

SERFF Tracking Number: RNIC-126983742 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 47727
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: ACS-1 Fixed Indemnity Policy
Project Name/Number: ACS-1 Fixed Indemnity Policy/

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: ACS-1 Fixed Indemnity Policy SERFF Tr Num: RNIC-126983742 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved-
Closed State Tr Num: 47727

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Kyle Conrad, Brenda
Ingram, Misty Anglin

Disposition Date: 01/21/2011

Date Submitted: 01/17/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ACS-1 Fixed Indemnity Policy

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/21/2011

State Status Changed: 01/21/2011

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

Filing Description:

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453

Form ACS-1 – Fixed Indemnity Policy

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Form ACS-1-Surg.-3 – Schedule of Surgical Operations
Form ACS-1-Surg.-6 – Schedule of Surgical Operations
Form ACS-OP – Out-of-Hospital Indemnity Benefit Rider
Form PEB-3 (1/11) – Existing Condition Benefit Endorsement
Form R-1 (1/11) – Elimination Rider
Form UAP-1 AR (1/11) – General A&H Application
Form OC ACS-1 – Outline of Coverage
Form RP-A&H – Notice to Applicant Regarding Replacement

Dear Ms. Minor:

We are submitting the above-referenced forms, which we request you consider for approval. This is a new filing not previously submitted. This filing is not subject to the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 or any of the regulations thereunder (collectively referred to as the “PPACA”).

Form ACS-1 provides the following fixed indemnity benefits as described in the policy: Hospital Confinement Indemnity Benefit, Intensive Care Unit Confinement Indemnity Benefit, Inpatient Doctor Visits Indemnity Benefit, Surgeon’s Indemnity Benefit, Anesthesiologist’s Indemnity Benefit, Day of Surgery Indemnity Benefit and Outpatient Chemotherapy/Radiation Therapy Indemnity Benefit.

The Hospital Confinement Indemnity Benefit pays a fixed indemnity benefit of (a) \$2,000 per day for the first five days of hospital confinement; (b) \$1,000 per day for the next 25 days of hospital confinement and \$500 per day for the next 150 days of hospital confinement, for a total of 180 days. On an optional basis, an applicant can select a Hospital Confinement Indemnity Benefit of \$4,000/\$2,000/\$500 and \$6,000/\$3,000/\$500, in accordance with the foregoing schedule.

The Surgeon’s Indemnity Benefit is based on a Schedule of Surgical Operations provided in the policy. An applicant has two options for surgery: (a) one denoted as Form ACS-1-Surg.-3 with a Maximum Aggregate Surgeon’s Indemnity Benefit of \$6,000 for all surgical operations in a policy year or (b) one denoted as Form ACS-1-Surg.-6 with a Maximum Aggregate Surgeon’s Indemnity Benefit of \$12,000 for all surgical operations in a policy year.

Form ACS-OP, an optional rider that will be available with this policy, provides the following fixed indemnity benefits as described in the rider: Outpatient X-Rays and Lab Tests Indemnity Benefit, Outpatient Doctor Visits Indemnity Benefit, Emergency Room Indemnity Benefit, Ambulance Indemnity Benefit, Prescription Indemnity Benefit and Preventive Care Indemnity Benefits for Colonoscopy, Mammogram, Pap Smear, Diabetes Testing and Prostate Examination.

For the following reasons, Form ACS-1 and Form ACS-OP are “excepted benefits,” as defined by applicable law, and

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therefore this coverage is not subject to the requirements of the PPACA: (a) the benefits are provided under a separate policy; (b) this is fixed indemnity coverage in that all benefits are a fixed dollar amount that is payable regardless of the amount of expenses incurred; (c) there is no coordination of benefits with the benefits, exclusions or any other provision of any other health insurance coverage; and (d) each benefit is payable with respect to an event [as stated in Form ACS-1 and Form ACS-OP] without regard to whether benefits are provided with respect to the same event under any other health insurance coverage.

Form ACS-1 and Form ACS-OP will be available to individuals age 0 through 64. It will not be available to individuals who are 65 or older.

The following forms to be used with Form ACS-1 are also included with this filing:

1. Form PEB-3 (1/11) – Existing Condition Benefit Endorsement, which, in accordance with our underwriting guidelines, may be selected by an applicant for coverage of certain pre-existing conditions after a reduced waiting period of 12 months. A form very similar to this form was previously approved by your office.
2. Form R-1 (1/11) – Elimination Rider, which, in accordance with our underwriting guidelines, will be used to permanently eliminate coverage for certain pre-existing conditions. A form very similar to this form was previously approved by your office.
3. Form UAP-1 AR (1/11) – General A&H Application, which will be used as the application for Form ACS-1. Form UAP-1 AR (1/11) will also be used as the application for other accident and health policies previously approved by your office. This application will not be used for Medicare supplement policies.
4. Form OC ACS-1 – Outline of Coverage, which will be used in connection with each application for Form ACS-1.
5. Form RP-A&H – Notice to Applicant Regarding Replacement, which will be used in replacement situations. This form was previously approved by your office.

We are also submitting the rates and a supporting actuarial memorandum related to this filing.

If this filing meets with your approval, please provide us with appropriate evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad

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Senior Vice President
 and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel
 kconrad@unitrin.com
 6100 N. W. Grand Blvd
 800-874-1431 [Phone] 549 [Ext]
 Oklahoma City, OK 73118

Filing Company Information

Reserve National Insurance Company CoCode: 68462 State of Domicile: Oklahoma
 6100 N.W. Grand Boulevard Group Code: 215 Company Type: Life and Health
 Oklahoma City, OK 73118 Group Name: Reserve National State ID Number:
 (405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: Policy and 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$150.00	01/17/2011	43840088

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 01/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Explanation of Variable Text	Approved-Closed	Yes
Supporting Document	Form RP-A&H	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Form	Fixed Indemnity Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	General A&H Application	Approved-Closed	Yes
Rate	ACS-1 Rates	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ACS-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/21/2011	ACS-1	Policy/Cont ract/Fratern al Certificate	Fixed Indemnity	Initial		64.043	ACS-1_POLICY_AR.pdf
Approved-Closed 01/21/2011	OC ACS-1	Outline of Coverage	Outline of Coverage	Initial			OC ACS-1.pdf
Approved-Closed 01/21/2011	UAP-1 AR (1/11)	Application/ Enrollment Form	General A&H Application	Initial			UAP-1 AR 1.11.pdf

THIS IS A FIXED INDEMNITY POLICY THAT PAYS STATED BENEFIT AMOUNTS IN EACH POLICY YEAR FOR COVERED HOSPITAL, MEDICAL AND SURGICAL TREATMENT. IT IS RENEWABLE AS PROVIDED IN THE RENEWAL SAFEGUARD PROVISION. PREMIUMS ARE BASED ON EACH COVERED PERSON'S ATTAINED AGE. WE HAVE THE RIGHT TO INCREASE PREMIUMS ON A CLASS BASIS BY STATE.



601 East Britton Road ▪ Oklahoma City, OK 73114

When we use "we," "us," or "our" we mean Reserve National Insurance Company. When we use "you" or "your" we mean a Covered Person as defined in this Policy and as named on the Insured Schedule.

Reserve National Insurance Company agrees to indemnify the Covered Person(s) as hereinafter provided, subject, however, to all the provisions, conditions, exclusions, limits of liability and other terms in this Policy.

FIXED INDEMNITY POLICY

INSURING AGREEMENT

In consideration of the payment of the premium in advance and in reliance upon the statements in your application, a copy of which is attached and which forms a part of this Policy, we hereby indemnify the person(s) named on the Insured Schedule, commencing at 12:01 A.M., Standard Time, at the place where you reside, on the Effective Date shown on the Insured Schedule. The initial premium is for the policy term shown on the Insured Schedule. The renewal premium for later policy terms is due on the first day of the next policy term. The coverage provided by this Policy will cease if the renewal premium in effect is not paid when due or within the grace period. Each policy term will begin and end at 12:01 A.M., Standard Time, at the place where the Insured resides.

RENEWABILITY

Subject to the Termination provision, coverage under this Policy is renewable as provided in the **Renewal Safeguard** provision. Premiums are subject to change as provided in the Premium Payments provision.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

You are granted a period of 10 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 10 days to the Company at its Home Office or to the writing agent. Then the Company shall refund the premium paid, this Policy shall be void from its beginning, and you and Reserve National shall be in the same position as if it had never been issued.

THIS IS A LIMITED POLICY.

READ THIS POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.

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INSURED SCHEDULE

		<u>Renewal Premium:</u>	Direct Bill	Bank Draft
Policy Number	00-00-000000	Monthly	N/A	\$00.00
Effective Date	Mar. 1, 2011	Quarterly	\$00.00	\$00.00
Initial Term Expires	Mar. 1, 2011	Semi Annual	\$00.00	N/A
Initial Premium	\$00.00	Annual	\$00.00	N/A
Insured	JOHN DOE	Agent	RESERVE NATIONAL AGENT	

Dependents

Spouse **JANE DOE**
DEPENDENT 1
DEPENDENT 2
DEPENDENT 1
DEPENDENT 2

Indemnity Benefits and Limitations for Each Covered Person in Each Policy Year
Benefits, Days or Visits not used in one Policy Year are not carried forward to any future Policy Year.

Hospital Confinement Indemnity Benefit:

- Qualifying Period for Sickness (must be satisfied each Policy Year) [0 Days] [1 Days]
- Qualifying Period for Accident0 Days
- For the First 5 Full Days of Hospital Confinement after Qualifying Period\$[2,000.00] Per Day
- For the Next 25 Full Days of Hospital Confinement\$[1,000.00] Per Day
- For the Next 150 Full Days of Hospital Confinement\$500.00 Per Day
- Maximum Hospital Confinement Indemnity Benefit Period..... 180 Days of Confinement Per Policy Year

Intensive Care Unit Confinement Indemnity Benefit:

- For Each Full Day of Intensive Care Unit Confinement\$1,000.00 Per Day
- This benefit is payable in addition to the applicable Hospital Confinement Benefit
- Maximum Intensive Care Unit Confinement Indemnity Benefit Period:
 - 10 Days of Confinement Per Policy Year

Inpatient Doctor Visits Indemnity Benefit..... \$75.00 Per Visit

- This benefit is limited to 1 Visit per Day and 10 Visits Per Policy Year

Surgeon's Indemnity Benefit* See Schedule of Surgical Operations

Anesthesiologist's Indemnity Benefit*..... 25% of the Applicable Surgeon's Indemnity Benefit

Day of Surgery Indemnity Benefit* 125% of the Applicable Surgeon's Indemnity Benefit

*These benefits are payable for either inpatient or outpatient surgery

Outpatient Chemotherapy/Radiation Therapy Indemnity Benefit:

- For Each Day of Outpatient Chemotherapy/Radiation Therapy\$1,000.00 Per Day
- Maximum Chemotherapy/Radiation Therapy Indemnity Benefit Period20 Days Per Policy Year

- Continued on reverse side -

Endorsements and Eliminations

ACS-OP – Out-of-Hospital Indemnity Benefit Rider

Outpatient X-Rays and Lab Tests Indemnity Benefit:

- X-Ray Indemnity Benefit\$75.00
- CT Scan/MRI Indemnity Benefit\$750.00
- Lab Test Indemnity Benefit\$50.00
- Maximum Aggregate Outpatient X-Rays and Lab Tests Indemnity Benefit..\$2,000.00 Per Policy Year

Outpatient Doctor Visits Indemnity Benefit..... \$50.00 Per Visit

- This benefit is limited to 1 Visit Per Day and 4 Visits Per Policy Year

Emergency Room Indemnity Benefit.....\$500.00 Per Policy Year

- This benefit is limited to 1 Visit Per Policy Year

Ambulance Indemnity Benefit:

- Air Ambulance Indemnity Benefit\$1,500.00 Per Trip
*This benefit is limited to 2 Air Ambulance Trips Per Policy Year
- Ground Ambulance Indemnity Benefit\$500.00 Per Trip
*This benefit is limited to 4 Ground Ambulance Trips Per Policy Year

Prescription Indemnity Benefit:

- Benefit Per Prescription\$25.00
- Maximum Aggregate Prescription Drug Indemnity Benefit \$500.00 Per Policy Year

Preventive Care Indemnity Benefits (see the Policy for specific age and frequency limitations):

- Colonoscopy Indemnity Benefit\$500.00
- Mammogram Indemnity Benefit\$125.00
- Pap Smear Indemnity Benefit \$100.00
- Diabetes Testing Indemnity Benefit\$50.00
- Prostate Examination Indemnity Benefit\$75.00

PEB-3 (1/11) Applicable to JOHN DOE only, no benefits shall be paid prior to the expiration of 12 months from Mar. 1, 2011, as a result of:
Diabetes, including any complications thereof.

R-1 (1/11) Applicable to JANE DOE only, effective Mar. 1, 2011, benefits excluded for:
Pneumonia and/or any disease of the respiratory tract, including any complications thereof.

DEFINITIONS

The following terms in this Policy are defined as follows:

COVERED PERSON: "Covered Person" means only (a) the Insured, (b) the Insured's spouse and (c) all of the Insured's dependent children, including adopted children; provided such insured, spouse and dependent children are listed by name on the Insured Schedule and the applicable premium is paid. Upon the insured's death, his/her surviving spouse shall become the Insured if such spouse is a Covered Person at the time of the Insured's death.

HOSPITAL: "Hospital" means only a legally constituted institution which operates pursuant to law and is primarily engaged in providing or operating (either on its premises or in facilities available to the hospital on a prearranged contractual basis) facilities for the care and treatment of sick and injured persons on a resident or inpatient basis, for which a charge is made, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and which provides 24-hour nursing service by or under the supervision of registered nurses on duty. "Hospital" does not mean convalescent, nursing, rest, or extended care facilities, or facilities operated exclusively for treatment of the aged, or drug or alcohol abuse, whether such facilities are operated as a separate institution or as a section of an institution operated as a Hospital.

INJURY: "Injury" means a Covered Person's accidental bodily injury resulting directly and independently of all other causes from an accident which occurs while a Covered Person whose injury is the basis of a claim is covered under this Policy.

INTENSIVE CARE UNIT: "Intensive Care Unit" means a specifically designated facility of a Hospital that provides the highest level of medical care and which is restricted to those patients who suffer from a critical Injury or Sickness. Such facility must be separate and apart from the Hospital's emergency room, surgical recovery room and from rooms, beds and wards customarily used for patient confinement. Such facility must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation 24 hours a day by nursing staff assigned exclusively to such facility. "Intensive Care Unit" does not mean any of the following units: progressive care, sub-acute intensive care or intermediate care units, private monitored rooms, areas primarily for post-operative or post-anesthesia care, observation units; or other facilities which do not meet medical standards for intensive care.

LOSS: "Loss" means the event of a Covered Person's receipt of covered treatment, services or supplies for which a fixed indemnity benefit is payable under this Policy. As used in this Policy, "Loss" does not relate to any economic loss suffered by a Covered Person.

PHYSICIAN: "Physician" means any legally qualified individual (other than you, your spouse, your or your spouse's parent, grandparent, child, grandchild or sibling, or the spouse of any such individual, or anyone living at your residence) who is duly licensed and practicing the healing arts within the scope of his/her authority and license.

POLICY YEAR: "Policy Year" means each successive 12-month period extending from the Effective Date of this Policy, so that each successive 12-month period constitutes a single Policy Year.

PRE-EXISTING CONDITION: "Pre-Existing Condition" means a condition that has been diagnosed, or has manifested itself to you within the five-year period immediately preceding the Effective Date of this Policy by a symptom or symptoms, whether the specific condition has been medically diagnosed or not, and causes Loss within the two-year period following the Effective Date of this Policy.

QUALIFYING PERIOD: "Qualifying Period" means the number of consecutive full days of confinement in a Hospital, beginning with the first day of Hospital confinement, before the Hospital Confinement Benefit is payable. A Covered Person must satisfy the Qualifying Period in each Policy Year before the Hospital Confinement Benefit is payable to that Covered Person in that Policy Year. A "day" is a 24-hour period. The applicable Qualifying Period for Sickness and for Accident is shown on the Insured Schedule.

SICKNESS: "Sickness" means a Covered Person's sickness or disease that manifests itself after this Policy's Effective Date and while a Covered Person whose sickness is the basis of a claim is covered under this Policy.

