.

SECTION IX: INSTRUCTIONS

PLEASE FAX OR MAIL TO:

QualChoice
ATTN: Marketing Department
12615 Chenal Pkwy, Ste 300 • Little Rock, AR 72211
Fax: 501.219.5121
Email: christy.burney@qualchoice.com

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OCT 01 2010

OPTIONAL BENEFIT RIDERS

DEDUCTIBLE CARRYOVER: (Not available for POS RightChoice Plans or PPO Performance Plans)		LIFE AND HEALTH
		ARKANSAS INSURANCE DEPARTMENT
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Deductible amounts incurred in the last quarter of a calendar year will carry over to the next calendar year.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Deductible amounts incurred in the last quarter will not carry over.	
HEARING AID BENEFIT: (PPO Plans only)		MANDATED
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for hearing aids sold by a professional licensed by the State of Arkansas to dispense a hearing aid. Coverage is not subject to the Deductible or Coinsurance but is limited to \$1,400 per ear, for each three-year period.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Charges for hearing aids are not covered.	
MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS:		MANDATED
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for services for treatment of a Mental Health or Substance Abuse will be covered for crisis resolution or symptom relief. Additionally, we cover short-term in-patient hospitalization or partial hospitalization for treatment of a Mental Health or Substance Abuse. Services for treatment of a Mental Health or Substance Abuse are only covered when provided in a psychiatric hospital or substance abuse disorder unit of a general acute care hospital. Services for treatment of a Mental Health or Substance Abuse are not covered when provided by a facility that is not licensed as a hospital.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Charges for treatment of mental health and substance use disorder are not covered.	
PRIMARY CARE PHYSICIAN OFFICE VISIT BENEFITS:		
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for services performed by a Primary Care Physician, as defined in the Certificate, are covered subject to payment of the Primary Care Physician Co-payment listed on the Benefits Summary.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Maximum Allowable Charge for services performed by a Primary Care Physician are covered subject to the Deductible and Coinsurance specified in the Benefits Summary.	
SPECIALIST OFFICE VISIT BENEFITS:		
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for services performed by a Specialist, as defined in the Certificate, are covered subject to payment of the Specialist Co-payment listed on the Benefits Summary.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Maximum Allowable Charge for services performed by a Specialist are covered subject to the Deductible and Coinsurance specified in the Benefits Summary.	
SUPPLEMENTAL ACCIDENT BENEFITS:		
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Notwithstanding any other terms of the Certificate, QualChoice will not apply the Deductible to Covered Services for Supplemental Accident Services up to \$500.00 when initial treatment of the Accidental Injury is within seven (7) days of the Accidental Injury and follow-up services are provided within ninety (90) days of the Accidental Injury.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Maximum Allowable Charge for services related to an Accidental Injury are covered subject to the Deductible and Coinsurance specified in the Benefits Summary.	
TEMPOROMANDIBULAR JOINT (TMJ) BENEFITS:		MANDATED
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorders and craniomandibular disorders subject to the Deductible and Coinsurance specified in the Benefits Summary. Medical treatment shall include both surgical and nonsurgical procedures.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Charges for medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorders and craniomandibular disorders are not covered.	
TREATMENT OF ALCOHOL AND/OR DRUG DEPENDENCE BENEFITS:		MANDATED
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Maximum Allowable Charge for the treatment of Alcohol and/or Drug Dependency as described. "Alcohol and/or Drug Dependency" means pathological use or abuse of alcohol or other drugs in a manner or to a degree that produces an impairment in personal, social, or occupational functioning and that may, but not need to, include a pattern of tolerance and withdrawal. Benefits for treatment of Alcohol and/or Drug Dependency are limited to multidisciplinary Alcohol and/or Drug Dependency rehabilitation units in an inpatient setting of a general hospital, psychiatric hospital, or freestanding facility specializing in Alcohol and/or Drug Dependency treatment.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Charges for the treatment of Alcohol and/or Drug Dependency are not covered.	
TREATMENT OF PSYCHIATRIC CONDITIONS BENEFITS:		MANDATED
IF RIDER IS ELECTED: <input checked="" type="checkbox"/>	Coverage is provided for treatment of Psychiatric Conditions Services as described. A "Psychiatric Condition" means any psychiatric disorder or disorder of emotion or thought, appropriately classified as an Axis I diagnosis in accordance with the current edition of the Diagnosis & Statistical Manual of Mental Diseases of the American Psychiatric Association (DSM) classification. "Psychiatric Condition" does not include substance (alcohol and/or drug) dependency.	
IF RIDER IS REJECTED: <input type="checkbox"/>	Charges for treatment of psychiatric conditions are not covered.	

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OCT 01 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

SECTION I. EMPLOYEE STATUS

Is the employee waiving coverage in the plan?

YES

NO

If YES, complete Sections II and IV only

New Enrollee

Loss of Other Coverage

Add a Family Member:

Newborn: Date of Birth: _____

Marriage: Date of Marriage (SUBMIT COPY OF MARRIAGE CERTIFICATE): _____

OTHER (SUBMIT COPY OF SUPPORTING DOCUMENTATION): _____

DATE OF FULL-TIME EMPLOYMENT			COBRA/STATE CONTINUATION EFFECTIVE DATE			COBRA/STATE CONTINUATION TERMINATION DATE			REASON FOR COBRA/STATE CONTINUATION
Mo	Day	Year	Mo	Day	Year	Mo	Day	Year	

SECTION II. EMPLOYEE INFORMATION

Employee Name (LAST, FIRST, MI) _____

Marital Status: Married Single Divorced Widowed

Home Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Employer Name _____ Subscriber E-Mail Address _____

Coverage Desired: Employee Only Employee & Child(ren) Employee & Spouse Employee & Family

Employment Status: Hourly Salaried Hours Worked Weekly: _____ Other

Are you a current, active employee? YES NO If NO, reason: _____

SECTION III. ENROLLEE INFORMATION. COMPLETE THIS SECTION ON ALL MEMBERS TO BE COVERED.

All POS products are underwritten by QCA Health Plan, Inc. All PPO and ancillary products are underwritten by QualChoice Life and Health Insurance Company, Inc. The "QualChoice" name and symbol are registered marks of QualChoice of Arkansas, Inc.

Social Security Number	First Name	MI	Last Name	Zip Code of Residence	Birthdate MM/DD/YYYY	Sex M/F
Employee						
Spouse						
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.						
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.						
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.						
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.						

IMPORTANT NOTE: By signing Section IX of this application, you are certifying that each "Child" listed above is: (1) either your son, daughter, stepson, stepdaughter, an individual legally adopted by you, or an individual lawfully placed with you for legal adoption (a foster child is not eligible to be enrolled as your "Child"); (2) under the age of 26; and (3) not eligible to enroll in another employer sponsored group health insurance plan (if your employer's group health plan is considered to be a 'grandfathered' plan under the Patient Protection and Affordable Care Act of 2010).

