

SERFF Tracking Number: UCTA-127656239 State: Arkansas
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
Product Name: Critical Illness Insurance
Project Name/Number: /

Filing at a Glance

Company: The Order of United Commercial Travelers of America

Product Name: Critical Illness Insurance SERFF Tr Num: UCTA-127656239 State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 49888
Sub-TOI: H071.001 Critical Illness Co Tr Num: State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Rosalind Minor
Disposition Date: 11/04/2011
Authors: Denise Sharif, Jane Visocan, Lyndsay Fields
Date Submitted: 09/27/2011 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 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: 11/04/2011
State Status Changed: 11/04/2011
Deemer Date: Created By: Denise Sharif
Submitted By: Jane Visocan Corresponding Filing Tracking Number:
Filing Description:
Please see attached Cover Letter.

Company and Contact

Filing Contact Information

Denise Sharif, Compliance Supervisor dsharif@uct.org
1801 Watermark Dr. 614-487-9680 [Phone] 103 [Ext]

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Suite 100 614-487-9675 [FAX]
 Columbus, OH 43215

Filing Company Information

The Order of United Commercial Travelers of America CoCode: 56383 State of Domicile: Ohio
 1801 Watermark Dr. Group Code: Company Type:
 Suite 100 Group Name: State ID Number:
 Columbus, OH 43215 FEIN Number: 31-4273120
 (614) 487-9680 ext. 103[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? Yes
 Fee Explanation: Ohio is \$50 per company per filing = \$50
 Arkansas is \$50 per form for 6 forms = \$300
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Order of United Commercial Travelers of America	\$300.00	09/27/2011	52183009

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/04/2011	11/04/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/04/2011	10/04/2011	Jane Visocan	11/02/2011	11/02/2011
Pending Industry Response	Rosalind Minor	10/04/2011	10/04/2011	Jane Visocan	11/02/2011	11/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Brochure	Jane Visocan	09/30/2011	09/30/2011

SERFF Tracking Number: UCTA-127656239 State: Arkansas
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Disposition

Disposition Date: 11/04/2011

Implementation Date:

Status: Approved-Closed

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):
The Order of United Commercial Travelers of America	0.000%	%	\$		\$	%	%

SERFF Tracking Number: UCTA-127656239 State: Arkansas

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Product Name: Critical Illness Insurance

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Rule and Regulation 49 Certification	Approved-Closed	Yes
Supporting Document	Rule and Regulation 19 Certification	Approved-Closed	Yes
Supporting Document	Consumer Notice	Approved-Closed	Yes
Form (revised)	Critical Illness Policy	Approved-Closed	Yes
Form	Critical Illness Policy	Replaced	Yes
Form	Critical Illness Application	Approved-Closed	Yes
Form (revised)	Critical Illness Outline of Coverage	Approved-Closed	Yes
Form	Critical Illness Outline of Coverage	Approved-Closed	Yes
Form	Replacement Form	Approved-Closed	Yes
Form (revised)	Application for Reinstatement	Approved-Closed	Yes
Form	Application for Reinstatement	Replaced	Yes
Form (revised)	Brochure	Approved-Closed	Yes
Form	Brochure	Replaced	Yes
Form	Brochure	Replaced	Yes
Rate	Critical Illness Rates - AR	Approved-Closed	Yes

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Product Name: Critical Illness Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/04/2011
Submitted Date 10/04/2011
Respond By Date
Dear Denise Sharif,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Policy, CI 0311 (Form)

Comment:

At the bottom of the face page of the policy, there is a statement that reads: It does not pay benefits for loss from any other cause. Does the policy pay as outlined under Rule and Regulation 18, APPENDIX A (3) which states in part...."specified disease policies shall provide benefits to any covered person not only for the specified disease but also for any other condition or disease directly caused or aggravated by the specified disease of the treatment of the specified disease?"

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/02/2011
Submitted Date	11/02/2011

Dear Rosalind Minor,

Comments:

Thank you for your correspondence.

Response 1

Comments: This policy pays a lump-sum benefit upon diagnosis of the specified disease. The above-referenced citation would not be applicable in this case.

Related Objection 1

Applies To:

- Critical Illness Policy, CI 0311 (Form)

Comment:

At the bottom of the face page of the policy, there is a statement that reads: It does not pay benefits for loss from any other cause. Does the policy pay as outlined under Rule and Regulation 18, APPENDIX A (3) which states in part...."specified disease policies shall provide benefits to any covered person not only for the specified disease but also for any other condition or disease directly caused or aggravated by the specified disease of the treatment of the specified disease?"

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Product Name: Critical Illness Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/04/2011
Submitted Date 10/04/2011
Respond By Date
Dear Denise Sharif,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Policy, CI 0311 (Form)
- Critical Illness Outline of Coverage, CI OC 0311 (Form)
- Brochure, CI B 0911 (Form)

Comment: Under Rule and Regulation 18, APPENDIX A (5), it is stated that...."No policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days.

Objection 2

- Application for Reinstatement, CI COH 0411 (Form)

Comment:

The reinstatement application must contain a Fraud Statement.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/02/2011
 Submitted Date 11/02/2011

Dear Rosalind Minor,

Comments:

Thank you for your correspondence. Our responses are noted below.

Response 1

Comments: The policy, the outline of coverage and the brochure have been revised to contain a 30 day waiting period. The actuarial opinion and the rates have been revised to incorporate this change.

Related Objection 1

Applies To:

- Critical Illness Policy, CI 0311 (Form)
- Critical Illness Outline of Coverage, CI OC 0311 (Form)
- Brochure, CI B 0911 (Form)

Comment:

Under Rule and Regulation 18, APPENDIX A (5), it is stated that...."No policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: Please see the attached Actuarial Memorandum.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Critical Illness Policy	CI 0311		Policy/Contract/Fraternal	Initial		0.000	CI 0311

SERFF Tracking Number: UCTA-127656239 State: Arkansas
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 Product Name: Critical Illness Insurance
 Project Name/Number: /

AR Certificate AR.pdf

Previous Version

Critical Illness Policy	CI 0311	Policy/Contract/Fraternal Certificate	Initial	0.000	CI 0311.pdf
Critical Illness Outline of Coverage	CI OC 0311 AR	Outline of Coverage	Initial	0.000	CI OC 0311 AR.pdf

Previous Version

Critical Illness Outline of Coverage	CI OC 0311	Outline of Coverage	Initial	0.000	CI OC 0311.pdf
Brochure	CI B 0911 AR	Advertising	Initial	0.000	CI B 0911 AR.pdf

Previous Version

Brochure	CI B 0911	Advertising	Initial	0.000	CI B 0911.pdf
Brochure	CI B 0811	Advertising	Initial	0.000	CI B 0811.pdf

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Critical Illness Rates - AR	CI 0311 AR	New	Previous State Filing Number	
			0	

Response 2

Comments: A fraud statement has been added to the reinstatement application.

Related Objection 1

Applies To:
 - Application for Reinstatement, CI COH 0411 (Form)
 Comment:

The reinstatement application must contain a Fraud Statement.

SERFF Tracking Number: UCTA-127656239 State: Arkansas
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 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for Reinstatement	CI COH 0411 AR		Application/Enrollment Form	Initial		0.000	CI COH 0411 AR.pdf
Previous Version							
Application for Reinstatement	CI COH 0411		Application/Enrollment Form	Initial		0.000	CI COH 0411.pdf

No Rate/Rule Schedule items changed.

Thank you for your assistance.

Sincerely,
 Denise Sharif, Jane Visocan, Lyndsay Fields

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 Product Name: Critical Illness Insurance
 Project Name/Number: /

Amendment Letter

Submitted Date: 09/30/2011

Comments:

A revised Critical Illness brochure (CI B 0911) has been attached. Thank you for your assistance.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CI B 0911	Advertising	Brochure	Initial				0.000	CI B 0911.pdf

SERFF Tracking Number: UCTA-127656239 State: Arkansas
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 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/04/2011	CI 0311	AR	Policy/Contract/Fraternal Certificate	Initial		0.000	CI 0311 AR.pdf
Approved-Closed 11/04/2011	CI APP 0311		Application/Enrollment Form	Initial		0.000	CI APP 0311.pdf
Approved-Closed 11/04/2011	CI OC 0311	AR	Outline of Coverage	Initial		0.000	CI OC 0311 AR.pdf
Approved-Closed 11/04/2011	CI REPL 0511		Other Replacement Form	Initial		0.000	CI REPL 0511.pdf
Approved-Closed 11/04/2011	CI COH 0411	AR	Application/Enrollment Form	Initial		0.000	CI COH 0411 AR.pdf
Approved-Closed 11/04/2011	CI B 0911	AR	Advertising Brochure	Initial		0.000	CI B 0911 AR.pdf



The Order of United Commercial Travelers of America • A Fraternal Benefit Society
1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 614.487.9675 • www.uct.org

Critical Illness Policy

We agree to pay the benefits described in this Policy, according to its provisions, exclusions and limitations. This Policy is a legal contract between You and Us.

CONSIDERATION

This Policy is issued to You in consideration of Your application and the receipt of the first premium. This Policy is a legal contract between You and Us. Your Policy is effective at 12:01 a.m. on the Policy Date in the time zone of Your home address as indicated on Your application.

NOTICE OF RIGHT TO EXAMINE POLICY

You should read this entire contract carefully and refer to the DEFINITIONS section to understand the meaning of defined words. You may return this Policy within twenty (20) days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded

GUARANTEED RENEWABLE TO THE POLICY TERMINATION DATE, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS

You may continue the coverage provided by this Policy by paying all premiums when due, until the Policy anniversary on or following the Expiry Date, subject to the Policy's Termination provision. We reserve the right to change the premium rates for this Policy. Any change in premium will be made on a premium class basis. No change in premium will become effective until the state mandated number of days after a notification is sent to Your last known address, on Our Home Office records.

Signed for the Society at Columbus, Ohio

Joseph H. Hoffman
Chief Executive Officer

MEMBER OF THE AMERICAN FRATERNAL ALLIANCE

THIS IS A SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES BENEFITS FOR THE DIAGNOSIS OF ILLNESSES SPECIFIED AND DEFINED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THE CONTRACT CAREFULLY-IT CONTAINS WAITING PERIODS AND EXCLUSIONS.

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SCHEDULE PAGE

Insured
[JOHN DOE]

Issue Age – Gender – Tobacco Class:
[35] [MALE or FEMALE] [N or Y]

Policy Number
[SPECIMEN]

Annual Premium:

Policy Date
[JULY 1, 2010]

Premium Mode Selected:

Expiry Date
[JULY 1, 2050]

Modal Premium:

Critical Illness Benefit*:

* Subject to reduction on the first Policy anniversary on or after the attainment of age 65. See below*

CRITICAL ILLNESS BENEFIT*

Critical Illness	Critical Illness Benefit Maximum Total Percentage
Full Benefit Critical Illnesses	
Cancer Category One	100%
Heart Attack	100%
Kidney Failure	100%
Stroke	100%
Major Organ Transplant	100%
Partial Benefit Critical Illnesses	
Coronary Artery Bypass Grafting	25%
Coronary Artery Angioplasty	10%
Cancer Category Two	10%

**No Critical Illness is payable more than once.
Payment of any 100% Critical Illness benefit terminates Policy.**

Beneficiary: As named in the application, unless otherwise provided by endorsement

Owner: As named in the application, unless otherwise provided by endorsement

*On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Cancer Category Two, will be reduced by 50%

DEFINITIONS

As used in this Policy, the terms listed below will have the meanings as defined. Defined terms, when used in this Policy, will appear with initial capitalization. The plural use of a term will share the same meaning as the singular.

AGE means the attained age as of Your last birthday.

CLINICAL DIAGNOSIS means a clinical identification of Cancer on history, laboratory study and symptoms. We will pay benefits for a Clinical Diagnosis only if:

1. a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
2. there is medical evidence to support such Diagnosis; and
3. a Physician is treating You for Cancer.

COVERED EVENT means Category One Cancer, Category Two Cancer, Heart Attack, Kidney Failure, Stroke, Major Organ Transplant, Coronary Artery Angioplasty, and Coronary Artery Bypass Grafting as each is defined in this Policy.

CRITICAL ILLNESS means only the illnesses listed in the Policy Schedule and defined within this Policy. See the Critical Illness Benefits Provision for definitions, exclusions and limitations.

DIAGNOSED means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine) and supported by documentation of all appropriate and defined studies:

1. based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
2. meeting any diagnostic requirements stated in this Policy for the particular Critical Illness being Diagnosed.

FIRST OCCURRENCE means the first time ever in Your lifetime that You have experienced such covered condition.

FRAUDULENT MISREPRESENTATIONS means application responses that are answered incorrectly for the purposes of obtaining this Policy.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured by marriage, blood, or legal adoption.

INCUR means an event, incident, or Diagnosis that:

1. initially occurs on or after the effective date of this Policy, and
2. initially occurs while this Policy is in force, and
3. is diagnosed during the life of the Insured, and
4. is not specifically excluded by any definitions or exclusions in this Policy

INSURED means the person named as "Insured" in the schedule page.