BENEFITS PAYABLE IN THE HOSPITAL

HOSPITAL CONFINEMENT INDEMNITY BENEFIT

(a) If a Covered Person, while this Policy is in force, is confined in a Hospital as a resident inpatient as a result of an Injury or Sickness, we will pay, beginning with the first day of such Hospital confinement following the applicable Qualifying Period, the Hospital Confinement Indemnity Benefit in the amount shown on the Insured Schedule for each day of such confinement. This benefit is subject to the Maximum Hospital Confinement Indemnity Benefit Period shown on the Insured Schedule for each Policy Year.

(b) A "day" is a 24-hour period. No benefit is payable for a partial day of Hospital confinement; except that if a Covered Person is confined in a Hospital solely for purposes of observation, the indemnity benefit payable will be subject to the applicable Qualifying Period and will be the applicable Hospital Confinement Indemnity Benefit amount pro-rated based on the number of hours of observation.

(c) The Hospital confinement must be upon the recommendation of a Physician.

(d) The maximum number of days the Hospital Confinement Indemnity Benefit will be payable in any Policy Year is the Maximum Hospital Confinement Indemnity Benefit Period shown on the Insured Schedule. Unused days in one Policy Year are not carried forward to any future Policy Year.

INTENSIVE CARE UNIT CONFINEMENT INDEMNITY BENEFIT

(a) If a Covered Person, while this Policy is in force, is confined in an Intensive Care Unit as a resident inpatient as a result of an Injury or Sickness, we will pay, beginning with the first day of such Intensive Care Unit confinement, the Intensive Care Unit Confinement Indemnity Benefit in the amount shown on the Insured Schedule for each day of such confinement. This benefit is subject to the Maximum Intensive Care Unit Confinement Indemnity Benefit Period shown on the Insured Schedule for each Policy Year.

(b) A "day" is a 24-hour period. No benefit is payable for a partial day of Intensive Care Unit confinement.

(c) The Intensive Care Unit confinement must be upon the recommendation of a Physician.

(d) The maximum number of days the Intensive Care Unit Confinement Indemnity Benefit will be payable in any Policy Year is the Maximum Intensive Care Unit Confinement Indemnity Benefit Period shown on the Insured Schedule. Unused days in one Policy Year are not carried forward to any future Policy Year.

(e) This benefit is payable in addition to the Hospital Confinement Indemnity Benefit if a Covered Person meets the foregoing requirements concerning confinement in an Intensive Care Unit and the Hospital Confinement Indemnity Benefit is payable.

INPATIENT DOCTOR VISITS INDEMNITY BENEFIT

If a Covered Person, while this Policy is in force, is confined in a Hospital or an Intensive Care Unit as a resident inpatient as a result of an Injury or Sickness, we will pay the Inpatient Doctor Visits Indemnity Benefit in the amount shown on the Insured Schedule for each day such Covered Person receives personal treatment by a Physician, limited to 5 visits in a Policy Year. This benefit is payable only for a day on which (a) a Covered Person is confined in a Hospital or Intensive Care Unit as a result of an Injury or Sickness and (b) the Covered Person receives personal treatment by a Physician. Each Covered Person is limited to one Inpatient Doctor Visits Indemnity Benefit for each day he/she receives personal treatment by one or more Physicians while confined in a Hospital or Intensive Care Unit.

BENEFITS PAYABLE IN OR OUT OF THE HOSPITAL

SURGEON'S INDEMNITY BENEFIT

If a Covered Person, while this Policy is in force, has a surgical operation performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness, we will pay the applicable amount shown on the Schedule of Surgical Operations. The maximum aggregate benefit payable under this provision for all surgical operations in a Policy Year is limited to the Maximum Aggregate Surgeon's Indemnity Benefit shown on the Schedule of Surgical Operations. This benefit is payable for surgery performed either on an inpatient or outpatient basis.

ANESTHESIOLOGIST'S INDEMNITY BENEFIT

If a Covered Person, while this Policy is in force, has a surgical operation performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness for which the Surgeon's Indemnity Benefit is payable, and is administered anesthesia by an anesthesiologist during such surgical operation, we will pay 25% of the benefit payable under the Surgeon's Indemnity Benefit. This benefit is payable in connection with surgery performed either on an inpatient or outpatient basis.

DAY OF SURGERY INDEMNITY BENEFIT

If a Covered Person, while this Policy is in force, has a surgical operation performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness for which the Surgeon's Indemnity Benefit is payable, and receives services or supplies in an operating room or surgical facility, we will pay 125% of the benefit payable under the Surgeon's Benefit. This benefit is payable in connection with surgery performed either on an inpatient or outpatient basis.

SCHEDULE OF SURGICAL OPERATIONS

HEAD

Burr Holes hematoma.....	[1470.00]
Craniotomy hematoma	[1785.00]
Craniotomy skull tumor.....	[3000.00]
Intracranial aneurysm	[2415.00]

EAR

Mastoidectomy - radical.....	[2250.00]
Mastoidectomy - simple.....	[1050.00]
Myringotomy	[225.00]
Stapedectomy.....	[1365.00]
Tympanoplasty	[1365.00]
Tympanotomy	[225.00]

EYE

Blepharoplasty.....	[750.00]
Cataract removal Surgical or Laser	[1050.00]
Cataract removal with lens implant.....	[1200.00]
Detached retina repair	[1050.00]
Enucleation of eyeball	[600.00]
Foreign body removal.....	[150.00]
Iridectomy	[900.00]
Keratotomy	[900.00]
Lens implant	[900.00]
Pterygium excision	[600.00]
Sclerotomy	[900.00]
Strabismus repair	[750.00]
Vitreotomy	[900.00]

NOSE

Antrum puncture for drainage	[150.00]
Ethmoidectomy.....	[675.00]
Polypectomy	[300.00]
Rhinoplasty.....	[1200.00]
Septoplasty.....	[900.00]
Submucous resection	[675.00]

THROAT - NECK

Laryngoscopy	[375.00]
Radical neck dissection for tumor.....	[3000.00]
Removal of larynx.....	[2100.00]
Removal of tumor larynx.....	[1050.00]
Removal of vocal cord	[1200.00]
Thyroidectomy	[1500.00]
Tonsillectomy adenoidectomy	[450.00]

CHEST

Bronchoscopy.....	[600.00]
Esophagoscopy.....	[225.00]
Esophagogastroduodenoscopy	[450.00]
Lobectomy.....	[1800.00]
Mediastinoscopy.....	[600.00]
Mediastinotomy	[300.00]
Pleura needle biopsy	[225.00]
Pneumonectomy.....	[2100.00]
Thoracentesis.....	[150.00]
Thoracoplasty	[2100.00]
Thoracotomy with biopsy	[1050.00]
UGI endoscopy with biopsy	[600.00]
UGI endoscopy diagnostic.....	[450.00]

BREAST

Breast aspiration.....	[150.00]
Breast biopsy.....	[240.00]
Radical mastectomy	
Bilateral	[2250.00]
Reconstruction.....	[2250.00]
Unilateral	[1200.00]
Reconstruction.....	[1200.00]

Breast (continued)

Reduction mammoplasty	
Bilateral	[1050.00]
Unilateral	[750.00]
Removal of tumor or cyst.....	[450.00]
Simple mastectomy	
Bilateral	[900.00]
Reconstruction.....	[900.00]
Unilateral	[750.00]
Reconstruction.....	[750.00]

CARDIOVASCULAR

Ablation therapy - veins	[900.00]
Aortic valve replacement	[3000.00]
Combined left and right heart catheterization	[900.00]
Coronary angioplasty.....	[2625.00]
Coronary artery bypass	[3000.00]
Hemodialysis access	[900.00]
Electrophysiologic evaluation, heart	[1500.00]
Embolectomy.....	[900.00]
Enderectomy	[2625.00]
Insertion venous access	[600.00]
Left heart catheterization, coronary angiography.....	[900.00]
Ligation - veins	[600.00]
Mitral valve replacement.....	[3000.00]
Pericardiectomy.....	[1800.00]
Pericardiotomy.....	[1200.00]
Permanent pacemaker insertion.....	[1200.00]
Popliteal artery bypass	[1680.00]
Repair of aneurysm	[2625.00]
Right heart catheterization, Swan-Ganz	[825.00]
Thrombectomy.....	[900.00]
Varicose vein stripping	[600.00]
Vascular injection	[300.00]

ABDOMEN

Appendectomy.....	[1050.00]
Biopsy of liver	[675.00]
Biopsy of pancreas	[750.00]
Cholecystectomy	[1050.00]
Colostomy	[1200.00]
Diverticulectomy	[900.00]
Enterolysis.....	[975.00]
Exploratory laparotomy.....	[1050.00]
Gastrectomy	
Sub Total	[1800.00]
Total	[2250.00]
Gastroenterostomy	[1500.00]
Hernia, inguinal, bilateral	[1200.00]
Hernia, inguinal, unilateral	[750.00]
Hernia, femoral.....	[750.00]
Hernia, umbilical.....	[750.00]
Hernia, ventral	[900.00]
Intestinal resection	[1200.00]
Omentectomy	[900.00]
Splenectomy.....	[1200.00]
Vagotomy & Pyloroplasty	[1200.00]

GENITO-URINARY TRACT

Adrenalectomy.....	[1350.00]
Cystectomy.....	[1200.00]
Cystolithotomy	[1275.00]
Cystoscopy	[375.00]
Epididymectomy	[675.00]
Hydrocele repair	[750.00]

**Maximum Aggregate Surgeon's Indemnity Benefit (for all surgical operations in a Policy Year):
[\$6,000.00]**

SCHEDULE OF SURGICAL OPERATIONS (Continued)

GENITO-URINARY TRACT (continued)

Lithotripsy	[1200.00]
Marshall Marchetti Krantz	[1350.00]
Nephrectomy	[2100.00]
Nephrolithotomy	[1275.00]
Orchiectomy	[750.00]
Suprapubic prostatectomy	[1350.00]
TUR prostate	[1350.00]
Ureterolithotomy	[1800.00]
Urethral dilation	[150.00]
Varicocele repair	[900.00]

GYNECOLOGY

Bartholin gland incision	[300.00]
Biopsy of cervix	[300.00]
Biopsy of endometrium	[300.00]
Cautery of cervix	[300.00]
Cystocele/Rectocele repair	[900.00]
Dilatation and curettage	[525.00]
Hysterectomy, abdominal	[1500.00]
Hysterectomy, vaginal	[1350.00]
Hysterosalpingography	[300.00]
Hysteroscopy, biopsy	[300.00]
Hysteroscopy, ablation	[525.00]
Laparoscopy	[600.00]
Oophorectomy	[900.00]
Salpingectomy	[1200.00]
Uterine suspension	[750.00]
Vaginal fistula repair	[675.00]

RECTUM

Colonoscopy fiberoptic	[450.00]
with biopsy	[600.00]
with removal of polyp	[750.00]
Fistulectomy	[750.00]
Fissure-ano	[450.00]
Hemorrhoidectomy, external	[150.00]
Hemorrhoidectomy, internal	[900.00]
I&D abscess	[150.00]
Pilonidal	[450.00]
Proctectomy	[2100.00]
Proctoperineoplasty	[900.00]
Proctoscopy	[225.00]
Sigmoidoscopy	[450.00]

AMPUTATIONS

Above elbow	[900.00]
Above knee	[1500.00]
Below elbow	[900.00]
Below knee	[1200.00]
Finger or Toe	[375.00]
Transmetatarsal	[750.00]

SPINE

Anesthetic injection, back/nerves	[150.00]
Arthrodesis	[1650.00]
Diskectomy	[1650.00]
Laminectomy	[1890.00]
Myelogram	[450.00]
Spinal instrumentation	[1650.00]

ORTHOPEDIC

Arthrocentesis	[150.00]
Arthroplasty, hip	[1800.00]
Arthroplasty, knee	[1200.00]
Arthroscopy, knee	[600.00]
Arthroscopy, shoulder	[600.00]
Arthrotomy, knee with meniscectomy	[1200.00]
Bunionectomy	[600.00]

ORTHOPEDIC (continued)

Excision Morton's neuroma	[450.00]
Fasciectomy	[300.00]
Fasciotomy	[300.00]
Hammertoe repair	[600.00]
Neurolysis median nerve at Carpal tunnel	[600.00]
Ostectomy	[300.00]
Osteotomy	[300.00]
Repair rotator cuff	[975.00]

FRACTURES

Ankle	[750.00]
Carpal-Metacarpal	[375.00]
Clavicle	[300.00]
Elbow dislocation	[300.00]
Femur	[900.00]
Fibula	[750.00]
Finger-Tarsal-Metatarsal	[300.00]
Humerus	[750.00]
Mandible	[900.00]
Maxilla, skull, simple	[1200.00]
Nose	[600.00]
Patella	[450.00]
Pelvis	[600.00]
Radius	[600.00]
Ribs	[150.00]
Scapula	[225.00]
Shoulder dislocation	[375.00]
Spine	[750.00]
Tibia	[825.00]
Ulna	[525.00]

Amounts above are for simple fracture. For open reduction maximum will be one and one-half times the amount for simple fracture. For open fracture requiring metallic fixation the amount will be twice the amount for simple fracture.

MISCELLANEOUS

Bone marrow – biopsy, aspiration	[300.00]
Flap - tissue transfer	[375.00]
I&D abscess	[150.00]
Excision of lesion of tendon sheath, Ganglion cyst	[600.00]
Mohs Surgery	[975.00]
Mohs Surgery, Chemo	[375.00]
Muscle, Skin Flap	[600.00]
Removal of tumors, cysts or abscesses	
benign - face, nose, ears	[300.00]
benign - scalp, neck, hand, foot	[225.00]
benign - trunk, arm, leg	[150.00]
malignant - face, nose, ears	[375.00]
malignant - scalp, neck, hand, foot	[300.00]
malignant - trunk, arm, leg	[225.00]
Suturing of surface wounds	
face and mucous membrane	[225.00]
scalp, neck, genitalia, trunk extremities	[150.00]

For surgical operations not otherwise specified, the Company will determine the amount to be included as a benefit on a basis commensurate to similar listed operations, but in no event shall the maximum benefit for operations not specified exceed [Three Thousand Dollars (\$3,000.00)].

