Filing at a Glance

Company: American Public Life Insurance Company

Product Name: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A	SERFF Tr Num: AFDL-127817728	State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved-Closed	State Tr Num: 50450
Sub-TOI: H07G.001 Critical Illness	Co Tr Num: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Authors: Shari Vick, Melissa Mahanes, Ashlie Snyder, Ann Hobson	Disposition Date: 12/20/2011
	Date Submitted: 12/09/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A	Status of Filing in Domicile: Pending
Project Number: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association	Overall Rate Impact:
Filing Status Changed: 12/20/2011	
State Status Changed: 12/20/2011	Deemer Date:
Created By: Melissa Mahanes	Submitted By: Ann Hobson

Corresponding Filing Tracking Number: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333-4APL, GCRIT11MA/A

Filing Description:

American Fidelity Assurance Company is filing the above listed forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

These are new forms and do not replace any previously approved forms. The policy schedule pages and application are completed in John Doe fashion. Variable information is marked in brackets [ ] and an accompanying Statement of Variability is included describing the nature of any variability. The issue ages for these policies is age 18 and up. The Flesch score for each form is shown on the Forms Schedule tab. The Flesch Score excludes defined terms and state mandated language for all forms except the GCRIT11APLA Certificate Application. The Flesch Score for the GCRIT11APLA Certificate Application excludes defined terms, state mandated language and medical terminology. These policies will be marketed by American Public Life Company licensed appointed brokers to employer groups and associations in our worksite markets.

Enclosed for your approval are the group Critical Illness forms. Our company has chosen to offer two versions of this product – an Employer Paid version (GCRITEP11APL series) with a COBRA feature, which will be marketed to employer groups, and a Voluntary version (GCRITV11APL series) with a Portability feature, which will be marketed to associations and employer groups. Each product has three marketing levels: Basic, which includes the base policy only; Enhanced which includes the AMDI319APL Accident Critical Illness Rider; and Enhanced Plus plan, which includes the AMDI319APL as well as the AMDI320APL Additional Critical Illness Rider. Both the Employer Paid and the Voluntary products may be requested on the GCRIT11APLMA Master Application and GCRIT11APLA Employee Application enclosed with this filing.

The product provides a lump sum Critical Illness Benefit Amount following the first Occurrence Date of the following Critical Illnesses: Heart Attack, Permanent Damage Due to a Stroke, Major Organ Failure, and End Stage Renal Failure. Partial benefits are provided for: Recommendation for Coronary Artery Bypass Surgery (25%); and Recommendation for Coronary Angioplasty ($500 indemnity). Each Partial Benefit is payable only once per covered person per lifetime and reduces the associated Heart Attack Critical Illness Benefit Amount. This policy DOES NOT pay for continuing losses, diagnosis, treatment or expenses incurred.

The DN87APL Disclosure Notice will be attached to, and become part of, the face page of the contract.

The AMDI317APL Cancer Critical Illness Benefit Rider adds cancer to the list of Critical Illnesses covered by the base policy. The rider provides a lump sum benefit following the first Occurrence Date. Partial benefits are provided for:

Carcinoma In Situ (25%) and Skin Cancer ($250 indemnity). Each Partial Benefit is payable only once per covered person per lifetime and reduces the associated Cancer Critical Illness Benefit Amount. If the Employer elects coverage under this rider, it will be packaged in to the base policy selections. If the employer does not elect this rider, they can opt to allow their employees to purchase this rider.

The AMDI318APL Health Screening Test Rider pays a lump sum indemnity when the Covered Person undergoes a covered Health Screening Test, as defined in the rider.

The AMDI319APL Accident Critical Illness Rider adds Coma Due to a Covered Accident, Permanent Paralysis Due to An Accidental Spinal Cord Injury, Major Burns, and Occupational HIV/Hepatitis B, C, or D to the list of Critical Illnesses covered by the base policy. This rider may be selected either at the Employer level or at the Employee level.

The AMDI329APL Additional Critical Illness Rider adds Complete Loss of Sight, Complete Loss of Hearing, Complete Loss of Speech and Advanced Alzheimer's Disease to the list of Critical Illnesses covered by the base policy.

The AMDI321APL pays a Recurrence Benefit if a Covered Person has a second Occurrence Date for a covered Critical Illness, as defined in the rider.

The AMDI326APL Waiver of Premium Rider waives the premium on the policy and any attached riders if the Insured is Disabled for at least 90 days, as defined in the rider.

The AMDI329APL Amendment Rider will be attached to the Policy/Certificate if a change to the Critical Illness Benefit Amount is requested after the Policy/Certificate Effective Date.

The AMDI334APL COBRA Election Amendment Rider will be attached to the Employer Paid Policy/Certificate if the Insured elects COBRA coverage. This rider IS NOT available for Voluntary coverage.