Do you have any dependents disabled and Age 26 or over? YES NO

If YES, list dependent(s) name(s): _____ and submit Application for Disabled Dependent Coverage form.

OFFICE USE ONLY	GROUP NO.	SUBGROUP NO.	BENEFIT PLAN	SUBSCRIBER ID

SECTION IV. WAIVER OF ENROLLMENT/SPECIAL ENROLLMENT RIGHTS

PLEASE INDICATE BELOW INDIVIDUALS FOR WHOM YOU DID NOT APPLY FOR COVERAGE. INDICATE WHETHER THE SELECTED INDIVIDUAL(S) HAVE COVERAGE WITH ANOTHER GROUP PLAN OR OTHER INSURANCE.

Medical Coverage Declined for: Self Spouse Dependent(s)

APPROVED

Covered by spouse's group coverage

Carrier Name:

OCT 01 2010

Enrolled in other insurance carrier plan

Carrier Name:

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Covered by Medicare

Covered by TRICARE or CHAMPUS

Other (Explain): _____

PLEASE READ AND SIGN BELOW (only if declining coverage)

I hereby certify that: (1) I have been given the opportunity to apply for the coverage made available through my employer under the applicable policy. The coverages and the policy have been thoroughly explained to me, and I decline to apply for coverage for myself and/or my dependent(s) as listed above; and (2) I understand that if I decline to apply now and I apply for coverage at a later date, I may be enrolled as a Late Enrollee or my request may be deferred until the annual open enrollment period.

Special Enrollment Period. If you are declining enrollment for yourself or your dependent(s) (including your spouse) because of other insurance coverage, in order to enroll yourself and/or your dependents in your employer's plan in the future without being considered a Late Enrollee you must: (1) Indicate on this application form that the reason you or your dependent(s) are declining coverage now is because you or your dependent(s) have coverage under another group health plan; and (2) Submit a **Group Employee Application Form** to enroll yourself or your dependent(s) within 30 days after coverage ends under the other group health plan. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and/or your new dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, if you or your dependent loses Medicaid coverage or coverage under the state children's health insurance program (for example, CHIP, ARKids) because you are no longer eligible, or you or your dependent qualifies for state assistance in paying your employer group medical plan premiums, you may be able to enroll yourself, your spouse, and/or your dependent provided you notify us within 60 days following the date of the event.

Signature (Required):

Date Signed:

SECTION V. OTHER MEDICAL INSURANCE THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

Will you, your spouse or dependents be continuing any other health insurance coverage, including Medicare? YES NO
If YES, complete Part 1 and/or Part 2 as applicable. USE SEPARATE SHEET IF NECESSARY. SIGN, DATE AND ATTACH TO THIS APPLICATION.

PART 1 - MEDICARE

Reason for Medicare coverage: Over 65 Disabled Kidney Disease

Medicare Beneficiary Name: _____

Medicare Health Identification Contact (HIC) Number: _____

Relationship of Beneficiary to Policyholder: _____

Type of Medicare Coverage: Check all that apply

Medicare Part A – Effective Date: _____

Medicare Part B – Effective Date: _____

Medicare Part D – Effective Date: _____

PART 2: IF CONTINUING COVERAGE IS OTHER THAN MEDICARE, COMPLETE THE FOLLOWING. IF COVERED BY MORE THAN ONE INSURANCE PLAN, USE ADDITIONAL PAPER.

Name of Insurer (LAST, FIRST, MI)

Address/City/State/Zip

Phone

Policyholder Name (LAST, FIRST, MI)

Date of Birth

Policyholder ID #

Policy Effective Date

Policy Termination Date

SECTION V. OTHER MEDICAL INSURANCE (cont'd) THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

LIST THE FOLLOWING INFORMATION FOR ALL MEMBERS COVERED BY THIS POLICY (INDICATE THOSE NOT RESIDING IN YOUR HOUSEHOLD WITH A CHECK MARK)

First Name	Last Name	Relationship	Effective Date of Coverage
		Rel <input checked="" type="checkbox"/>	

APPROVED

OCT 01 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

For members listed above, are you responsible for providing primary health insurance coverage?
 YES NO If NO, please name responsible party(ies):

SECTION VI. GROUP TERM LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT
Underwritten by QualChoice Life & Health Insurance Company, Inc., for group of 2-100 employees

I hereby designate the individual(s) listed below as beneficiary(ies) under this certificate and revoke the appointment of any existing beneficiary.

Life Beneficiary Full Name (Last, First, MI)	Relationship	Percentage
		_____ %
		_____ %
		_____ %
		_____ %
		_____ %

SECTION VII. CREDITABLE COVERAGE INFORMATION

If the medical coverage for which you are making application contains a pre-existing condition limitation period, you may be able to offset part or all of such period by attaching a **Certificate of Creditable Coverage** to this application. Federal and state law require your prior health plan(s) or health insurance company(ies) to provide you such Certificate(s) of Creditable Coverage upon request. If, for some reason you are unable to attach such a Certificate of Creditable Coverage, please include whatever documents you have (i.e., explanation of benefits forms, correspondence from your former health plan or health insurer, former identification card, or benefit certificate) which will assist us to corroborate your prior creditable coverage.

Do you or any dependent listed in this application currently have or have you (they) had any health coverage within the past 63 days?
 YES NO

If YES: please provide the coverage history for the past 18 months in the spaces below.
If NO: you and your covered dependents will be subject to pre-existing conditions limitations.

Name of Persons Covered (LAST, FIRST, MI)	Name, Address, Phone No. and Policy No. of Prior Health Insurance Co.	Effective Date	Termination Date	Reason for Termination

SECTION IX: UNDERSTANDINGS, REPRESENTATIONS AND AGREEMENTS (PLEASE READ BEFORE SIGNING IN INK)

In signing below:

APPROVED
OCT 01 2010
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

- (1) I acknowledge that coverage is provided by the following entities (referred to as QualChoice)
 - a. POS Plans: QCA Health Plan, Inc.
 - b. PPO Plans: QualChoice Life and Health Insurance Company, Inc.
 - c. Group Term Life and Accidental Death & Dismemberment: QualChoice Life and Health Insurance Company, Inc.
- (2) I represent that the statements and answers given in this application (or any attachment hereto) are true and correct to the best of my knowledge and belief.
- (3) I authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance or reinsurance company having Protected Health Information (PHI) with respect to any physical or mental condition or treatment on me or any member of my family (if applicable), to give QualChoice, its respective agents, affiliates, reinsurers, appropriate reporting agencies or legal representatives any and all such information to use for underwriting or claims purposes.
- (4) I understand that coverage may be denied if authorization is not given to obtain any additional PHI.
- (5) I understand that if coverage is approved, the PHI received will become a part of my record with QualChoice and QualChoice will not use, disclose or retain the PHI except as required or authorized by law. I agree that a photocopy of this authorization shall be as valid as the original. I understand that a copy is available to me upon request.
- (6) I understand that any fraudulent statement, omission, or intentional material misrepresentation may result in coverage being terminated or rescinded (voided), including dependent coverage, issued in reliance thereon, and that QualChoice may recover any monies and damages incidental and consequential that result.