MANIFESTS or MANIFESTED means a condition or symptom that would cause an ordinary prudent person to seek medical advice, care, or treatment.

MONTH means a calendar month.

PHYSICIAN means a person who:

1. is a legally qualified practitioner of the healing arts licensed in the United States or its territories; and
2. practices within the scope of his or her license and specialty in the United States or its territories; and
3. is not the Insured Person; and
4. is not the Insured Person's Immediate Family Member; and
5. does not customarily reside in the same household as the Insured Person.

POLICY DATE means the date that this Policy becomes effective.

PREMALIGNANT means a lump, growth, polyp, or tumor that is noncancerous, noninvasive, and not characterized by uncontrolled and destructive growth, but which has the potential to progress to cancer (become invasive).

WE, OUR, COMPANY or US refers to The Order of United Commercial Travelers of America (UCT).

YOU or YOUR refers to the Insured.

CRITICAL ILLNESS BENEFITS

We will pay the Critical Illness Benefit Percentage stated in the Policy Schedule Page (subject to all applicable Policy provisions), if a first occurrence of a Critical Illness is both initially Incurred (or Manifests, as stated in the Policy), and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective. Payment of any 100% Critical Illness Benefit terminates this Policy. The Critical Illness Benefit is reduced by the amount of any partial benefit Critical Illnesses paid. No Critical Illness is payable more than once.

On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Category Two Cancer, will be reduced by 50%.

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests as stated in the Policy; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed, or the Diagnosis is confirmed, within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.; and
- (e) the Critical Illness Diagnosis is made during the lifetime of the Insured

CATEGORY ONE CANCER, for the purposes of this Policy, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The cancer benefit also covers the following blood cancers: lymphoma, leukemia, and multiple myeloma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

- (a) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Physician is treating You for Cancer.

The following are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T2N0M0 or greater;
- Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; also known as microcarcinoma of the thyroid, and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

CATEGORY ONE CANCER BENEFIT

If Category One Cancer is First Manifest and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Category One Cancer must not have been Manifested and/or been Diagnosed within the first 30 days after the date Your coverage becomes effective under this Policy.

CATEGORY TWO CANCER

The Category Two Cancer Benefit is limited to the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which for the purposes of this Policy, means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which for the purposes of this Policy, means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Early stage prostate cancer, which for the purposes of this Policy, means a localized cancer histologically classified as Gleason score 6 or less, or TNM classification T1N0M0;

- Papillary microcarcinoma of the thyroid, which for the purposes of this Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0

Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.

. A Clinical Diagnosis will be accepted only if:

- (a) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Physician is treating You for Cancer

CATEGORY TWO CANCER BENEFIT

If Category Two Cancer is First Manifest and is Diagnosed more than 30 days after the Policy Date, We will pay 10% of the Critical Illness Benefit.

The Category Two Cancer must not have been Manifested and/or been Diagnosed within the first 30 days after the date Your coverage becomes effective under this Policy

HEART ATTACK, for the purposes of this Policy, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

1. typical clinical symptoms, for example, central chest pain; and
2. diagnostic increase of specific cardiac markers; and
3. new electrocardiographic changes of infarction.

Heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

HEART ATTACK BENEFIT

If a Heart Attack is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Heart Attack must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

KIDNEY FAILURE, for the purposes of this Policy, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

KIDNEY FAILURE BENEFIT

If Kidney Failure both Manifests and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Kidney Failure must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

STROKE, for the purposes of this Policy, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

1. clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
3. permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

STROKE BENEFIT

If a Stroke is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Stroke must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

MAJOR ORGAN TRANSPLANT, for the purposes of this Policy, means human to human organ transplant from a donor (excluding the Insured) to the Insured of bone marrow solely for treatment of cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

- Transplant of any other organs, parts of organs, tissues or cells.

MAJOR ORGAN TRANSPLANT BENEFIT

We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid, if more than 30 days after the Policy Date both:

- (a) the need for a Major Organ Transplant is first Diagnosed; and
- (b) the Insured undergoes a Major Organ Transplant.

CORONARY ARTERY ANGIOPLASTY, for the purposes of this Policy, means balloon angioplasty, laser angioplasty, or atherectomy to correct narrowing or blockage of one or more coronary arteries.

CORONARY ARTERY ANGIOPLASTY BENEFIT

If Coronary artery angioplasty is Incurred more than 30 days after the Policy Date, We will pay 10% of the Critical Illness benefit.

CORONARY ARTERY BYPASS GRAFTING, for the purposes of this Policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

CORONARY ARTERY BYPASS GRAFTING BENEFIT

If Coronary artery bypass grafting is Incurred more than 30 days after the Policy Date, We will pay 25% of the Critical Illness benefit.

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of Our choosing. This Physician must:

- (a) have specialty training and board certification in the field of Medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all routinely accepted procedures and protocols in the Diagnosis of the Critical Illness.

EXCLUSIONS

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- any act of war, declared or undeclared, or
- active duty in the armed forces, National Guard, or any reserve unit, or
- engaging in a felony; or participating in any riot or civil insurrection; or
- any intentionally self-inflicted injury or suicide or suicide attempt; or
- being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- any illness, loss, or condition specifically excluded from the definition of any Critical Illness

PREMIUMS

This Policy is effective for an initial term of one Premium Period as shown in the Policy Schedule and thereafter on the first day of each premium term. Premiums must be paid in United States currency.

GRACE PERIOD

This Policy has a 31 day Grace Period. If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for 31 days from the premium due date.

LAPSE

Your Policy will lapse if any premium is not paid before the end of the Grace Period. The date of lapse will be the date that the unpaid premium was due. Your Policy will terminate upon lapse and provide NO further benefits.

REINSTATEMENT

If Your Policy lapses, You may request to reinstate it by:

1. submitting a written application for reinstatement within 60 days after the end of the Grace Period; and
2. providing any additional evidence of insurability as We may require; and
3. paying all required premium.

If We approve Your request for reinstatement, coverage will become effective as of the date that the Policy had lapsed. Unless We have previously sent You a written notice of disapproval, the Policy will be reinstated on the 45th day after Our receipt of the required evidence of insurability or such earlier date that We approve such evidence

We will not pay benefits for any Critical Illness that Incurs or Manifests, whichever is applicable as stated in this Policy, and/or is Diagnosed:

1. before the end of 30 days after the reinstatement effective date due to reinstatement; or
2. for Cancer, before the end of 30 days after the reinstatement effective date due to reinstatement

Your rights and Our obligations under this Policy will be the same as before the Policy lapsed subject to the Reinstatement and Incontestable provisions.

If You do not request a reinstatement within 90 days from the date any unpaid premium was due, this Policy will remain terminated and no further benefits will be provided.

UNEARNED PREMIUM REFUND

If You die before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide Us with written notice of claim within 60 days from the date of loss, or as soon as reasonably possible, but in no event later than 180 days from the date of the Covered Event. You must provide notice of claim at Our Home Office. Your notice of claim must include Your name, address, the Policy Number, and the Covered Condition for which You are claiming.

CLAIM FORMS

When We receive Your notice of claim, We will provide You with the forms required to file a claim. If You do not receive the forms within 15 working days, You will have met the time frame required for filing proof of claim if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide Us with written proof of claim determined to be satisfactory to Us within 90 days from the date of loss. If it is not reasonably possible for You to provide written proof of loss within the stated time, Your claim will not be affected if You provide the written proof of loss as soon as reasonably possible but in no event later than 12 months from the date of loss.

You must provide to Us any authorizations to obtain medical or other records needed to evaluate Your claim.

TIME OF PAYMENT OF CLAIMS

We will pay benefits upon receipt of written proof of loss determined to be satisfactory by Us.

PAYMENT OF CLAIMS

All benefits paid under this Policy will be paid to You unless You have assigned the benefits. Any benefits payable upon Your death will be paid to Your designated beneficiary, if any, otherwise benefits will be paid to Your estate.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000 of Benefits to any relative by blood or marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that portion of the benefit.

ASSIGNMENT

You may assign the benefits payable under this Policy by providing written notice to Us at Our Home Office. We are not bound by an assignment until it is recorded at Our Home Office. The assignment will not apply to any payment made prior to its being recorded in Our Home Office. We assume no responsibility regarding the validity of any assignment.

UNPAID PREMIUMS

Upon approval of Your claim, We will deduct any premium due from the benefits that become payable under this Policy.

LEGAL ACTIONS

No legal action may be brought to recover benefits on this Policy before 60 days after We have received written proof of loss. No action may be brought against Us more than two (2) years from the date written proof was required to be provided.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, with the attached application, any other pages, amendments, or endorsements attached, and any application for reinstatement are the entire contract between You and Us. This contract is made in consideration of Your application and payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being true to the best of Your knowledge. No change to this Policy will be valid unless it is in writing and signed by an officer of The Order of United Commercial Travelers of America. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If an Insured Person's Age or Gender is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct Age or Gender. If the correct age is such that we would have obtained additional underwriting requirements or would not have issued this Policy We will only be liable for a refund of any premiums paid for the period for which there was no coverage.

INCONTESTABLE

In the absence of Fraudulent Misrepresentation, and except for any rider, benefit, or reinstatement that becomes effective after the effective date of this Policy, We will not use Your signed statements which relate to insurability and have been made part of this Policy to contest this insurance for any claim that is Incurred after this Policy has been in force for two (2) years. Nor will We, in the absence of Fraudulent Misrepresentation, use any of Your statements on a reinstatement

application to contest this insurance for any claim that is Incurred after 2 years from the reinstatement effective date. This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

EFFECTIVE DATE

This Policy's Effective Date is the Policy Date on the Policy Schedule. This Policy will take effect at 12:01 AM in the time zone of Your last known address, on Our Home Office records on the Effective Date. This Policy will terminate at 11:59 PM in the time zone of Your last known address, on Our Home Office records on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision.

MAINTENANCE OF SOLVENCY

UCT's constitution provides that in the event that its reserves as to all or any class of contracts of insurance issued by it become impaired, the Board of Governors may require that these shall be paid by each Owner of such contract of insurance to UCT an amount equal to such Owner's equitable proportion of such deficiency as ascertained by the Board of Governors.

If payment of the amount required to be paid is not made by such Owner, then either or both of the following, at the election of the Owner, shall apply:

1. the amount shall stand as Indebtedness against the contract of insurance and shall bear interest at a rate not to exceed ten percent (10%) per annum; or
2. the Owner shall accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner shall make such election by notifying the Board of Governors of his or her election on a form prescribed by the Board of Governors that shall be provided to each Owner. Failure to make such election shall result in a presumption that the Owner elects to accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner hereby agrees that if they affirmatively elect to have the amount stand as Indebtedness against the contract of insurance, then UCT may offset the amount of such Indebtedness together with interest thereon against any payment of benefits under this contract of insurance.

TERMINATION

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the date that 100% of the Critical Illness Benefit is paid ; or
- (c) any premium due date requested by You in writing to terminate this Policy; or
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured; or
- (f) the Policy anniversary on or after the Insured Persons' 75th birthday.

OWNER

The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Insured Person is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You change Your beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Home Office.

BENEFICIARY

The beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each beneficiary is classified as a Primary or Contingent Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of Your Death, We will pay:

- (a) the executor or administrator of Your estate; or
- (b) Your spouse, child, or parent who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured Person is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy that, on the coverage effective date, conflicts with any laws of the state where You lived when this Policy was issued, is amended to conform with that law.



CRITICAL ILLNESS APPLICATION

Applicant Information

Name (Last, First, Middle Initial):		Social Security No.:	Birth State; if not U.S., Country:
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Address / City / State / Zip:
Occupation:	Duties:	Annual Income reported to IRS last year: \$	
Employer Name & Address:			
Email Address:		Applicant Area Code & Telephone No.: ()	
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list visa type, number, and time in U.S.A.		Driver's License State & No.:	
Are you a member of The Order of United Commercial Travelers of America? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Member No.:			
If not a member, complete membership form (M-81).			