**Maximum Aggregate Surgeon's Indemnity Benefit (for all surgical operations in a Policy Year):
[\$6,000.00]**

SCHEDULE OF SURGICAL OPERATIONS

HEAD

Burr Holes hematoma.....	[2940.00]
Craniotomy hematoma	[3570.00]
Craniotomy skull tumor.....	[6000.00]
Intracranial aneurysm.....	[4830.00]

EAR

Mastoidectomy - radical.....	[4500.00]
Mastoidectomy - simple.....	[2100.00]
Myringotomy.....	[450.00]
Stapedectomy.....	[2730.00]
Tympanoplasty.....	[2730.00]
Tympanotomy.....	[450.00]

EYE

Blepharoplasty.....	[1500.00]
Cataract removal Surgical or Laser.....	[2100.00]
Cataract removal with lens implant.....	[2400.00]
Detached retina repair.....	[2100.00]
Enucleation of eyeball.....	[1200.00]
Foreign body removal.....	[300.00]
Iridectomy.....	[1800.00]
Keratotomy.....	[1800.00]
Lens implant.....	[1800.00]
Pterygium excision.....	[1200.00]
Sclerotomy.....	[1800.00]
Strabismus repair.....	[1500.00]
Vitreotomy.....	[1800.00]

NOSE

Antrum puncture for drainage.....	[300.00]
Ethmoidectomy.....	[1350.00]
Polypectomy.....	[600.00]
Rhinoplasty.....	[2400.00]
Septoplasty.....	[1800.00]
Submucous resection.....	[1350.00]

THROAT - NECK

Laryngoscopy.....	[750.00]
Radical neck dissection for tumor.....	[6000.00]
Removal of larynx.....	[4200.00]
Removal of tumor larynx.....	[2100.00]
Removal of vocal cord.....	[2400.00]
Thyroidectomy.....	[3000.00]
Tonsillectomy adenoidectomy.....	[900.00]

CHEST

Bronchoscopy.....	[1200.00]
Esophagoscopy.....	[450.00]
Esophagogastroduodenoscopy.....	[900.00]
Lobectomy.....	[3600.00]
Mediastinoscopy.....	[1200.00]
Mediastinotomy.....	[600.00]
Pleura needle biopsy.....	[450.00]
Pneumonectomy.....	[4200.00]
Thoracentesis.....	[300.00]
Thoracoplasty.....	[4200.00]
Thoracotomy with biopsy.....	[2100.00]
UGI endoscopy with biopsy.....	[1200.00]
UGI endoscopy diagnostic.....	[900.00]

BREAST

Breast aspiration.....	[300.00]
Breast biopsy.....	[480.00]
Radical mastectomy	
Bilateral.....	[4500.00]
Reconstruction.....	[4500.00]
Unilateral.....	[2400.00]
Reconstruction.....	[2400.00]

BREAST (continued)

Reduction mammoplasty	
Bilateral.....	[2100.00]
Unilateral.....	[1500.00]
Removal of tumor or cyst.....	[900.00]
Simple mastectomy	
Bilateral.....	[1800.00]
Reconstruction.....	[1800.00]
Unilateral.....	[1500.00]
Reconstruction.....	[1500.00]

CARDIOVASCULAR

Ablation therapy - veins.....	[1800.00]
Aortic valve replacement.....	[6000.00]
Combined left and right heart catheterization.....	[1800.00]
Coronary angioplasty.....	[5250.00]
Coronary artery bypass.....	[6000.00]
Hemodialysis access.....	[1800.00]
Electrophysiologic evaluation, heart.....	[3000.00]
Embolectomy.....	[1800.00]
Enderterectomy.....	[5250.00]
Insertion venous access.....	[1200.00]
Left heart catheterization, coronary angiography.....	[1800.00]
Ligation - veins.....	[1200.00]
Mitral valve replacement.....	[6000.00]
Pericardiectomy.....	[3600.00]
Pericardiotomy.....	[2400.00]
Permanent pacemaker insertion.....	[2400.00]
Popliteal artery bypass.....	[3360.00]
Repair of aneurysm.....	[5250.00]
Right heart catheterization, Swan-Ganz.....	[1650.00]
Thrombectomy.....	[1800.00]
Varicose vein stripping.....	[1200.00]
Vascular injection.....	[600.00]

ABDOMEN

Appendectomy.....	[2100.00]
Biopsy of liver.....	[1350.00]
Biopsy of pancreas.....	[1500.00]
Cholecystectomy.....	[2100.00]
Colostomy.....	[2400.00]
Diverticulectomy.....	[1800.00]
Enterolysis.....	[1950.00]
Exploratory laparotomy.....	[2100.00]
Gastrectomy	
Sub Total.....	[3600.00]
Total.....	[4500.00]
Gastroenterostomy.....	[3000.00]
Hernia, inguinal, bilateral.....	[2400.00]
Hernia, inguinal, unilateral.....	[1500.00]
Hernia, femoral.....	[1500.00]
Hernia, umbilical.....	[1500.00]
Hernia, ventral.....	[1800.00]
Intestinal resection.....	[2400.00]
Omentectomy.....	[1800.00]
Splenectomy.....	[2400.00]
Vagotomy & Pyloroplasty.....	[2400.00]

GENITO-URINARY TRACT

Adrenalectomy.....	[2700.00]
Cystectomy.....	[2400.00]
Cystolithotomy.....	[2550.00]
Cystoscopy.....	[750.00]
Epididymectomy.....	[1350.00]
Hydrocele repair.....	[1500.00]

Maximum Aggregate Surgeon's Indemnity Benefit (for all surgical operations in a Policy Year):
[\$12,000.00]

SCHEDULE OF SURGICAL OPERATIONS (Continued)

GENITO-URINARY TRACT (continued)

Lithotripsy	[2400.00]
Marshall Marchetti Krantz	[2700.00]
Nephrectomy	[4200.00]
Nephrolithotomy	[2550.00]
Orchiectomy	[1500.00]
Suprapubic prostatectomy	[2700.00]
TUR prostate	[2700.00]
Ureterolithotomy	[3600.00]
Urethral dilation	[300.00]
Varicocele repair	[1800.00]

GYNECOLOGY

Bartholin gland incision	[600.00]
Biopsy of cervix	[600.00]
Biopsy of endometrium	[600.00]
Cautery of cervix	[600.00]
Cystocele/Rectocele repair	[1800.00]
Dilatation and curettage	[1050.00]
Hysterectomy, abdominal	[3000.00]
Hysterectomy, vaginal	[2700.00]
Hysterosalpingography	[600.00]
Hysteroscopy, biopsy	[600.00]
Hysteroscopy, ablation	[1050.00]
Laparoscopy	[1200.00]
Oophorectomy	[1800.00]
Salpingectomy	[2400.00]
Uterine suspension	[1500.00]
Vaginal fistula repair	[1350.00]

RECTUM

Colonoscopy fiberoptic	[900.00]
with biopsy	[1200.00]
with removal of polyp	[1500.00]
Fistulectomy	[1500.00]
Fissure-ano	[900.00]
Hemorrhoidectomy, external	[300.00]
Hemorrhoidectomy, internal	[1800.00]
I&D abscess	[300.00]
Pilonidal	[900.00]
Proctectomy	[4200.00]
Proctoperineoplasty	[1800.00]
Proctoscopy	[450.00]
Sigmoidoscopy	[900.00]

AMPUTATIONS

Above elbow	[1800.00]
Above knee	[3000.00]
Below elbow	[1800.00]
Below knee	[2400.00]
Finger or Toe	[750.00]
Transmetatarsal	[1500.00]

SPINE

Anesthetic injection, back/nerves	[300.00]
Arthrodesis	[3300.00]
Discectomy	[3300.00]
Laminectomy	[3780.00]
Myelogram	[900.00]
Spinal instrumentation	[3300.00]

ORTHOPEDIC

Arthrocentesis	[300.00]
Arthroplasty, hip	[3600.00]
Arthroplasty, knee	[2400.00]
Arthroscopy, knee	[1200.00]
Arthroscopy, shoulder	[1200.00]
Arthrotomy, knee with meniscectomy	[2400.00]
Bunionectomy	[1200.00]

ORTHOPEDIC (continued)

Excision Morton's neuroma	[900.00]
Fasciectomy	[600.00]
Fasciotomy	[600.00]
Hammertoe repair	[1200.00]
Neurolysis median nerve at Carpal tunnel	[1200.00]
Ostectomy	[600.00]
Osteotomy	[600.00]
Repair rotator cuff	[1950.00]

FRACTURES

Ankle	[1500.00]
Carpal-Metacarpal	[750.00]
Clavicle	[600.00]
Elbow dislocation	[600.00]
Femur	[1800.00]
Fibula	[1500.00]
Finger-Tarsal-Metatarsal	[600.00]
Humerus	[1500.00]
Mandible	[1800.00]
Maxilla, skull, simple	[2400.00]
Nose	[1200.00]
Patella	[900.00]
Pelvis	[1200.00]
Radius	[1200.00]
Ribs	[300.00]
Scapula	[450.00]
Shoulder dislocation	[750.00]
Spine	[1500.00]
Tibia	[1650.00]
Ulna	[1050.00]

Amounts above are for simple fracture. For open reduction maximum will be one and one-half times the amount for simple fracture. For open fracture requiring metallic fixation the amount will be twice the amount for simple fracture.

MISCELLANEOUS

Bone marrow – biopsy, aspiration	[600.00]
Flap - tissue transfer	[750.00]
I&D abscess	[300.00]
Excision of lesion of tendon sheath, Ganglion cyst	[1200.00]
Mohs Surgery	[1950.00]
Mohs Surgery, Chemo	[750.00]
Muscle, Skin Flap	[1200.00]
Removal of tumors, cysts or abscesses benign - face, nose, ears	[600.00]
benign - scalp, neck, hand, foot	[450.00]
benign - trunk, arm, leg	[300.00]
malignant - face, nose, ears	[750.00]
malignant - scalp, neck, hand, foot	[600.00]
malignant - trunk, arm, leg	[450.00]
Suturing of surface wounds face and mucous membrane	[450.00]
scalp, neck, genitalia, trunk extremities	[300.00]

For surgical operations not otherwise specified, the Company will determine the amount to be included as a benefit on a basis commensurate to similar listed operations, but in no event shall the maximum benefit for operations not specified exceed [Six Thousand Dollars (\$6,000.00)].

**Maximum Aggregate Surgeon's Indemnity Benefit (for all surgical operations in a Policy Year):
[\$12,000.00]**

BENEFIT PAYABLE OUT OF THE HOSPITAL

OUTPATIENT CHEMOTHERAPY/RADIATION THERAPY INDEMNITY BENEFIT

If a Covered Person, while this Policy is in force, undergoes outpatient chemotherapy or outpatient radiation therapy administered or directed by or under the supervision of a Physician for the treatment of cancer, we will pay the Outpatient Chemotherapy/Radiation Therapy Indemnity Benefit in the amount shown on the Insured Schedule for each day of such treatment. This benefit is subject to the Maximum Chemotherapy/Radiation Therapy Indemnity Benefit Period shown on the Insured Schedule for each Policy Year. Unused days in one Policy Year are not carried forward to any future Policy Year.

EXCLUSIONS

This Policy does not cover any Loss caused or contributed to by: (a) Injury or Sickness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by this Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted Injury; (c) drug abuse, drug overdose or drug addiction; (d) intoxication, alcoholism or alcohol related illnesses; (e) mental illness, nervous or emotional disorders; (f) dental care or treatment, **except** that excluded dental care or treatment shall not include (1) reconstructive surgery when such service is incidental to trauma or (2) treatment of accidental injury to whole natural teeth received within six months following an accident; (g) cosmetic or elective surgery (including surgery to correct myopia, hyperopia, presbyopia or astigmatism and surgery for weight loss or modification), **except** that excluded cosmetic surgery shall not include (1) reconstructive surgery when service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, (2) reconstructive surgery because of congenital disease or anomaly of an insured dependent child which has resulted in a functional defect or (3) breast reconstruction in connection with mastectomy, including reconstructive surgery on a nondiseased breast to establish symmetry with a diseased breast on which reconstructive surgery has been performed; (h) pregnancy or conditions due to pregnancy, **except** that complications of pregnancy shall be covered as any other Sickness; (i) childbirth; (j) participation in a felony or attempted felony, riot or insurrection; (k) rest cures, custodial care and routine physical examinations, except as specifically provided herein; (l) surgical sterilization; (m) foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet; (n) eye glasses, hearing aids and examination for the prescription or fitting thereof.

PRE-EXISTING CONDITIONS LIMITATION

Pre-Existing Conditions are not covered under this Policy until this Policy has been in force for a period of two years; provided, however, that no benefits whatsoever will be payable for Loss from any condition, either pre-existing or otherwise, which is completely excluded from coverage under this Policy by name or specific description on the date of the Loss.

PREMIUM PAYMENTS

(a) All premiums are payable in advance to the Company at its Home Office. The payment of any premium shall not maintain the insurance under any Policy in force beyond the day immediately preceding the due date of the next premium except as provided in the Grace Period provision.

(b) Premiums are subject to change. Premiums for this Policy are based on the attained age of each Covered Person, and each Covered Person's premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status, the Insured's state of residence and/or ZIP code. Any change will apply to future premiums for all policies with the same form number issued by us to individuals in the Insured's state of residence. We will give the Insured 31 days written notice before any premium change. No change in premium will be effective before the first policy anniversary.

TERMINATION

Subject to the Grace Period provision, coverage will immediately terminate at 12:01 A.M., Standard Time, at the place where the Insured resides, on the due date of any premium which is not paid.

CONTINUATION OF COVERAGE UPON DIVORCE

If a Covered Person ceases to be covered under this Policy by reason of divorce, such Covered Person may continue his/her coverage under a separate policy identical to this Policy, subject to the following: (a) such Covered Person must give written notice to the Company within 30 days of such divorce of his/her desire to continue coverage; (b) the continuation policy will be issued without evidence of insurability; (c) the premium for the continuation policy will be no more than the premium that would be charged such Covered Person had the divorce not occurred; and (d) any waiting periods will be considered satisfied under the continuation policy to the extent satisfied under the Policy.

COVERAGE FOR SPOUSE AND DEPENDENT CHILDREN

Coverage will be provided for the Insured's spouse and/or dependent children (including adopted children) who are listed by name on the Insured Schedule; provided the applicable premium is paid. If the Insured's spouse and/or dependent children are not covered by this Policy such individual(s) may be added after the Effective Date by submitting a written application and paying the correct premium for his/her coverage. We must approve the application for his/her coverage to be effective.

A newborn child of the Insured is automatically covered for 90 days from the moment of birth. We must receive notice of birth and payment of the applicable premium within 90 days after the child's date of birth or before the next premium due date, whichever is later, in order to have the newborn's coverage continue beyond such 90-day period.

A newborn child adopted by the Insured is automatically covered for 60 days from the moment of birth if the petition for adoption is filed within 60 days after the child's date of birth. We must receive written notice of birth and payment of the applicable premium within 60 days after the child's date of birth in order to have the newborn adopted child's coverage continue beyond such 60-day period.

A child adopted by the Insured more than 60 days after the date of birth is automatically covered for 60 days from the date the petition for adoption is filed. We must receive written notice of the filing of the petition for adoption and payment of the applicable premium within 60 days after the date of placement in order to have the adopted child's coverage continue beyond such 60-day period.

For purposes of this provision, an adopted child includes a minor child under the charge, care and control of the insured, and for whom the Insured has filed a petition to adopt. The coverage of an adopted child will terminate upon the dismissal or denial of the petition for adoption.

RENEWAL SAFEGUARD

This Policy is renewable as follows:

- (a) The Company may not decline to renew this Policy except for one or both of the following reasons:
 - (1) Renewal premiums are declined on all policies bearing the same form number as this Policy issued to persons in the same state in which the Insured resides; or
 - (2) Failure to correctly report matters inquired of in the application for this Policy.
- (b) While this Policy is in effect, the Company shall not have the right to place any restrictive amendment hereon with respect to any coverage in effect hereunder. **There shall be no change in rate classification on account of any physical impairment of a Covered Person or on account of any claims under this Policy.**
- (c) The Company's right to refuse renewal, which is expressly reserved as set forth in (a) above, may be exercised by giving written notice, at least thirty (30) days prior to the expiration of the term for which premium has been paid, to the Insured by either delivery or by mailing to his last address as shown by the records of the Company when, not less than thirty (30) days thereafter, such refusal of renewal shall be effective.

UNIFORM PROVISIONS

1. ENTIRE CONTRACT; CHANGES: This Policy with any endorsements or attachments, is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent.

2. TIME LIMIT ON CERTAIN DEFENSES: (a) After two years from the Effective Date of this Policy, no misstatement of a Covered Person, except a fraudulent misstatement made in the application, shall be used to void this Policy. After two years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of any Covered Person eligible for coverage under this Policy, except a fraudulent misstatement contained in a written instrument signed by a Covered Person, shall be used to deny a claim for Loss commencing after expiration of such two years. (b) No claim for Loss that starts after two years from the Effective Date of coverage will be reduced or denied because a Sickness or condition had existed before the Effective Date of coverage. This does not include diseases or physical conditions excluded specifically by name or description on an elimination endorsement or in the Exclusions provision.

UNIFORM PROVISIONS (Continued)

3. GRACE PERIOD: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the Policy shall continue in force.

4. REINSTATEMENT: This Policy shall lapse if you do not pay the premium before the end of the grace period. If we or any agent authorized by us to accept premium later accepts premium and does not require an application for reinstatement, such acceptance shall reinstate this Policy. If we or such agent require an application for reinstatement and issue a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day after such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only an Injury caused by an accident occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed, unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

5. NOTICE OF CLAIM: You must give us written notice of claim. It must be given within 20 days after a covered Loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and Policy number. Notice should be mailed to us at our home office at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, or to any authorized agent.

6. CLAIM FORMS: When we receive your notice, we will give or provide you forms for filing proof of Loss. If we do not give or provide them within 15 days, you can meet the proof of Loss requirement by giving us a written statement of what happened. This statement should include the type and extent of your Loss. We must receive this statement within the time given for filing proof of Loss.

7. PROOF OF LOSS: If the Policy provides for periodic payment for a continuing Loss, written proof of Loss must be given to us within 90 days after the end of each period for which we are liable. For any other Loss, written proof must be given within 90 days after such Loss. If it was not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, except in the absence of legal capacity, the proof required must be given no later than one year from the time specified.