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

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Print Employer/Group Administrator*	Signature Employer/Group Administrator*	Date

*Required for new hires and additions only.

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SECTION I. EMPLOYEE STATUS

Is the employee waiving coverage in the plan?

YES

NO

If YES, complete Sections II and IV only.

New Enrollee

Loss of Other Coverage

Add a Family Member:

Newborn: Date of Birth: _____

Marriage: Date of Marriage (SUBMIT COPY OF MARRIAGE CERTIFICATE): _____

OTHER (SUBMIT COPY OF SUPPORTING DOCUMENTATION): _____

OCT 01 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

DATE OF FULL-TIME EMPLOYMENT			COBRA/STATE CONTINUATION EFFECTIVE DATE			COBRA/STATE CONTINUATION TERMINATION DATE			REASON FOR COBRA/STATE CONTINUATION
Mo	Day	Year	Mo	Day	Year	Mo	Day	Year	

SECTION II. EMPLOYEE INFORMATION

Employee Name (LAST, FIRST, MI)

Marital Status:

Married

Single

Divorced

Widowed

Home Address

City/State/Zip

Home Phone

Work Phone

Employer Name

Subscriber E-Mail Address

Coverage Desired:

Employee Only

Employee & Child(ren)

Employee & Spouse

Employee & Family

Employment Status:

Hourly

Hours Worked Weekly: _____

Salaried

Other

Are you a current, active employee? YES NO If NO, reason: _____

SECTION III. ENROLLEE INFORMATION. COMPLETE THIS SECTION ON ALL MEMBERS TO BE COVERED.

All POS products are underwritten by QCA Health Plan, Inc. All PPO and ancillary products are underwritten by QualChoice Life and Health Insurance Company, Inc. The "QualChoice" name and symbol are registered marks of QualChoice of Arkansas, Inc.

Social Security Number	First Name	MI	Last Name	Zip Code of Residence	Birthdate MM/DD/YYYY	Sex M/F	Height and Weight
Employee							Ht. _____ Wt. _____
Spouse							Ht. _____ Wt. _____
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.							Ht. _____ Wt. _____
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.							Ht. _____ Wt. _____
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.							Ht. _____ Wt. _____
Child - <input type="checkbox"/> Nat. <input type="checkbox"/> Step <input type="checkbox"/> Adop.							Ht. _____ Wt. _____

IMPORTANT NOTE: By signing Section IX of this application, you are certifying that each "Child" listed above is: (1) either your son, daughter, stepson, stepdaughter, an individual legally adopted by you, or an individual lawfully placed with you for legal adoption (a foster child is not eligible to be enrolled as your "Child"); (2) under the age of 26; and (3) not eligible to enroll in another employer sponsored group health insurance plan (if your employer's group health plan is considered to be a 'grandfathered' plan under the Patient Protection and Affordable Care Act of 2010).

Do you have any dependents disabled and Age 26 or over? YES NO

If YES, list dependent(s) name(s): _____

and submit Application for Disabled Dependent Coverage form.

OFFICE USE ONLY	GROUP NO.	SURGROUP NO.	BENEFIT PLAN	SUBSCRIBER ID

SECTION IV. WAIVER OF ENROLLMENT/SPECIAL ENROLLMENT RIGHTS

PLEASE INDICATE BELOW INDIVIDUALS FOR WHOM YOU DID NOT APPLY FOR COVERAGE. INDICATE WHETHER THE SELECTED INDIVIDUAL(S) HAVE COVERAGE WITH ANOTHER GROUP PLAN OR OTHER INSURANCE.

Medical Coverage Declined for: Self Spouse Dependent(s)

Covered by spouse's group coverage

Carrier Name:

APPROVED

Enrolled in other insurance carrier plan

Carrier Name:

OCT 01 2010

Covered by Medicare

Covered by TRICARE or CHAMPUS

Other (Explain): _____

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

PLEASE READ AND SIGN BELOW (only if declining coverage)

I hereby certify that: (1) I have been given the opportunity to apply for the coverage made available through my employer under the applicable policy. The coverages and the policy have been thoroughly explained to me, and I decline to apply for coverage for myself and/or my dependent(s) as listed above; and (2) I understand that if I decline to apply now and I apply for coverage at a later date, I may be enrolled as a Late Enrollee or my request may be deferred until the annual open enrollment period.

Special Enrollment Period. *If you are declining enrollment for yourself or your dependent(s) (including your spouse) because of other insurance coverage, in order to enroll yourself and/or your dependents in your employer's plan in the future without being considered a Late Enrollee you must: (1) Indicate on this application form that the reason you or your dependent(s) are declining coverage now is because you or your dependent(s) have coverage under another group health plan; and (2) Submit a **Group Employee Application Form** to enroll yourself or your dependent(s) within 30 days after coverage ends under the other group health plan. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and/or your new dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.*

Also, if you or your dependent loses Medicaid coverage or coverage under the state children's health insurance program (for example, CHIP, ARKids) because you are no longer eligible, or you or your dependent qualifies for state assistance in paying your employer group medical plan premiums, you may be able to enroll yourself, your spouse, and/or your dependent provided you notify us within 60 days following the date of the event.

Signature (Required): _____

Date Signed: _____

SECTION V. OTHER MEDICAL INSURANCE THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

Will you, your spouse or dependents be continuing any other health insurance coverage, including Medicare? YES NO

If YES, complete Part 1 and/or Part 2 as applicable. USE SEPARATE SHEET IF NECESSARY. SIGN, DATE AND ATTACH TO THIS APPLICATION.

PART 1: MEDICARE

Reason for Medicare coverage: Over 65 Disabled Kidney Disease

Medicare Beneficiary Name: _____

Medicare Health Identification Contact (HIC) Number: _____

Relationship of Beneficiary to Policyholder: _____

Type of Medicare Coverage: Check all that apply

Medicare Part A – Effective Date: _____

Medicare Part B – Effective Date: _____

Medicare Part D – Effective Date: _____

PART 2: IF CONTINUING COVERAGE IS OTHER THAN MEDICARE, COMPLETE THE FOLLOWING. IF COVERED BY MORE THAN ONE INSURANCE PLAN, USE ADDITIONAL PAPER.

Name of Insurer (LAST, FIRST, MI)

Address/City/State/Zip

Phone

Policyholder Name (LAST, FIRST, MI)

Date of Birth

Policyholder ID #

Policy Effective Date

Policy Termination Date

SECTION V. OTHER MEDICAL INSURANCE (cont'd) THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

LIST THE FOLLOWING INFORMATION FOR ALL MEMBERS COVERED BY THIS POLICY (INDICATE THOSE NOT RESIDING IN YOUR HOUSEHOLD WITH A CHECK MARK)

First Name	Last Name	Relationship	<input checked="" type="checkbox"/>	Effective Date of Coverage

APPROVED

OCT 01 2010

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

For members listed above, are you responsible for providing primary health insurance coverage?