Coverage Information

Amount Applied For: \$	Premium: \$	<input type="checkbox"/> Individual <input type="checkbox"/> Worksite	Mode of Payment:	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly EFT	<input type="checkbox"/> Semiannual <input type="checkbox"/> List Bill	<input type="checkbox"/> Quarterly
Do you have medical expense insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy No.:				
Company:						

Beneficiary

Name	Relationship	Date of Birth	Primary or Secondary	% of Face Amount

Complete Medical Questions 1-9 for amounts up to \$25,000

- Have you ever used any tobacco products? Yes No If Yes, list type, amount used, and length of time used. If you no longer use, also list the date you stopped.
- Height: _____ Weight: _____
(in.) _____ (lbs.): _____
- Any wt. loss in last year? Yes No. If yes, provide details – amount of weight lost and reason:

Have you ever been diagnosed with or treated (including medication) by a medical practitioner, or hospitalized for:

- Any form of invasive cancer (excluding localized basal or squamous cell skin cancer) including, but not limited to, cancer of the bone marrow, blood or lymph tissue, or melanoma? Or, carcinoma in situ in the last 3 years? Yes No
- Any chronic or progressive disease of the: (a) heart, (b) kidneys, (c) liver, (d) lung (exclude asthma with less than weekly episodes), (e) pancreas, or (f) bone marrow? Yes No
- Heart attack, angina, stroke, transient ischemic attack (TIA), or been advised to have coronary bypass surgery, stent insertion, or treatment to coronary arteries? Yes No
- Diabetes (except during a pregnancy) or any blood pressure reading recorded in the last 12 months exceeding 149 systolic or 94 diastolic (149/94)? Yes No
- Narrowing or blockage in arteries or conditions causing blood clots or abnormal bleeding, recurrent or chronic atrial fibrillation? Yes No
- An organ (except cornea), bone marrow, or stem cell transplant recommended, performed, or been placed on a transplant waiting list? Yes No

Name (Last, First, Middle Initial):	Social Security No.:
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Complete questions 1-18 for amounts up to \$50,000

- 10. Alcohol or substance abuse (in the last 5 years), or charged with either a single DUI/DWI in the last year, or more than one in the past 5 years? Yes No
- 11. Paralysis, or any neuromuscular, degenerative nerve, or demyelinating disease including but not limited to ALS (Lou Gehrig's), multiple sclerosis (MS), or muscular dystrophy? Yes No
- 12. Acquired Immunodeficiency syndrome ("AIDS"), AIDS-related complex, human immunodeficiency virus (HIV), permanent memory loss, mental impairment, or schizophrenia? Yes No
- 13. Any abnormal cancer or circulatory test findings including blood or urine tests, X-ray, MRI, CT scan, ultrasound, cardiac stress test, echocardiogram, not normalized or still being followed-up by a physician? Yes No
- 14. Barrett's esophagus, Crohn's disease, systemic lupus erythematosus, systemic scleroderma, or ulcerative colitis? Yes No
- 15. Do you have any cyst, growth, lump, or any mole or freckle that has bled, become painful, changed color, increased in size, required medical attention or evaluation for which medical advice has not yet been sought?..... Yes No
- 16. Do you have new onset of chest pain, shortness of breath, or fatigue in the last six months not evaluated by a medical doctor and determined to be non-cardiac? Yes No
- 17. Do you use either of the following medication types: immunosuppressives including but not limited to Imuran or Enbrel (at any dose) or steroids (prednisone) at a dose of more than 10 mgs? Yes No
- 18. Have two or more natural parents, brothers, or sisters been diagnosed prior to age 55, or one or more prior to age 45, with any of the same diseases listed: coronary artery disease, stroke, diabetes, or invasive cancer (other than basal or squamous cell skin cancer)? Yes No

Complete questions 1-24 for amounts up to \$100,000

Have you:

- 19. Scheduled, or anticipate scheduling, a consultation, surgery, or test which has not been completed, or has been completed and result is pending? Yes No
- 20. Ever been diagnosed by a member of the medical profession with a benign or premalignant tumor or polyp; a blood disorder; a digestive disorder; a disorder of heart or blood circulation; a disorder of glands or metabolism; hypertension or elevated cholesterol; a psychiatric or nervous disorder; a nervous system disorder; a respiratory disorder; urinary system or reproductive organ disorder? Yes No
- 21. Ever been diagnosed by a member of the medical profession with a systemic disease, which can affect a number of organs and tissues, or the body as a whole; or an autoimmune, or connective tissue disorder? Yes No
- 22. Had any application for critical illness, disability, health, or life insurance modified, rated, or declined in the last 5 years? Yes No
- 23. Taken any prescription medications in the last three years? If yes, list medication, dosage and reason taken below. Yes No
- 24. Name and address of physician with most up-to-date and comprehensive records; include date of, reason for, and result of last visit:

Provide full details (with dates) of any "yes" answers for questions 19-24 and list prescription medications in the space below:

Name (Last, First, Middle Initial):	Social Security No.:
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IN FORCE & REPLACEMENT INFORMATION (MUST BE COMPLETED)

1. a. Do you have any Critical Illness insurance currently in force or pending? Yes No
 b. If "Yes," complete the following: Company: _____ Amount of coverage: _____
2. Is the insurance applied for intended to replace any existing or pending insurance with this or any other company? Yes No
 If "Yes," with which company: (Name and address):

- Policy No.: _____ Face Amount: \$ _____ If that policy lapsed, when did it lapse? _____
3. If replacement is involved, have you received a replacement form (in states where required by law)?..... Yes No

AUTHORIZATION AND SIGNATURES

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded; (b) authorize any physician, medical practitioner, hospital, clinic, pharmacy related service organization, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me regarding my mental and physical health, other insurance coverage, prescription drug usage, hazardous activities, character, general reputation, finances, and vocation to give to The Order of United Commercial Travelers of America, its reinsurers, or its legal representative any and all such information for use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) understand that when my medical records are disclosed pursuant to this authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws; (e) agree that I may revoke this authorization, except to the extent that any care provider or The Order of United Commercial Travelers of America has acted in reliance upon this authorization and my revocation must be submitted in writing to: 1801 Watermark Drive, Suite 100, P.O. box 159019, Columbus, Ohio, 43215-8619; (f) understand that such revocation will not have any effect on actions The Order of United Commercial Travelers of America took prior to their receiving the revocation notice; (g) agree that this authorization shall be valid for 30 months from the application date; (h) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (i) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Notice of Insurance Information Practices. I have read and understand the above statements and agreements. I understand no person to be insured is also covered by any Title XIX program - Medicaid or any similar name (Not applicable to residents of AZ, MO, NC, OR, or SC). I understand failure to disclose a proposed insured person's true health condition may void this policy.

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Signed at (City & State):	Date of Application (M/D/Y):	Date Received Home Office:
Witness:	Applicant's Signature:	

AGENT'S CERTIFICATION

The undersigned Agent certifies that the Applicant has read, or has had read to them, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

TO BE COMPLETED BY AGENT (Attach separate sheet, if necessary)

1. List any other Critical Illness insurance policy you have sold to the Applicant that is still in force.

2. List any other Critical Illness insurance policy you have sold to the Applicant in the past five (5) years that is no longer in force.

I certify that:

1. I have accurately recorded the information supplied by the Applicant; and
2. I have given an outline of coverage for the policy applied for to the Applicant.

Agent's Signature:	Agent's Printed Name:
Date:	Agent No.:
	Agent's E-mail Address:

Name (Last, First, Middle Initial):	Social Security No.:
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AUTHORITY TO HONOR PREMIUM CHECKS

AUTHORIZATION	IN FAVOR OF:	The Order of United Commercial Travelers of America 1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619	AUTHORIZATION
	Name of Bank Customer: _____	Type of Account: <input type="checkbox"/> Checking	
	Insured's Name: _____	<input type="checkbox"/> Savings	
	Routing Number: _____	Account Number: _____	
	To (Name of Bank): _____		
Address of Bank: _____			
<p>You are hereby authorized, as a convenience to me, to honor and charge my account for checks, drafts and other orders, including without limitation any order initiated by electronic means, drawn by The Order of United Commercial Travelers of America indicated above, on my account by and payable to the order of The Order of United Commercial Travelers of America for the payment of premiums provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights in respect to each such check or other order drawn by The Order of United Commercial Travelers of America 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 other orders drawn by The Order of United Commercial Travelers of America. I further agree that if any such checks or other orders drawn by The Order of United Commercial Travelers of America 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 forfeiture of insurance.</p>			
Date:	Signature of Bank Customer:		

Signature must be the same as on the signature card at bank, and if a company account the name of the account must be shown.

To: Bank above: In consideration of your compliance with the individual authorization of your depositors to pay checks, drafts or orders, drawn and signed by us to our Order, we agree:

- To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment of such insurance premiums including any costs or expenses reasonably incurred in connection therewith.
- In the event that any such check, draft or order shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for such loss even though dishonor results in forfeiture of the insurance.
- To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to said authorization and direction or in any manner arising by reason of your participation in this plan of premium collection.

ATTACH VOIDED CHECK HERE – Deposit Slips NOT Accepted

Name (Last, First, Middle Initial):	Social Security No.:
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NOTICE TO APPLICANT

In making this application for insurance to The Order of United Commercial Travelers of America, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Information regarding your insurability will be treated as confidential. The Order of United Commercial Travelers of America, or its reinsurer, may; however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health coverage, or a claim for benefits is submitted to such company, the Bureau, upon request will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Braintree, Massachusetts 02184-8734.

The Order of United Commercial Travelers of America, or its reinsurer, may also release information from its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Leave with Applicant



The Order of United Commercial Travelers of America • A Fraternal Benefit Society
1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 614.487.9675 • www.uct.org

LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS

OUTLINE OF COVERAGE (Applicable to Policy Form CI 0311)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY
If you are eligible for Medicare, review the Guide to Health Insurance for
People with Medicare available from the Company.

READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of some of the important features of your policy. This is not an 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 the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

GUARANTEED RENEWABLE TO THE POLICY TERMINATION DATE, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS - You may continue the coverage provided by this Policy by paying all premiums when due, until the Policy anniversary on or following the Expiry Date, subject to the Policy's Termination provision. We reserve the right to change the premium rates for this Policy. Any change in premium will be made on a premium class basis. No change in premium will become effective until the state mandated number of days after a notification is sent to Your last known address, on Our Home Office records.

CRITICAL ILLNESS BENEFITS - We will pay the Critical Illness Benefit Percentage stated in the Policy Schedule Page (subject to all applicable Policy provisions), if a first occurrence of a Critical Illness is both initially Incurred (or Manifests, as stated in the Policy), and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective. Payment of any 100% Critical Illness Benefit terminates this Policy. The Critical Illness Benefit is reduced by the amount of any partial benefit Critical Illnesses paid. No Critical Illness is payable more than once.

On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Category Two Cancer, will be reduced by 50%.

BENEFITS

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

the Critical Illness initially Incurs and/or Manifests as stated in the Policy; and
the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
the Critical Illness is Diagnosed, or the Diagnosis is confirmed, within the United States or its territories; and
the benefit payment is not excluded by any general or specific exclusion or limitation.; and
the Critical Illness Diagnosis is made during the lifetime of the Insured

	Critical Illness Benefit Maximum Total Percentage
Full Benefit Critical Illnesses	
Cancer Category One	100%
Heart Attack	100%
Kidney Failure	100%
Stroke	100%
Major Organ Transplant	100%
Partial Benefit Critical Illnesses	
Coronary Artery Bypass Grafting	25%
Coronary Artery Angioplasty	10%
Cancer Category Two	10%

CATEGORY ONE CANCER BENEFIT

If Category One Cancer is First Manifest and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Category One Cancer must not have been Manifested and/or been Diagnosed within the first 30 days after the date Your coverage becomes effective under this Policy.

HEART ATTACK BENEFIT

If a Heart Attack is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Heart Attack must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

KIDNEY FAILURE BENEFIT

If Kidney Failure both Manifests and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Kidney Failure must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

STROKE BENEFIT

If a Stroke is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Stroke must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

MAJOR ORGAN TRANSPLANT BENEFIT

We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid, if more than 30 days after the Policy Date both:

the need for a Major Organ Transplant is first Diagnosed; and
the Insured undergoes a Major Organ Transplant.

CORONARY ARTERY BYPASS GRAFTING BENEFIT

If Coronary artery bypass grafting is Incurred more than 30 days after the Policy Date, We will pay 25% of the Critical Illness benefit.

CORONARY ARTERY ANGIOPLASTY BENEFIT

If Coronary artery angioplasty is Incurred more than 30 days after the Policy Date, We will pay 10% of the Critical Illness benefit.

CATEGORY TWO CANCER BENEFIT

If Category Two Cancer is First Manifest and is Diagnosed more than 30 days after the Policy Date, We will pay 10% of the Critical Illness Benefit.

The Category Two Cancer must not have been Manifested and/or been Diagnosed within the first 30 days after the date Your coverage becomes effective under this Policy.

DEFINITIONS

CATEGORY ONE CANCER, for the purposes of this Policy, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The cancer benefit also covers the following blood cancers: lymphoma, leukemia, and multiple myeloma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
there is medical evidence to support the Diagnosis; and
a Physician is treating You for Cancer.

The following are excluded:

Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;

All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;

All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;

Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T2N0M0 or greater;

Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; also known as microcarcinoma of the thyroid, and

Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

HEART ATTACK, for the purposes of this Policy, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

typical clinical symptoms, for example, central chest pain; and

diagnostic increase of specific cardiac markers; and

new electrocardiographic changes of infarction.

Heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

KIDNEY FAILURE, for the purposes of this Policy, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

STROKE, for the purposes of this Policy, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;

clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and

permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

MAJOR ORGAN TRANSPLANT, for the purposes of this Policy, means human to human organ transplant from a donor (excluding the Insured) to the Insured of bone marrow solely for treatment of cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

Transplant of any other organs, parts of organs, tissues or cells.

CORONARY ARTERY BYPASS GRAFTING, for the purposes of this Policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

CORONARY ARTERY ANGIOPLASTY, for the purposes of this Policy, means balloon angioplasty, laser angioplasty, or atherectomy to correct narrowing or blockage of one or more coronary arteries.