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

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

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

Company and Contact

Filing Contact Information

Melissa Mahanes, Compliance Analyst II
2000 Classen Blvd
Oklahoma City, OK 73106

melissa.mahanes@af-group.com
800-654-8489 [Phone] 2035 [Ext]
405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance Company
2305 Lakeland Drive
Flowood, MS 39232
(601) 936-2157 ext. [Phone]

CoCode: 60801
Group Code: 330
Group Name:
FEIN Number: 64-0349942

State of Domicile: Oklahoma
Company Type: LAH
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$500.00
Retaliatory?	Yes
Fee Explanation:	$50 per policy/cert $25 x riders, apper, misc forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	$500.00	12/09/2011	54406760
American Public Life Insurance Company	$350.00	12/15/2011	54565703

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/20/2011	12/20/2011

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	12/14/2011	12/14/2011	Ann Hobson	12/15/2011	12/15/2011

Disposition

Disposition Date: 12/20/2011
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):**
American Public Life Insurance Company	%	0.000%	$0	0	$0	0.000%	0.000%

SERFF Tracking Number:	*AFDL-127817728*	*State:*	*Arkansas*
Filing Company:	*American Public Life Insurance Company*	*State Tracking Number:*	*50450*
Company Tracking Number:	*GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A*		
TOI:	*H07G Group Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07G.001 Critical Illness*
Product Name:	*GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A*		
Project Name/Number:	*GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A/GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Critical Illness Policy – Employer Paid	Approved-Closed	Yes
Form	Critical Illness Certificate – Employer Paid	Approved-Closed	Yes
Form	Critical Illness Policy – Voluntary	Approved-Closed	Yes
Form	Critical Illness Certificate – Voluntary	Approved-Closed	Yes
Form	Disclosure Notice	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Cancer Critical Illness Rider	Approved-Closed	Yes
Form	Health Screening Test Rider	Approved-Closed	Yes
Form	Accident Critical Illness Rider	Approved-Closed	Yes
Form	Additional Critical Illness Rider	Approved-Closed	Yes
Form	Recurrence Rider	Approved-Closed	Yes
Form	Waiver of Premium Rider	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes
Form	COBRA Election Amendment Rider	Approved-Closed	Yes
Form	Certificate Application	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/14/2011
Submitted Date	12/14/2011
Respond By Date	

Dear Melissa Mahanes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Critical Illness Policy – Employer Paid, GCRITEP11APLAR (Form)
- Critical Illness Certificate – Employer Paid, GCRITEP11APLCAR (Form)
- Critical Illness Policy – Voluntary, GCRITV11APLAR (Form)
- Critical Illness Certificate – Voluntary, GCRITV11APLCAR (Form)
- Disclosure Notice, DN87APL (Form)
- Master Application, GCRIT11APLMA (Form)
- Cancer Critical Illness Rider, AMDI317APL (Form)
- Health Screening Test Rider, AMDI318APL (Form)
- Accident Critical Illness Rider, AMDI319APL (Form)
- Additional Critical Illness Rider, AMDI320APL (Form)
- Recurrence Rider, AMDI321APL (Form)
- Waiver of Premium Rider, AMDI326APL (Form)
- Amendment Rider, AMDI329APL (Form)
- COBRA Election Amendment Rider, AMDI334APL (Form)
- Certificate Application, GCRIT11APLA (Form)
- Schedule of Benefits, GCRIT11APLSB (Form)
- Rates, [GCRITEP11APLAR et al] (Rate)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form and $50.00 for the rates for a total of $850.00. Please submit an additional $350.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/15/2011
Submitted Date	12/15/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Thank you for your response. We have submitted additional fees as required. Thank you.

Related Objection 1

Applies To:

- Critical Illness Policy – Employer Paid, GCRITEP11APLAR (Form)
- Critical Illness Certificate – Employer Paid, GCRITEP11APLCAR (Form)
- Critical Illness Policy – Voluntary, GCRITV11APLAR (Form)
- Critical Illness Certificate – Voluntary, GCRITV11APLCAR (Form)
- Disclosure Notice, DN87APL (Form)
- Master Application, GCRIT11APLMA (Form)
- Cancer Critical Illness Rider, AMDI317APL (Form)
- Health Screening Test Rider, AMDI318APL (Form)
- Accident Critical Illness Rider, AMDI319APL (Form)
- Additional Critical Illness Rider, AMDI320APL (Form)
- Recurrence Rider, AMDI321APL (Form)
- Waiver of Premium Rider, AMDI326APL (Form)
- Amendment Rider, AMDI329APL (Form)
- COBRA Election Amendment Rider, AMDI334APL (Form)
- Certificate Application, GCRIT11APLA (Form)
- Schedule of Benefits, GCRIT11APLSB (Form)
- Rates, [GCRITEP11APLAR et al] (Rate)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form and $50.00 for the rates for a total of $850.00. Please submit an additional $350.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Ann Hobson, Ashlie Snyder, Melissa Mahanes, Shari Vick

Form Schedule

Lead Form Number: GCRITEP11APL, GCRITV11APL, DN87APL, AMDI317-321APL, AMDI329APL, AMDI333APL, GCRIT11MA/A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/20/2011	GCRITEP11APLAR	Policy/Contract/Fraternal Certificate	Critical Illness Policy – Employer Paid	Initial		54.000	GCRITEP11APLAR.pdf
Approved-Closed 12/20/2011	GCRITEP11APLCAR	Certificate	Critical Illness Certificate – Employer Paid	Initial		53.000	GCRITEP11APLCAR.pdf
Approved-Closed 12/20/2011	GCRITV11APLAR	Policy/Contract/Fraternal Certificate	Critical Illness Policy – Voluntary	Initial		51.000	GCRITV11APLAR.pdf
Approved-Closed 12/20/2011	GCRITV11APLCAR	Certificate	Critical Illness Certificate – Voluntary	Initial		50.000	GCRITV11APLCAR.pdf
Approved-Closed 12/20/2011	DN87APL	Other	Disclosure Notice	Initial		50.000	DN87APL.pdf
Approved-Closed 12/20/2011	GCRIT11APLMA	Application/Enrollment Form	Master Application	Initial		53.000	GCRIT11APLMA.pdf
Approved-Closed 12/20/2011	AMDI317APL	Certificate Amendment, Insert Page, Endorsement or Rider	Cancer Critical Illness Rider	Initial		50.000	AMDI317APL_Can.pdf
Approved-Closed	AMDI318APL	Certificate Amendmen	Health Screening Test Rider	Initial		64.000	AMDI318APL_HST.pdf