YES NO If NO, please name responsible party(ies):

SECTION VI. GROUP TERM LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT

Underwritten by QualChoice Life & Health Insurance Company, Inc., for group of 2-100 employees

I hereby designate the individual(s) listed below as beneficiary(ies) under this certificate and revoke the appointment of any existing beneficiary.

Life Beneficiary Full Name (Last, First, MI)	Relationship	Percentage
		_____%
		_____%
		_____%
		_____%
		_____%

SECTION VII. CREDITABLE COVERAGE INFORMATION

If the medical coverage for which you are making application contains a pre-existing condition limitation period, you may be able to offset part or all of such period by attaching a **Certificate of Creditable Coverage** to this application. Federal and state law require your prior health plan(s) or health insurance company(ies) to provide you such Certificate(s) of Creditable Coverage upon request. If, for some reason you are unable to attach such a Certificate of Creditable Coverage, please include whatever documents you have (i.e., explanation of benefits forms, correspondence from your former health plan or health insurer, former identification card, or benefit certificate) which will assist us to corroborate your prior creditable coverage.

Do you or any dependent listed in this application currently have or have you (they) had any health coverage within the past 63 days?

YES NO

If YES: please provide the coverage history for the past 18 months in the spaces below.

If NO: you and your covered dependents will be subject to pre-existing conditions limitations.

Name of Persons Covered (LAST, FIRST, MI)	Name, Address, Phone No. and Policy No. of Prior Health Insurance Co.	Effective Date	Termination Date	Reason for Termination

SECTION VIII. MEDICAL QUESTIONNAIRE

The following questions must be answered in ink in the employee's own handwriting for each person applying for coverage. Use a separate sheet, if necessary. Sign, date, and attach the additional sheet to the questionnaire.

YOUR COVERAGE CANNOT BE DECLINED BASED ON HEALTH CONDITIONS. However, FAILURE TO REVEAL ALL MEDICAL INFORMATION MAY RESULT IN TERMINATION OR RESCISSION OF COVERAGE.

In answering the questions in this questionnaire, do not include any family medical history or information related to genetic testing, services of counseling. Also, do not include information regarding a genetic disease that has not manifested itself or has been diagnosed principally on genetic information.

1. Has any person to be insured ever been declined, surcharged, rescinded or restricted for the issuance of life, health or accident insurance? **LIFE AND HEALTH ARKANSAS INSURANCE DEPARTMENT**
 YES NO If YES, Member Name: _____ Reason: _____
2. Has any person to be insured ever had, been diagnosed or been advised to have treatment or care for any of the following conditions, disorders or problems? Check the appropriate box(es) below and explain in **Additional Medical Information**.

Y	N		Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	3. Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	18. Liver Disorder/Problem	<input type="checkbox"/>	<input type="checkbox"/>	27. Stroke or Seizure
<input type="checkbox"/>	<input type="checkbox"/>	4. Circulatory/Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	19. Digestive Disorder/Problem			# of episodes: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Pancreatic Disorder	<input type="checkbox"/>	<input type="checkbox"/>	20. Kidney Disorder/Problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Drug Abuse/Dependency
<input type="checkbox"/>	<input type="checkbox"/>	6. Lung Disorder/Problem	<input type="checkbox"/>	<input type="checkbox"/>	21. Bladder/Prostate Disorder			Name of Drug: _____
<input type="checkbox"/>	<input type="checkbox"/>	7. COPD or Asthma	<input type="checkbox"/>	<input type="checkbox"/>	22. Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	29. Cancer
<input type="checkbox"/>	<input type="checkbox"/>	8. Brain Disorder/Injury	<input type="checkbox"/>	<input type="checkbox"/>	23. Hospital Visits			Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Mental Disorder/Problem	<input type="checkbox"/>	<input type="checkbox"/>	24. Surgery _____	<input type="checkbox"/>	<input type="checkbox"/>	30. Arthritis
<input type="checkbox"/>	<input type="checkbox"/>	10. Depression	<input type="checkbox"/>	<input type="checkbox"/>	25. High Blood Pressure			Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Anxiety	Last 2 readings with date:			<input type="checkbox"/>	<input type="checkbox"/>	31. Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	12. Alcohol Abuse	_____/_____/____ Date ; ____/____/____ Date					Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	13. Cyst or Tumor	<input type="checkbox"/>	<input type="checkbox"/>	26. Diabetes or High Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>	32. Currently Pregnant
<input type="checkbox"/>	<input type="checkbox"/>	14. AIDS or HIV positive	Last 2 blood sugar readings with date:					Due Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Immune Disorder	____ Date ; ____ Date			<input type="checkbox"/>	<input type="checkbox"/>	33. Any Condition Not Listed Above
<input type="checkbox"/>	<input type="checkbox"/>	16. Recurrent Pain	Last hemoglobin A1C determination:					_____
<input type="checkbox"/>	<input type="checkbox"/>	17. Reproductive Disorder	Date: _____ Result: _____					_____

34. Has any person to be insured ever been to see, or been advised to see a surgeon, chiropractor, counselor, psychiatrist, social worker, pain specialist, physical therapist, speech therapist, rehabilitation therapist, occupational therapist, oncologist, endocrinologist or other health care provider within the past 10 years?
 YES (PLEASE PROVIDE DETAILS IN THE **ADDITIONAL MEDICAL INFORMATION** SECTION BELOW)
 NO

ADDITIONAL MEDICAL INFORMATION

LIST BELOW FULL DETAILS TO QUESTIONS ANSWERED YES. USE SEPARATE SHEET IF NECESSARY. SIGN, DATE AND ATTACH TO THIS APPLICATION.

Question Number	Person Treated	Condition & Type of Treatment	Date Occurred	Last Date of Treatment	Current Status	Complete Name and Address of Physician

SECTION VIII. MEDICAL QUESTIONNAIRE (cont'd)

In answering the questions in this questionnaire, do not include any family medical history or information related to genetic testing, services or counseling. Also, do not include information regarding a genetic disease that has not manifested itself or has been diagnosed principally on genetic information.

35. Has any person to be insured been prescribed or taken any prescription medication for more than total of 30 days in the past 2 years?

YES NO If YES, list full details below. USE SEPARATE SHEET IF NECESSARY. SIGN, DATE AND ATTACH TO THIS APPLICATION.

PRESCRIPTION INFORMATION

Person Treated	Name of Drug	Dosage	Condition or Illness	Start Date	Stop Date	Complete Name
						APPROVED OCT 01 2010 LIFE AND HEALTH ARKANSAS INSURANCE DEPARTMENT

36. In the past two (2) years, has any person to be insured, discontinued or failed to take medication prescribed by a physician?

YES NO If YES, describe in space below. USE SEPARATE SHEET IF NECESSARY. SIGN, DATE AND ATTACH TO THIS APPLICATION.