CATEGORY TWO CANCER

The Category Two Cancer Benefit is limited to the following:

Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;

Carcinoma in situ, which for the purposes of this Policy, means a malignant neoplasm limited to the epithelium and confined within the basement membrane;

Early stage melanoma, which for the purposes of this Policy, means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;

Early stage prostate cancer, which for the purposes of this Policy, means a localized cancer histologically classified as Gleason score 6 or less, or TNM classification T1N0M0;

Papillary microcarcinoma of the thyroid, which for the purposes of this Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and

Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0

Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.

. A Clinical Diagnosis will be accepted only if:

a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;

there is medical evidence to support the Diagnosis; and

a Physician is treating You for Cancer

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of Our choosing. This Physician must:

have specialty training and board certification in the field of Medicine specific to the Critical Illness being Diagnosed; and must follow all routinely accepted procedures and protocols in the Diagnosis of the Critical Illness.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a loss caused by, contributed to, or resulting from:

any act of war, declared or undeclared, or

active duty in the armed forces, National Guard, or any reserve unit, or

engaging in a felony; or participating in any riot or civil insurrection; or

any intentionally self-inflicted injury or suicide or suicide attempt; or

being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or

any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or

any illness, loss, or condition specifically excluded from the definition of any Critical Illness



**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF ACCIDENT AND SICKNESS INSURANCE**

According to 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 The Order of United Commercial Travelers of America. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

(1) Health conditions which you may presently have, (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits present under the new policy, whereas a similar claim might have been 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 only 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 concern 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, reread it carefully to be certain that all information has been properly recorded.

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

(Applicant's Signature)

(Date)

Print Name and Address of Agent: _____

(Signature of Agent)

(Date)



**CERTIFICATE OF HEALTH
 APPLICATION FOR CRITICAL ILLNESS INSURANCE REINSTATEMENT**

All past Due Premiums Must Be Submitted With This Application

Insured's Information

Name of Insured:		Social Security No.:	Policy Number:
Date of Birth (M/D/Y):	Home Address / City / State / Zip:		
Area Code & Telephone No.:	Has your occupation changed since the effective date of this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, current occupation and duties:		
()			

Complete Medical Questions 1-9 for Reinstatement of amounts up to \$25,000

1. Have you ever used any tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list type, amount used, and length of time used. If you no longer use, also list the date you stopped.		
2. Height:	Weight:	3. Any wt. loss in last year? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide details – amount of weight lost and reason:
(in.)	(lbs.):	

Since the effective date of this policy, have you been diagnosed with or treated (including medication) by a medical practitioner, or hospitalized for:

4. Any form of invasive cancer (excluding localized basal or squamous cell skin cancer) including, but not limited to, cancer of the bone marrow, blood or lymph tissue, or melanoma? Or, carcinoma in situ in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any chronic or progressive disease of the: a.) heart; b.) kidneys; c.) liver; d.) lung (exclude asthma with less than weekly episodes); e.) pancreas; or f.) bone marrow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Heart attack, angina, stroke, transient ischemic attack (TIA), or been advised to have coronary bypass surgery, stent insertion, or treatment to coronary arteries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Diabetes (except during a pregnancy) or any blood pressure reading recorded in the last 12 months exceeding 149 systolic or 94 diastolic (149/94) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Narrowing or blockage in arteries or conditions causing blood clots or abnormal bleeding, recurrent or chronic atrial fibrillation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. An organ (except cornea); bone marrow, or stem cell transplant recommended, performed, or been placed on a transplant waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete questions 1-18 for Reinstatement of amounts up to \$50,000

10. Alcohol or substance abuse (in the last 5 years), or charged with a DUI/DWI in the last year, or more than one in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Paralysis, or any neuromuscular, degenerative nerve, or demyelinating disease including but not limited to ALS (Lou Gehrig's), multiple sclerosis (MS), or muscular dystrophy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Acquired Immunodeficiency syndrome ("AIDS"), AIDS-related complex, human immunodeficiency virus (HIV), permanent memory loss, mental impairment, or schizophrenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Any abnormal cancer or circulatory test findings including blood or urine tests, X-ray, MRI, CT scan, ultrasound, cardiac stress test, echocardiogram, not normalized or still being followed-up by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Barrett's esophagus, Crohn's disease, systemic lupus erythematosus, systemic scleroderma, or ulcerative colitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have any cyst, growth, lump, or any mole or freckle that has bled, become painful, changed color, increased in size, required medical attention or evaluation for which medical advice has not yet been sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you have new onset of chest pain, shortness of breath, or fatigue in the last six months not evaluated by a medical doctor and determined to be non-cardiac?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you use either of the following medication types: immunosuppressives including but not limited to Imuran or Enbrel (at any dose) or steroids (prednisone) at a dose of more than 10 mgs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do you have two or more natural parents, brothers, or sisters been diagnosed prior to age 55, or one or more prior to age 45, with any of the same diseases listed: coronary artery disease, stroke, diabetes, or invasive cancer (other than basal or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured:	Social Security No.:
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Complete questions 1-24 for Reinstatement of amounts up to \$100,000

Since the effective date of this policy have you:

19. Scheduled, or anticipate scheduling, a consultation, surgery, or test which has not been completed, or has been completed and result is pending? Yes No

20. Been diagnosed by a member of the medical profession with a benign or premalignant tumor or polyp; a blood disorder; a digestive disorder; a disorder of heart or blood circulation; a disorder of glands or metabolism; hypertension or elevated cholesterol; a psychiatric or nervous disorder; a nervous system disorder; a respiratory disorder; urinary system or reproductive organ disorder? Yes No

21. Been diagnosed by a member of the medical profession with a systemic disease, which can affect a number of organs and tissues, or the body as a whole; or an autoimmune, or connective tissue disorder? Yes No

22. Had any application for critical illness, disability, health, or life insurance modified, rated, or declined in the last 5 years? Yes No

23. Taken any prescription medications in the last three years? If yes, list medication, dosage and reason taken below. Yes No

24. Name and address of physician with most up-to-date and comprehensive records; include date of, reason for, and result of last visit:

Provide full details (with dates) of any "yes" answers questions 19-23 and list prescription medications in the space below:

AUTHORIZATION AND SIGNATURES

In signing below, I (a) represent that the statements and answers given on all pages of this reinstatement are true, complete, and correctly recorded; (b) authorize any physician, medical practitioner, hospital, clinic, pharmacy related service organization, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me regarding my mental and physical health, other insurance coverage, prescription drug usage, hazardous activities, character, general reputation, finances, and vocation to give to The Order of United Commercial Travelers of America, its reinsurers, or its legal representative any and all such information for use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) understand that when my medical records are disclosed pursuant to this authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws; (e) agree that I may revoke this authorization, except to the extent that any care provider or The Order of United Commercial Travelers of America has acted in reliance upon this authorization and my revocation must be submitted in writing to: 1801 Watermark Drive, Suite 100, P.O. box 159019, Columbus, Ohio, 43215-8619; (f) understand that such revocation will not have any effect on actions The Order of United Commercial Travelers of America took prior to their receiving the revocation notice; (g) agree that this authorization shall be valid for 30 months from the application date; (h) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (i) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Notice of Insurance Information Practices. I have read and understand the above statements and agreements. I understand no person to be insured is also covered by any Title XIX program - Medicaid or any similar name (Not applicable to residents of AZ, MO, NC, OR, or SC). I understand failure to disclose the insured person's true health condition may void this policy.

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Signed at (City & State):	Date of Application (M/D/Y):
Witness:	Insured's Signature:



UCT's Critical Illness Insurance

Financial peace of mind
at a critical time

Why Critical Illness Insurance?

Even with excellent medical insurance, just one critical illness can possibly cripple one's financial standing. Being diagnosed with a critical illness can be devastating. If a covered critical illness event happens, you'll welcome cash benefits to help pay for items not covered by traditional health plans, including the numerous out-of-pocket expenses you'll face. A critical illness insurance policy can help you cover these costs, leaving your family savings intact.



Being diagnosed with a critical illness is a devastating event, not just for you, but also for your spouse, your family, and even your business partners.

A critical illness often requires you to leave your job to focus on getting well. Even though you may be experiencing a loss of income, your expenses and loans still have to be paid, not to mention the additional costs that go along with a critical illness (medication, special treatment, specialized equipment, home renovations, etc.). The financial burden can be worrisome, especially if you don't have any other source of income during your recovery period.

UCT's Critical Illness Insurance provides you and your family with a

cash benefit of \$5,000 to \$100,000 (based on the amount of the policy), if a first occurrence of an eligible condition is both initially incurred and is diagnosed more than 30 days after the date coverage becomes effective.

In addition, the benefit in no way affects your disability insurance benefits. It is paid on top of your other medical insurance plans.

You choose the level of coverage you want: \$5,000, \$50,000 or \$100,000 and this is what we pay you in the event that you suffer a qualifying critical illness.

The Critical Illness plan from UCT pays a lump sum that provides a financial boost in tough times.



How it works

We will pay the benefit percentage if a first occurrence of an eligible condition is both initially incurred and is diagnosed more than 30 days after the date coverage becomes effective. Use these funds to offset the cost of managing your illness, without impacting your savings or standard of living. Payment of any 100% Critical Illness Benefit terminates the policy. The Critical Illness Benefit is reduced by the amount of any partial benefits paid. No condition is payable more than once.

This benefit can be used as you wish, with no restrictions for:

Medical costs

- Pursue a second opinion
- Explore experimental drugs or treatments
- Pay deductible and co-pays
- Provide home nursing care

Debt repayment

- Help pay off mortgage
- Help pay off personal or business debt

Lifestyle maintenance

- Help to replace lost income
- Pay bills
- Pay for childcare expenses

Covered Critical Illness Conditions:

Full Benefit Critical Illness	Maximum Benefit
Category One Cancer.....	100 %
Heart Attack	100 %
Kidney Failure	100 %
Stroke.....	100 %
Major Organ Transplant	100 %

Partial Benefit Critical Illness

Coronary Artery Bypass Grafting.....	25 %
Coronary Artery Angioplasty	10 %
Category Two Cancer	10 %

Exclusions

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- any act of war, declared or undeclared, or
- active duty in the armed forces, National Guard, or any reserve unit, or
- engaging in a felony; or participating in any riot or civil insurrection; or
- any intentionally self-inflicted injury or suicide or suicide attempt; or
- being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- any illness, loss, or condition specifically excluded from the definition of any Critical Illness.

Give Back

You get more than just insurance with UCT. You get the good feeling from giving back to local communities. As a non-profit, socially responsible insurance provider, UCT's insurance operations help support causes and organizations in communities across the U.S. and Canada.

Get Involved

Want to take it a step further? As a UCT insurance customer, you automatically join more than 80,000 members who strive to make a difference in their local communities. Be as active as YOU choose, with opportunities to support causes, including:

- **Intellectual Disabilities Programs**
- **Student Scholarships**
- **Cancer Research**
- **Youth Programs**
- **Organizations and causes YOU choose**



Strength in Numbers

UCT members produce amazing results. In 2010, UCT's numbers included:

- **\$1.1 million donated to causes**
- **\$115,000 awarded in scholarships**
- **More than 130,000 collective hours of volunteer service given to communities and causes**

Get Covered

UCT offers a number of affordable insurance and financial protection products. Whether it's accident and life products, dental, vision & hearing coverage, or Medicare supplement plans, we offer quality protection for all your insurance needs.



1801 Watermark Drive, Suite 100
Columbus, OH 43215-8619

Tel: 614.487.9680
Toll-free: 800.848.0123
www.uct.org

This brochure is for illustration purposes only. Refer to the policy for complete details, limitations, and exclusions.

Coverage offered under policy form no. CI 0311 and state equivalents.