12/20/2011		t, Insert Page, Endorsement or Rider				
Approved-Closed 12/20/2011	AMDI319APL	Certificate Amendment, Insert Page, Endorsement or Rider	Accident Critical Illness Rider	Initial	54.000	AMDI319APL_AccCI.pdf
Approved-Closed 12/20/2011	AMDI320APL	Certificate Amendment, Insert Page, Endorsement or Rider	Additional Critical Illness Rider	Initial	52.000	AMDI320APL_AddlCI.pdf
Approved-Closed 12/20/2011	AMDI321APL	Certificate Amendment, Insert Page, Endorsement or Rider	Recurrence Rider	Initial	70.000	AMDI321APL_Recur.pdf
Approved-Closed 12/20/2011	AMDI326APL	Certificate Amendment, Insert Page, Endorsement or Rider	Waiver of Premium Rider	Initial	65.000	AMDI326APL_Waiver.pdf
Approved-Closed 12/20/2011	AMDI329APL	Certificate Amendment, Insert Page, Endorsement or Rider	Amendment Rider	Initial	73.000	AMDI329APL_IncDecRider.pdf
Approved-Closed	AMDI334APL	Certificate Amendment	COBRA Election Amendment Rider	Initial	62.000	AMDI334APL_COBRA_Ele

12/20/2011		t, Insert Page, Endorsement or Rider				ction.pdf
Approved-Closed 12/20/2011	GCRIT11APLA	Application/Enrollment Form	Certificate Application	Initial	52.000	GCRIT11APLA.pdf
Approved-Closed 12/20/2011	GCRIT11APLSB	Other	Schedule of Benefits	Initial	0.000	GCRIT11APLSB.pdf

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS INSURANCE POLICY – EMPLOYER PAID

POLICYHOLDER:

ADDRESS:

GROUP POLICY NUMBER: **POLICY EFFECTIVE DATE:**

ISSUE DATE: **POLICY ANNIVERSARY DATE:**

CONSIDERATION: This is a legal contract between the Policyholder and us. The provisions of this and the following pages and the application are each part of this Policy. This Policy is issued in return for the application and payment of the first premium. The Policy Effective Date is the date the first premium is due and is the date from which Policy years, premium due dates, and Policy anniversaries will be determined. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

WHEN A PERSON BECOMES INSURED: Each eligible person shall become insured on the later of the Certificate Effective Date or the Covered Person's Effective Date. The Certificate will describe the insurance and will also state the benefits available.

PREMIUM PAYMENTS: The premium must be paid on or before its due date. A due date is the first day following the end of the premium term for which the preceding premium was paid.

OPTIONALLY RENEWABLE: This Policy is renewable at our option. The Policyholder or we may terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date, subject to 60 days written notice.

Signed for American Public Life Insurance Company.

[Chief Administrative Officer **President, Chief Operating Officer**]

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

SECTION 1 - TABLE OF CONTENTS

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Benefit Riders ..... **Insert**

Application ..... **Insert**

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SECTION 2 – POLICY SCHEDULE – EMPLOYER PAID

Policyholder:	[ABC Company]	Policy Number:	[M00000]
Policy Effective Date:	[6/1/2009]	Pre-Existing Condition Period:	12 Months
Rate Guarantee Period:	[1-3] Years	Pre-Existing Condition Exclusion Period:	12 Months
Rate Guarantee Termination Date:	[mm/dd/yyyy]		

CRITICAL ILLNESS PLAN DESCRIPTION

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
[CRITICAL ILLNESS POLICY/CERTIFICATE – BASIC	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]
[CRITICAL ILLNESS POLICY/CERTIFICATE – ENHANCED	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[CRITICAL ILLNESS POLICY/ CERTIFICATE – ENHANCED PLUS	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]
Additional Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[Recurrent Diagnosis Benefit Rider	[mm/dd/yyyy]		$[xx.xx]]
[Health Screening Test Rider – [$25/$50]	[mm/dd/yyyy]		$[xx.xx]]
[Waiver of Premium Rider	[mm/dd/yyyy]		$[xx.xx]]
[Cancer Critical Illness Rider	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[OPTIONAL BENEFIT RIDERS

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
Cancer Critical Illness Rider	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[*Credited for the Employee to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Effective Date.]
[*Credited for each Covered Person to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Covered Person's Effective Date.]

[THIS SCHEDULE REFLECTS REVISIONS TO YOUR POLICY EFFECTIVE [MM/DD/YYYY].]

SECTION 3 - DEFINITIONS

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

ACTIVELY AT WORK: The Insured is:
1. performing in the usual manner all of the regular duties of his or her employment as a Full-Time Employee on a scheduled work day; and
2. these duties are being done at one of the places of business where the Insured normally does such duties or at some location to which the Insured's employer sends him or her.

Actively At Work will include a day which is not a scheduled work day only if the Insured would be able to perform in the usual manner all of the regular duties of his or her employment as if it were a scheduled work day.

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

CERTIFICATE: The individual Certificate issued to an Insured. It describes the coverage under this Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If the Insured is issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE: The effective date of the individual Certificate issued to the Insured.

CERTIFICATE MONTH: That period of time beginning at 12:01 a.m. Standard Time on the same date of the month that the Insured's Certificate became effective, as shown on the Certificate Schedule and ending at 12:00 a.m. Standard Time the following month on the same date.

CERTIFICATE SCHEDULE: Page 3 of the Certificate issued to the Insured.