8. TIME OF PAYMENT OF CLAIMS: We will pay benefits immediately upon receipt of due written proof of Loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of Loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

9. PAYMENT OF CLAIM: (a) Subject to the Direct Payment of Hospital, Medical Services provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate. (b) If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1,000 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

10. PHYSICAL EXAMINATION: We, at our expense, may have you examined when and as often as we may reasonably require while a claim is pending.

11. LEGAL ACTIONS: No legal action may be brought to recover on this Policy within 60 days after written proof of such Loss has been given as required by the Policy. No such action may be brought after the expiration of 3 years after the time written proof of Loss is required to be given.

12. CHANGE OF BENEFICIARY: Unless you make an irrevocable designation of beneficiary, only you shall have the right to change the beneficiary. Consent of the beneficiary shall not be required to make any change in this Policy. Also, no such consent shall be required for surrender or assignment of this Policy.

13. CANCELLATION: This Policy may not be cancelled by the Company, nor by you, during a period for which premium has been paid and officially accepted by the Company. The Company may not decline to renew this Policy, except as provided in the Termination provision or the Renewal Safeguard provision.

POLICY PROVISIONS

1. MISSTATEMENT OF AGE: If the age of a Covered Person has been misstated, all benefits payable to that person shall be in the amount the premiums paid would have purchased at the correct age.

2. UNPAID PREMIUM: Any due and unpaid premium for this Policy may be deducted from its benefits then payable.

3. ILLEGAL OCCUPATION: We shall not be liable for any Loss to which a contributing cause was your commission or attempt to commit a felony. We shall not be liable for any Loss to which a contributing cause was your participation in an illegal occupation or illegal activity.

4. INTOXICANTS AND NARCOTICS: We shall not be liable for any Loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician.

5. CONFORMITY WITH STATE STATUTES: The provisions of this Policy must conform with the laws of the state in which you reside on the date of issue. If any do not, they are hereby amended to conform.

6. DIRECT PAYMENT OF HOSPITAL, MEDICAL SERVICES: Subject to any written direction of the Insured, the indemnities provided hereunder on account of hospital, medical or surgical services will be paid directly to the Insured.

7. ALTERNATIVE DISPUTE RESOLUTION: If a dispute arises between a Covered Person and the Company concerning the payment or non-payment of benefits under this Policy, either party may request that the dispute be referred to mediation. Such a request must be submitted to the other party in writing and must include a description of the issue(s) in dispute. The parties will then contact the American Arbitration Association, which will appoint a mediator who is experienced in resolving health insurance disputes.

If the decision of the mediator is in favor of the Covered Person, the Company will accept the decision and pay the cost of the mediator and any experts he/she consults with.

If the decision of the mediator is in favor of the Company, the Company will pay the cost of the mediator and any experts he/she consults with.

This provision will not affect any right of a Covered Person under the Legal Actions provision of this Policy or applicable law.

8. INDEPENDENT, NONCOORDINATED FIXED DOLLAR BENEFITS PAYABLE REGARDLESS OF EXPENSES INCURRED: Each benefit under this Policy is a fixed dollar amount that is payable regardless of the amount of expenses incurred. Each benefit under this Policy is independent of and is not coordinated with the benefits, exclusions or any other provision of any other health insurance coverage or health plan. Each benefit under this Policy is payable with respect to an event without regard to whether benefits are provided with respect to the same event under any other health insurance coverage or health plan. Benefits payable under this Policy will not be reduced on account of any other health insurance coverage or health plan.

9. REFUND OF UNEARNED PREMIUM UPON DEATH OF COVERED PERSON: In the event of a Covered Person's death, any benefits payable to his/her estate shall include any premium paid for any period beyond the date of such Covered Person's death. Said unearned premium shall be paid in a lump sum within 30 days following our receipt of due written proof of death.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the effective date, and to be executed by its President and Secretary at its Home Office at 601 East Britton Road, in the City of Oklahoma City, Oklahoma.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OF OKLAHOMA CITY, OKLAHOMA

OUT-OF-HOSPITAL INDEMNITY BENEFIT RIDER

In consideration of the additional premium and effective with the date of issue, coverage under the Policy to which this Rider is attached is extended to include the following benefits:

Outpatient X-Rays and Lab Tests Indemnity Benefit: If a Covered Person, while this Rider is in force, undergoes an Outpatient X-Ray, MRI, CT Scan or a laboratory test performed or directed by or under the supervision of a Physician as the result of an Injury or Sickness, we will pay indemnity benefits as follows:

- (a) For each such X-Ray, we will pay the X-Ray Indemnity Benefit in the amount shown on the Insured Schedule.
- (b) For each such MRI or CT Scan, we will pay the MRI/CT Scan Indemnity Benefit in the amount shown on the Insured Schedule.
- (c) For each such laboratory we will pay the Lab Test Indemnity Benefit in the amount shown on the Insured Schedule.
- (d) The maximum benefit we will pay for all X-Rays, MRIs, CT Scans and laboratory tests in a Policy Year is limited to the Maximum Aggregate Outpatient X-Rays and Lab Tests Indemnity Benefit shown on the Insured Schedule.

Outpatient Doctor Visits Indemnity Benefit: If a Covered Person, while this Rider is in force, receives personal treatment by a Physician in the Physician's office or a clinic, as the result of an Injury or Sickness or for a routine examination, we will pay the Outpatient Doctor Visits Indemnity Benefit in the amount shown on the Insured Schedule. This benefit is limited to one visit per day, and not to exceed four visits in a Policy Year.

Emergency Room Indemnity Benefit: If a Covered Person, while this Rider is in force, receives personal treatment by a Physician in a Hospital emergency room as the result of an Injury or Sickness, we will pay the Emergency Room Indemnity Benefit in the amount shown on the Insured Schedule. This benefit is limited to one visit in a Policy Year.

Ambulance Indemnity Benefit: If a Covered Person, while this Rider is in force, is transported to or from a Hospital as a result of an Injury or Sickness, we will pay the applicable indemnity benefit as follows:

- (a) **Air Ambulance:** For air transportation by a licensed ambulance service, we will pay the Air Ambulance Indemnity Benefit in the amount shown on the Insured Schedule, limited to two air ambulance trips in a Policy Year.
- (b) **Ground Ambulance:** For ground transportation by a licensed ambulance service, we will pay the Ground Ambulance Indemnity Benefit in the amount shown on the Insured Schedule, limited to four ground ambulance trips in a Policy Year.

This benefit will not be payable for any ambulance trip that is taken for the purpose of convenience.

Prescription Indemnity Benefit: If a Covered Person, while this Rider is in force, purchases a Prescription Drug as the result of an Injury or Sickness, we will pay \$25.00 for each such Prescription Drug. The maximum benefit we will pay for all Prescription Drugs in a Policy Year is limited to the Maximum Aggregate Prescription Drug Indemnity Benefit shown on the Insured Schedule. For purposes of this benefit, "Prescription Drug" means a drug or medication which: (a) requires a prescription written by a Physician and (b) is dispensed by a licensed pharmacist.

(Continued on reverse side)

Preventive Care Indemnity Benefits: If a Covered Person, who meets the requirements specified below, while this Rider is in force, undergoes one or more of the following types of preventive care performed or directed by or under the supervision of a Physician, we will pay indemnity benefits as follows:

(a) **Colonoscopy Indemnity Benefit:** For a colonoscopy for a Covered Person who is age 50 or older, to screen for the presence of colon cancer, we will pay the Colonoscopy Indemnity Benefit in the amount shown on the Insured Schedule, limited to one screening colonoscopy every five Policy Years.

(b) **Mammogram Indemnity Benefit:** For a mammogram for a female Covered Person, we will pay the Mammogram Indemnity Benefit in the amount shown on the Insured Schedule, limited to:

(i) One baseline mammogram examination for each female Covered Person who is at least 35, but less than 40 years of age;

(ii) One mammogram examination every two Policy Years for each female Covered Person who is at least 40, but less than 50 years of age; and

(iii) One mammogram examination every Policy Year for each female Covered Person who is 50 years of age or older.

(c) **Pap Smear Indemnity Benefit:** For a Pap Smear for a female Covered Person, we will pay the Pap Smear Indemnity Benefit in the amount shown on the Insured Schedule, limited to one Pap Smear in a Policy Year. For purposes of this benefit, "Pap Smear" means an examination of the tissues of the cervix of the uterus for the purpose of detecting cancer when performed upon the recommendation of a Physician.

(d) **Diabetes Testing Indemnity Benefit:** For a blood test for diabetes, we will pay the Diabetes Testing Indemnity Benefit in the amount shown on the Insured Schedule, limited to one blood test for diabetes in a Policy Year.

(e) **Prostate Examination Indemnity Benefit:** For a Prostate Examination for a male Covered Person who is age 50 or older, we will pay the Prostate Examination Indemnity Benefit in the amount shown on the Insured Schedule, limited to one Prostate Examination in a Policy Year. For purposes of this benefit, "Prostate Examination" means a digital rectal examination and prostate specific antigen (PSA) test for the purpose of detecting prostate cancer when performed upon the recommendation of a Physician.

This Rider does not pay any benefit for any diagnosis or treatment of a Covered Person which is covered under the Policy while he/she is confined as an inpatient of a Hospital.

For purposes of this Rider, "Outpatient" means covered treatment of a Covered Person's Injury or Sickness performed on an outpatient basis by or under the supervision of a Physician in the Physician's office, a clinic, an independent laboratory or X-ray facility, an outpatient department of a Hospital or a Hospital emergency room.

All the provisions, conditions, limitations and exclusions of the Policy to which this Rider is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Rider.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Rider to be executed by its President and attested by its Secretary.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

EXISTING CONDITION BENEFIT ENDORSEMENT

Reserve National Insurance Company, in consideration of the payment of the additional premium which has been included in the premium shown in the schedule of the Policy to which this Endorsement is attached, agrees to provide, subject to the hereafter described waiting period, the benefits set forth in the Policy for the following conditions which have manifested themselves to the Covered Person prior to the Effective Date hereof: March 1, 2011

Name of Covered Person: JOHN DOE

Condition(s): Diabetes, including any complications thereof.

WAITING PERIOD: No benefit shall be paid prior to the expiration of 12 months from the Effective Date of this Endorsement as a result of the above-listed condition(s).

All the provisions, conditions and limitations of the Policy to which this Endorsement is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Endorsement.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Endorsement to be executed by its President to be effective on the date listed above.


Secretary


President

RESERVE NATIONAL INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

Policy No. 00-00-000000

Effective Date Endor.

March 1, 2011

ELIMINATION RIDER

This rider is attached to and made a part of the above numbered Policy and shall be effective as shown above.

With respect to **JANE DOE** named as a Covered
Person hereunder, this Policy is hereby amended to exclude benefits for:

Pneumonia and/or any disease of the respiratory tract,
including any complications thereof.

IN WITNESS WHEREOF, **RESERVE NATIONAL INSURANCE CO.** has issued this rider.


Secretary


President

**ENDORSEMENT(S), IF ANY, AND PHOTOCOPY OF THE APPLICATION
ATTACHED HERETO CONSTITUTE PART OF THE CONTRACT**

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601 East Britton Road ▪ Oklahoma City, OK 73114

FIXED INDEMNITY POLICY

This Policy provides fixed indemnity benefits for covered treatment of a Covered Person's Injury or Sickness.

Read it carefully with the outline of coverage.

ACS-1



**THIS IS A FIXED INDEMNITY POLICY.
IT PROVIDES STATED BENEFIT AMOUNTS IN EACH POLICY YEAR
WITHOUT REGARD TO THE AMOUNT OF EXPENSES INCURRED.**

OUTLINE OF COVERAGE

Read Your Policy Carefully - This outline of coverage provides a very brief description of the important features of Fixed Indemnity Policy Form ACS-1. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and Reserve National Insurance Company. It is therefore important that you **Read Your Policy Carefully!**

Fixed Indemnity Coverage is designed to provide coverage in the form of a stated indemnity benefit for covered treatment of a covered Injury or Sickness, subject to all the Policy's conditions, limitations and exclusions. Coverage is not provided for any benefits other than the fixed indemnity benefits described below. **THIS IS A LIMITED POLICY. THIS IS NOT MAJOR MEDICAL COVERAGE.**

Benefits, days or visits not used in one Policy Year are not carried forward to any future Policy Year.

I. BENEFITS PAYABLE IN THE HOSPITAL

(1) Hospital Confinement Indeminty Benefit: If a Covered Person is confined in a Hospital as a resident inpatient as a result of an Injury or Sickness, we will pay, beginning with the first day of Hospital confinement following the applicable Qualifying Period, the following Hospital Confinement Indemnity Benefit for each day of confinement, **limited to** the Maximum Hospital Confinement Indemnity Benefit Period of **180 days for each Policy Year:**

- (a) **Qualifying Period for Sickness (must be satisfied each Policy Year):** _____ day(s)
- (b) **Qualifying Period for Accident:** 0 day(s)
- (c) **First 5 full days of Hospital confinement after the Qualifying Period:** \$ _____ per day
- (d) **Next 25 full days of Hospital confinement:** \$ _____ per day
- (e) **Next 150 full days of Hospital confinement:** \$ _____ per day

A "day" is a 24-hour period. No benefit is payable for a partial day of Hospital confinement; except that if a Covered Person is confined in a Hospital solely for purposes of observation, the amount payable will be subject to the applicable Qualifying Period and pro-rated based on the number of hours of observation. See the Policy for details.

(2) Intensive Care Unit Confinement Indemnity Benefit: If a Covered Person is confined in an Intensive Care Unit as a resident inpatient as a result of an Injury or Sickness, we will pay, beginning with the first day of such Intensive Care Unit confinement, the Intensive Care Unit Confinement Indemnity Benefit of **\$1,000.00** for each day of such confinement, **limited to** the Maximum Intensive Care Unit Confinement Indemnity Benefit Period of **10 days for each Policy Year.** This benefit is payable in addition to the Hospital Confinement Indemnity Benefit if a Covered Person meets the requirements concerning confinement in an Intensive Care Unit.

A "day" is a 24-hour period. No benefit is payable for a partial day of Intensive Care Unit confinement.

(3) Inpatient Doctor Visits Indemnity Benefit: If a Covered Person is confined in a Hospital or an Intensive Care Unit as a resident inpatient as a result of an Injury or Sickness, we will pay the Inpatient Doctor Visits Indemnity Benefit of **\$75.00** for each day the confined Covered Person receives personal treatment by a Physician, **limited to 10 visits in a Policy Year.** Each Covered Person is limited to one Inpatient Doctor Visits Indemnity Benefit for each day he/she receives personal treatment by one or more Physicians while confined in a Hospital or an Intensive Care Unit.

II. BENEFITS PAYABLE IN OR OUT OF THE HOSPITAL

(1) Surgeon's Indemnity Benefit: If a Covered Person has a surgical procedure performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness, we will pay the applicable amount shown on the **Schedule of Surgical Operations** in the Policy. The maximum aggregate benefit payable for all surgical operations shall be **limited to \$_____** in a Policy Year. This benefit is payable for **either inpatient or outpatient surgery**.

(2) Anesthesiologist's Indemnity Benefit: If a Covered Person has a surgical operation performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness, and is administered anesthesia by an anesthesiologist during the surgical operation, we will pay **25%** of the applicable amount payable under the Surgeon's Indemnity Benefit. This benefit is payable in connection with **either inpatient or outpatient surgery**.

(3) Day of Surgery Indemnity Benefit: If a Covered Person has a surgical operation performed by a Physician (who is the primary surgeon) as a result of an Injury or Sickness for which the Surgeon's Indemnity Benefit is payable, and receives services or supplies in an operating room or surgical facility, we will pay **125%** of the benefit payable under the Surgeon's Indemnity Benefit. This benefit is payable in connection with **either inpatient or outpatient surgery**.

III. BENEFIT PAYABLE OUT OF THE HOSPITAL

Outpatient Chemotherapy/Radiation Therapy Indemnity Benefit: If a Covered Person undergoes outpatient chemotherapy or outpatient radiation therapy administered or directed by or under the supervision of a Physician for the treatment of **cancer**, we will pay the Outpatient Chemotherapy/Radiation Therapy Indemnity Benefit of **\$1,000.00** for each day of such treatment, **limited to** the Maximum Chemotherapy/Radiation Therapy Indemnity Benefit Period of **20 days for each Policy Year**.