SERFF Tracking Number: UCTA-127656239 State: Arkansas
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %
Overall Percentage of Last Rate Revision: 0.000%
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):
The Order of United Commercial Travelers of America	0.000%	%				%	%

SERFF Tracking Number: UCTA-127656239 State: Arkansas
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 11/04/2011	Critical Illness Rates - AR	CI 0311 AR	New		Critical Illness Rates AR.pdf

United Commercial Travelers
Proposed Critical Illness Policy
Exhibit 1

50% Loss Ratio Monthly Issue Age Premiums per 1,000 for Arkansas				
Issue Age	Member			
	Tobacco		Non-Tobacco	
	Male	Female	Male	Female
18	0.3265	0.3009	0.2698	0.2722
19	0.3459	0.3177	0.2818	0.2853
20	0.3665	0.3354	0.2944	0.2989
21	0.3897	0.3548	0.3084	0.3137
22	0.4150	0.3758	0.3237	0.3297
23	0.4429	0.3989	0.3403	0.3472
24	0.4737	0.4240	0.3586	0.3660
25	0.5075	0.4513	0.3786	0.3862
26	0.5440	0.4802	0.3998	0.4073
27	0.5843	0.5116	0.4231	0.4301
28	0.6290	0.5461	0.4488	0.4547
29	0.6804	0.5852	0.4783	0.4827
30	0.7382	0.6281	0.5114	0.5131
31	0.8031	0.6754	0.5480	0.5462
32	0.8733	0.7263	0.5869	0.5814
33	0.9495	0.7816	0.6288	0.6192
34	1.0300	0.8388	0.6711	0.6570
35	1.1175	0.9003	0.7168	0.6970
36	1.2134	0.9670	0.7661	0.7396
37	1.3190	1.0397	0.8198	0.7856
38	1.4365	1.1202	0.8790	0.8358
39	1.5710	1.2108	0.9480	0.8927
40	1.7216	1.3096	1.0243	0.9532
41	1.8914	1.4179	1.1094	1.0180
42	2.0720	1.5324	1.1991	1.0850
43	2.2657	1.6546	1.2945	1.1544
44	2.4636	1.7771	1.3885	1.2201
45	2.6716	1.9054	1.4868	1.2871
46	2.8912	2.0399	1.5905	1.3558
47	3.1260	2.1820	1.7002	1.4259
48	3.3803	2.3339	1.8179	1.4980
49	3.6505	2.4962	1.9428	1.5754
50	3.9357	2.6662	2.0719	1.6556
51	4.2389	2.8464	2.2070	1.7390
52	4.5616	3.0331	2.3482	1.8249
53	4.9100	3.2302	2.4987	1.9144
54	5.2753	3.4341	2.6545	2.0076
55	4.8147	3.1320	2.4314	1.8226
56	5.1442	3.3115	2.5717	1.9051
57	5.4876	3.4936	2.7166	1.9891
58	5.8488	3.6778	2.8680	2.0748
59	6.1765	3.8359	2.9944	2.1405
60	6.4754	3.9779	3.1075	2.1988
61	6.7238	4.0931	3.2000	2.2460
62	6.8839	4.1584	3.2568	2.2720
63	6.8958	4.1655	3.2589	2.2734
64	6.9077	4.1727	3.2611	2.2749

Annual Issue Age Premiums per 1,000 50% Loss Ratio for Arkansas				
Issue Age	Member			
	Tobacco		Non-Tobacco	
	Male	Female	Male	Female
18	3.9180	3.6108	3.2376	3.2664
19	4.1508	3.8124	3.3816	3.4236
20	4.3980	4.0248	3.5328	3.5868
21	4.6764	4.2576	3.7008	3.7644
22	4.9800	4.5096	3.8844	3.9564
23	5.3148	4.7868	4.0836	4.1664
24	5.6844	5.0880	4.3032	4.3920
25	6.0900	5.4156	4.5432	4.6344
26	6.5280	5.7624	4.7976	4.8876
27	7.0116	6.1392	5.0772	5.1612
28	7.5480	6.5532	5.3856	5.4564
29	8.1648	7.0224	5.7396	5.7924
30	8.8584	7.5372	6.1368	6.1572
31	9.6372	8.1048	6.5760	6.5544
32	10.4796	8.7156	7.0428	6.9768
33	11.3940	9.3792	7.5456	7.4304
34	12.3600	10.0656	8.0532	7.8840
35	13.4100	10.8036	8.6016	8.3640
36	14.5608	11.6040	9.1932	8.8752
37	15.8280	12.4764	9.8376	9.4272
38	17.2380	13.4424	10.5480	10.0296
39	18.8520	14.5296	11.3760	10.7124
40	20.6592	15.7152	12.2916	11.4384
41	22.6968	17.0148	13.3128	12.2160
42	24.8640	18.3888	14.3892	13.0200
43	27.1884	19.8552	15.5340	13.8528
44	29.5632	21.3252	16.6620	14.6412
45	32.0592	22.8648	17.8416	15.4452
46	34.6944	24.4788	19.0860	16.2696
47	37.5120	26.1840	20.4024	17.1108
48	40.5636	28.0068	21.8148	17.9760
49	43.8060	29.9544	23.3136	18.9048
50	47.2284	31.9944	24.8628	19.8672
51	50.8668	34.1568	26.4840	20.8680
52	54.7392	36.3972	28.1784	21.8988
53	58.9200	38.7624	29.9844	22.9728
54	63.3036	41.2092	31.8540	24.0912
55	57.7764	37.5840	29.1768	21.8712
56	61.7304	39.7380	30.8604	22.8612
57	65.8512	41.9232	32.5992	23.8692
58	70.1856	44.1336	34.4160	24.8976
59	74.1180	46.0308	35.9328	25.6860
60	77.7048	47.7348	37.2900	26.3856
61	80.6856	49.1172	38.4000	26.9520
62	82.6068	49.9008	39.0816	27.2640
63	82.7496	49.9860	39.1068	27.2808
64	82.8924	50.0724	39.1332	27.2988

Mode	Factor
Monthly EFT	0.0833
Direct Monthly	0.1000
Quarterly	0.2625
Semi-Annual	0.5250

SERFF Tracking Number: UCTA-127656239 State: Arkansas
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/04/2011
Comments: Please see the attached Readability Certification.		
Attachment: Read Cert 9-26-11.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	11/04/2011
Bypass Reason: The Application is included under the Forms Tab as CI APP 0311.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	11/04/2011
Comments: Please see the attached Actuarial Memorandum.		
Attachment: Actuarial Memo 10-25-11 AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	11/04/2011
Bypass Reason: The Outline of Coverage is included under the Forms Tab as CI OC 0311.		
Comments:		

	Item Status:	Status Date:

SERFF Tracking Number: UCTA-127656239 State: Arkansas
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Satisfied - Item: Cover Letter Approved-Closed 11/04/2011
Comments:
 Please see the attached Cover Letter.
Attachment:
 AR Cover letter Critical Illness.pdf

Item Status: **Status**
Date:
Satisfied - Item: Rule and Regulation 49 Certification Approved-Closed 11/04/2011
Comments:
 Please see the attached Rule and Regulation 49 Certification.
Attachment:
 Regulation 49 Certification.pdf

Item Status: **Status**
Date:
Satisfied - Item: Rule and Regulation 19 Certification Approved-Closed 11/04/2011
Comments:
 Please see the attached Rule and Regulation 19 Certification.
Attachment:
 Regulation 19 Certification.pdf

Item Status: **Status**
Date:
Satisfied - Item: Consumer Notice Approved-Closed 11/04/2011
Comments:
 Please see the attached Consumer Notice.
Attachment:
 AR Consumer Notice.pdf

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:

The Order of United Commercial Travelers of America
1801 Watermark Dr., Suite 100
Columbus, OH 43215

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

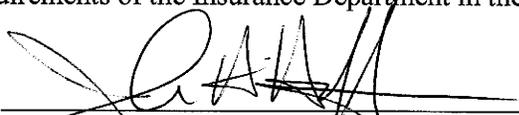
Title of Form	Form Number	Flesch Score	
		Stand-Alone	Combined with Policy Form
Policy for Critical Illness Insurance	CI 0311	45.0	n/a
Application for Critical Illness Insurance	CI APP 0311	39.9	43.1
Outline of Coverage for Critical Illness Insurance	CI OC 0311	40.2	43.8
Replacement Form for Critical Illness Insurance	CI REPL 0511	32.1	44.1
Application for Reinstatement of Critical Illness Insurance – Certificate of Health	CI COH 0411	44.9	45.0

In determining the Flesch Scores shown above, the following "text" was excluded:

1. The name and address of the company;
2. The name, number and title of the form;
3. The table of contents or index;
4. Captions and sub-captions;
5. Specification pages, schedules and tables;
6. Any provisions required by federal law or regulation; and
7. Any medical terminology.

The type size of the text is at least 10-point.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department in the state.



Signature of Insurance Company Officer

September 26, 2011

Arkansas Insurance Department
1200 W. 3rd St.
Little Rock, AR 72201

RE: The Order of United Commercial Travelers of America
NAIC number: 56383
FEIN number: 31-4273120

SUBMISSION

Critical Illness Insurance Policy — Form Number CI 0311
Critical Illness Insurance Application — Form Number CI APP 0311
Outline of Coverage for Critical Illness Insurance — Form Number CI OC 0311
Replacement Form for Critical Illness Insurance — Form Number CI REPL 0511
Application for Reinstatement Certificate of Health — Form Number CI COH 0411
Critical Illness Brochure — Form Number CI B 0811

We are requesting the Department's review and approval of this filing. This filing is for a new product.

Any required filing documents have been completed and are included with the filing.

The policy provides a Critical Illness benefit payment if a first occurrence of a critical illness is both initially incurred and diagnosed more than 30 days after the effective date, or for Category One and Two Cancer, 90 days after the effective date. Payment of a 100% benefit terminates this policy. The Critical Illness benefit is reduced by any paid partial benefit. No Critical Illness is payable more than once.

Critical Illness benefits payable at 100% include: Cancer Category One, Heart Attack, Kidney Failure, Stroke and Major Organ Transplant. The Coronary Artery Bypass Grafting benefit is payable at 25% and Coronary Artery Angioplasty and Cancer Category Two are both payable at 10%.

The policy is guaranteed renewable subject to the termination provisions specified in the policy. Issue age range is from age 18 through age 64.

Underwriting is on a simplified issue basis with yes/no questions contained in the application. The underwriting will vary slightly given the level of the requested face amount

The policy will be marketed by agents who are licensed in your state.

The Actuarial Memorandum and Rates are also included with this filing.

We appreciate your time and consideration in the review of this filing.

Sincerely,

Denise Sharif
Compliance Supervisor
(800) 848-0123, Ext. 103
Email: dsharif@uct.org

ARKANSAS
Rule and Regulation 49 Certification

<u>Title of Form(s)</u>	<u>Form Number</u>
Critical Illness Insurance Policy	CI 0311
Critical Illness Insurance Application	CI APP 0311
Outline of Coverage for Critical Illness Insurance	CI OC 0311
Replacement Form for Critical Illness Insurance	CI REPL 0511
Application for Reinstatement Certificate of Health	CI COH 0411
Critical Illness Brochure	CI B 0811

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 49, the Life & Health Guaranty Association Notice.



Signature

Joseph Henry Hoffman

Name

Chief Executive Officer

Title

ARKANSAS
Rule and Regulation 19 Certification

<u>Title of Form(s)</u>	<u>Form Number</u>
Critical Illness Insurance Policy	CI 0311
Critical Illness Insurance Application	CI APP 0311
Outline of Coverage for Critical Illness Insurance	CI OC 0311
Replacement Form for Critical Illness Insurance	CI REPL 0511
Application for Reinstatement Certificate of Health	CI COH 0411
Critical Illness Brochure	CI B 0811

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair Sex Discrimination in the Sale of Insurance.



Signature

Joseph Henry Hoffman

Name

Chief Executive Officer

Title

Consumer Notice
The Order of United Commercial Travelers of America

Policyholder Service Office: 1801 Watermark Drive, Suite 100
Columbus, Ohio 43215-8619
Telephone Number: 800-848-0123

Name of Agent: [Fred Smith]
Agent Address: [123 First Street, Any Town, Arkansas]
Agent Telephone Number: [555-555-1234]

If we at The Order of United Commercial Travelers of America fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-800-852-5494 or 1-501-371-2460

SERFF Tracking Number: UCTA-127656239 State: Arkansas
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 49888
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Insurance
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/26/2011		Supporting Health - Actuarial Justification Document	11/02/2011	Actuarial Memo 9-20-11.pdf (Superseded)
09/26/2011	Form	Critical Illness Policy	11/02/2011	CI 0311.pdf (Superseded)
09/26/2011	Form	Critical Illness Outline of Coverage	11/02/2011	CI OC 0311.pdf (Superseded)
09/26/2011	Form	Application for Reinstatement	11/02/2011	CI COH 0411.pdf (Superseded)
09/30/2011	Form	Brochure	11/02/2011	CI B 0911.pdf (Superseded)
09/26/2011	Form	Brochure	09/30/2011	CI B 0811.pdf (Superseded)



The Order of United Commercial Travelers of America • A Fraternal Benefit Society
1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 614.487.9675 • www.uct.org

Critical Illness Policy

We agree to pay the benefits described in this Policy, according to its provisions, exclusions and limitations. This Policy is a legal contract between You and Us.

CONSIDERATION

This Policy is issued to You in consideration of Your application and the receipt of the first premium. This Policy is a legal contract between You and Us. Your Policy is effective at 12:01 a.m. on the Policy Date in the time zone of Your home address as indicated on Your application.

NOTICE OF RIGHT TO EXAMINE POLICY

You should read this entire contract carefully and refer to the DEFINITIONS section to understand the meaning of defined words. You may return this Policy within twenty (20) days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded

GUARANTEED RENEWABLE TO THE POLICY TERMINATION DATE, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS

You may continue the coverage provided by this Policy by paying all premiums when due, until the Policy anniversary on or following the Expiry Date, subject to the Policy's Termination provision. We reserve the right to change the premium rates for this Policy. Any change in premium will be made on a premium class basis. No change in premium will become effective until the state mandated number of days after a notification is sent to Your last known address, on Our Home Office records.