COMPANY (we, us or our): American Public Life Insurance Company**.**

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

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

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

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

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

COVERED ACCIDENT: An Accident not caused by a Sickness, which occurs after the Covered Person's Effective Date of coverage under the Certificate and occurs while the coverage is in force.

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

COVERED PERSON'S EFFECTIVE DATE: The date the Covered Person's coverage under the Certificate becomes effective. The Insured's effective date will be the same as the Certificate Effective Date (subject to Section 4 – Eligibility and Effective Date). Eligible Dependents of the Insured are eligible for insurance on the date the Insured becomes eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first of the month following the Company's approval of the application and receipt of the first premium. (See Newborn/Adopted Children provision).

CRITICAL ILLNESS: A Heart Attack, Coronary Artery Bypass Surgery Recommendation, Coronary Angioplasty Recommendation, Permanent Damage Due To A Stroke, Major Organ Failure, or End Stage Renal Failure, as defined in this Policy, for which a positive diagnosis is made by a Physician.

CRITICAL ILLNESS BENEFIT AMOUNT: The amount shown on the Certificate Schedule for the applicable Covered Person. For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

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

1. the Insured's lawful spouse who lives with the Insured; and/or
2. the Insured's, and/or his/her spouse's, natural child, adopted child or stepchild who is under 26 years of age; and/or
3. any child who becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Certificate and prior to reaching the limiting age for dependent children, as set out in #2 above. The child must be dependent on the Insured for support and maintenance. We must receive notification of the incapacity. Coverage will then continue as long as the Insured's insurance stays in force and the child remains incapacitated. The Insured must notify us if this incapacity is removed or terminated at a later date. The premium will remain the same. The child's coverage will terminate at the earlier of the end of the Certificate Month in which the conditions cease or the date the Certificate terminates; and/or
4. any minor under the Insured's charge, care and control, who has been placed in the Insured's home for adoption and is under 26 years of age.

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

EVIDENCE OF INSURABILITY: A statement of the Full-Time Employee or Eligible Dependent's medical history which is used in determining if the Full-Time Employee or Eligible Dependent is approved for coverage. Evidence of Insurability will be provided at such person's expense.

FULL-TIME EMPLOYEE: A person who works at least the minimum number of hours per week as defined in the Master Application and who qualifies as an Insured.

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

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

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

A HEART ATTACK IS NOT CONGESTIVE HEART FAILURE, ATHEROSCLEROTIC HEART DISEASE, ANGINA, CARDIAC ARREST, OR ANY OTHER DYSFUNCTION OF THE CARDIOVASCULAR SYSTEM.

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

INITIAL ENROLLMENT: One of the following periods during which the Full-Time Employee and/or any Eligible Dependent may first apply in writing for coverage under the Certificate:

1. if the Full-Time Employee or Eligible Dependent is eligible for coverage on the Policy Effective Date, the period before the Policy Effective Date as set by us and the Policyholder; or
2. if the Full-Time Employee or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date the Insured is first eligible to apply for coverage.

INSURED (you or your): The person named as the Insured on the Certificate Schedule. The Insured must be a Full-Time Employee of the Policyholder.

MASTER APPLICATION: The document signed by the Policyholder that contains the answers to our questions and are the Policyholder's representations, which we accepted in good faith as being true, complete and correct. The Master Application is the basis upon which we issued this Policy.

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

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

- **Heart Attack** - the date the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack definition;
- **Coronary Artery Bypass Surgery Recommendation** - the date a Physician recommends the Covered Person undergo Coronary Artery Bypass Surgery;
- **Coronary Angioplasty Recommendation** - the date a Physician recommends the Covered Person undergo a Coronary Angioplasty;
- **Major Organ Failure** - the date the Covered Person is placed on the UNOS list for transplantation;
- **Permanent Damage Due To A Stroke** - the date new neurological deficits from the Stroke have persisted for a minimum of 30 consecutive days;
- **End Stage Renal Failure** - the date End Stage Renal Failure is diagnosed.

PERMANENT DAMAGE DUE TO A STROKE: A Stroke which causes permanent damage to the nervous system resulting in a sudden neurological impairment of sensory and/or motor functions. The permanent damage must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study, and by the presence of neurological deficits persisting for a minimum of 30 consecutive days.

PHYSICIAN: A practitioner of the healing arts who is legally qualified and licensed to practice medicine, and is practicing within the scope of his/her license in the state where so licensed. The Physician must not be a member of the Covered Person's Immediate Family or anyone who normally resides with the Insured in his/her residence.

POLICY: The Policy issued to the Policyholder under which the Certificate was issued.

POLICY EFFECTIVE DATE: The date shown as the Policy Effective Date in the Policy Schedule.

POLICYHOLDER: The employer who holds the Policy.

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

POLICY SCHEDULE: Page 3 of this Policy.

PRE-EXISTING CONDITION: An injury, Sickness or physical condition, for which medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Condition Period immediately preceding the Covered Person's Effective Date or the effective date of any increase in or addition to coverage. The Pre-Existing Condition Period is shown on the Policy Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such injury, Sickness or physical condition.

REVERSIBLE ISCHEMIC NEUROLIGICAL DEFICITS (OR RIND): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24-72 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. RIND's are not covered by this Policy.

SCHEDULE OF BENEFITS: The benefit schedule set forth in the Policy/Certificate.

SICKNESS: Any illness, disease, infection, or abnormal condition of the body, which is not caused by an Accident and is the direct cause of the Critical Illness.