ANY ADDITIONAL INFORMATION

In answering the questions in this questionnaire, do not include any family medical history or information related to genetic testing, services or counseling. Also, do not include information regarding a genetic disease that has not manifested itself or has been diagnosed principally on genetic information.

Leo
10/10

SECTION IX. UNDERSTANDINGS, REPRESENTATIONS AND AGREEMENTS (PLEASE READ BEFORE SIGNING IN INK)

APPROVED

OCT 0-1 2010

LIFE AND HEALTH
 ARKANSAS INSURANCE DEPARTMENT

In signing below:

- (1) I acknowledge that coverage is provided by the following entities (referred to as QualChoice)
 - a. POS Plans: QCA Health Plan, Inc.
 - b. PPO Plans: QualChoice Life and Health Insurance Company, Inc.
 - c. Group Term Life and Accidental Death & Dismemberment: QualChoice Life and Health Insurance Company, Inc.
- (2) I represent that the statements and answers given in this application (or any attachment hereto) are true, complete and correctly recorded to the best of my knowledge and belief.
- (3) I authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance or reinsurance company having Protected Health Information (PHI) with respect to any physical or mental condition or treatment on me or any member of my family (if applicable), to give QualChoice, its respective agents, affiliates, reinsurers, appropriate reporting agencies or legal representatives any and all such information to use for underwriting or claims purposes.
- (4) I understand that coverage may be denied if authorization is not given to obtain any additional PHI.
- (5) I understand that if coverage is approved, the PHI received will become a part of my record with QualChoice and QualChoice will not use, disclose or retain the PHI except as required or authorized by law. I agree that a photocopy of this authorization shall be as valid as the original. I understand that a copy is available to me upon request.
- (6) I understand that any fraudulent statement, omission, or intentional material misrepresentation may result in coverage being terminated or rescinded (voided), including dependent coverage, issued in reliance thereon, and that QualChoice may recover any monies and damages incidental and consequential that result.

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

Print Name of Applicant	Signature of Applicant	Date
Print Employer/Group Administrator*	Signature Employer/Group Administrator*	Date

*Required for new hires and additions only.

601 10/10

VIA HAND DELIVERY

December 17, 2010

Ms. Linda Bird
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

~~# 47548~~
ck # 007382
\$ 150.00
APPROVED

JAN 03 2011

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: Replacement Pages to QualChoice Life and Health Insurance Company, Inc. Life and AD&D Policy Certificates and Applications

Dear Ms. Bird:

Enclosed, in duplicate, are the following replacement pages for filing and approval by QualChoice Life and Health Insurance Company, Inc.:

- Pages 6, 12 and 17 to Form #: QCLHIC Group Life/AD&D To Employer (10/2010); and
- Pages 5, 11 and 15 Form # QCLHIC Group Life/AD&D To Insured (10/2010);

The forms themselves have been previously approved by you on October 1, 2010.

Also please find enclosed for filing in duplicate is a Summary of Benefits Form # QCLHIC Group Life/AD&D Benefits Summary (10/2010).

I am enclosing a check totaling \$150.00 for the fee required for the filing of these forms pursuant to *Sec. 5 of Arkansas R&R 57*.

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,



James W. Couch
Vice President of Compliance
jim.couch@qualchoice.com
(501) 219-5118

Enclosures

APPROVED

JAN 03 2011

LIFE AND HEALTH

ARKANSAS INSURANCE DEPARTMENT

An eligible dependent will not include anyone who:

1. Is eligible for Employee Insurance; or
2. Is entitled to any extended coverage under this Policy by reason of having been an employee of the Policyholder.

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife, but not of both.

6.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

1. First enters a class that provides Dependent Insurance; and
2. First gains a dependent. This will include gaining a dependent after a time without one.

6.3 REQUIREMENTS FOR DEPENDENT INSURANCE

1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:
 - A. Birth;
 - B. Adoption;
 - ~~C. Addition of a Child through a Qualified Medical Child Support Order/Marriage;~~
 - D. Addition of step-children; or
 - E. Permanent legal custody of a Child.
3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "**medical care unit**" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

6.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

1. The Eligibility Requirement is met; and
2. At least one dependent will become covered.

6.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION

AMOUNT OF INSURANCE

Spouse	[xxxxxxxxx]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age ([xxxxxxxxx] years, if unmarried, full-time student)	[xxxxxxxxx]
Unmarried, full-time student	[1,000]

APPROVED

JAN 03 2011

LIFE AND HEALTH
ARIZONA INSURANCE DEPARTMENT

1. POLICY EFFECTIVE DATE AND TERM

The Effective Date of this Policy is shown on the Group Application for Coverage and/or Product Selection and Sold Rate Form. This Policy will stay in force for as long as the proper premium is paid; however, either the Policyholder or QualChoice Life may cancel this Policy on any Premium Due Date by telling the other in writing at least 31 days prior to such Premium Due Date.

2. ACTIVELY AT WORK PROVISION

2.1 "Active, Full-Time Employee" means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

2.2 "Full-time" means an employee must be:

1. Scheduled to work for the Policyholder at least ~~30~~ hours each week; and
2. On the regular payroll of the Policyholder for that work.

2.3 "Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

3. DEFINITIONS

3.1 "Total Disability" or "Totally Disabled" means any disability that:

1. Begins while this Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

3.2 " Group Application for Coverage and Product Selection and Sold Rate Form " mean the application(s) for this Policy signed by the Policyholder.

3.3 "Schedule of Benefits" means the description of benefits set forth in the Product Selection and Sold Rate Form.

3.4 "Insured" means an eligible employee who is insured under this Policy.

3.5 "The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

3.6 "Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a

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4. Is due to ~~mental disorder~~, alcoholism or drug dependency except if the Insured is a bed patient in a medical care facility.

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8.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by this Policy; and
2. Must be Partially Disabled as a result of the same Sickness or Injury that caused Total Disability.

8.8 TERMINATION OF TOTAL DISABILITY BENEFITS

QualChoice Life will stop paying a Total Disability Benefit on the earlier of the following dates:

1. The date the Insured ceases to be Totally Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached.

8.9 PARTIAL DISABILITY BENEFIT CALCULATION

To figure the amount of Partial Disability Benefit:

1. Determine the Total Disability Benefit as shown in the Schedule of Benefits;
2. Multiply the Insured's part-time weekly earnings by 50%; and
3. Subtract the amount determined in Step 2 above from the amount determined in Step 1.

The amount determined in Step 3 is the Partial Disability Benefit.

However, for a Partial Disability Benefit to be payable, the Insured's part-time weekly earnings may not exceed the Total Disability Benefit as shown in the Schedule of Benefits.

8.10 TOTAL DISABILITY BENEFIT - PRE-EXISTING CONDITION LIMITATION

QualChoice Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

8.11 TERMINATION OF TOTAL AND PARTIAL DISABILITY BENEFIT

QualChoice Life will stop paying a Total or Partial Disability Benefit on the earliest of the following dates:

1. The date the Insured ceases to be Totally or Partially Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached; or
3. The date the employee's part-time weekly earnings exceed the Insured's Total Disability Benefit as shown in the Schedule of Benefits.

