

SERFF Tracking Number: GRTT-127123850 State: Arkansas
 Filing Company: United National Life Insurance Company of America State Tracking Number: 49918
 Company Tracking Number: URA11-1
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: URA11-1
 Project Name/Number: Amendment Rider URA11-1/URA11-1

Filing at a Glance

Company: United National Life Insurance Company of America
 Product Name: URA11-1 SERFF Tr Num: GRTT-127123850 State: Arkansas
 TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved State Tr Num: 49918
 Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: URA11-1 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Donna Lambert
 Author: Gillian Liang Disposition Date: 10/05/2011
 Date Submitted: 09/29/2011 Disposition Status: Approved
 Implementation Date Requested: On Approval Implementation Date: 11/07/2011
 State Filing Description:

General Information

Project Name: Amendment Rider URA11-1 Status of Filing in Domicile: Pending
 Project Number: URA11-1 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: 10/05/2011
 State Status Changed: 10/05/2011
 Deemer Date: Created By: Gillian Liang
 Submitted By: Gillian Liang Corresponding Filing Tracking Number:
 Filing Description:

We are submitting the attached riders for your review and approval. These are new forms and are not intended to replace any previously approved forms. These forms will be marketed by licensed agents to individuals.

Amendment rider URA11-1 will be attached to First Diagnosis Cancer Benefit Policy Form U0430-AR approved by your Department on December 16, 2004 . The amendment rider revises the definition of "Cancer" by deleting "Cancer in-situ" from the excluded cancer in item (2). We have added the definition of Cancer in situ and the Cancer in situ benefit.

The Return of Premium Rider RU11ROP is an optional rider and will also be used with previously approved policy

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U0430-AR mentioned above. We request general approval of this optional rider.

An actuarial memorandum and rate sheets are attached for each form.

We have also attached, for information, the outline of coverage for the product that will make the return of premium rider available.

We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation.

If you have questions on any aspect of this filing, please contact me at 847-904-5410 or by email at glian@gtlic.com.

As always, your time and consideration of this submission for approval is sincerely appreciated.

Company and Contact

Filing Contact Information

Gillian Liang, Senior Compliance Analyst glian@gtlic.com
1275 Milwaukee Ave. 847-904-5410 [Phone]
Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

United National Life Insurance Company of America	CoCode: 92703	State of Domicile: Illinois
1275 Milwaukee Ave.	Group Code: 687	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 803-5252 ext. [Phone]	FEIN Number: 37-1095206	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Arkansas's filing fee is \$50.00 per form. For 2 forms 50 x 2 = \$100.00.

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$100.00	09/29/2011	52301688

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Limited Benefit
Product Name: URA11-1
Project Name/Number: Amendment Rider URA11-1/URA11-1

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/05/2011	10/05/2011

SERFF Tracking Number: *GRTT-127123850* State: *Arkansas*
 Filing Company: *United National Life Insurance Company of America* State Tracking Number: *49918*
 Company Tracking Number: *URA11-1*
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.002A Dread Disease - Cancer Only*
 Product Name: *URA11-1*
 Project Name/Number: *Amendment Rider URA11-1/URA11-1*

Disposition

Disposition Date: 10/05/2011

Implementation Date: 11/07/2011

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United National Life Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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 Project Name/Number: Amendment Rider URA11-1/URA11-1

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	No
Supporting Document	Application	Approved	No
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	No
Supporting Document	Actuarial exhibit	Approved	No
Form	Amendment Rider	Approved	No
Form	Return of Premium Rider	Approved	No
Rate	Premium Factor	Approved	No
Rate	Premium Factor	Approved	No

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Form Schedule

Lead Form Number: URA11-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/05/2011	URA11-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment Rider	Initial		51.950	URA11-1 (Amendment rider).pdf
Approved 10/05/2011	RU11ROP	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Return of Premium Rider	Initial		54.000	RU11ROP Return of Premium Rider.pdf

**UNITED NATIONAL LIFE INSURANCE COMPANY
OF AMERICA**
A Stock Company
P.O. Box 1154
Glenview, Illinois 60025

AMENDMENT RIDER

This amendment rider is a part of the policy to which it is attached and is effective on the Effective Date of the policy.

The Definition of Cancer is hereby deleted and replaced with the following:

Cancer (*Life Threatening*) means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia. Excluded are Cancers such as:

1. pre-malignant tumors or polyps;
2. intraductal non-invasive carcinoma of the breasts;
3. Stage 1 Hodgkin's Disease;
4. carcinoid of the appendix;
5. Stage 0 transitional carcinoma of the urinary bladder; or
6. Skin Cancer, except malignant melanoma.