IV. _____ (applicant's initials to select) OPTIONAL OUT-OF-HOSPITAL INDEMNITY BENEFIT RIDER: For an additional premium, the following benefits will be payable if you select this optional Rider:

(1) Outpatient X-Rays and Lab Tests Indemnity Benefit: If a Covered Person undergoes an Outpatient X-Ray, MRI, CT Scan or a lab test performed or directed by or under the supervision of a Physician as the result of an Injury or Sickness, we will pay indemnity benefits as follows, **limited to** the Maximum Aggregate Outpatient X-Rays, and Lab Test Indemnity Benefit of **\$2,000.00 for all Outpatient X-Rays, MRIs, CT Scans and lab tests in a Policy Year**:

(a) X-Rays: We will pay **\$75.00** for each X-Ray.

(b) MRIs and CT Scans: We will pay **\$750.00** for each MRI or CT Scan.

(c) Lab Tests: We will pay **\$50.00** for each lab test.

(2) Outpatient Doctor Visits Indemnity Benefit: If a Covered Person receives personal treatment by a Physician in the Physician's office or a clinic, as the result of an Injury or Sickness or for a routine examination, we will pay the Outpatient Doctor Visits Indemnity Benefit of **\$50.00** per visit, **limited to 1 visit per day and 4 visits in a Policy Year**.

(3) Emergency Room Indemnity Benefit: If a Covered Person receives personal treatment by a Physician in a Hospital emergency room as the result of an Injury or Sickness, we will pay the Emergency Room Indemnity Benefit of **\$500.00, limited to 1 visit in a Policy Year**.

(4) Ambulance Indemnity Benefit: If a Covered Person is transported to or from a Hospital as a result of an Injury or Sickness, we will pay the applicable benefit as follows:

(a) Air Ambulance: We will pay **\$1,500.00** for air transportation by a licensed ambulance service, **limited to 2 air ambulance trips per Policy Year**.

(b) Ground Ambulance: We will pay **\$500.00** for ground transportation by a licensed ambulance service, **limited to 4 ground ambulance trips per Policy Year**.

(5) Prescription Indemnity Benefit: If a Covered Person purchases a Prescription Drug as the result of an Injury or Sickness, we will pay **\$25.00** for each Prescription Drug, **limited to the Maximum Aggregate Prescription Drug Indemnity Benefit of \$500.00 for all Prescription Drugs in a Policy Year.**

(6) Preventive Care Indemnity Benefits: If a Covered Person, who meets the **requirements specified in the Policy**, undergoes one or more of the following types of preventive care performed or directed by or under the supervision of a Physician, we will pay indemnity benefits as follows:

(a) Colonoscopy Indemnity Benefit: For a colonoscopy for a Covered Person who is age 50 or older, to screen for the presence of colon cancer, we will pay the Colonoscopy Indemnity Benefit of **\$500.00, limited to 1 screening colonoscopy every 5 Policy Years.**

(b) Mammogram Indemnity Benefit: For a mammogram for a female Covered Person age 35 or older, and at age intervals specified in the Policy, we will pay the Mammogram Indemnity Benefit of **\$125.00.** See the Policy for details.

(c) Pap Smear Indemnity Benefit: For a Pap Smear for a female Covered Person, we will pay the Pap Smear Indemnity Benefit of **\$100.00, limited to 1 Pap Smear in a Policy Year.**

(d) Diabetes Testing Indemnity Benefit: For a blood test for diabetes, we will pay the Diabetes Testing Indemnity Benefit of **\$50.00, limited to 1 such blood test for diabetes in a Policy Year.**

(e) Prostate Examination Indemnity Benefit: For a Prostate Examination for a male Covered Person who is age 50 or older, we will pay the Prostate Cancer Examination Indemnity Benefit of **\$75.00, limited to 1 Prostate Examination in a Policy Year.**

V. EXCLUSIONS: The Policy does not pay benefits for any Loss caused or contributed to by: (a) Injury or Sickness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by the Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted Injury; (c) drug abuse, drug overdose or drug addiction; (d) intoxication, alcoholism or alcohol related illnesses; (e) mental illness, nervous or emotional disorders; (f) dental care or treatment, **except** that excluded dental care or treatment shall not include (1) reconstructive surgery when such service is incidental to trauma or (2) treatment of accidental Injury to whole natural teeth received within six months following an accident; (g) cosmetic or elective surgery (including surgery to correct myopia, hyperopia, presbyopia or astigmatism and surgery for weight loss or modification), **except** that excluded cosmetic surgery shall not include (1) reconstructive surgery when service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, (2) reconstructive surgery because of congenital disease or anomaly of an insured dependent child which has resulted in a functional defect or (3) breast reconstruction in connection with mastectomy, including reconstructive surgery on a nondiseased breast to establish symmetry with a diseased breast on which reconstructive surgery has been performed; (h) pregnancy or conditions due to pregnancy, **except** that complications of pregnancy shall be covered as any other Sickness; (i) childbirth; (j) participation in a felony or attempted felony, riot or insurrection; (k) rest cures, custodial care, and routine physical examinations, except as specifically provided; (l) surgical sterilization; (m) foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet; (n) eye glasses, hearing aids and examination for the prescription or fitting thereof.

VI. PRE-EXISTING CONDITIONS LIMITATION: Pre-Existing Conditions are not covered under the Policy until the Policy has been in force for a period of two years; provided, however, that no benefits whatsoever will be payable for Loss from any condition, either pre-existing or otherwise, which is completely excluded from coverage under the Policy by name or specific description on the date of Loss. "Pre-existing Condition" means a condition that has been diagnosed, or has manifested itself to you within the five-year period immediately preceding the Effective Date of the Policy by a symptom or symptoms, whether the specific condition has been medically diagnosed or not, and causes Loss within the two-year period following the Effective Date of the Policy.

Coverage for some pre-existing conditions may be included after 12 months for an additional premium payable during the lifetime of your Policy by attachment of the PEB-3 (1/11) endorsement.

VII. _____ (applicant's initials to select) EXISTING CONDITION BENEFIT

ENDORSEMENT PEB-3 (1/11): Pre-Existing Conditions disclosed on the application and listed on endorsement Form PEB-3 (1/11) will be covered after 12 months.

VIII. TERMINATION: Subject to the Policy's Grace Period provision, coverage will immediately terminate at 12:01 A.M., Standard Time, at the place where the Insured resides, on the due date of any premium which is not paid.

IX. RENEWAL SAFEGUARD: The Policy is renewable as follows:

(a) Subject to the Termination provisions of the Policy, we may not decline to renew the Policy except for one or both of the following reasons:

- (1) Renewal premiums are declined on all policies bearing the same form number as the Policy issued to persons in the state where you reside; or
- (2) Failure to correctly report matters inquired of in the application for the Policy.

(b) While the Policy is in effect, we shall not have the right to add any restrictive amendment. There shall be no change in rate classification on account of any physical impairment or on account of any claims incurred.

X. PREMIUM PAYMENTS/PREMIUMS SUBJECT TO CHANGE:

(a) You have a grace period of 31 days for the payment of each premium which becomes due after the first premium. During this grace period the Policy will continue in force.

(b) Premiums are subject to change. Premiums are based on the attained age of each Covered Person, and each Covered Person's premium may increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status, the insured's state of residence and/or ZIP code. We will give you 31 days written notice before any such premium change.

THIS IS A LIMITED POLICY.
IT PROVIDES ONLY THE FIXED INDEMNITY BENEFITS DESCRIBED ABOVE.

READ THE POLICY CAREFULLY WITH THIS OUTLINE OF COVERAGE.

PLEASE READ BEFORE SIGNING

THE SOLICITING AGENT SIGNING BELOW DOES NOT HAVE THE AUTHORITY TO BIND THE COMPANY OR TO WAIVE, CHANGE OR AMEND ANY TERM OR CONDITION OF A POLICY WHICH MAY BE ISSUED BY THE COMPANY.

I understand and acknowledge that:

- **Form ACS-1 provides limited benefits; it is not a major medical policy and is not designed to cover all medical expenses.**
- **I have received a copy of this outline of coverage, which I have reviewed.**

Dated this _____ day of _____, 20_____.

Signed at _____, State of _____.

Applicant's Signature

Agent's Signature

Date

[This Outline of Coverage is to be delivered to the applicant at the time the application for insurance is completed.]
Fixed Indemnity Policy Form ACS-1 is individually underwritten by Reserve National Insurance Company.

AGENT CODE _____
MGR CODE _____

POLICY NUMBER(S): _____

EFFECTIVE DATE
Month _____ Day _____ Year _____

1. Full Name of Each Applicant			Social Security No.	Relation To Proposed Insured	BIRTH DATE			Age	Ht.	Wt.	Sex
First	Middle Initial	Last			Mo.	Day	Yr.				
1				Proposed Insured							
2											
3											
4											

- Scheduled Benefit Hospital, Medical, Surgical Expense Policy PS-1
 Scheduled Benefit Accident-Only Policy SA-1

Deductible \$	Daily Room Max. \$	Hospital Misc. Max. \$		
Basic	List Endorsements & Rates		PEB Table	Total Monthly Premium
App't # Mthly. Rt.				
1				
2				
3				
4				
Total				

- Fixed Indemnity Policy ACS-1
Qualifying Period Before Daily Hospital Indemnity Payable: _____ Days
Daily Hospital Indemnity Amount First 5 Days _____

Basic	List Endorsements & Rates			PEB Table	Total Monthly Premium
App't # Mthly. Rt.					
1					
2					
3					
4					
Total					

- Accident Policy
 AP-79 AP-02-79
 AP-91 AP-91-70

App't #	Total Monthly Prem.
1	
2	
3	
4	
Total	

- Dental/Vision Expense Policy
Pol. Yr. Ded. \$ _____
Pol. Yr. Max. \$ _____

App't #	Total Monthly Prem.
1	
2	
3	
4	
Total	

- First Diagnosis Heart Attack / First Major Heart Surgery Indemnity Policy HRT-98
First Diagnosis Heart Attack Benefit (after 30 days) \$ _____
First Major Heart Surgery Benefit (after 30 days) \$ _____

App't #	Total Monthly Prem.
1	
2	
3	
4	
Total	

- Supplemental Outpatient Expense Policy
 OS-99 OP-2000 Deductible \$ _____

Basic	List Endorsements & Rates			PEB Table	Total Monthly Premium
App't # Mthly. Rt.					
1					
2					
3					
4					
Total					

- Hospital Indemnity Policy HDI Fixed Indemnity Policy SIP-1*
Daily Indemnity Amount First 10 Days _____ Next 21 Days _____

Basic	List Endorsements & Rates			PEB Table	Total Monthly Premium
App't # Mthly. Rt.					
1					
2					
3					
4					
Total					

*Elimination Period Before Daily Indemnity is Payable: _____ Days

- Home Health Care Indemnity Policy HHC-95

Basic	List Endorsements & Rates			Total Monthly Premium
App't # Mthly. Rt.				
1				
2				
3				
4				
Total				

- Cancer Policy
 CFO-95-First Occurrence Cancer Benefit After 180 Days \$ _____
 CC-74 CC-91

App't #	Total Monthly Prem.
1	
2	
3	
4	
Total	

- Cancer Policy ICD-2000
Daily Benefit: First 300 Days _____
Next 200 Days _____

App't #	Total Monthly Prem.
1	
2	
3	
4	
Total	

- Critical Illness and Accidental Death Indemnity Policy CRI
Benefit for 1st Diagnosis Covered Critical Illness (after 180 days)/Accidental Death \$ _____

App't #	Total Monthly Prem.	PEB Table
1		

Total _____

Note: One applicant per policy for CRI.

2. Residence of Proposed Insured _____
 Street No. / Rural Route and/or Box Number City State Zip Code
3. Residence Telephone No. area code (_____) No: _____ Business or alternate area code (_____) No: _____
- 3.(a) E-mail address _____ 3.(b) Name, Address and Telephone No. of payor, if different from above _____

- 3.(c) Each Applicant's State of Birth _____
- 4.(a) Proposed Insured's Occupation(s) (state duties) _____ (b) Spouse's Occupation(s) (state duties) _____
5. Full Name of Beneficiary(ies) and Relationship _____
Without a Beneficiary Designation, benefits that are not assigned shall be paid to the Proposed Insured first named above if living, otherwise to the deceased's state.
6. If submitted for purposes other than a new insurance application, please indicate: Policy Change Conversion Reinstatement:
 Policy(ies) Number(s) _____ What benefit(s) are being requested? _____
7. Does any applicant have any Medicare supplement, hospital, medical or surgical insurance in force at the time of this application?
 Yes No If yes, which applicant(s) and details? _____
8. Does any applicant intend the replacement or change of any of his/her existing insurance policy(ies) in connection with this application
 for insurance? Yes No If yes, which applicant(s), company and amount? _____
 _____ (Complete replacement of insurance form.)
9. Has any applicant used any form of tobacco within the past year? Yes No Within the past 3 years? Yes No
 If either are yes, which applicant(s)? _____
10. Does any applicant participate or contemplate participating in any type of aviation, other than as a passenger on a regularly
 scheduled airline? Yes No If yes, which applicant(s) and details? _____
11. In the last 5 years has any applicant participated in or does any applicant contemplate participating in any motorized vehicle racing,
 scuba or skin diving, sky diving, hang gliding, mountain climbing, rodeos, cliff diving, ballooning, parasailing and/or any professional or
 semi-professional athletics? Yes No Which applicant(s) and details? _____
12. Has any applicant been convicted of a felony or had his or her drivers license suspended or revoked? Yes No Which
 applicant(s) and details? _____
13. In the last 5 years, has any applicant had life, disability or health insurance declined, rated, modified, cancelled or not renewed?
 Yes No If yes, which applicant(s) and details? _____
14. Has any applicant ever requested or received a pension, benefits or payment because of an injury, sickness or disability?
 Yes No If yes, which applicant(s) and details? _____
15. Has any applicant applied for or is any applicant currently receiving Social Security disability benefits? Yes No If yes, which
 applicant(s) and details? _____
16. Does any applicant use a catheter, oxygen, respirator, dialysis machine, walker, wheelchair or similar medical equipment or ap-
 pliance? Yes No If yes, which applicant(s) and details? _____
17. Is any applicant using any medication or drugs? Yes No If yes, which applicant(s) and name of medication? _____
18. Does any applicant currently have a dental crown or bridge, or wear dentures? Yes No If yes, which applicant(s)
19. Has any applicant been advised to have any dental work which has not been completed? Yes No If yes, which applicant(s)
 and details. _____
20. Does any applicant currently wear eyeglasses or contact lenses? Yes No If yes, which applicant(s) and details _____

HAVE YOU, OR ANY APPLICANT, HAD OR BEEN TOLD THAT YOU HAD, OR BEEN TREATED BY A PHYSICIAN OR OTHER PRACTITIONER FOR ANY OF THE FOLLOWING? (If "YES" circle the condition(s).)