8.12 WAIVER OF PRE-EXISTING CONDITION LIMITATION

The "Pre-existing Condition Limitation" will not apply if the Insured:

1. Is actively at work on the effective date of this Policy; and
2. Was insured under the prior carrier's policy on its termination date.]

9. CHANGE OF CLASS OR EARNINGS

If a change in an Insured's class or earnings would increase the amount of the benefits entitled to be received under this Policy, such increase in benefits will become effective on the Premium Due Date following such change, provided:

1. Notice of the change is given to QualChoice Life within 30 days of the change; and
2. Such increase in benefits does not exceed the Guarantee Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form.

If notice is not given within the required time or the increase in benefits would exceed the Guaranteed Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form, such increase in benefits:

1. Must be approved by QualChoice Life; and
2. Will become effective on the Premium Due date following QualChoice Life's approval.

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LIFE AND HEALTH
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1. POLICY EFFECTIVE DATE AND TERM

The Effective Date of this Policy is shown on the Group Application for Coverage and/or Product Selection and Sold Rate Form. This Policy will stay in force for as long as the proper premium is paid; however, either the Policyholder or QualChoice Life may cancel this Policy on any Premium Due Date by telling the other in writing at least 31 days prior to such Premium Due Date.

2. ACTIVELY AT WORK PROVISION

2.1 "Active, Full-Time Employee" means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

2.2 "Full-time" means an employee must be:

1. Scheduled to work for the Policyholder at least [##] hours each week; and
2. On the regular payroll of the Policyholder for that work.

2.3 "Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

3. DEFINITIONS

3.1 "Total Disability" or "Totally Disabled" means any disability that:

1. Begins while this Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

3.2 " Group Application for Coverage and Product Selection and Sold Rate Form " mean the application(s) for this Policy signed by the Policyholder.

3.3 "Schedule of Benefits" means the description of benefits set forth in the Product Selection and Sold Rate Form.

3.4 "Insured" means an eligible employee who is insured under this Policy.

3.5 "The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

3.6 "Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a

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An eligible dependent will not include anyone who:

1. Is eligible for Employee Insurance; or
2. Is entitled to any extended coverage under this Policy by reason of having been an employee of the Policyholder.

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ARKANSAS INSURANCE DEPARTMENT

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife, but not of both.

6.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

1. First enters a class that provides Dependent Insurance; and
2. First gains a dependent. This will include gaining a dependent after a time without one.

6.3 REQUIREMENTS FOR DEPENDENT INSURANCE

1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:
 - A. Birth;
 - B. Adoption;
 - C. Marriage;
 - D. Addition of step-children; or
 - E. Permanent legal custody of a Child.
3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "medical care unit" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

6.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

1. The Eligibility Requirement is met; and
2. At least one dependent will become covered.

6.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION	AMOUNT OF INSURANCE
Spouse	[xxxxxxxxx]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age ([xxxxxxxxx] years, if unmarried, full-time student)	[xxxxxxxxx]
Unmarried, full-time student	[1,000]

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4. Is due to alcoholism or drug dependency except while confined as an inpatient in a medical care facility.

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8.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by this Policy; and
2. Must be Partially Disabled as a result of the same Sickness or Injury that caused Total Disability.

8.8 TERMINATION OF TOTAL DISABILITY BENEFITS

QualChoice Life will stop paying a Total Disability Benefit on the earlier of the following dates:

1. The date the Insured ceases to be Totally Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached.

8.9 PARTIAL DISABILITY BENEFIT CALCULATION

To figure the amount of Partial Disability Benefit:

1. Determine the Total Disability Benefit as shown in the Schedule of Benefits;
2. Multiply the Insured's part-time weekly earnings by 50%; and
3. Subtract the amount determined in Step 2 above from the amount determined in Step 1.

The amount determined in Step 3 is the Partial Disability Benefit.

However, for a Partial Disability Benefit to be payable, the Insured's part-time weekly earnings may not exceed the Total Disability Benefit as shown in the Schedule of Benefits.

8.10 TOTAL DISABILITY BENEFIT - PRE-EXISTING CONDITION LIMITATION

QualChoice Life will pay the benefits in the Schedule of Benefits for Pre-existing Conditions provided that Total Disability resulting from a Pre-existing Condition commences 12 months or more after the Insured's effective date of coverage under this Policy.

8.11 TERMINATION OF TOTAL AND PARTIAL DISABILITY BENEFIT

QualChoice Life will stop paying a Total or Partial Disability Benefit on the earliest of the following dates:

1. The date the Insured ceases to be Totally or Partially Disabled as defined in these provisions; or
2. The date the Maximum Benefit Period has been reached; or
3. The date the employee's part-time weekly earnings exceed the Insured's Total Disability Benefit as shown in the Schedule of Benefits.

8.12 WAIVER OF PRE-EXISTING CONDITION LIMITATION

The "Pre-existing Condition Limitation" will not apply if the Insured:

1. Is actively at work on the effective date of this Policy; and
2. Was insured under the prior carrier's policy on its termination date.]

9. CHANGE OF CLASS OR EARNINGS

If a change in an Insured's class or earnings would increase the amount of the benefits entitled to be received under this Policy, such increase in benefits will become effective on the Premium Due Date following such change, provided:

1. Notice of the change is given to QualChoice Life within 30 days of the change; and
2. Such increase in benefits does not exceed the Guarantee Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form.

If notice is not given within the required time or the increase in benefits would exceed the Guaranteed Issue Amount, stated in the Group Application for Coverage and/or Product Selection and Sold Rate Form, such increase in benefits:

1. Must be approved by QualChoice Life; and
2. Will become effective on the Premium Due date following QualChoice Life's approval.

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LIFE AND HEALTH
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1. ACTIVELY AT WORK PROVISION

1.1 "Active, Full-Time Employee" means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

1.2 "Full-time" means an employee must be:

1. Scheduled to work for the Policyholder at least 30[##] hours each week; and
2. On the regular payroll of the Policyholder for that work.

1.3 "Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

2. DEFINITIONS

2.1 "Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

2.2 "Schedule of Benefits" means the description of benefits set forth on the face page of this certificate.

2.3 "Insured" means an eligible employee who is insured under the Policy.

2.4 "The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

2.6 "Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

[2.7 "Earnings" means the Insured's rate of earnings from the Policyholder in effect immediately prior to the date a claim begins. It does not include bonuses, overtime pay and other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date a claim begins.]

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife but not of both.

5.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

- 1. First enters a class that provides Dependent Insurance; and
- 2. First gains a dependent. This will include gaining a dependent after a time without one.

5.3 REQUIREMENTS FOR DEPENDENT INSURANCE

- 1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
- 2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:

- A. Birth;
- B. Adoption;
- ~~C. Addition of a Child through a Qualified Medical Child Support Order/Marriage;~~
- D. Addition of step-children; or
- E. Permanent legal custody of a Child.