STROKE: An aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, due to a Covered Accident or Sickness. A Stroke does not include: a minor head injury which does not result in Permanent Damage Due To A Stoke, subdural hemotoma, TIA's, RIND's, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.

TRANSIENT ISCHEMIC ATTACK (OR TIA): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. TIA's are not covered by this Policy.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

Eligibility: An Insured and his/her Eligible Dependents are eligible to be covered under the Certificate if:
1. the Insured and his/her Eligible Dependents meet our underwriting rules; and
2. the Insured is Actively at Work and qualifies for coverage as defined in the Master Application.

If we require Evidence of Insurability at the point of sale, then Evidence of Insurability will always be required for any changes to the coverage.

If we do not require Evidence of Insurability at the point of sale, Evidence of Insurability will only be required if:
1. the Insured voluntarily canceled coverage and is reapplying; or
2. the Insured is applying for an amount of coverage over the Guaranteed Issue limit; or
3. the Insured is applying for an increase in or addition to coverage any time after his or her Initial Enrollment period;
4. an Eligible Dependent did not enroll within 31 days of eligibility.

A person must apply for insurance during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage. If the person does not apply during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage, he/she may be subject to additional underwriting by us.

PLAN OF INSURANCE: The plan of insurance shown on the Certificate Schedule determines who is covered under the Certificate, unless such person is specifically excluded by rider or endorsement. Those eligible under each plan of insurance are as follows:
1. Employee means the Insured;
2. Employee and Spouse means the Insured and his/her lawful spouse;
3. Employee and Child(ren) means the Insured and each Eligible Dependent child;
4. Employee and Family means the Insured, his/her lawful spouse, and each Eligible Dependent child.

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

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

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

EFFECTIVE DATE: The Insured must use forms provided by us when applying for insurance or a change in coverage. If our underwriting rules are met and the premium has been paid, the insurance, or change in coverage, will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by us upon approval of the person's application.

If the Insured is not Actively At Work on the Certificate Effective Date due to disability, injury, Sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date the Insured returns to Actively At Work. The Insured must also be Actively at Work on the effective date of any increase in or addition to coverage that occurs after the Certificate Effective Date.

NEWBORN/ADOPTED CHILDREN: If the plan is an Employee Plan or Employee and Spouse Plan, all of the Insured's newborn children will be covered automatically on the day he or she is born as long as the Insured's coverage was in force on that date. The newborn child's coverage will not continue past the90-day period following his or her birth unless: we are notified in writing by the end of the 90-day period of the addition of such newborn child and any applicable additional premium is paid.

Coverage for newborn/adopted children will also include coverage for: a newborn child adopted by the Insured, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by the Insured from the date of petition for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 60 days after the date of petition for adoption unless: we are notified in writing by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

If the plan is an Employee and Child(ren) Plan or Employee and Family Plan, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of petition for adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

CRITICAL ILLNESS:

A benefit is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under the Certificate or any attached riders, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date:

1. is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid;
2. is separated by more than 90 days following the last Critical Illness Occurrence Date; and
3. occurs while the Covered Person is insured under the Policy, Certificate and any attached riders.

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

HEART ATTACK: Following the Occurrence Date of a Covered Person's Heart Attack, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Heart Attack must occur after the Covered Person's Effective Date.

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

Coronary Artery Bypass Surgery Recommendation: Following the Occurrence Date of a Covered Person's Coronary Artery Bypass Recommendation, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Coronary Artery Bypass Surgery Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Artery Bypass Recommendation Occurrence Date is not subject to the 90-day separation period.

Coronary Angioplasty Recommendation: Following the Occurrence Date of a Covered Person's Coronary Angioplasty Recommendation, we will pay the fixed indemnity amount as shown on the Schedule of Benefits. The Coronary Angioplasty Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Angioplasty Recommendation Occurrence Date is not subject to the 90-day separation period.

PERMANENT DAMAGE DUE TO A STROKE: Following the Occurrence Date of a Covered Person's Permanent Damage Due To A Stroke, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Stroke and the Permanent Damage Due to a Stroke must occur after the Covered Person's Effective Date.

MAJOR ORGAN FAILURE: Following the Occurrence Date of a Covered Person's Major Organ Failure, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Major Organ Failure must occur after the Covered Person's Effective Date.

END STAGE RENAL FAILURE: Following the Occurrence Date of a Covered Person's End Stage Renal Failure, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The End Stage Renal Failure must occur after the Covered Person's Effective Date.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any Critical Illness resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. In the event coverage provided by this policy replaces an existing critical illness policy issued by us, credit will be given for the time the Covered Person was covered under the replaced coverage. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in Section 10).

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

1. war or any act caused by war, whether declared or undeclared, or active service in the armed forces; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. If coverage is suspended for any Covered Person during a period of military service, we will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of the Policyholder's written request.)
2. an intentionally self-inflicted injury or Sickness;
3. suicide or attempted suicide, while sane or insane;
4. participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly; (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.)
5. being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred.)
6. committing, or attempting to commit, an illegal act that is defined as a felony; ("Felony" is as defined by the law of the jurisdiction in which the act takes place.)
7. being incarcerated in any type of penal institution;
8. alcoholism or drug addiction;
9. a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States. The Insured, at his or her own expense, is responsible for obtaining such confirmation; or
10. cosmetic surgery or lasik surgery including complications thereof. (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.);
11. piercings including complications thereof.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. Premiums after the initial premium are due as of the first day of each new premium term. Premiums must be sent to us. If the Policyholder does not pay the premium when due or within the grace period, this Policy will lapse at the end of the period for which premium is due (see Grace Period in Section 10).