Signed for the Society at Columbus, Ohio

Joseph H. Hoffman
Chief Executive Officer

MEMBER OF THE AMERICAN FRATERNAL ALLIANCE

THIS IS A SPECIFIED DISEASE POLICY WHICH ONLY PROVIDES BENEFITS FOR THE DIAGNOSIS OF ILLNESSES SPECIFIED AND DEFINED IN THIS POLICY. IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. PLEASE READ THE CONTRACT CAREFULLY-IT CONTAINS WAITING PERIODS AND EXCLUSIONS.

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SCHEDULE PAGE

Insured
[JOHN DOE]

Issue Age – Gender – Tobacco Class:
[35] [MALE or FEMALE] [N or Y]

Policy Number
[SPECIMEN]

Annual Premium:

Policy Date
[JULY 1, 2010]

Premium Mode Selected:

Expiry Date
[JULY 1, 2050]

Modal Premium:

Critical Illness Benefit*:

* Subject to reduction on the first Policy anniversary on or after the attainment of age 65. See below*

CRITICAL ILLNESS BENEFIT*

Critical Illness	Critical Illness Benefit Maximum Total Percentage
Full Benefit Critical Illnesses	
Cancer Category One	100%
Heart Attack	100%
Kidney Failure	100%
Stroke	100%
Major Organ Transplant	100%
Partial Benefit Critical Illnesses	
Coronary Artery Bypass Grafting	25%
Coronary Artery Angioplasty	10%
Cancer Category Two	10%

**No Critical Illness is payable more than once.
Payment of any 100% Critical Illness benefit terminates Policy.**

Beneficiary: As named in the application, unless otherwise provided by endorsement

Owner: As named in the application, unless otherwise provided by endorsement

*On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Cancer Category Two, will be reduced by 50%

DEFINITIONS

As used in this Policy, the terms listed below will have the meanings as defined. Defined terms, when used in this Policy, will appear with initial capitalization. The plural use of a term will share the same meaning as the singular.

AGE means the attained age as of Your last birthday.

CLINICAL DIAGNOSIS means a clinical identification of Cancer on history, laboratory study and symptoms. We will pay benefits for a Clinical Diagnosis only if:

1. a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
2. there is medical evidence to support such Diagnosis; and
3. a Physician is treating You for Cancer.

COVERED EVENT means Category One Cancer, Category Two Cancer, Heart Attack, Kidney Failure, Stroke, Major Organ Transplant, Coronary Artery Angioplasty, and Coronary Artery Bypass Grafting as each is defined in this Policy.

CRITICAL ILLNESS means only the illnesses listed in the Policy Schedule and defined within this Policy. See the Critical Illness Benefits Provision for definitions, exclusions and limitations.

DIAGNOSED means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine) and supported by documentation of all appropriate and defined studies:

1. based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
2. meeting any diagnostic requirements stated in this Policy for the particular Critical Illness being Diagnosed.

FIRST OCCURRENCE means the first time ever in Your lifetime that You have experienced such covered condition.

FRAUDULENT MISREPRESENTATIONS means application responses that are answered incorrectly for the purposes of obtaining this Policy.

IMMEDIATE FAMILY MEMBER means a person who is related to the Insured by marriage, blood, or legal adoption.

INCUR means an event, incident, or Diagnosis that:

1. initially occurs on or after the effective date of this Policy, and
2. initially occurs while this Policy is in force, and
3. is diagnosed during the life of the Insured, and
4. is not specifically excluded by any definitions or exclusions in this Policy

INSURED means the person named as "Insured" in the schedule page.

MANIFESTS or MANIFESTED means a condition or symptom that would cause an ordinary prudent person to seek medical advice, care, or treatment.

MONTH means a calendar month.

PHYSICIAN means a person who:

1. is a legally qualified practitioner of the healing arts licensed in the United States or its territories; and
2. practices within the scope of his or her license and specialty in the United States or its territories; and
3. is not the Insured Person; and
4. is not the Insured Person's Immediate Family Member; and
5. does not customarily reside in the same household as the Insured Person.

POLICY DATE means the date that this Policy becomes effective.

PREMALIGNANT means a lump, growth, polyp, or tumor that is noncancerous, noninvasive, and not characterized by uncontrolled and destructive growth, but which has the potential to progress to cancer (become invasive).

WE, OUR, COMPANY or US refers to The Order of United Commercial Travelers of America (UCT).

YOU or YOUR refers to the Insured.

CRITICAL ILLNESS BENEFITS

We will pay the Critical Illness Benefit Percentage stated in the Policy Schedule Page (subject to all applicable Policy provisions), if a first occurrence of a Critical Illness is both initially Incurred (or Manifests, as stated in the Policy), and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective, or for Category One and Category Two Cancer, 90 days after the date coverage on the Insured Person becomes effective. Payment of any 100% Critical Illness Benefit terminates this Policy. The Critical Illness Benefit is reduced by the amount of any partial benefit Critical Illnesses paid. No Critical Illness is payable more than once.

On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Category Two Cancer, will be reduced by 50%.

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests as stated in the Policy; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
- (c) the Critical Illness is Diagnosed, or the Diagnosis is confirmed, within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation.; and
- (e) the Critical Illness Diagnosis is made during the lifetime of the Insured

CATEGORY ONE CANCER, for the purposes of this Policy, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The cancer benefit also covers the following blood cancers: lymphoma, leukemia, and multiple myeloma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

- (a) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Physician is treating You for Cancer.

The following are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T2N0M0 or greater;
- Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; also known as microcarcinoma of the thyroid, and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

CATEGORY ONE CANCER BENEFIT

If Category One Cancer is First Manifest and is Diagnosed more than 90 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Category One Cancer must not have been Manifested and/or been Diagnosed within the first 90 days after the date Your coverage becomes effective under this Policy.

CATEGORY TWO CANCER

The Category Two Cancer Benefit is limited to the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which for the purposes of this Policy, means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which for the purposes of this Policy, means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Early stage prostate cancer, which for the purposes of this Policy, means a localized cancer histologically classified as Gleason score 6 or less, or TNM classification T1N0M0;

- Papillary microcarcinoma of the thyroid, which for the purposes of this Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0

Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.

. A Clinical Diagnosis will be accepted only if:

- (a) a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- (b) there is medical evidence to support the Diagnosis; and
- (c) a Physician is treating You for Cancer

CATEGORY TWO CANCER BENEFIT

If Category Two Cancer is First Manifest and is Diagnosed more than 90 days after the Policy Date, We will pay 10% of the Critical Illness Benefit.

The Category Two Cancer must not have been Manifested and/or been Diagnosed within the first 90 days after the date Your coverage becomes effective under this Policy

HEART ATTACK, for the purposes of this Policy, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

1. typical clinical symptoms, for example, central chest pain; and
2. diagnostic increase of specific cardiac markers; and
3. new electrocardiographic changes of infarction.

Heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

HEART ATTACK BENEFIT

If a Heart Attack is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Heart Attack must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

KIDNEY FAILURE, for the purposes of this Policy, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

KIDNEY FAILURE BENEFIT

If Kidney Failure both Manifests and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Kidney Failure must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

STROKE, for the purposes of this Policy, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

1. clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
3. permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

STROKE BENEFIT

If a Stroke is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Stroke must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

MAJOR ORGAN TRANSPLANT, for the purposes of this Policy, means human to human organ transplant from a donor (excluding the Insured) to the Insured of bone marrow solely for treatment of cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

- Transplant of any other organs, parts of organs, tissues or cells.

MAJOR ORGAN TRANSPLANT BENEFIT

We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid, if more than 30 days after the Policy Date both:

- (a) the need for a Major Organ Transplant is first Diagnosed; and
- (b) the Insured undergoes a Major Organ Transplant.

CORONARY ARTERY ANGIOPLASTY, for the purposes of this Policy, means balloon angioplasty, laser angioplasty, or atherectomy to correct narrowing or blockage of one or more coronary arteries.

CORONARY ARTERY ANGIOPLASTY BENEFIT

If Coronary artery angioplasty is Incurred more than 30 days after the Policy Date, We will pay 10% of the Critical Illness benefit.

CORONARY ARTERY BYPASS GRAFTING, for the purposes of this Policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

CORONARY ARTERY BYPASS GRAFTING BENEFIT

If Coronary artery bypass grafting is Incurred more than 30 days after the Policy Date, We will pay 25% of the Critical Illness benefit.

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of Our choosing. This Physician must:

- (a) have specialty training and board certification in the field of Medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all routinely accepted procedures and protocols in the Diagnosis of the Critical Illness.

EXCLUSIONS

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- any act of war, declared or undeclared, or
- active duty in the armed forces, National Guard, or any reserve unit, or
- engaging in a felony; or participating in any riot or civil insurrection; or
- any intentionally self-inflicted injury or suicide or suicide attempt; or
- being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- any illness, loss, or condition specifically excluded from the definition of any Critical Illness

PREMIUMS

This Policy is effective for an initial term of one Premium Period as shown in the Policy Schedule and thereafter on the first day of each premium term. Premiums must be paid in United States currency.

GRACE PERIOD

This Policy has a 31 day Grace Period. If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for 31 days from the premium due date.

LAPSE

Your Policy will lapse if any premium is not paid before the end of the Grace Period. The date of lapse will be the date that the unpaid premium was due. Your Policy will terminate upon lapse and provide NO further benefits.

REINSTATEMENT

If Your Policy lapses, You may request to reinstate it by:

1. submitting a written application for reinstatement within 60 days after the end of the Grace Period; and
2. providing any additional evidence of insurability as We may require; and
3. paying all required premium.

If We approve Your request for reinstatement, coverage will become effective as of the date that the Policy had lapsed. Unless We have previously sent You a written notice of disapproval, the Policy will be reinstated on the 45th day after Our receipt of the required evidence of insurability or such earlier date that We approve such evidence

We will not pay benefits for any Critical Illness that Incurs or Manifests, whichever is applicable as stated in this Policy, and/or is Diagnosed:

1. before the end of 30 days after the reinstatement effective date due to reinstatement; or
2. for Cancer, before the end of 90 days after the reinstatement effective date due to reinstatement

Your rights and Our obligations under this Policy will be the same as before the Policy lapsed subject to the Reinstatement and Incontestable provisions.

If You do not request a reinstatement within 90 days from the date any unpaid premium was due, this Policy will remain terminated and no further benefits will be provided.

UNEARNED PREMIUM REFUND

If You die before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide Us with written notice of claim within 60 days from the date of loss, or as soon as reasonably possible, but in no event later than 180 days from the date of the Covered Event. You must provide notice of claim at Our Home Office. Your notice of claim must include Your name, address, the Policy Number, and the Covered Condition for which You are claiming.

CLAIM FORMS

When We receive Your notice of claim, We will provide You with the forms required to file a claim. If You do not receive the forms within 15 working days, You will have met the time frame required for filing proof of claim if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide Us with written proof of claim determined to be satisfactory to Us within 90 days from the date of loss. If it is not reasonably possible for You to provide written proof of loss within the stated time, Your claim will not be affected if You provide the written proof of loss as soon as reasonably possible but in no event later than 12 months from the date of loss.

You must provide to Us any authorizations to obtain medical or other records needed to evaluate Your claim.

TIME OF PAYMENT OF CLAIMS

We will pay benefits upon receipt of written proof of loss determined to be satisfactory by Us.

PAYMENT OF CLAIMS

All benefits paid under this Policy will be paid to You unless You have assigned the benefits. Any benefits payable upon Your death will be paid to Your designated beneficiary, if any, otherwise benefits will be paid to Your estate.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000 of Benefits to any relative by blood or marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that portion of the benefit.

ASSIGNMENT

You may assign the benefits payable under this Policy by providing written notice to Us at Our Home Office. We are not bound by an assignment until it is recorded at Our Home Office. The assignment will not apply to any payment made prior to its being recorded in Our Home Office. We assume no responsibility regarding the validity of any assignment.

UNPAID PREMIUMS

Upon approval of Your claim, We will deduct any premium due from the benefits that become payable under this Policy.

LEGAL ACTIONS

No legal action may be brought to recover benefits on this Policy before 60 days after We have received written proof of loss. No action may be brought against Us more than two (2) years from the date written proof was required to be provided.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, with the attached application, any other pages, amendments, or endorsements attached, and any application for reinstatement are the entire contract between You and Us. This contract is made in consideration of Your application and payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being true to the best of Your knowledge. No change to this Policy will be valid unless it is in writing and signed by an officer of The Order of United Commercial Travelers of America. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

If an Insured Person's Age or Gender is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct Age or Gender. If the correct age is such that we would have obtained additional underwriting requirements or would not have issued this Policy We will only be liable for a refund of any premiums paid for the period for which there was no coverage.

INCONTESTABLE

In the absence of Fraudulent Misrepresentation, and except for any rider, benefit, or reinstatement that becomes effective after the effective date of this Policy, We will not use Your signed statements which relate to insurability and have been made part of this Policy to contest this insurance for any claim that is Incurred after this Policy has been in force for two (2) years. Nor will We, in the absence of Fraudulent Misrepresentation, use any of Your statements on a reinstatement

application to contest this insurance for any claim that is Incurred after 2 years from the reinstatement effective date. This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

EFFECTIVE DATE

This Policy's Effective Date is the Policy Date on the Policy Schedule. This Policy will take effect at 12:01 AM in the time zone of Your last known address, on Our Home Office records on the Effective Date. This Policy will terminate at 11:59 PM in the time zone of Your last known address, on Our Home Office records on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision.