- 3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "medical care unit" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

5.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

- 1. The Eligibility Requirement is met; and
- 2. At least one dependent will become covered.

5.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION	AMOUNT OF INSURANCE
Spouse	[\$]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age ([xxxxxxxx] years, if unmarried, full-time student)	[\$]
Unmarried, full-time student	[\$]

The insurance amount for an Insured's spouse or child may not exceed 50% of the Insured's amount of life insurance under the Policy.

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days following the date of the accident, Total Disability shall be deemed to be the result of Sickness.

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"Partial Disability" means the Insured:

1. Is able to do some but not all of the duties of his or her occupation; and
2. Is under the regular care and attendance of a licensed physician.

["Pre-existing Condition" means a condition:

1. Resulting from an Injury that occurred or a Sickness that began before the Insured's effective date of coverage under the Policy;
2. For which medical treatment or advice was received during the 6 month period immediately before the Insured's effective date of coverage under the Policy; and
3. That causes Total Disability while the Insured is insured under the Policy.]

"Sickness" means illness or disease which causes Total Disability that begins while the Insured is insured under the Policy.

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

7.2 TOTAL DISABILITY BENEFIT - INJURY

QualChoice Life will pay the benefits in the Schedule of Benefits, when an Injury causes the Insured to be Totally Disabled beyond the Elimination Period.

7.3 TOTAL DISABILITY BENEFIT - SICKNESS

QualChoice Life will pay the benefits in the Schedule of Benefits, when a Sickness causes the Insured to be Totally Disabled beyond the Elimination Period.

7.4 MAXIMUM BENEFIT PERIOD

The Maximum Benefit Period is shown in the Schedule of Benefits. Total and Partial Disability will be considered one period of Total Disability.

7.5 RECURRENT DISABILITY

While the Policy is in force as to the Insured, successive periods of Total Disability:

1. Resulting from the same or related Injury or Sickness; and
2. For which benefits had been paid under the Policy;

will be considered as one period of Total Disability under the Policy unless such periods of Total Disability are separated by at least 14 consecutive days, during which the Insured has returned to active, full-time work.

7.6 LIMITATIONS

The Policy will not pay benefits for any disability which:

1. Is not being continuously treated by a physician;
2. Is the result of Injury or Sickness that, in either case, arises out of work for wage or profit;
3. Is the result of an intentionally self-inflicted injury or a suicide attempt; and
4. Is due to ~~mental disorder~~, alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

7.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by the Policy; and

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LIFE AND HEALTH

ARKANSAS INSURANCE DEPARTMENT

1. ACTIVELY AT WORK PROVISION

1.1 "Active, Full-Time Employee" means an employee who performs all of the duties of his or her job with the Policyholder. This job may be at either:

1. The Policyholder's normal place of employment; or
2. At some other place to which the regular business operations of the Policyholder require that person to go.

An "Active, Full-Time Employee" does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an "Active, Full-Time Employee".

1.2 "Full-time" means an employee must be:

1. Scheduled to work for the Policyholder at least [##] hours each week; and
2. On the regular payroll of the Policyholder for that work.

1.3 "Active work" is work performed as an active, full-time employee. "Actively at work" means being engaged at active work.

2. DEFINITIONS

2.1 "Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

2.2 "Schedule of Benefits" means the description of benefits set forth on the face page of this certificate.

2.3 "Insured" means an eligible employee who is insured under the Policy.

2.4 "The date the Insured retires" or "retirement" means the effective date of the Insured's:

1. Retirement pension benefits under any plan of a federal, state, county or municipal retirement systems, if such pension benefits include any credit for employment with the Policyholder;
2. Retirement pension benefits under any plan which the Policyholder sponsors, or makes or has made contributions; or
3. Retirement benefits under the United States Social Security Act of 1935, as amended, or under any similar plan or act.

2.6 "Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

[2.7 "Earnings" means the Insured's rate of earnings from the Policyholder in effect immediately prior to the date a claim begins. It does not include bonuses, overtime pay and other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date a claim begins.]

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ARKANSAS INSURANCE DEPARTMENT

If both husband and wife are Insureds, their children will be covered as dependents of the husband or wife, but not of both.

5.2 ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

- 1. First enters a class that provides Dependent Insurance; and
- 2. First gains a dependent. This will include gaining a dependent after a time without one.

5.3 REQUIREMENTS FOR DEPENDENT INSURANCE

- 1. An Insured must enroll for Dependent Insurance that is shown to be contributory in the Product Selection and Sold Rate Form for the coverage to become effective.
- 2. In the case of a special enrollment period which applies when one of the events listed below occurs, submission by the Insured to QualChoice Life through the Policyholder of a completed Enrollment Application allows a special enrollment of a dependent as long as it is sent to QualChoice Life within thirty (30) days of the occurrence of one of the following events:
 - A. Birth;
 - B. Adoption;
 - C. Marriage;
 - D. Addition of step-children; or
 - E. Permanent legal custody of a Child.

3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

For the purposes of this Deferral Rule, "medical care unit" means:

- A. A licensed general hospital; or
- B. A unit that treats one or more specific ailments; or
- C. Any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. On that date the child is hospital confined; and
- B. Has been continuously so confined since birth.

5.4 EFFECTIVE DATE OF DEPENDENT INSURANCE

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

- 1. The Eligibility Requirement is met; and
- 2. At least one dependent will become covered.

5.5 SCHEDULE OF DEPENDENT INSURANCE

CLASSIFICATION	AMOUNT OF INSURANCE
Spouse	[\$]
Children	
At least 14 days but less than 6 months of age	\$100
At least 6 months of age but less than [xxxxx] years of age ([xxxxxxxx] years, if unmarried, full-time student)	[\$]
Unmarried, full-time student	[\$]

The insurance amount for an Insured's spouse or child may not exceed 50% of the Insured's amount of life insurance under the Policy.

days following the date of the accident, Total Disability shall be deemed to be the result of Sickness.

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"Partial Disability" means the Insured:

1. Is able to do some but not all of the duties of his or her occupation; and
2. Is under the regular care and attendance of a licensed physician.

"Pre-existing Condition" means a condition:

1. Resulting from an Injury that occurred or a Sickness that began before the Insured's effective date of coverage under the Policy;
2. For which medical treatment or advice was received during the 6 month period immediately before the Insured's effective date of coverage under the Policy; and
3. That causes Total Disability while the Insured is insured under the Policy.]

"Sickness" means illness or disease which causes Total Disability that begins while the Insured is insured under the Policy.

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured;
2. Results from Injury or Sickness;
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience; and
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

7.2 TOTAL DISABILITY BENEFIT - INJURY

QualChoice Life will pay the benefits in the Schedule of Benefits, when an Injury causes the Insured to be Totally Disabled beyond the Elimination Period.

7.3 TOTAL DISABILITY BENEFIT - SICKNESS

QualChoice Life will pay the benefits in the Schedule of Benefits, when a Sickness causes the Insured to be Totally Disabled beyond the Elimination Period.