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

PREMIUM MODE: The premium mode the Policyholder selected upon application for this Policy is shown on the Master Application. The Policyholder may change the premium mode on any premium due date if we agree.

PREMIUM CHANGES: The premium rates may be changed by us at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. If a change in benefits increases our liability, premium rates may be changed on the date the liability is increased. Premiums will not increase during the initial twelve (12) months of coverage.

RATE GUARANTEE PERIOD: A change in premium rates will not take effect before the Rate Guarantee Termination Date as shown on the Policy Schedule except for reasons which affect the risk assumed, including, but not limited to:

1. a change occurs in the plan design; or
2. a division, subsidiary, or affiliated company is added or deleted; or
3. fewer persons are insured than the Master Application requires; or
4. a new law or change in any existing law is enacted which applies to this plan; or
5. our participation requirements as shown on the Master Application are not being met.

We will notify the Policyholder in writing at least 60 days before a premium rate is changed. A change may take effect on an earlier date when both we and the Policyholder agree in writing.

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

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: The Policyholder or we may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates:
1. the end of the grace period if the premium for all Certificates in force remains unpaid;
2. the date all Certificates under this Policy terminate;
3. the end of the Policy Month in which we receive a written request from the Policyholder to terminate this Policy; or
4. the end of the Policy Month in which we have terminated this Policy, subject to a 60-day written notice.

In addition, we may end the coverage of a Policyholder if:
1. fewer persons are insured than the Policyholder's application requires;
2. the Policyholder does not promptly provide us with information that is reasonably required; or
3. the Policyholder fails to perform any of its obligations that relate to this Policy.

TERMINATION OF CERTIFICATE: Insurance coverage under the Certificate and any attached riders will end on the earliest of these dates:
1. the date the Policy terminates;
2. the end of the grace period if the premium remains unpaid;
3. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for all Covered Persons under the Certificate;
4. the date insurance has ceased on all persons covered under the Certificate;
5. the date the Insured no longer qualifies as an Insured;
6. the date of the Insured's death.

TERMINATION OF COVERAGE: Insurance coverage under the Certificate and any attached riders for a Covered Person will end as follows:
1. the date the Policy terminates;
2. the date the Certificate terminates;
3. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent;
4. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for the Covered Person;
5. the date of the Covered Person's death.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of the Insured's employment with the Policyholder, such termination shall be without prejudice to any Occurrence Date which commenced while this Certificate was in force.

COBRA CONTINUATION OF COVERAGE: This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986. The benefits, terms and conditions of the COBRA coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised his/her rights under this provision. COBRA coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the COBRA coverage except as provided in the Newborn/Adopted Children provision. No changes to coverage will be allowed except for a qualifying event (see the Changes to Coverage provision under Section 10).

SECTION 9 - CLAIMS

NOTICE OF CLAIM: We must receive the Insured's written notice, including the Policy and Certificate number, when there is a claim. Notice must be given within 60 days of the Critical Illness Occurrence Date, or as soon as reasonably possible. Notice of claim must be received in writing at our administrative office as shown on the face page of this Policy or by any authorized insurance representative. Information sufficient to identify the Covered Person and the Critical Illness shall be deemed notice to us.

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

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

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

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

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

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

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

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

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

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

SECTION 10 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of this Policy, the Master Application of the Policyholder, the Insured's application attached to the Certificate, if any, the Schedule of Benefits and any attached riders or endorsements.

Statements made by the Policyholder or the Insured, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under the Policy unless the statement is in writing; and a copy of that statement is given to the Insured, the Insured's beneficiary, or the Insured's personal representative.

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

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

No claim for any Critical Illness incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date will be reduced or denied on the ground that a Sickness or physical condition, not excluded from coverage by name or specific description on the Critical Illness Occurrence Date, had existed prior to the Covered Person's Effective Date.

CHANGES TO COVERAGE: The Insured may have the right to change the plan or amount of insurance, or both, after the Certificate Effective Date if the Policyholder and we agree. A new application and Evidence of Insurability may be required. Any change in coverage will only apply to a Critical Illness that occurs after the Effective Date of such change in coverage. No changes to coverage will be allowed during the first 12 months except for a qualifying event including, but not limited to, a birth, death, divorce, adoption or marriage. No increases to coverage will be allowed if a claim has been submitted under the Certificate.

If any change to coverage after the Certificate Effective Date results in an increase in or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase or addition. Such changes include, but are not limited to, the following:

1. an increase in the Critical Illness Benefit Amount;
2. adding a Covered Person; or
3. adding a rider.

If any change to coverage after the Certificate Effective Date results in a decrease in or deletion to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected. Such changes include, but are not limited to, the following:

1. a decrease in the Critical Illness Benefit Amount;
2. deleting a Covered Person; or
3. deleting a rider.

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

UNPAID PREMIUM: Upon determining your continued eligibility, any premium due and unpaid may be deducted from the claim payment when a claim is paid.

MISSTATEMENT OF AGE: If the Insured misstated the age of any Covered Person on his/her application, the benefits will be based on such Covered Person's correct age. If we have accepted a premium on behalf of the person for a period after the date when coverage should have ended, we will refund any such premium, but we will not pay any claims for services the person received after coverage should have ended.

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

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS INSURANCE POLICY – EMPLOYER PAID

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American Public Life Insurance Company

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Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS CERTIFICATE OF INSURANCE – EMPLOYER PAID

CERTIFICATE OF INSURANCE: The Company hereby certifies that the Company has issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule attached hereto. The group Policy covers certain eligible persons, as described in this Certificate. The Policy is a legal contract between the Policyholder and the Company.