- | | |
|--|--|
| <p>21. Disorder of eyes, ears, nose, throat or glands?....<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Dizzy or fainting spells, seizures or convulsions or recurrent headache? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Paralysis, transient ischemic attack, stroke, cerebrovascular disease or insufficiency or hemorrhage, or any residuals thereof?. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Mental, nervous, psychiatric disorder <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>25. Senility disorder, Alzheimer's disease, organic brain syndrome or disorder, cerebral palsy, muscular dystrophy, multiple sclerosis, Lou Gehrig's disease, neurologic or muscular wasting disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Persistent shortness of breath, cough, blood spitting, bronchitis, asthma, allergies, emphysema, tuberculosis, pneumonia or other</p> |
|--|--|

(Continued at top of next page)

lung or respiratory disorder(s)?..... Yes No
27. Chest pain, discomfort or tightness, any heartbeat abnormality, abnormal EKG, rheumatic fever, heart murmur, heart attack or other disorder of the heart? Yes No
28. Hypertension, high blood pressure, high cholesterol, carotid artery disease, coronary artery disorder, blood clot(s) or any other disorder of blood vessels?..... Yes No
29. Has any applicant been advised by a physician or other practitioner to have any form of heart surgery, coronary artery surgery, arteriogram, angioplasty or pacemaker?..... Yes No
30. Jaundice, intestinal bleeding, ulcer, hernia, colitis, diverticulitis, recurrent indigestion, esophageal reflux, or other disorder of the stomach, intestines, liver, hepatitis type B or C, gall bladder, pancreas or hemorrhoids? Yes No
31. Sugar or blood in urine, end stage renal failure, stone or other disorder of kidney, bladder, prostate or reproductive organs?..... Yes No
32. Diabetes or high blood sugar? Yes No
 If yes, which applicant(s) and age of onset? _____

33. Thyroid or other endocrine disorders? Yes No
34. Neuritis, sciatica, rheumatism, arthritis, gout, osteoporosis, or disorder of the muscles, ligaments, bones or joints, spine, back or disk disorder? Yes No
35. Deformity, lameness, amputation or disabling injury? Yes No
36. Disorder of the skin? Yes No
37. Disorder of the lymph glands, unexplained fevers, cyst, tumor, cancer (including leukemia, Hodgkin's disease or lymphoma) or malignant neoplasm? Yes No
38. Anemia, polycythemia vera, thrombocytopenia or other disorder of the blood? Yes No
39. Have you or any applicant ever been diagnosed as having or been treated for AIDS, ARC (AIDS Related Complex), HIV or other

immune deficiency disorder or test results indicating exposure to the AIDS virus? Yes No
40. Any sexually transmitted disease including syphilis, gonorrhea herpes, chlamydia or condyloma acuminata (anal or genital warts)? Yes No
41. Has any applicant sought or received advice or treatment for use of alcohol or drugs? Yes No
42. Has any female ever had any disorder or complications of menstruation, pregnancy, childbirth, the female organs or breasts? Yes No
43. Is any applicant now pregnant? Yes No
44. Other than above, in the last 5 years, has any applicant been examined, advised or treated by any physician or practitioner? Yes No
45. In the last 5 years, has any applicant been a patient in a hospital, clinic, psychiatric clinic or other medical facility? Yes No
46. Has any applicant ever had an EKG, X-ray, CT scan, MRI or other test? Yes No
47. Has any applicant lost or gained weight in the past 12 months? Yes No
 If yes, state amount and cause of loss or gain and indicate which applicant(s) _____

48. Has any applicant been advised not to donate or been refused to donate blood? Yes No
 If yes, which applicant(s) and explain why and by whom below.
49. Has any applicant ever had or been advised by a physician or other practitioner to have any type of organ transplant? . Yes No
50. Other than above, in the last 5 years, has any applicant had any mental or physical disorder, checkup, consultation, illness, injury, surgery, been a patient in a hospital, clinic, sanatorium or other similar facility or been advised to have any hospitalization, surgery, biopsy, testing or treatment which was not completed, or had any departures from good health not mentioned above? Yes No
 If yes, give full details in Question #51 below.

51. EXPLAIN YES ANSWERS TO QUESTIONS 21-50. (Attach additional page(s) if needed.)

Applicant No.	Disease or Ailment	Treatment Received	Dates Treated For	Present Status of Ailment	Full Name and Address of Attending Physician

Personal Physician _____ Medical Designation _____ Phone Number (____) _____
 Address _____ City _____ State _____ Zip Code _____

(Continue explanations at top of next page if necessary)

UAP-1 AR (1/11)

To enroll in the E-Z Way pre-authorized payment plan for renewal premiums, check the monthly or quarterly payment box, sign and date the authorization, and return with a voided personal check. Not available for initial premium.

Through the E-Z Way plan, your bank will pay your future **renewal** premiums from your checking account. The E-Z Way plan will eliminate the necessity of writing a check.

To take advantage of this convenient plan, simply complete the right-side portion of this form. On your next billing date, the premium will be paid by your bank. The payment will be reflected in your bank statement.

**THE E-Z WAY PLAN AUTHORIZATION
 TO RESERVE NATIONAL INSURANCE COMPANY**

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Reserve National Insurance Company, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

MONTHLY PAYMENT... or **QUARTERLY PAYMENT**

_____ X _____
 Date Your signature EXACTLY as it appears on Bank Records

FOR HOME OFFICE USE

IT IS AGREED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto shall form the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 2. The insurance applied for in this application shall not be considered in force until issued by the Company and the first premium paid. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. In connection with an application for insurance currently made to Reserve National Insurance Company, **I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy related service organization, or other medical or medically related facility, insurance company or MIB, Inc. ("MIB"), that has any records or knowledge of me or any of the members of my family named in said application or of my health, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I understand that (a) an investigative consumer report may be obtained as to my insurability,**

including, if applicable, information as to character, general reputation, personal characteristics and mode of living; (b) this information will be obtained through personal interviews with my friends, neighbors and associates; and (c) additional information as to the nature and scope of any investigation requested will be furnished to me upon my written request made within a reasonable time after this application is completed. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at 601 East Britton Road, Oklahoma City, OK 73114.

I have paid to Reserve National Insurance Company the sum of \$ _____ which is a Monthly Quarterly Semi-Annual Annual premium, and I hold a receipt for that amount made up without alteration bearing the same date as this application.

If accepted by the Company the applicant requests coverage to be effective: A. Date of application, applicable only on quarterly or longer modes. B. Date of issue C. Other _____

SEND POLICY TO APPLICANT OR AGENT TO DELIVER.

I acknowledge receipt of an outline of coverage for which this application is made..... Yes No

NOTICE: The proposed insured certifies that no person to be covered under the policy applied for is covered by Medicaid or any other Title XIX program. 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.

SPECIAL NOTICE: I UNDERSTAND THAT THE RESERVE NATIONAL INSURANCE COMPANY POLICY I HAVE APPLIED FOR IS NOT DESIGNED TO COVER ALL MEDICAL EXPENSES. IT CONTAINS LIMITS ON THE AMOUNT OF BENEFITS PAYABLE. IT IS NOT CONSIDERED MAJOR MEDICAL COVERAGE BECAUSE OF THESE LIMITS.

Town and State where signed _____ this _____ day of _____, _____

Signature of Owner (if other than Proposed Insured)

Signature of Proposed Insured/Applicant

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon. _____

Signature of Agent

UAP-1 AR (1/11)

Another easy way to pay your premium is with your VISA, Mastercard or DISCOVER card.

Please charge to my:



ACCOUNT# AS SHOWN ON CARD

_____-_____-_____-_____

EXPIRATION DATE _____

PLEASE SELECT

Please charge my credit card for the initial premium.

Please charge my credit card for all future renewal premiums. I understand this authorization will remain in effect until revoked by me or until my credit card expires: Monthly Payment Quarterly Payment

Amount authorized \$ _____

NAME OF CARDHOLDER _____
(PLEASE PRINT NAME AS SHOWN ON CARD)

AUTHORIZED SIGNATURE _____
(PLEASE SIGN HERE)

DATE AUTHORIZED _____

SERFF Tracking Number: RNIC-126983742 State: Arkansas
 Filing Company: Reserve National Insurance Company State Tracking Number: 47727
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: ACS-1 Fixed Indemnity Policy
 Project Name/Number: ACS-1 Fixed Indemnity Policy/

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/21/2011	ACS-1 Rates	ACS-1, ACS-OP	New		AR ACS-1 rates.pdf

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 2K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$41.85	\$45.50	\$133.75	\$264.80	\$502.30
18-25	\$46.05	\$50.05	\$147.15	\$291.30	\$552.55
26-28	\$50.65	\$55.05	\$161.85	\$320.40	\$607.75
29-31	\$54.55	\$59.30	\$174.35	\$345.15	\$654.65
32-34	\$58.75	\$63.85	\$187.70	\$371.60	\$704.90
35-37	\$63.25	\$68.75	\$202.15	\$400.15	\$759.00
38-40	\$68.15	\$74.05	\$217.70	\$430.95	\$817.50
41-43	\$73.35	\$79.75	\$234.45	\$464.15	\$880.45
44-46	\$79.00	\$85.85	\$252.40	\$499.65	\$947.80
47-49	\$85.05	\$92.45	\$271.80	\$538.05	\$1,020.65
50-52	\$95.70	\$104.00	\$305.75	\$605.30	\$1,148.15
53-55	\$107.65	\$117.00	\$344.00	\$680.95	\$1,291.70
56-58	\$121.05	\$131.60	\$386.90	\$765.90	\$1,452.85
59-61	\$136.20	\$148.05	\$435.25	\$861.65	\$1,634.45
62-64	\$153.25	\$166.55	\$489.65	\$969.30	\$1,838.70
>64 *	\$172.30	\$187.30	\$550.65	\$1,090.10	\$2,067.80

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 2K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$41.85	\$45.50	\$133.75	\$264.80	\$502.30
18-25	\$52.95	\$57.55	\$169.20	\$334.95	\$635.35
26-28	\$58.25	\$63.30	\$186.10	\$368.40	\$698.85
29-31	\$62.75	\$68.20	\$200.50	\$396.90	\$752.95
32-34	\$67.55	\$73.40	\$215.80	\$427.20	\$810.35
35-37	\$72.75	\$79.05	\$232.40	\$460.05	\$872.70
38-40	\$78.35	\$85.15	\$250.35	\$495.55	\$940.05
41-43	\$84.35	\$91.70	\$269.60	\$533.70	\$1,012.35
44-46	\$90.85	\$98.75	\$290.30	\$574.75	\$1,090.20
47-49	\$97.85	\$106.35	\$312.65	\$618.95	\$1,174.10
50-52	\$110.05	\$119.60	\$351.60	\$696.05	\$1,320.40
53-55	\$123.80	\$134.55	\$395.60	\$783.10	\$1,485.45
56-58	\$139.25	\$151.35	\$444.95	\$880.85	\$1,670.90
59-61	\$156.65	\$170.25	\$500.55	\$990.85	\$1,879.55
62-64	\$176.20	\$191.50	\$563.00	\$1,114.55	\$2,114.15
>64 *	\$198.15	\$215.40	\$633.30	\$1,253.65	\$2,378.00

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 2K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$36.95	\$40.15	\$118.05	\$233.65	\$443.25
18-25	\$40.60	\$44.15	\$129.80	\$256.95	\$487.40
26-28	\$44.70	\$48.60	\$142.90	\$282.85	\$536.55
29-31	\$48.10	\$52.30	\$153.75	\$304.40	\$577.40
32-34	\$51.85	\$56.35	\$165.65	\$327.95	\$622.10
35-37	\$55.80	\$60.65	\$178.30	\$353.00	\$669.60
38-40	\$60.10	\$65.35	\$192.15	\$380.35	\$721.45
41-43	\$64.70	\$70.35	\$206.85	\$409.45	\$776.65
44-46	\$69.70	\$75.75	\$222.70	\$440.85	\$836.30
47-49	\$75.05	\$81.60	\$239.90	\$474.90	\$900.85
50-52	\$84.45	\$91.80	\$269.90	\$534.30	\$1,013.45
53-55	\$95.00	\$103.25	\$303.55	\$600.90	\$1,139.90
56-58	\$106.85	\$116.15	\$341.50	\$676.00	\$1,282.30
59-61	\$120.20	\$130.65	\$384.10	\$760.40	\$1,442.40
62-64	\$135.20	\$146.95	\$432.05	\$855.25	\$1,622.35
>64 *	\$152.10	\$165.30	\$486.00	\$962.05	\$1,824.90

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 2K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$36.95	\$40.15	\$118.05	\$233.65	\$443.25
18-25	\$46.75	\$50.80	\$149.35	\$295.65	\$560.85
26-28	\$51.40	\$55.85	\$164.20	\$325.05	\$616.60
29-31	\$55.35	\$60.15	\$176.85	\$350.05	\$664.05
32-34	\$59.60	\$64.80	\$190.50	\$377.15	\$715.40
35-37	\$64.15	\$69.75	\$205.05	\$405.95	\$770.05
38-40	\$69.15	\$75.15	\$220.95	\$437.35	\$829.65
41-43	\$74.45	\$80.90	\$237.85	\$470.85	\$893.15
44-46	\$80.20	\$87.15	\$256.20	\$507.20	\$962.15
47-49	\$86.35	\$93.85	\$275.90	\$546.20	\$1,036.10
50-52	\$97.10	\$105.55	\$310.30	\$614.30	\$1,165.25
53-55	\$109.25	\$118.75	\$349.15	\$691.15	\$1,311.00
56-58	\$122.85	\$133.55	\$392.65	\$777.25	\$1,474.40
59-61	\$138.25	\$150.25	\$441.75	\$874.45	\$1,658.75
62-64	\$155.50	\$169.00	\$496.85	\$983.60	\$1,865.75
>64 *	\$174.90	\$190.10	\$558.90	\$1,106.40	\$2,098.70

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 4K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$66.45	\$72.25	\$212.40	\$420.50	\$797.65
18-25	\$73.10	\$79.45	\$233.60	\$462.40	\$877.15
26-28	\$80.40	\$87.40	\$256.95	\$508.65	\$964.90
29-31	\$86.60	\$94.15	\$276.80	\$547.95	\$1,039.40
32-34	\$93.25	\$101.35	\$297.95	\$589.85	\$1,118.90
35-37	\$100.40	\$109.15	\$320.90	\$635.25	\$1,205.00
38-40	\$108.15	\$117.55	\$345.60	\$684.15	\$1,297.75
41-43	\$116.45	\$126.60	\$372.20	\$736.80	\$1,397.65
44-46	\$125.45	\$136.35	\$400.85	\$793.55	\$1,505.30
47-49	\$135.05	\$146.80	\$431.60	\$854.40	\$1,620.65
50-52	\$151.95	\$165.15	\$485.55	\$961.15	\$1,823.25
53-55	\$170.90	\$185.75	\$546.10	\$1,081.05	\$2,050.70
56-58	\$192.25	\$208.95	\$614.30	\$1,216.10	\$2,306.80
59-61	\$216.25	\$235.05	\$691.05	\$1,368.00	\$2,594.95
62-64	\$243.25	\$264.40	\$777.35	\$1,538.80	\$2,919.00
>64 *	\$273.60	\$297.40	\$874.35	\$1,730.85	\$3,283.30

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 4K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$66.45	\$72.25	\$212.40	\$420.50	\$797.65
18-25	\$84.10	\$91.40	\$268.70	\$531.95	\$1,009.05
26-28	\$92.45	\$100.50	\$295.45	\$584.90	\$1,109.50
29-31	\$99.60	\$108.25	\$318.25	\$630.00	\$1,195.10
32-34	\$107.25	\$116.60	\$342.80	\$678.60	\$1,287.25
35-37	\$115.50	\$125.55	\$369.10	\$730.70	\$1,386.05
38-40	\$124.40	\$135.20	\$397.50	\$786.85	\$1,492.60
41-43	\$133.95	\$145.60	\$428.05	\$847.40	\$1,607.40
44-46	\$144.25	\$156.80	\$461.00	\$912.60	\$1,731.05
47-49	\$155.35	\$168.85	\$496.40	\$982.70	\$1,864.10
50-52	\$174.70	\$189.90	\$558.30	\$1,105.20	\$2,096.50
53-55	\$196.55	\$213.65	\$628.15	\$1,243.45	\$2,358.70
56-58	\$221.10	\$240.30	\$706.50	\$1,398.55	\$2,652.90
59-61	\$248.70	\$270.30	\$794.70	\$1,573.15	\$2,984.10
62-64	\$279.75	\$304.05	\$893.90	\$1,769.55	\$3,356.70
>64 *	\$314.70	\$342.05	\$1,005.65	\$1,990.75	\$3,776.25

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 4K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$56.65	\$61.55	\$180.95	\$358.20	\$679.50
18-25	\$62.30	\$67.70	\$199.05	\$394.00	\$747.40
26-28	\$68.50	\$74.45	\$218.90	\$433.30	\$821.95
29-31	\$73.80	\$80.20	\$235.80	\$466.75	\$885.40
32-34	\$79.45	\$86.35	\$253.85	\$502.55	\$953.30
35-37	\$85.55	\$93.00	\$273.40	\$541.25	\$1,026.70
38-40	\$92.15	\$100.15	\$294.45	\$582.85	\$1,105.65
41-43	\$99.20	\$107.85	\$317.10	\$627.70	\$1,190.65
44-46	\$106.85	\$116.15	\$341.50	\$676.00	\$1,282.30
47-49	\$115.10	\$125.10	\$367.80	\$728.10	\$1,381.10
50-52	\$129.45	\$140.70	\$413.65	\$818.85	\$1,553.35
53-55	\$145.60	\$158.25	\$465.25	\$921.00	\$1,747.10
56-58	\$163.75	\$178.00	\$523.30	\$1,035.95	\$1,965.10
59-61	\$184.25	\$200.25	\$588.75	\$1,165.45	\$2,210.75
62-64	\$207.25	\$225.25	\$662.25	\$1,310.95	\$2,486.75
>64 *	\$233.15	\$253.40	\$745.00	\$1,474.80	\$2,797.55