MAINTENANCE OF SOLVENCY

UCT's constitution provides that in the event that its reserves as to all or any class of contracts of insurance issued by it become impaired, the Board of Governors may require that these shall be paid by each Owner of such contract of insurance to UCT an amount equal to such Owner's equitable proportion of such deficiency as ascertained by the Board of Governors.

If payment of the amount required to be paid is not made by such Owner, then either or both of the following, at the election of the Owner, shall apply:

1. the amount shall stand as Indebtedness against the contract of insurance and shall bear interest at a rate not to exceed ten percent (10%) per annum; or
2. the Owner shall accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner shall make such election by notifying the Board of Governors of his or her election on a form prescribed by the Board of Governors that shall be provided to each Owner. Failure to make such election shall result in a presumption that the Owner elects to accept a proportionate reduction in benefits paid pursuant to the contract of insurance.

The Owner hereby agrees that if they affirmatively elect to have the amount stand as Indebtedness against the contract of insurance, then UCT may offset the amount of such Indebtedness together with interest thereon against any payment of benefits under this contract of insurance.

TERMINATION

This Policy will terminate on the earliest of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the date that 100% of the Critical Illness Benefit is paid ; or
- (c) any premium due date requested by You in writing to terminate this Policy; or
- (d) the end of the Grace Period following the due date for which a premium was not paid; or
- (e) the death of the Insured; or
- (f) the Policy anniversary on or after the Insured Persons' 75th birthday.

OWNER

The Insured is the Owner of this Policy unless later changed.

As Owner, You may exercise all rights in this Policy while the Insured Person is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You change Your beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Home Office.

BENEFICIARY

The beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each beneficiary is classified as a Primary or Contingent Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of Your Death, We will pay:

- (a) the executor or administrator of Your estate; or
- (b) Your spouse, child, or parent who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured Person is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy that, on the coverage effective date, conflicts with any laws of the state where You lived when this Policy was issued, is amended to conform with that law.



LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS

OUTLINE OF COVERAGE (Applicable to Policy Form CI 0311)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY
If you are eligible for Medicare, review the Guide to Health Insurance for
People with Medicare available from the Company.

READ YOUR POLICY CAREFULLY - This outline of coverage provides a very brief description of some of the important features of your policy. This is not an 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 the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

GUARANTEED RENEWABLE TO THE POLICY TERMINATION DATE, SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS - You may continue the coverage provided by this Policy by paying all premiums when due, until the Policy anniversary on or following the Expiry Date, subject to the Policy's Termination provision. We reserve the right to change the premium rates for this Policy. Any change in premium will be made on a premium class basis. No change in premium will become effective until the state mandated number of days after a notification is sent to Your last known address, on Our Home Office records.

CRITICAL ILLNESS BENEFITS - We will pay the Critical Illness Benefit Percentage stated in the Policy Schedule Page (subject to all applicable Policy provisions), if a first occurrence of a Critical Illness is both initially Incurred (or Manifests, as stated in the Policy), and is Diagnosed more than 30 days after the date coverage on the Insured Person becomes effective, or for Category One and Category Two Cancer, 90 days after the date coverage on the Insured Person becomes effective. Payment of any 100% Critical Illness Benefit terminates this Policy. The Critical Illness Benefit is reduced by the amount of any partial benefit Critical Illnesses paid. No Critical Illness is payable more than once.

On the Policy anniversary on or following the attainment of age 65, the Critical Illness Benefit, less any benefits previously paid for Coronary Artery Bypass Grafting, Coronary Artery Angioplasty, or Category Two Cancer, will be reduced by 50%.

BENEFITS

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

the Critical Illness initially Incurs and/or Manifests as stated in the Policy; and
the Critical Illness is initially Diagnosed while the coverage on an Insured Person is effective under this Policy; and
the Critical Illness is Diagnosed, or the Diagnosis is confirmed, within the United States or its territories; and
the benefit payment is not excluded by any general or specific exclusion or limitation.; and
the Critical Illness Diagnosis is made during the lifetime of the Insured

**Critical Illness
Benefit Maximum
Total Percentage**

Full Benefit Critical Illnesses	
Cancer Category One	100%
Heart Attack	100%
Kidney Failure	100%
Stroke	100%
Major Organ Transplant	100%
Partial Benefit Critical Illnesses	
Coronary Artery Bypass Grafting	25%
Coronary Artery Angioplasty	10%
Cancer Category Two	10%

CATEGORY ONE CANCER BENEFIT

If Category One Cancer is First Manifest and is Diagnosed more than 90 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Category One Cancer must not have been Manifested and/or been Diagnosed within the first 90 days after the date Your coverage becomes effective under this Policy.

HEART ATTACK BENEFIT

If a Heart Attack is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Heart Attack must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

KIDNEY FAILURE BENEFIT

If Kidney Failure both Manifests and is Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Kidney Failure must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

STROKE BENEFIT

If a Stroke is both Incurred and Diagnosed more than 30 days after the Policy Date, We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid.

The Stroke must not have Manifested itself and/or been Diagnosed within the first 30 days following the date Your coverage becomes effective under this Policy.

MAJOR ORGAN TRANSPLANT BENEFIT

We will pay the Critical Illness Benefit, reduced by the amount of any partial benefit Critical Illnesses previously paid, if more than 30 days after the Policy Date both:

the need for a Major Organ Transplant is first Diagnosed; and
the Insured undergoes a Major Organ Transplant.

CORONARY ARTERY BYPASS GRAFTING BENEFIT

If Coronary artery bypass grafting is Incurred more than 30 days after the Policy Date, We will pay 25% of the Critical Illness benefit.

CORONARY ARTERY ANGIOPLASTY BENEFIT

If Coronary artery angioplasty is Incurred more than 30 days after the Policy Date, We will pay 10% of the Critical Illness benefit.

CATEGORY TWO CANCER BENEFIT

If Category Two Cancer is First Manifest and is Diagnosed more than 90 days after the Policy Date, We will pay 10% of the Critical Illness Benefit.

The Category Two Cancer must not have been Manifested and/or been Diagnosed within the first 90 days after the date Your coverage becomes effective under this Policy.

DEFINITIONS

CATEGORY ONE CANCER, for the purposes of this Policy, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The cancer benefit also covers the following blood cancers: lymphoma, leukemia, and multiple myeloma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
there is medical evidence to support the Diagnosis; and
a Physician is treating You for Cancer.

The following are excluded:

Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;

All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;

All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;

Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T2N0M0 or greater;

Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; also known as microcarcinoma of the thyroid, and

Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

HEART ATTACK, for the purposes of this Policy, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

typical clinical symptoms, for example, central chest pain; and

diagnostic increase of specific cardiac markers; and

new electrocardiographic changes of infarction.

Heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

KIDNEY FAILURE, for the purposes of this Policy, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

STROKE, for the purposes of this Policy, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;

clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and

permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

MAJOR ORGAN TRANSPLANT, for the purposes of this Policy, means human to human organ transplant from a donor (excluding the Insured) to the Insured of bone marrow solely for treatment of cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

Transplant of any other organs, parts of organs, tissues or cells.

CORONARY ARTERY BYPASS GRAFTING, for the purposes of this Policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and "keyhole" heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

CORONARY ARTERY ANGIOPLASTY, for the purposes of this Policy, means balloon angioplasty, laser angioplasty, or atherectomy to correct narrowing or blockage of one or more coronary arteries.

CATEGORY TWO CANCER

The Category Two Cancer Benefit is limited to the following:

Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;

Carcinoma in situ, which for the purposes of this Policy, means a malignant neoplasm limited to the epithelium and confined within the basement membrane;

Early stage melanoma, which for the purposes of this Policy, means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;

Early stage prostate cancer, which for the purposes of this Policy, means a localized cancer histologically classified as Gleason score 6 or less, or TNM classification T1N0M0;

Papillary microcarcinoma of the thyroid, which for the purposes of this Policy means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and

Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0

Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.

. A Clinical Diagnosis will be accepted only if:

a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;

there is medical evidence to support the Diagnosis; and

a Physician is treating You for Cancer

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of Our choosing. This Physician must:

have specialty training and board certification in the field of Medicine specific to the Critical Illness being Diagnosed; and must follow all routinely accepted procedures and protocols in the Diagnosis of the Critical Illness.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a loss caused by, contributed to, or resulting from:

any act of war, declared or undeclared, or

active duty in the armed forces, National Guard, or any reserve unit, or

engaging in a felony; or participating in any riot or civil insurrection; or

any intentionally self-inflicted injury or suicide or suicide attempt; or

being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or

any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or

any illness, loss, or condition specifically excluded from the definition of any Critical Illness



**CERTIFICATE OF HEALTH
 APPLICATION FOR CRITICAL ILLNESS INSURANCE REINSTATEMENT**

All past Due Premiums Must Be Submitted With This Application

Insured's Information

Name of Insured:		Social Security No.:	Policy Number:
Date of Birth (M/D/Y):	Home Address / City / State / Zip:		
Area Code & Telephone No.: ()	Has your occupation changed since the effective date of this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, current occupation and duties:		

Complete Medical Questions 1-9 for Reinstatement of amounts up to \$25,000

1. Have you ever used any tobacco products? Yes No If Yes, list type, amount used, and length of time used. If you no longer use, also list the date you stopped.

2. Height: _____ Weight: _____
 (in.) (lbs.):

3. Any wt. loss in last year? Yes No. If yes, provide details – amount of weight lost and reason:

Since the effective date of this policy, have you been diagnosed with or treated (including medication) by a medical practitioner, or hospitalized for:

4. Any form of invasive cancer (excluding localized basal or squamous cell skin cancer) including, but not limited to, cancer of the bone marrow, blood or lymph tissue, or melanoma? Or, carcinoma in situ in the last 3 years? Yes No

5. Any chronic or progressive disease of the: a.) heart; b.) kidneys; c.) liver; d.) lung (exclude asthma with less than weekly episodes); e.) pancreas; or f.) bone marrow? Yes No

6. Heart attack, angina, stroke, transient ischemic attack (TIA), or been advised to have coronary bypass surgery, stent insertion, or treatment to coronary arteries? Yes No

7. Diabetes (except during a pregnancy) or any blood pressure reading recorded in the last 12 months exceeding 149 systolic or 94 diastolic (149/94) ? Yes No

8. Narrowing or blockage in arteries or conditions causing blood clots or abnormal bleeding, recurrent or chronic atrial fibrillation? Yes No

9. An organ (except cornea); bone marrow, or stem cell transplant recommended, performed, or been placed on a transplant waiting list? Yes No

Complete questions 1-18 for Reinstatement of amounts up to \$50,000

10. Alcohol or substance abuse (in the last 5 years), or charged with a DUI/DWI in the last year, or more than one in the past 5 years? Yes No

11. Paralysis, or any neuromuscular, degenerative nerve, or demyelinating disease including but not limited to ALS (Lou Gehrig's), multiple sclerosis (MS), or muscular dystrophy? Yes No

12. Acquired Immunodeficiency syndrome ("AIDS"), AIDS-related complex, human immunodeficiency virus (HIV), permanent memory loss, mental impairment, or schizophrenia? Yes No

13. Any abnormal cancer or circulatory test findings including blood or urine tests, X-ray, MRI, CT scan, ultrasound, cardiac stress test, echocardiogram, not normalized or still being followed-up by a physician? Yes No

14. Barrett's esophagus, Crohn's disease, systemic lupus erythematosus, systemic scleroderma, or ulcerative colitis? Yes No

15. Do you have any cyst, growth, lump, or any mole or freckle that has bled, become painful, changed color, increased in size, required medical attention or evaluation for which medical advice has not yet been sought? Yes No

16. Do you have new onset of chest pain, shortness of breath, or fatigue in the last six months not evaluated by a medical doctor and determined to be non-cardiac? Yes No

17. Do you use either of the following medication types: immunosuppressives including but not limited to Imuran or Enbrel (at any dose) or steroids (prednisone) at a dose of more than 10 mgs? Yes No

18. Do you have two or more natural parents, brothers, or sisters been diagnosed prior to age 55, or one or more prior to age 45, with any of the same diseases listed: coronary artery disease, stroke, diabetes, or invasive cancer (other than basal or squamous cell skin cancer)? Yes No

Name of Insured:	Social Security No.:
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Complete questions 1-24 for Reinstatement of amounts up to \$100,000

Since the effective date of this policy have you:

19. Scheduled, or anticipate scheduling, a consultation, surgery, or test which has not been completed, or has been completed and result is pending? Yes No

20. Been diagnosed by a member of the medical profession with a benign or premalignant tumor or polyp; a blood disorder; a digestive disorder; a disorder of heart or blood circulation; a disorder of glands or metabolism; hypertension or elevated cholesterol; a psychiatric or nervous disorder; a nervous system disorder; a respiratory disorder; urinary system or reproductive organ disorder?..... Yes No

21. Been diagnosed by a member of the medical profession with a systemic disease, which can affect a number of organs and tissues, or the body as a whole; or an autoimmune, or connective tissue disorder? Yes No

22. Had any application for critical illness, disability, health, or life insurance modified, rated, or declined in the last 5 years? Yes No

23. Taken any prescription medications in the last three years? If yes, list medication, dosage and reason taken below. Yes No

24. Name and address of physician with most up-to-date and comprehensive records; include date of, reason for, and result of last visit:

Provide full details (with dates) of any "yes" answers questions 19-23 and list prescription medications in the space below:

AUTHORIZATION AND SIGNATURES

In signing below, I (a) represent that the statements and answers given on all pages of this reinstatement are true, complete, and correctly recorded; (b) authorize any physician, medical practitioner, hospital, clinic, pharmacy related service organization, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me regarding my mental and physical health, other insurance coverage, prescription drug usage, hazardous activities, character, general reputation, finances, and vocation to give to The Order of United Commercial Travelers of America, its reinsurers, or its legal representative any and all such information for use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) understand that when my medical records are disclosed pursuant to this authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy laws; (e) agree that I may revoke this authorization, except to the extent that any care provider or The Order of United Commercial Travelers of America has acted in reliance upon this authorization and my revocation must be submitted in writing to: 1801 Watermark Drive, Suite 100, P.O. box 159019, Columbus, Ohio, 43215-8619; (f) understand that such revocation will not have any effect on actions The Order of United Commercial Travelers of America took prior to their receiving the revocation notice; (g) agree that this authorization shall be valid for 30 months from the application date; (h) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (i) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Notice of Insurance Information Practices. I have read and understand the above statements and agreements. I understand no person to be insured is also covered by any Title XIX program - Medicaid or any similar name (Not applicable to residents of AZ, MO, NC, OR, or SC). I understand failure to disclose the insured person's true health condition may void this policy.