CONSIDERATION: The Company has issued this Certificate on the basis of the application and in exchange for payment of the first premium. The Certificate Effective Date is the date the Company assigns after the Company has approved the application for this Certificate and is the date the first premium is due. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

OPTIONALLY RENEWABLE: The Policy, under which this Certificate is issued, is optionally renewable. This means that the Company or the Policyholder has the right to terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date. The Company must give at least 60 days written notice to the Policyholder prior to cancelation. The Company cannot cancel your coverage under this Certificate because of a change in your age or health. The Company can change your premiums for this Certificate if the Company changes premiums for all similar Certificates issued under the Policy. The Company must give the Policyholder at least 60 days written notice before the Company changes your premiums.

CONTINUATION: This Certificate was issued under a Policy issued to the Policyholder named on the Certificate Schedule. This Certificate will continue as long as you are a Full-Time Employee provided the premiums are paid when due, subject to the Termination provision.

Signed for American Public Life Insurance Company.

[Chief Administrative Officer **President, Chief Operating Officer**]

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

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SECTION 2 – CERTIFICATE SCHEDULE – EMPLOYER PAID

Policyholder:	[ABC Company]	Certificate Number:	[M00000]
Policy Number:	[C00000]	Certificate Effective Date:	[6/1/2009]
Insured:	[John Doe]	Plan Selected:	[Employee/Employee & Spouse/ Employee & Child(ren)/Employee & Family]
Insured's Issue Age:	[35]	Pre-Existing Condition Period:	12 Months
Total Premium:	[$xx.xx]	Pre-Existing Condition Exclusion Period:	12 Months

CRITICAL ILLNESS BENEFIT AMOUNT:

Insured: [$25,000] **Insured Spouse:** [$25,000] **Insured Child(ren):** [$25,000 per child]

For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

CRITICAL ILLNESS PLAN DESCRIPTION

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
[**CRITICAL ILLNESS POLICY/CERTIFICATE – BASIC**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]
[**CRITICAL ILLNESS POLICY/CERTIFICATE – ENHANCED**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**CRITICAL ILLNESS POLICY/ CERTIFICATE – ENHANCED PLUS**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]
Additional Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**Recurrent Diagnosis Benefit Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Health Screening Test Rider – [$25/$50]**	[mm/dd/yyyy]		$[xx.xx]]
[**Waiver of Premium Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Cancer Critical Illness Rider**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[OPTIONAL BENEFIT RIDERS

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
Cancer Critical Illness Rider	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[*Credited for the Employee to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Effective Date.]

[*Credited for each Covered Person to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Covered Person's Effective Date.]

TOTAL PREMIUMS BY MODE

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	[SPECIAL MODAL*
[$xxx.xx]	[$xxx.xx]	[$xxx.xx]	[$xxx.xx]	[$xxx.xx]

TO CALCULATE A PREMIUM OTHER THAN MONTHLY MULTIPLY THE MONTHLY PREMIUM BY: 3 FOR QUARTERLY; 6 FOR SEMI-ANNUAL; AND 12 FOR ANNUAL. [*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.]

[THIS SCHEDULE REFLECTS REVISIONS TO YOUR CERTIFICATE EFFECTIVE [MM/DD/YYYY].]

SECTION 3 - DEFINITIONS

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

ACTIVELY AT WORK: You are:
1. performing in the usual manner all of the regular duties of your employment as a Full-Time Employee on a scheduled work day; and
2. these duties are being done at one of the places of business where you normally do such duties or at some location to which your employer sends you.

Actively At Work will include a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment as if it were a scheduled work day.

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

CERTIFICATE: The individual Certificate issued to you. It describes the coverage under the Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If you are issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE: The effective date of the individual Certificate issued to you.

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

CERTIFICATE SCHEDULE: Page 3 of this Certificate.

COMPANY (we, us or our): American Public Life Insurance Company**.**

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

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

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

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

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

COVERED ACCIDENT: An Accident not caused by a Sickness, which occurs after the Covered Person's Effective Date of coverage under the Certificate and occurs while the coverage is in force.

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

COVERED PERSON'S EFFECTIVE DATE: The date the Covered Person's coverage under the Certificate becomes effective. Your effective date will be the same as the Certificate Effective Date. (subject to Section 4 – Eligibility and Effective Date). Your Eligible Dependents are eligible for insurance on the date you become eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first of the month following the Company's approval of the application and receipt of the first premium. (See Newborn/Adopted Children provision).

CRITICAL ILLNESS: A Heart Attack, Coronary Artery Bypass Surgery Recommendation, Coronary Angioplasty Recommendation, Permanent Damage Due To A Stroke, Major Organ Failure, or End Stage Renal Failure, as defined in this Certificate, for which a positive diagnosis is made by a Physician.

CRITICAL ILLNESS BENEFIT AMOUNT: The amount shown on the Certificate Schedule for the applicable Covered Person. For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

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

1. your lawful spouse who lives with you; and/or
2. your, and/or your spouse's, natural child, adopted child or stepchild who is under 26 years of age; and/or
3. any child who becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Certificate and prior to reaching the limiting age for dependent children, as set out in #2 above. The child must be dependent on you for support and maintenance. The Company must receive notification of the incapacity. Coverage will then continue as long as the Insured's insurance stays in force and the child remains incapacitated. You must notify the Company if this incapacity is removed or terminated at a later date. The premium will remain the same. The child's coverage will terminate at the earlier of the end of the Certificate Month in which the conditions cease or the date the Certificate terminates; and/or
4. any minor under your charge, care and control, who has been placed in your home for adoption and is under 26 years of age.