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 4K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$56.65	\$61.55	\$180.95	\$358.20	\$679.50
18-25	\$71.60	\$77.85	\$228.90	\$453.10	\$859.45
26-28	\$78.80	\$85.65	\$251.80	\$498.50	\$945.60
29-31	\$84.80	\$92.20	\$271.05	\$536.60	\$1,017.90
32-34	\$91.35	\$99.30	\$291.95	\$577.95	\$1,096.25
35-37	\$98.40	\$106.95	\$314.45	\$622.45	\$1,180.75
38-40	\$105.95	\$115.15	\$338.55	\$670.15	\$1,271.25
41-43	\$114.15	\$124.05	\$364.70	\$721.95	\$1,369.50
44-46	\$122.85	\$133.55	\$392.65	\$777.25	\$1,474.40
47-49	\$132.35	\$143.85	\$422.90	\$837.20	\$1,588.10
50-52	\$148.85	\$161.80	\$475.70	\$941.70	\$1,786.25
53-55	\$167.45	\$182.00	\$535.10	\$1,059.25	\$2,009.30
56-58	\$188.30	\$204.70	\$601.80	\$1,191.35	\$2,259.90
59-61	\$211.90	\$230.30	\$677.10	\$1,340.35	\$2,542.50
62-64	\$238.35	\$259.05	\$761.60	\$1,507.65	\$2,859.90
>64 *	\$268.10	\$291.40	\$856.70	\$1,695.95	\$3,217.05

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 6K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$91.10	\$99.00	\$291.05	\$576.20	\$1,092.95
18-25	\$100.20	\$108.90	\$320.15	\$633.80	\$1,202.25
26-28	\$110.15	\$119.75	\$352.05	\$696.95	\$1,322.05
29-31	\$118.70	\$129.00	\$379.25	\$750.80	\$1,424.15
32-34	\$127.80	\$138.90	\$408.35	\$808.40	\$1,533.45
35-37	\$137.65	\$149.60	\$439.80	\$870.65	\$1,651.60
38-40	\$148.20	\$161.10	\$473.65	\$937.60	\$1,778.55
41-43	\$159.55	\$173.45	\$509.95	\$1,009.50	\$1,914.90
44-46	\$171.85	\$186.80	\$549.20	\$1,087.20	\$2,062.25
47-49	\$185.05	\$201.15	\$591.40	\$1,170.70	\$2,220.70
50-52	\$208.20	\$226.30	\$665.30	\$1,317.05	\$2,498.35
53-55	\$234.20	\$254.55	\$748.40	\$1,481.50	\$2,810.25
56-58	\$263.40	\$286.30	\$841.70	\$1,666.25	\$3,160.75
59-61	\$296.30	\$322.05	\$946.85	\$1,874.35	\$3,555.45
62-64	\$333.30	\$362.30	\$1,065.15	\$2,108.60	\$3,999.80
>64 *	\$374.90	\$407.50	\$1,198.05	\$2,371.65	\$4,498.80

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 6K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$91.10	\$99.00	\$291.05	\$576.20	\$1,092.95
18-25	\$115.20	\$125.20	\$368.10	\$728.65	\$1,382.20
26-28	\$126.75	\$137.75	\$405.00	\$801.70	\$1,520.75
29-31	\$136.50	\$148.35	\$436.15	\$863.40	\$1,637.80
32-34	\$146.95	\$159.75	\$469.65	\$929.75	\$1,763.65
35-37	\$158.25	\$172.00	\$505.70	\$1,001.05	\$1,898.90
38-40	\$170.45	\$185.25	\$544.65	\$1,078.15	\$2,045.15
41-43	\$183.55	\$199.50	\$586.55	\$1,161.10	\$2,202.50
44-46	\$197.60	\$214.80	\$631.50	\$1,250.15	\$2,371.40
47-49	\$212.85	\$231.35	\$680.15	\$1,346.45	\$2,554.10
50-52	\$239.40	\$260.20	\$765.00	\$1,514.35	\$2,872.60
53-55	\$269.30	\$292.70	\$860.55	\$1,703.50	\$3,231.40
56-58	\$302.90	\$329.25	\$968.00	\$1,916.25	\$3,634.90
59-61	\$340.75	\$370.40	\$1,089.00	\$2,155.75	\$4,089.20
62-64	\$383.25	\$416.60	\$1,224.80	\$2,424.60	\$4,599.25
>64 *	\$431.15	\$468.65	\$1,377.85	\$2,727.55	\$5,173.90

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 6K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$76.30	\$82.95	\$243.85	\$482.75	\$915.75
18-25	\$83.95	\$91.25	\$268.25	\$531.10	\$1,007.40
26-28	\$92.30	\$100.35	\$295.05	\$584.05	\$1,107.85
29-31	\$99.40	\$108.05	\$317.65	\$628.85	\$1,192.85
32-34	\$107.10	\$116.40	\$342.20	\$677.45	\$1,285.05
35-37	\$115.30	\$125.35	\$368.55	\$729.55	\$1,383.85
38-40	\$124.15	\$134.95	\$396.75	\$785.40	\$1,489.85
41-43	\$133.70	\$145.35	\$427.35	\$845.95	\$1,604.65
44-46	\$144.00	\$156.50	\$460.10	\$910.85	\$1,727.75
47-49	\$155.05	\$168.55	\$495.55	\$980.95	\$1,860.80
50-52	\$174.45	\$189.60	\$557.40	\$1,103.45	\$2,093.20
53-55	\$196.20	\$213.25	\$626.95	\$1,241.10	\$2,354.30
56-58	\$220.70	\$239.90	\$705.30	\$1,396.20	\$2,648.50
59-61	\$248.25	\$269.85	\$793.35	\$1,570.55	\$2,979.15
62-64	\$279.25	\$303.55	\$892.45	\$1,766.65	\$3,351.20
>64 *	\$314.15	\$341.45	\$1,003.85	\$1,987.25	\$3,769.60

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 6K Hosp. Conf. - 3K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$76.30	\$82.95	\$243.85	\$482.75	\$915.75
18-25	\$96.50	\$104.90	\$308.40	\$610.50	\$1,158.10
26-28	\$106.15	\$115.40	\$339.30	\$671.65	\$1,274.00
29-31	\$114.35	\$124.30	\$365.45	\$723.45	\$1,372.25
32-34	\$123.15	\$133.85	\$393.50	\$779.00	\$1,477.70
35-37	\$132.60	\$144.15	\$423.80	\$838.95	\$1,591.40
38-40	\$142.80	\$155.20	\$456.30	\$903.25	\$1,713.40
41-43	\$153.80	\$167.15	\$491.40	\$972.80	\$1,845.35
44-46	\$165.60	\$180.00	\$529.20	\$1,047.60	\$1,987.20
47-49	\$178.35	\$193.85	\$569.90	\$1,128.20	\$2,140.10
50-52	\$200.60	\$218.05	\$641.05	\$1,269.05	\$2,407.25
53-55	\$225.65	\$245.25	\$721.05	\$1,427.35	\$2,707.55
56-58	\$253.85	\$275.90	\$811.15	\$1,605.75	\$3,045.95
59-61	\$285.50	\$310.35	\$912.45	\$1,806.25	\$3,426.25
62-64	\$321.15	\$349.10	\$1,026.35	\$2,031.75	\$3,854.05
>64 *	\$361.30	\$392.70	\$1,154.55	\$2,285.50	\$4,335.40

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 2K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$56.05	\$60.90	\$179.05	\$354.45	\$672.35
18-25	\$61.65	\$67.00	\$197.00	\$389.95	\$739.70
26-28	\$67.80	\$73.70	\$216.70	\$428.95	\$813.65
29-31	\$73.00	\$79.35	\$233.30	\$461.80	\$876.00
32-34	\$78.60	\$85.45	\$251.20	\$497.30	\$943.35
35-37	\$84.70	\$92.05	\$270.65	\$535.75	\$1,016.25
38-40	\$91.15	\$99.10	\$291.35	\$576.75	\$1,094.05
41-43	\$98.20	\$106.75	\$313.85	\$621.30	\$1,178.50
44-46	\$105.75	\$114.95	\$337.95	\$669.00	\$1,269.05
47-49	\$113.90	\$123.80	\$363.95	\$720.50	\$1,366.75
50-52	\$128.10	\$139.25	\$409.40	\$810.45	\$1,537.30
53-55	\$144.10	\$156.65	\$460.55	\$911.70	\$1,729.40
56-58	\$162.10	\$176.20	\$518.05	\$1,025.50	\$1,945.25
59-61	\$182.35	\$198.20	\$582.70	\$1,153.50	\$2,188.15
62-64	\$205.10	\$222.95	\$655.45	\$1,297.55	\$2,461.35
>64 *	\$230.75	\$250.80	\$737.35	\$1,459.65	\$2,768.85

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 2K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$56.05	\$60.90	\$179.05	\$354.45	\$672.35
18-25	\$70.90	\$77.05	\$226.55	\$448.45	\$850.65
26-28	\$77.95	\$84.75	\$249.15	\$493.25	\$935.65
29-31	\$84.00	\$91.30	\$268.40	\$531.35	\$1,007.95
32-34	\$90.45	\$98.30	\$289.00	\$572.10	\$1,085.25
35-37	\$97.40	\$105.85	\$311.20	\$616.05	\$1,168.60
38-40	\$104.90	\$114.00	\$335.15	\$663.50	\$1,258.55
41-43	\$112.95	\$122.75	\$360.90	\$714.40	\$1,355.15
44-46	\$121.60	\$132.20	\$388.65	\$769.40	\$1,459.50
47-49	\$130.95	\$142.35	\$418.50	\$828.50	\$1,571.55
50-52	\$147.35	\$160.15	\$470.85	\$932.05	\$1,768.05
53-55	\$165.75	\$180.15	\$529.65	\$1,048.45	\$1,988.85
56-58	\$186.40	\$202.60	\$595.65	\$1,179.15	\$2,236.70
59-61	\$209.70	\$227.95	\$670.15	\$1,326.65	\$2,516.55
62-64	\$235.90	\$256.40	\$753.80	\$1,492.25	\$2,830.65
>64 *	\$265.35	\$288.40	\$847.90	\$1,678.50	\$3,183.95

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 2K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$51.10	\$55.55	\$163.30	\$323.30	\$613.25
18-25	\$56.20	\$61.10	\$179.65	\$355.60	\$674.55
26-28	\$61.85	\$67.25	\$197.70	\$391.40	\$742.45
29-31	\$66.60	\$72.40	\$212.85	\$421.35	\$799.30
32-34	\$71.70	\$77.95	\$229.15	\$453.65	\$860.55
35-37	\$77.25	\$83.95	\$246.80	\$488.60	\$926.80
38-40	\$83.15	\$90.40	\$265.80	\$526.15	\$998.00
41-43	\$89.55	\$97.35	\$286.20	\$566.60	\$1,074.75
44-46	\$96.45	\$104.85	\$308.25	\$610.25	\$1,157.55
47-49	\$103.85	\$112.90	\$331.95	\$657.10	\$1,246.40
50-52	\$116.85	\$127.00	\$373.40	\$739.15	\$1,402.10
53-55	\$131.45	\$142.90	\$420.15	\$831.70	\$1,577.60
56-58	\$147.85	\$160.70	\$472.45	\$935.25	\$1,774.15
59-61	\$166.35	\$180.80	\$531.55	\$1,052.25	\$1,996.05
62-64	\$187.10	\$203.35	\$597.85	\$1,183.50	\$2,245.00
>64 *	\$210.45	\$228.75	\$672.50	\$1,331.35	\$2,525.40

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 2K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$51.10	\$55.55	\$163.30	\$323.30	\$613.25
18-25	\$64.70	\$70.30	\$206.70	\$409.15	\$776.10
26-28	\$71.10	\$77.30	\$227.25	\$449.90	\$853.40
29-31	\$76.60	\$83.25	\$244.75	\$484.50	\$919.10
32-34	\$82.50	\$89.65	\$263.55	\$521.75	\$989.75
35-37	\$88.85	\$96.55	\$283.85	\$561.90	\$1,065.90
38-40	\$95.70	\$104.00	\$305.75	\$605.30	\$1,148.15
41-43	\$103.05	\$112.00	\$329.30	\$651.85	\$1,236.50
44-46	\$110.95	\$120.60	\$354.55	\$701.90	\$1,331.40
47-49	\$119.45	\$129.85	\$381.75	\$755.75	\$1,433.55
50-52	\$134.40	\$146.10	\$429.55	\$850.30	\$1,612.95
53-55	\$151.15	\$164.30	\$483.05	\$956.25	\$1,813.85
56-58	\$170.05	\$184.85	\$543.45	\$1,075.85	\$2,040.75
59-61	\$191.25	\$207.90	\$611.25	\$1,210.00	\$2,295.20
62-64	\$215.15	\$233.85	\$687.50	\$1,361.00	\$2,581.70
>64 *	\$242.05	\$263.10	\$773.50	\$1,531.25	\$2,904.60

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 4K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$80.65	\$87.65	\$257.70	\$510.10	\$967.65
18-25	\$88.70	\$96.40	\$283.40	\$561.05	\$1,064.25
26-28	\$97.55	\$106.05	\$311.80	\$617.20	\$1,170.80
29-31	\$105.05	\$114.20	\$335.75	\$664.65	\$1,260.75
32-34	\$113.15	\$123.00	\$361.60	\$715.85	\$1,357.90
35-37	\$121.85	\$132.45	\$389.40	\$770.85	\$1,462.25
38-40	\$131.25	\$142.65	\$419.40	\$830.20	\$1,574.85
41-43	\$141.30	\$153.60	\$451.60	\$893.95	\$1,695.75
44-46	\$152.15	\$165.40	\$486.30	\$962.65	\$1,826.00
47-49	\$163.90	\$178.15	\$523.75	\$1,036.85	\$1,966.80
50-52	\$184.35	\$200.40	\$589.20	\$1,166.35	\$2,212.40
53-55	\$207.35	\$225.40	\$662.70	\$1,311.85	\$2,488.40
56-58	\$233.25	\$253.55	\$745.45	\$1,475.65	\$2,799.20
59-61	\$262.40	\$285.20	\$838.50	\$1,659.85	\$3,148.60
62-64	\$295.15	\$320.80	\$943.15	\$1,867.05	\$3,541.65
>64 *	\$332.05	\$360.90	\$1,061.05	\$2,100.45	\$3,984.35

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 4K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$80.65	\$87.65	\$257.70	\$510.10	\$967.65
18-25	\$102.05	\$110.90	\$326.05	\$645.45	\$1,224.35
26-28	\$112.20	\$121.95	\$358.55	\$709.75	\$1,346.35
29-31	\$120.85	\$131.35	\$386.15	\$764.45	\$1,450.10
32-34	\$130.15	\$141.45	\$415.85	\$823.25	\$1,561.60
35-37	\$140.15	\$152.35	\$447.90	\$886.70	\$1,681.95
38-40	\$150.95	\$164.05	\$482.30	\$954.75	\$1,811.10
41-43	\$162.50	\$176.65	\$519.35	\$1,028.10	\$1,950.20
44-46	\$175.05	\$190.25	\$559.35	\$1,107.25	\$2,100.35
47-49	\$188.45	\$204.85	\$602.25	\$1,192.25	\$2,261.55
50-52	\$212.00	\$230.45	\$677.50	\$1,341.20	\$2,544.15
53-55	\$238.45	\$259.20	\$762.05	\$1,508.55	\$2,861.55
56-58	\$268.25	\$291.60	\$857.30	\$1,697.10	\$3,219.25
59-61	\$301.75	\$328.00	\$964.30	\$1,908.95	\$3,621.10
62-64	\$339.45	\$368.95	\$1,084.70	\$2,147.30	\$4,073.20
>64 *	\$381.80	\$415.00	\$1,220.10	\$2,415.30	\$4,581.60