Signed at (City & State):	Date of Application (M/D/Y):
Witness:	Insured's Signature:

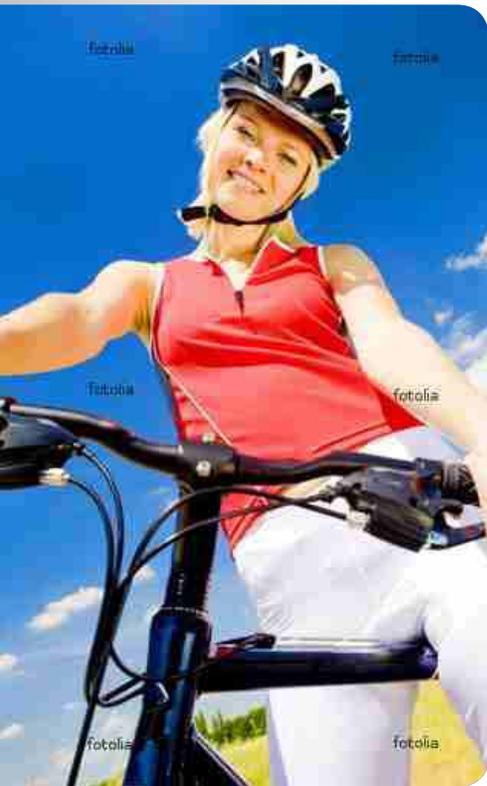


UCT's Critical Illness Insurance

Financial peace of mind
at a critical time

Why Critical Illness Insurance?

Even with excellent medical insurance, just one critical illness can possibly cripple one's financial standing. Being diagnosed with a critical illness can be devastating. If a covered critical illness event happens, you'll welcome cash benefits to help pay for items not covered by traditional health plans, including the numerous out-of-pocket expenses you'll face. A critical illness insurance policy can help you cover these costs, leaving your family savings intact.



Being diagnosed with a critical illness is a devastating event, not just for you, but also for your spouse, your family, and even your business partners.

A critical illness often requires you to leave your job to focus on getting well. Even though you may be experiencing a loss of income, your expenses and loans still have to be paid, not to mention the additional costs that go along with a critical illness (medication, special treatment, specialized equipment, home renovations, etc.). The financial burden can be worrisome, especially if you don't have any other source of income during your recovery period.

UCT's Critical Illness Insurance provides you and your family with a

cash benefit of \$5,000 to \$100,000 (based on the amount of the policy), if a first occurrence is both initially incurred and is diagnosed more than 30 or 90 days after the date coverage becomes effective. 90 days for Category 1 and 2 cancers and 30 days for all other eligible conditions.

In addition, the benefit in no way affects your disability insurance benefits. It is paid on top of your other medical insurance plans.

You choose the level of coverage you want: \$5,000, \$50,000 or \$100,000 and this is what we pay you in the event that you suffer a qualifying critical illness.

The Critical Illness plan from UCT pays a lump sum that provides a financial boost in tough times.



How it works

We will pay the benefit percentage if a first occurrence is both initially incurred and is diagnosed more than 30 or 90 days after the date coverage becomes effective. 90 days for category 1 and 2 cancers and 30 days for all other eligible conditions. Use these funds to offset the cost of managing your illness, without impacting your savings or standard of living. Payment of any 100% Critical Illness Benefit terminates the policy. The Critical Illness Benefit is reduced by the amount of any partial benefits paid. No condition is payable more than once.

This benefit can be used as you wish, with no restrictions for:

Medical costs

- Pursue a second opinion
- Explore experimental drugs or treatments
- Pay deductible and co-pays
- Provide home nursing care

Debt repayment

- Help pay off mortgage
- Help pay off personal or business debt

Lifestyle maintenance

- Help to replace lost income
- Pay bills
- Pay for childcare expenses

Covered Critical Illness Conditions:

Full Benefit Critical Illness	Maximum Benefit
Category One Cancer.....	100 %
Heart Attack	100 %
Kidney Failure	100 %
Stroke.....	100 %
Major Organ Transplant	100 %

Partial Benefit Critical Illness

Coronary Artery Bypass Grafting.....	25 %
Coronary Artery Angioplasty	10 %
Category Two Cancer	10 %

Exclusions

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- any act of war, declared or undeclared, or
- active duty in the armed forces, National Guard, or any reserve unit, or
- engaging in a felony; or participating in any riot or civil insurrection; or
- any intentionally self-inflicted injury or suicide or suicide attempt; or
- being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- any illness, loss, or condition specifically excluded from the definition of any Critical Illness.

[Give Back

You get more than just insurance with UCT. You get the good feeling from giving back to local communities. As a non-profit, socially responsible insurance provider, UCT's insurance operations help support causes and organizations in communities across the U.S. and Canada.]

[Get Involved

Want to take it a step further? As a UCT insurance customer, you automatically join more than 80,000 members who strive to make a difference in their local communities. Be as active as YOU choose, with opportunities to support causes, including:

- **Intellectual Disabilities Programs**
- **Student Scholarships**
- **Cancer Research**
- **Youth Programs**
- **Organizations and causes YOU choose]**



[Strength in Numbers

UCT members produce amazing results. In 2010, UCT's numbers included:

- **\$1.1 million donated to causes**
- **\$115,000 awarded in scholarships**
- **More than 130,000 collective hours of volunteer service given to communities and causes]**

[Get Covered

UCT offers a number of affordable insurance and financial protection products. Whether it's accident and life products, dental, vision & hearing coverage, or Medicare supplement plans, we offer quality protection for all your insurance needs.]



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Columbus, OH 43215-8619

Tel: 614.487.9680
Toll-free: 800.848.0123
www.uct.org

This brochure is for illustration purposes only. Refer to the policy for complete details, limitations, and exclusions.

Coverage offered under policy form no. CI 0311 and state equivalents.

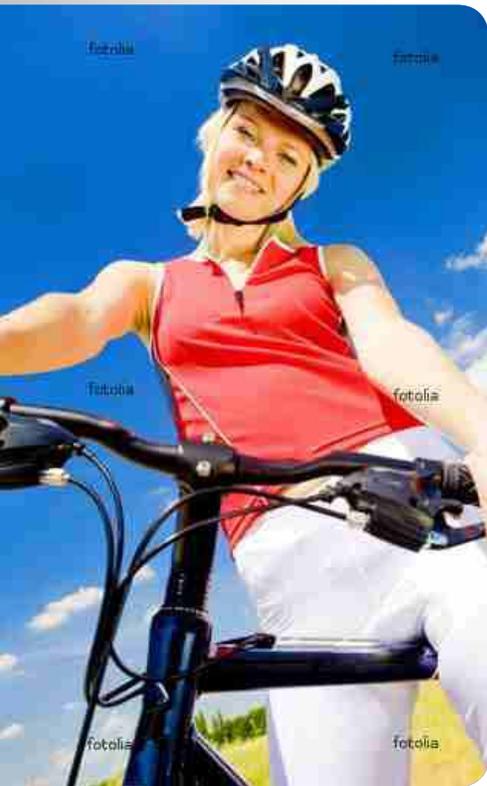


UCT's Critical Illness Insurance

Financial peace of mind
at a critical time

Why Critical Illness Insurance?

Even with excellent medical insurance, just one critical illness can possibly cripple one's financial standing. Being diagnosed with a critical illness can be devastating. If a covered critical illness event happens, you'll welcome cash benefits to help pay for items not covered by traditional health plans, including the numerous out-of-pocket expenses you'll face. A critical illness insurance policy can help you cover these costs, leaving your family savings intact.



Being diagnosed with a critical illness is a devastating event, not just for you, but also for your spouse, your family, and even your business partners.

A critical illness often requires you to leave your job to focus on getting well. Even though you may be experiencing a loss of income, your expenses and loans still have to be paid, not to mention the additional costs that go along with a critical illness (medication, special treatment, specialized equipment, home renovations, etc.). The financial burden can be worrisome, especially if you don't have any other source of income during your recovery period.

UCT's Critical Illness Insurance provides you and your family with a

cash benefit of \$25,000 to \$100,000 (based on the amount of the policy), if a first occurrence is both initially incurred and is diagnosed more than 30 or 90 days after the date coverage becomes effective. 90 days for Category 1 and 2 cancers and 30 days for all other eligible conditions.

In addition, the benefit in no way affects your disability insurance benefits. It is paid on top of your other medical insurance plans.

You choose the level of coverage you want: \$25,000, \$50,000 or \$100,000 and this is what we pay you in the event that you suffer a qualifying critical illness.

The Critical Illness plan from UCT pays a lump sum that provides a financial boost in tough times.



How it works

We will pay the benefit percentage if a first occurrence is both initially incurred and is diagnosed more than 30 or 90 days after the date coverage becomes effective. 90 days for category 1 and 2 cancers and 30 days for all other eligible conditions. Use these funds to offset the cost of managing your illness, without impacting your savings or standard of living. Payment of any 100% Critical Illness Benefit terminates the policy. The Critical Illness Benefit is reduced by the amount of any partial benefits paid. No condition is payable more than once.

This benefit can be used as you wish, with no restrictions for:

Medical costs

- Pursue a second opinion
- Explore experimental drugs or treatments
- Pay deductible and co-pays
- Provide home nursing care

Debt repayment

- Help pay off mortgage
- Help pay off personal or business debt

Lifestyle maintenance

- Help to replace lost income
- Pay bills
- Pay for childcare expenses

Covered Critical Illness Conditions:

Full Benefit Critical Illness	Maximum Benefit
Category One Cancer.....	100 %
Heart Attack	100 %
Kidney Failure	100 %
Stroke.....	100 %
Major Organ Transplant	100 %

Partial Benefit Critical Illness

Coronary Artery Bypass Grafting.....	25 %
Coronary Artery Angioplasty	10 %
Category Two Cancer	10 %

Exclusions

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- any act of war, declared or undeclared, or
- active duty in the armed forces, National Guard, or any reserve unit, or
- engaging in a felony; or participating in any riot or civil insurrection; or
- any intentionally self-inflicted injury or suicide or suicide attempt; or
- being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- any illness, loss, or condition specifically excluded from the definition of any Critical Illness.

Give Back

You get more than just insurance with UCT. You get the good feeling from giving back to local communities. As a non-profit, socially responsible insurance provider, UCT's insurance operations help support causes and organizations in communities across the U.S. and Canada.

Get Involved

Want to take it a step further? As a UCT insurance customer, you automatically join more than 80,000 members who strive to make a difference in their local communities. Be as active as YOU choose, with opportunities to support causes, including:

- **Intellectual Disabilities Programs**
- **Student Scholarships**
- **Cancer Research**
- **Youth Programs**
- **Organizations and causes YOU choose**



Strength in Numbers

UCT members produce amazing results. In 2010, UCT's numbers included:

- **\$1.1 million donated to causes**
- **\$115,000 awarded in scholarships**
- **More than 130,000 collective hours of volunteer service given to communities and causes**

Get Covered

UCT offers a number of affordable insurance and financial protection products. Whether it's accident and life products, dental, vision & hearing coverage, or Medicare supplement plans, we offer quality protection for all your insurance needs.



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Coverage offered under policy form no. CIXXXXXXX and state equivalents.