The following definition is added:

Cancer in situ means the first diagnosis of cancer wherein the tumor cells still lie within the tissues of the site of origin without having invaded neighboring tissue.

The following benefit is added to the Benefit Provisions:

CANCER IN SITU BENEFIT: Subject to the terms and conditions of the Policy, We will pay 50% of the benefit amounts shown in the Policy Schedule for Cancer in situ.

The Cancer in situ benefit payable under Your Policy does not apply to any benefit payable under the optional Express Pay Rider, if such optional coverage is selected.

Conditions

This Amendment Rider is subject to all terms, provisions, exclusions and limitations of the Policy, except where specifically changed by this Amendment Rider.

Signed for United National Life Insurance Company of America at Glenview, Illinois by



Secretary



President

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

P.O. Box 1154, Glenview, Illinois 60025-1154
(847) 803-5252

RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy’s Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We’ll then refund all premiums paid for this Rider and it will be void.

RETURN OF PREMIUM BENEFIT

If Your coverage under the Policy ends, due to cancellation or upon Your death, a Return of Premium may be payable. The actual amount of premium that will be returned, if any, will be equal to:

1. the sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force (except for any application and administrative fees);
2. minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this Rider was in force.

Return of Premium Period means the period of time from the Rider Effective Date to the first date a Return of Premium Percentage would be due.

TABLE OF RETURN OF PREMIUM PERCENTAGES

To determine the Return of Premium Percentage, We’ll consider:

1. when Your coverage under the Policy (with this Rider) ends;
2. Your issue age at the beginning of the Return of Premium period and the number of years the Policy and other benefit riders have been in force (with this Rider); and
3. the Return of Premium Percentage.

The applicable Issue Age and number of years the Policy (with this Rider) has been in force and the Return of Premium Percentages are as follows:

Issue Age	Return of Premium Percentage
18 through 60	100% after twenty (20) rider years and beyond.
61 through 79	100% after fifteen (15) rider years and beyond

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Benefit provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed. This Rider ends when the Policy to which it is attached ends.

LAPSE AND REINSTATEMENT

If You allow the Policy to lapse and it is later reinstated, then the percentages as set out in the Table of Premium Percentages will be deferred by the period of time the Policy was inactive.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. If a premium change is needed, We'll notify You in writing at least thirty-one (31) days before the change becomes effective.

If the premium for the Policy or any Rider changes for any reason, You will be notified of the revised premium. We will calculate Your Return of Premium Benefit Amount based on both the original premium paid and the revised premium paid.

CONTINUATION PRIVILEGE

If this is family coverage and You die, Your covered spouse may elect to continue coverage under the Policy and this Rider by paying the premium. The Return of Premium Percentage will continue to be based on Your issue age. The Return of Premium Amount will be paid to Your spouse.

CONDITIONS

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy except where specifically changed by this Rider.

Signed at United National Life Insurance Company of America at its Home Office, by



Secretary



President

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United National Life Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/05/2011	Premium Factor	URA11-1	New		URA11-1 Rate Factors 50% LR.pdf
Approved 10/05/2011	Premium Factor	RU11ROP	New		RU11ROP Rate Factors 50% LR.pdf

**United National Life Insurance Company of America
Cancer Amendment Rider URA11-1
Premium Factor**

Cancer In Situ Benefit:
50% of Standard Cancer Benefit

0.05 multiplicative factor as applied to base policy premium

United National Life Insurance Company of America
Return of Premium Rider RU11ROP
Schedule of Rating Factors

Factors Apply to Base Premium and Other Rider Premiums
Benefit is 100% of Premium, Less Claims

20-Year ROP, except 15-year period for ages 61+

<u>Issue Age Band</u>		<u>Premium</u> <u>Factor</u>
0	29	0.80
30	39	0.80
40	49	0.70
50	55	0.60
56	60	0.60
61	65	0.60
66	69	0.60
70	75	0.60

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	10/05/2011
Comments:		
Attachment: Readability Certification URA11-1 et al.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	10/05/2011
Comments: Previously approved Application form UAPPH1-10-AR (approved on 3-1-10) will be used with this product.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved	10/05/2011
Comments:		
Attachments: Actl Memo URA11-1 50% LR.pdf Actl Memo RU11ROP 50% LR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved	10/05/2011
Comments:		
Attachment: OCU0430-AR (Rev. 2011).pdf		

	Item Status:	Status Date:

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Satisfied - Item: Actuarial exhibit Approved 10/05/2011
Comments:
Attachment:
RU11ROP Exhibits 50% LR.pdf

CERTIFICATE OF READABILITY

Form Number(s): URA11-1, RU11ROP and OCU0430-AR (Rev.2011)

Flesch Test Score(s): 51.95, 54.0 and 51.16 respectively

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: September 29, 2011

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P.O. Box 1154, Glenview, Illinois 60025-1154
(847) 803-5252

SPECIFIED DISEASE POLICY

OUTLINE OF COVERAGE

For Policy Form U0430-AR
With Optional Rider Forms RU04HAS, RU04LS and RU11ROP

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

THIS IS A LIMITED BENEFIT POLICY – READ YOUR POLICY CAREFULLY – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provision will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

FIRST DIAGNOSIS CANCER BENEFITS – We will pay expenses incurred for treatment of cancer following a first diagnosis of cancer, subject to the waiting period.

CANCER IN SITU BENEFIT – We will pay 50% of the benefit amounts for Cancer in situ. The Cancer in situ benefit does not apply to the optional Express Pay Rider, if such optional coverage is selected.

Part One Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Hospital Confinement - For each day of hospital confinement, beginning with day 1 to day 90	\$100	\$180	\$250	\$410
Hospital Confinement Inflation Fighter – Increases the hospital confinement benefit each year for the first five years the policy is in force by	N/A	\$10/day	\$15/day	\$20/day
Extended Hospital Confinement - Beginning with day 90 of consecutive hospital confinement, up to..... During receipt of this benefit, no other benefits are payable under the policy except waiver of premium.	\$350/day	\$600/day	\$600/day	\$600/day
Daily Room - During the first 70 days of hospital confinement... This benefit is paid in addition to the hospital confinement benefit.	\$100/day	\$150/day	\$200/day	\$300/day
Inpatient Drugs and Diagnostic Testing – For medications received or diagnostic testing, up to.....	\$10/day	\$25/day	\$40/day	\$50/day
Attending Doctor – For services while hospital confined, up to..	\$10/day	\$30/day	\$35/day	\$40/day
Nurse – For full-time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital, up to.....	\$50/day	\$125/day	\$125/day	\$125/day
Ambulance - For transportation to or from a hospital where you are confined as an inpatient, up to	\$75/trip	\$150/trip	\$225/trip	\$300/trip
Benefit is limited to 4 trips per calendar year.				
Surgical Procedure - For surgery performed by a doctor due to cancer, according to the policy surgical schedule, up to	\$2,500	\$4,500	\$7,500	\$9,000
Anesthesia – For anesthesia during a surgery for which a surgical procedure benefit is payable, 25% of the surgical procedure benefit, up to.....	\$625	\$1,125	\$1,875	\$2,250
Blood and Plasma - For blood and plasma, other than your own blood, received during definitive treatment of cancer, up to.....	\$20/unit	\$40/unit	\$60/unit	\$80/unit
Skilled Nursing Facility - For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital, up to.....	\$50/day	\$100/day	\$125/day	\$150/day

Home Care Recovery - For home care and recovery, equal to the number of days paid for the hospital confinement benefit, up to ..	N/A	\$15/day	\$15/day	\$25/day
Family Member Transportation - Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined in a hospital located in the U.S. which is more than 100 miles one-way from a family member's home, up to For travel by automobile	\$500 \$.15/mile	\$1,000 \$.25/mile	\$1,500 \$.40/mile	\$2,500 \$.40/mile
Non-Local Patient Transportation - Coach class plane, train or bus expense on a regularly scheduled route within the U.S. to receive cancer treatment or consultation that is not available within 100 miles one-way from your home, up to..... For travel by automobile	\$500 \$.15/mile	\$1,000 \$.25/mile	\$1,500 \$.40/mile	\$2,500 \$.40/mile
Family Member Lodging - For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home, up to.....	\$20/day	\$40/day	\$50/day	\$60/day
Second and Third Surgical Opinions – A 2 nd surgical opinion if recommended due to the positive diagnosis of Cancer and a 3 rd opinion if the 2 nd fails to confirm the need for surgery, actual charges, up to.....	N/A	\$150/ opinion	\$225/ opinion	\$225/ opinion
Part Two Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Hospice - Hospice services when you are diagnosed as terminally ill, starting day 1 to day 60	\$50/day	\$80/day	\$100/day	\$120/day
Starting with day 61	\$25/day	\$40/day	\$50/day	\$60/day
Radiation/Chemotherapy - For radiation or chemical treatments which are part of definitive treatment, up to	\$100/day	\$175/day	\$250/day	\$300/day
Plus, at the time of 1 st rad/chemo therapy	N/A	\$100	\$250	\$500
Breast Reconstruction - For breast reconstruction as the direct result of surgery for which benefits are paid under the policy	Up to the surgical procedure benefit paid for the mastectomy			
Comfort Benefit (Outpatient Drugs) - For anti-nausea medication prescribed by a doctor charges, up to.....	N/A	N/A	\$200/yr	\$226/yr
Prosthesis - For prosthetic devices needed as the direct result of, and received within 3 years of, a cancer surgery for which benefits were paid under the policy, per prosthetic device, up to	\$250	\$1,000	\$2,000	\$2,500
Bone Marrow Transplant - For human bone marrow transplant for the definitive treatment of cancer, up to	N/A	\$2,500	\$5,000	\$10,000
After coverage has been in force for one year, the initial bone marrow transplant benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such increases will continue to take place on each policy anniversary for a period not to exceed 10 years.				
Part Three Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Waiver of Premium - Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled due to cancer for more than 90 consecutive days. The disability must begin on or after the date of diagnosis.	Included	Included	Included	Included