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 4K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$70.80	\$76.95	\$226.25	\$447.85	\$849.55
18-25	\$77.90	\$84.65	\$248.85	\$492.65	\$934.55
26-28	\$85.65	\$93.10	\$273.70	\$541.85	\$1,027.80
29-31	\$92.30	\$100.30	\$294.90	\$583.75	\$1,107.30
32-34	\$99.35	\$108.00	\$317.50	\$628.55	\$1,192.30
35-37	\$107.00	\$116.30	\$341.90	\$676.85	\$1,283.95
38-40	\$115.25	\$125.25	\$368.25	\$728.95	\$1,382.75
41-43	\$124.05	\$134.85	\$396.45	\$784.85	\$1,488.75
44-46	\$133.65	\$145.25	\$427.05	\$845.35	\$1,603.55
47-49	\$143.90	\$156.40	\$459.80	\$910.25	\$1,726.65
50-52	\$161.85	\$175.95	\$517.30	\$1,024.05	\$1,942.50
53-55	\$182.05	\$197.90	\$581.85	\$1,151.80	\$2,184.80
56-58	\$204.80	\$222.60	\$654.45	\$1,295.55	\$2,457.50
59-61	\$230.35	\$250.40	\$736.20	\$1,457.35	\$2,764.40
62-64	\$259.10	\$281.65	\$828.05	\$1,639.20	\$3,109.40
>64 *	\$291.50	\$316.85	\$931.55	\$1,844.05	\$3,498.00

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 4K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$70.80	\$76.95	\$226.25	\$447.85	\$849.55
18-25	\$89.55	\$97.35	\$286.20	\$566.60	\$1,074.75
26-28	\$98.55	\$107.10	\$314.85	\$623.30	\$1,182.40
29-31	\$106.10	\$115.30	\$339.00	\$671.05	\$1,272.90
32-34	\$114.25	\$124.20	\$365.15	\$722.85	\$1,371.15
35-37	\$123.05	\$133.75	\$393.20	\$778.45	\$1,476.60
38-40	\$132.50	\$144.00	\$423.35	\$838.10	\$1,589.75
41-43	\$142.70	\$155.10	\$456.00	\$902.70	\$1,712.30
44-46	\$153.65	\$167.00	\$491.00	\$971.95	\$1,843.70
47-49	\$165.45	\$179.85	\$528.75	\$1,046.75	\$1,985.55
50-52	\$186.10	\$202.30	\$594.75	\$1,177.40	\$2,233.40
53-55	\$209.40	\$227.60	\$669.15	\$1,324.65	\$2,512.70
56-58	\$235.50	\$256.00	\$752.65	\$1,489.90	\$2,826.25
59-61	\$264.90	\$287.95	\$846.55	\$1,675.85	\$3,178.95
62-64	\$298.00	\$323.90	\$952.25	\$1,885.10	\$3,575.85
>64 *	\$335.20	\$364.35	\$1,071.20	\$2,120.50	\$4,022.40

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 0 Day Elim. Period - 6K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$105.25	\$114.40	\$336.35	\$665.80	\$1,263.00
18-25	\$115.80	\$125.85	\$370.00	\$732.45	\$1,389.40
26-28	\$127.35	\$138.40	\$406.90	\$805.50	\$1,527.95
29-31	\$137.15	\$149.05	\$438.20	\$867.45	\$1,645.50
32-34	\$147.70	\$160.55	\$472.00	\$934.40	\$1,772.45
35-37	\$159.00	\$172.85	\$508.20	\$1,006.00	\$1,908.25
38-40	\$171.25	\$186.15	\$547.30	\$1,083.40	\$2,055.10
41-43	\$184.40	\$200.45	\$589.30	\$1,166.60	\$2,212.95
44-46	\$198.65	\$215.90	\$634.75	\$1,256.55	\$2,383.55
47-49	\$213.90	\$232.50	\$683.55	\$1,353.15	\$2,566.80
50-52	\$240.60	\$261.50	\$768.80	\$1,521.95	\$2,886.95
53-55	\$270.60	\$294.15	\$864.80	\$1,711.95	\$3,247.40
56-58	\$304.45	\$330.90	\$972.85	\$1,925.85	\$3,653.15
59-61	\$342.40	\$372.20	\$1,094.25	\$2,166.20	\$4,109.10
62-64	\$385.20	\$418.70	\$1,231.00	\$2,436.85	\$4,622.45
>64 *	\$433.30	\$471.00	\$1,384.75	\$2,741.20	\$5,199.85

* Renewal only

Attained Age	Tobacco - 0 Day Elim. Period - 6K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$105.25	\$114.40	\$336.35	\$665.80	\$1,263.00
18-25	\$133.10	\$144.70	\$425.40	\$842.15	\$1,597.50
26-28	\$146.45	\$159.20	\$468.05	\$926.55	\$1,757.55
29-31	\$157.70	\$171.40	\$503.90	\$997.55	\$1,892.25
32-34	\$169.85	\$184.60	\$542.70	\$1,074.35	\$2,038.00
35-37	\$182.90	\$198.80	\$584.45	\$1,157.00	\$2,194.75
38-40	\$196.95	\$214.10	\$629.45	\$1,246.05	\$2,363.65
41-43	\$212.10	\$230.55	\$677.80	\$1,341.80	\$2,545.25
44-46	\$228.40	\$248.25	\$729.85	\$1,444.80	\$2,740.70
47-49	\$245.95	\$267.35	\$786.00	\$1,556.00	\$2,951.55
50-52	\$276.70	\$300.75	\$884.20	\$1,750.35	\$3,320.30
53-55	\$311.25	\$338.30	\$994.60	\$1,968.90	\$3,734.85
56-58	\$350.10	\$380.55	\$1,118.80	\$2,214.80	\$4,201.25
59-61	\$393.80	\$428.05	\$1,258.45	\$2,491.25	\$4,725.65
62-64	\$443.00	\$481.50	\$1,415.60	\$2,802.35	\$5,315.75
>64 *	\$498.30	\$541.65	\$1,592.45	\$3,152.40	\$5,979.80

* Renewal only

**Reserve National Insurance Company
Hospital Confinement Policy
Policy Form – ACS-1**

Attained Age	Non-Tobacco - 1 Day Elim. Period - 6K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$90.50	\$98.35	\$289.15	\$572.40	\$1,085.80
18-25	\$99.55	\$108.20	\$318.10	\$629.70	\$1,194.55
26-28	\$109.50	\$119.00	\$349.85	\$692.60	\$1,313.75
29-31	\$117.90	\$128.15	\$376.75	\$745.85	\$1,414.80
32-34	\$126.95	\$138.00	\$405.70	\$803.15	\$1,523.50
35-37	\$136.70	\$148.60	\$436.90	\$864.85	\$1,640.55
38-40	\$147.25	\$160.05	\$470.55	\$931.50	\$1,766.95
41-43	\$158.55	\$172.35	\$506.70	\$1,003.10	\$1,902.75
44-46	\$170.75	\$185.60	\$545.65	\$1,080.20	\$2,049.00
47-49	\$183.90	\$199.90	\$587.70	\$1,163.40	\$2,206.90
50-52	\$206.85	\$224.85	\$661.05	\$1,308.65	\$2,482.35
53-55	\$232.65	\$252.90	\$743.55	\$1,471.90	\$2,792.00
56-58	\$261.75	\$284.50	\$836.45	\$1,655.80	\$3,140.90
59-61	\$294.40	\$320.00	\$940.80	\$1,862.40	\$3,532.80
62-64	\$331.15	\$359.95	\$1,058.25	\$2,094.90	\$3,973.85
>64 *	\$372.50	\$404.90	\$1,190.40	\$2,356.50	\$4,470.10

* Renewal only

Attained Age	Tobacco - 1 Day Elim. Period - 6K Hosp. Conf. - 6K Surg. Sched.				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$90.50	\$98.35	\$289.15	\$572.40	\$1,085.80
18-25	\$114.45	\$124.40	\$365.75	\$724.00	\$1,373.40
26-28	\$125.90	\$136.85	\$402.35	\$796.45	\$1,510.80
29-31	\$135.60	\$147.40	\$433.35	\$857.85	\$1,627.30
32-34	\$146.00	\$158.70	\$466.60	\$923.65	\$1,752.05
35-37	\$157.25	\$170.90	\$502.45	\$994.65	\$1,886.75
38-40	\$169.35	\$184.05	\$541.10	\$1,071.15	\$2,031.90
41-43	\$182.35	\$198.20	\$582.70	\$1,153.50	\$2,188.15
44-46	\$196.35	\$213.45	\$627.55	\$1,242.30	\$2,356.50
47-49	\$211.45	\$229.85	\$675.75	\$1,337.75	\$2,537.55
50-52	\$237.85	\$258.55	\$760.15	\$1,504.75	\$2,854.40
53-55	\$267.60	\$290.85	\$855.10	\$1,692.75	\$3,211.00
56-58	\$301.00	\$327.15	\$961.80	\$1,904.00	\$3,611.75
59-61	\$338.55	\$368.00	\$1,081.90	\$2,141.75	\$4,062.70
62-64	\$380.85	\$413.95	\$1,217.00	\$2,409.20	\$4,570.00
>64 *	\$428.40	\$465.65	\$1,369.00	\$2,710.10	\$5,140.80

* Renewal only

**Reserve National Insurance Company
Out-of-Hospital Indemnity Benefit Rider
Policy Form – ACS-OP**

Attained Age	Non-Tobacco				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$60.10	\$65.30	\$192.00	\$380.05	\$720.90
18-25	\$66.10	\$71.85	\$211.25	\$418.15	\$793.20
26-28	\$72.75	\$79.05	\$232.40	\$460.05	\$872.70
29-31	\$76.05	\$82.65	\$243.00	\$481.00	\$912.45
32-34	\$79.50	\$86.40	\$254.00	\$502.85	\$953.85
35-37	\$83.10	\$90.35	\$265.65	\$525.85	\$997.45
38-40	\$86.95	\$94.50	\$277.85	\$550.00	\$1,043.30
41-43	\$90.90	\$98.80	\$290.45	\$575.00	\$1,090.75
44-46	\$95.05	\$103.30	\$303.70	\$601.20	\$1,140.45
47-49	\$99.35	\$108.00	\$317.50	\$628.55	\$1,192.30
50-52	\$108.55	\$118.00	\$346.90	\$686.75	\$1,302.70
53-55	\$118.65	\$128.95	\$379.10	\$750.50	\$1,423.60
56-58	\$129.65	\$140.90	\$414.25	\$820.05	\$1,555.55
59-61	\$141.65	\$153.95	\$452.60	\$896.00	\$1,699.60
62-64	\$154.80	\$168.25	\$494.65	\$979.20	\$1,857.50
>64 *	\$169.15	\$183.85	\$540.50	\$1,070.00	\$2,029.70

* Renewal only

Attained Age	Tobacco				
	Bank Draft Rate	Regular Monthly Rate	Quarterly Rate	Semi-Annual Rate	Annual Rate
0-17	\$60.10	\$65.30	\$192.00	\$380.05	\$720.90
18-25	\$76.05	\$82.65	\$243.00	\$481.00	\$912.45
26-28	\$83.65	\$90.90	\$267.25	\$529.05	\$1,003.55
29-31	\$87.45	\$95.05	\$279.45	\$553.20	\$1,049.35
32-34	\$91.40	\$99.35	\$292.10	\$578.20	\$1,096.80
35-37	\$95.60	\$103.90	\$305.45	\$604.70	\$1,147.05
38-40	\$100.00	\$108.70	\$319.60	\$632.65	\$1,200.05
41-43	\$104.50	\$113.60	\$334.00	\$661.15	\$1,254.15
44-46	\$109.30	\$118.80	\$349.25	\$691.40	\$1,311.55
47-49	\$114.25	\$124.20	\$365.15	\$722.85	\$1,371.15
50-52	\$124.85	\$135.70	\$398.95	\$789.75	\$1,498.15
53-55	\$136.45	\$148.30	\$436.00	\$863.10	\$1,637.25
56-58	\$149.10	\$162.05	\$476.45	\$943.15	\$1,789.05
59-61	\$162.90	\$177.05	\$520.55	\$1,030.45	\$1,954.65
62-64	\$178.00	\$193.50	\$568.90	\$1,126.15	\$2,136.25
>64 *	\$194.55	\$211.45	\$621.65	\$1,230.65	\$2,334.40

* Renewal only

SERFF Tracking Number: RNIC-126983742 State: Arkansas
 Filing Company: Reserve National Insurance Company State Tracking Number: 47727
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: ACS-1 Fixed Indemnity Policy
 Project Name/Number: ACS-1 Fixed Indemnity Policy/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/21/2011
Comments:		
Attachment: ACS-1 Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	01/21/2011
Comments: UAP-1 AR (1/11) – General A&H Application is filed under the Form Schedule for your approval.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	01/21/2011
Comments: OC ACS-1 – Outline of Coverage is filed under the Form Schedule for your approval.		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variable Text	Approved-Closed	01/21/2011
Comments:		
Attachment: ACS-1 Explanation of Variable Text.pdf		

	Item Status:	Status Date:
Satisfied - Item: Form RP-A&H	Approved-Closed	01/21/2011
Comments: Form RP-A&H – Notice to Applicant Regarding Replacement, which will be used in replacement situations. This form was previously approved by your office.		

SERFF Tracking Number: RNIC-126983742 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 47727
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: ACS-1 Fixed Indemnity Policy
Project Name/Number: ACS-1 Fixed Indemnity Policy/

Attachment:
Form RP-A&H.pdf

		Item Status:	Status Date:
Satisfied - Item:	Certification	Approved-Closed	01/21/2011
Comments:			
Attachment:			
AR - Certification.pdf			



READABILITY CERTIFICATION

FORM NUMBER: **Form ACS-1 – Affordable Care Solution Fixed Indemnity Policy**

The words, sentences, and syllables of Form ACS-1 were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS:	3,450
SENTENCES:	190
Syllables:	5,073

This resulted in a Flesch Readability score of **64.043**.

KYLE D. CONRAD
Senior Vice President
and Associate Corporate Counsel



601 East Britton Road ▪ Oklahoma City, OK 73114
www.ReserveNational.com

Explanation of Variable Text

Fixed Indemnity Policy Form ACS-1, et al.

In connection with the submission of the above-referenced forms, the following text is variable and is shown in brackets:

1. On the Policy's Insured Schedule: On an optional basis, an applicant can select, at the time of application, a Qualifying Period for Sickness of either "0 Days" or "1 Day."
2. On the Policy's Insured Schedule: The Hospital Confinement Indemnity Benefit pays a fixed indemnity benefit of (a) \$2,000 per day for the first five days of hospital confinement; (b) \$1,000 per day for the next 25 days of hospital confinement and \$500 per day for the next 150 days of hospital confinement, for a total of 180 days. On an optional basis, an applicant can select, at the time of application, a Hospital Confinement Indemnity Benefit of \$4,000/\$2,000/\$500 or \$6,000/\$3,000/\$500, in accordance with the foregoing.
3. On the Schedule of Surgical Operations: The Surgeon's Indemnity Benefit in the Policy is based on a Schedule of Surgical Operations. This schedule, which is contained in the Policy, reflects fixed indemnity benefits that will be payable for specific surgical operations. On an optional basis, an applicant can select, at the time of application a Schedule of Surgical Operations with a Maximum Aggregate Surgeon's Indemnity Benefit for all surgical operations in a policy year of either \$6,000 or \$12,000. The indemnity benefits for each surgical operation vary depending on which Schedule of Surgical Operations the applicant selects.

I hereby certify that the foregoing is true and correct to the best of my knowledge, information and belief.

1/12/2011

Date

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel



5100 NORTHWEST GRAND BLVD. - OKLAHOMA CITY, OKLAHOMA 73118-1082

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application or other information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Reserve National Insurance Company. Your new policy provides 10 days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have, (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might be payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

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

Date

Applicant's Signature

State of Arkansas

Certification

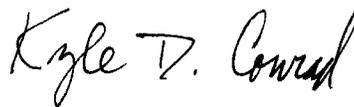
Carrier: Reserve National Insurance Company

Submission: Fixed Indemnity Policy, General A&H Application and Outline of Coverage

Form Number(s): ACS-1, UAP-1 AR (1/11), OC ACS-1

The company has reviewed the above referenced form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Arkansas Rule and Regulation 19, as well as all applicable requirements of the Arkansas Insurance Department.

1/17/2011
Date



KYLE D. CONRAD
Senior Vice President and
Associate Corporate Counsel