7.4 MAXIMUM BENEFIT PERIOD

The Maximum Benefit Period is shown in the Schedule of Benefits. Total and Partial Disability will be considered one period of Total Disability.

7.5 RECURRENT DISABILITY

While the Policy is in force as to the Insured, successive periods of Total Disability:

1. Resulting from the same or related Injury or Sickness; and
2. For which benefits had been paid under the Policy;

will be considered as one period of Total Disability under the Policy unless such periods of Total Disability are separated by at least 14 consecutive days, during which the Insured has returned to active, full-time work.

7.6 LIMITATIONS

The Policy will not pay benefits for any disability which:

1. Is not being continuously treated by a physician;
2. Is the result of Injury or Sickness that, in either case, arises out of work for wage or profit;
3. Is the result of an intentionally self-inflicted injury or a suicide attempt; and
4. Is due to alcoholism or drug dependency except while confined as a bed patient in a medical care facility.

7.7 PARTIAL DISABILITY BENEFIT

If the Insured returns to work on a part-time basis after a period of Total Disability, QualChoice Life will pay the Insured a Partial Disability Benefit. The Insured:

1. Must have received a Total Disability Benefit as provided by the Policy; and



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Group Life and AD&D Insurance

SUMMARY OF BENEFITS

Important Note: This Summary of Benefits is not intended to be a complete description of the insurance coverage offered. Controlling provisions are provided in the Policy issued to your employer, and this Summary of Benefits does not modify that Policy or the insurance in any way. This Summary of Benefits is not a binding contract. A Policy that describes the benefits in greater details is available to you by either contacting your employer or by contacting QualChoice directly. (See contact information below.) There are certain exclusions set forth in the Policy that may exclude payment of benefits under certain circumstances. Should there be any differences between this Summary of Benefits and the Policy, the Policy will govern.

Policyholder: [Employer Sponsor Name]

Policy Number: [#]

Certificate Date: [Date]

Basic Term Life Benefit Employee

Amount \$[Amount]

AD&D Principal Sum Employee

Amount \$[Amount]

Benefit Reduction for each of the amount of Basic Term Life and AD&D Principal Sum Employee

Benefits will reduce: [#]% of the original amount at age [#]

[#]% of the original amount at age [#]

[#]% of the original amount at age [#]

[Benefits terminate at retirement]

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[Short Term Disability¹ **Employee**
Amount \$[# Per Week]]

[Dependent Life
Amount \$[#]]

**See Definitions Page
Below For Additional
Information About:**

- “Accelerated Benefit”
- “Accidental Death and Dismemberment”
- “Conversion”
- [“Dependent Life”]
- [“Short Term Disability”]

Eligibility

An Active, Full-Time Employee who performs all of the duties of his or her job with the Policyholder and otherwise meets the eligibility requirements set out in the Policy is eligible for coverage. This job may be at either: (1) The Policyholder's normal place of employment; or (2) At some other place to which the regular business operations of the Policyholder require that person to go. An “Active, Full-Time Employee” does not include, however, temporary or seasonal employees. Nor does it include an officer or member of the board of the Policyholder who does not otherwise meet the definition of an “Active, Full-Time Employee”.

“Full-time” means an employee must be: (1) Scheduled to work for the Policyholder at least [#] hours each week; and (2) On the regular payroll of the Policyholder for that work. “Active work” is work performed as an Active, Full-Time Employee. “Actively at work” means being engaged at active work.

Definitions

“Accelerated Benefit” When diagnosed as having a terminal condition (which is a medically determinable condition with no reasonable prospect of cure, which can be expected to result in death within 12 months), the Insured or his or her legal representative may request a lump-sum accelerated death benefit payable once during the lifetime of the Insured. The death benefit will be reduced by the amount withdrawn. In order to be eligible for this benefit, the Insured must have been continuously covered for at least one year under the Policy prior to sustaining a terminal condition, or covered under the Policy from the Certificate Date. Check with your tax advisor or attorney before exercising this option. The amount of benefit under the accelerated benefits provision is set out in the Policy.

¹ Short term disability benefits begin on the [#st] day of disability due to accidental injury, the [#th] day of disability due to sickness, [or the [#st] day of disability if confined to a hospital] and are payable for a maximum of [#] weeks.]]

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LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

**"Accidental Death
and Dismemberment
(AD&D)"**

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. If the Insured dies as a result of a covered auto accident while wearing a seat belt, the benefit payable will be increased by the lesser of: (1) 100% of the Principal Sum; or (2) \$10,000.

"Conversion"

If an Insured is no longer eligible for part or all of the basic term life benefit provided by the Policy [or an enrolled dependent is no longer eligible for dependent life coverage], such Insured [or enrolled dependent, as applicable,] is entitled to apply to QualChoice for an individual policy of life insurance, without submitting evidence of insurability. The Insured [or enrolled dependent, as applicable,] must apply for conversion coverage and pay the first premium for such individual life policy within 31 days following termination or reduction of the basic term life benefit under the Policy. Such individual life policy will become effective on the first day following the end of such 31 day period. The amount of benefit under such individual life policy is set out in the Policy.

["Dependent Life"

Coverage is provided to the Insured (or the Insured's estate if the Insured is no longer alive) upon the death of a covered dependent. Coverage is provided for the time period that the covered dependent is eligible and premium is paid. The Insured must enroll the individual eligible to be a covered dependent. An individual is eligible to be a covered dependent if s/he is: (1) The Insured's spouse, if not legally separated from the Insured, or (2) An unmarried child (including any stepchild, legally adopted child or foster child) of the Insured who is: (A) At least 14 days old and under 19 years of age; and (B) Depends on the employee for the major part of his or her support. The age limit is raised to under 23 years if the child is in school as a full-time student and financially dependent upon the Insured. The amount of benefit under the dependent life benefits provision is set out in the Policy. There is no cash value associated with this product.]

["Short Term Disability"

Coverage is provided when an Injury or Sickness (both as defined in the Policy) causes the Insured to be Totally Disabled beyond the Elimination Period. The Elimination Period is the number of consecutive days as shown in the Policy the Insured must be Totally Disabled (as defined in the Policy) before benefits become payable. The amount of benefit under the short term disability benefits provision, set out in the Policy, is subject to a Maximum Benefit Period as reflected in the Policy.]

"Term Life"

Coverage is provided to the designated beneficiary upon the death of the Insured. Coverage is provided for the time period that the Insured is eligible and premium is paid. There is no cash value associated with this product.

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LIFE AND HEALTH

ARKANSAS INSURANCE DEPARTMENT

QualChoice is committed to providing better customer support. That includes making it easy for you to contact us.
You are always welcome to call us with any questions or concerns.

QualChoice Life and Health Insurance Company, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, Arkansas 72211

Website Address:
www.qualchoice.com

Our Customer Service Department can be reached:
Toll Free at (800) 235-7111
Locally at (501) 228-7111

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201
(501)371-2640 or (800) 852-5494