OPTIONAL HEART ATTACK OR STROKE BENEFIT RIDER – We will pay Part One Benefits, as outlined above, for treatment of a heart attack or stroke, subject to the waiting period, if such optional coverage is selected at time of application. The benefit payable for a surgical procedure performed for heart attack or stroke is based on the heart attack or stroke rider surgical schedule. First Diagnosis Cancer Part Three Benefits, Waiver of Premium, will also include and apply to heart attack or stroke and is subject to the policy definition of disabled/disability.

OPTIONAL EXPRESS PAY RIDER – We will pay a lump sum benefit upon first diagnosis of cancer or when a heart attack or stroke is first diagnosed based on the amount selected at time of application if such optional coverage is selected,

subject to the waiting period. The Cancer in situ benefit does not apply to any benefit payable under this optional Express Pay Rider.

OPTIONAL RETURN OF PREMIUM BENEFIT RIDER – If your coverage under the policy ends, due to cancellation or death, we will return the actual amount of premium paid equal to:

1. The sum of all premiums paid for the policy, including premiums paid for the rider and any other benefits riders attached to this rider;
2. Minus the sum of all benefit paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders while the rider was in force.

To determine the return of premium percentage, we'll consider: (1) when your coverage under the policy (with this rider) ends; (2) your issue age at the beginning of the return of premium period and the number of years the policy and other benefit riders have been in force (with the rider); and (3) the return of premium percentage. The applicable issue age and number of years the policy (with the rider) has been in force and the return of premium percentages are as follows:

<u>Issue Age</u>	<u>Return of Premium Percentage</u>
18 through 60	100% after twenty (20) rider years and beyond.
61 through 79	100% after fifteen (15) rider years and beyond

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

WAITING PERIOD – There is a 30 day waiting period before we will pay benefits for loss due to cancer or heart attack or stroke, if such optional coverage is purchased. If the first diagnosis of cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

EXCLUSIONS – The policy does not pay benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat cancer or attack or stroke; are received without charge or legal obligation to pay; would not routinely be paid in the absence of insurance; or are received from an immediate family member.
2. any loss due to injury, disease, sickness or incapacity, unless such definitive treatment is directly related to or attributable to Cancer as defined;
3. any loss due to injury, disease, sickness or incapacity, unless such treatment is directly related to or attributable to a heart attack or stroke as defined, if such optional coverage is selected.
4. care outside the United States;
5. experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of Cancer; and
6. experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate medical society.

RENEWABILITY – You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We can't cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS SUBJECT TO CHANGE – We may change your premium rates by giving you at least 31 days prior written notice. We can change the premiums this way only if we change it on a class basis for all policies/riders of this class in your state.

INITIAL PREMIUM

<input type="checkbox"/> FIRST DIAGNOSIS CANCER BENEFIT PLAN _____	\$ _____
<input type="checkbox"/> HEART ATTACK OR STROKE BENEFIT RIDER	\$ _____
<input type="checkbox"/> EXPRESS PAY RIDER Benefit Amount \$ _____	\$ _____
<input type="checkbox"/> RETURN OF PREMIUM RIDER	\$ _____
TOTAL PREMIUM	\$ _____

Agent's Name: _____

Agent's Address: _____

Telephone Number: _____