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

EVIDENCE OF INSURABILITY: A statement of the Full-Time Employee or Eligible Dependent's medical history which is used in determining if the Full-Time Employee or Eligible Dependent is approved for coverage. Evidence of Insurability will be provided at such person's expense.

FULL-TIME EMPLOYEE: A person who works at least the minimum number of hours per week as defined in the Master Application and who qualifies as an Insured.

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

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

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

A HEART ATTACK IS NOT CONGESTIVE HEART FAILURE, ATHEROSCLEROTIC HEART DISEASE, ANGINA, CARDIAC ARREST, OR ANY OTHER DYSFUNCTION OF THE CARDIOVASCULAR SYSTEM.

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

INITIAL ENROLLMENT: One of the following periods during which the Full-Time Employee and/or any Eligible Dependent may first apply in writing for coverage under the Certificate:

1. if the Full-Time Employee or Eligible Dependent is eligible for coverage on the Policy Effective Date, the period before the Policy Effective Date as set by the Company and the Policyholder; or
2. if the Full-Time Employee or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date the Insured is first eligible to apply for coverage.

INSURED (you or your): The person named as the Insured on the Certificate Schedule. The Insured must be a Full-Time Employee of the Policyholder.

MASTER APPLICATION: The document signed by the Policyholder that contains the answers to the Company's questions and are the Policyholder's representations, which the Company accepted in good faith as being true, complete and correct. The Master Application is the basis upon which the Company issued the Policy.

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

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

- **Heart Attack** - the date the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack definition;
- **Coronary Artery Bypass Surgery Recommendation** - the date a Physician recommends the Covered Person undergo Coronary Artery Bypass Surgery;
- **Coronary Angioplasty Recommendation** - the date the Physician recommends the Covered Person undergo a Coronary Angioplasty;
- **Major Organ Failure** - the date the Covered Person is placed on the UNOS list for transplantation;
- **Permanent Damage Due To A Stroke** - the date new neurological deficits from the Stroke have persisted for a minimum of 30 consecutive days;
- **End Stage Renal Failure** - the date End Stage Renal Failure is diagnosed.

PERMANENT DAMAGE DUE TO A STROKE: A Stroke which causes permanent damage to the nervous system resulting in a sudden neurological impairment of sensory and/or motor functions. The permanent damage must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study, and by the presence of neurological deficits persisting for a minimum of 30 consecutive days.

PHYSICIAN: A practitioner of the healing arts who is legally qualified and licensed to practice medicine, and is practicing within the scope of his/her license in the state where so licensed. The Physician must not be a member of the Covered Person's Immediate Family or anyone who normally resides with you in your residence.

POLICY: The Policy issued to the Policyholder under which this Certificate was issued.

POLICY EFFECTIVE DATE: The date shown as the Policy Effective Date in the Certificate Schedule.

POLICYHOLDER: The employer who holds the Policy.

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

POLICY SCHEDULE: Page 3 of the Policy.

PRE-EXISTING CONDITION: An injury, Sickness or physical condition for which, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Condition Period immediately preceding the Covered Person's Effective Date or the effective date of any increase in or addition to coverage. The Pre-Existing Condition Period is shown on the Certificate Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such injury, Sickness or physical condition.

REVERSIBLE ISCHEMIC NEUROLIGICAL DEFICITS (OR RIND): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24-72 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. RIND's are not covered by this Certificate.

SCHEDULE OF BENEFITS: The benefit schedule set forth in the Policy/Certificate.

SICKNESS: Any illness, disease, infection, or abnormal condition of the body, which is not caused by an Accident and which is the direct cause of the Critical Illness.

STROKE: An aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, due to a Covered Accident or Sickness. A Stroke does not include: a minor head injury which does not result in Permanent Damage Due To A Stoke, subdural hemotoma, TIA's, RIND's, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.

TRANSIENT ISCHEMIC ATTACK (OR TIA): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. TIA's are not covered by this Certificate.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

Eligibility: You and your Eligible Dependents are eligible to be insured under the Certificate if:
1. you and your Eligible Dependents meet the Company's underwriting rules; and
2. you are Actively at Work and qualify for coverage as defined in the Master Application.

If the Company requires Evidence of Insurability at the point of sale, then Evidence of Insurability will always be required for any changes to the coverage.

If the Company does not require Evidence of Insurability at the point of sale, Evidence of Insurability will only be required if:
1. you voluntarily canceled coverage and are reapplying; or
2. you are applying for an amount of coverage over the Guaranteed Issue limit; or
3. you are applying for an increase in or addition to coverage any time after your Initial Enrollment period;
4. an Eligible Dependent did not enroll within 31 days of eligibility.

A person must apply for insurance during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage. If the person does not apply during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage, he/she may be subject to additional underwriting by the Company.

PLAN OF INSURANCE: The plan of insurance shown on the Certificate Schedule determines who is covered under the Certificate, unless such person is specifically excluded by rider or endorsement. Those eligible under each plan of insurance are as follows:
1. Employee means you;
2. Employee and Spouse means you and your lawful spouse;
3. Employee and Child(ren) means you and each Eligible Dependent child;
4. Employee and Family means you, your lawful spouse, and each Eligible Dependent child.

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

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

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

EFFECTIVE DATE: You must use forms provided by the Company when applying for insurance or a change in coverage. If the Company's underwriting rules are met and the premium has been paid, the insurance, or change in coverage, will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by the Company upon approval of the person's application.

If you are not Actively At Work on the Certificate Effective Date due to disability, injury, Sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date you return to Actively At Work. You must also be Actively at Work on the effective date of any increase in or addition to coverage that occurs after the Certificate Effective Date.

NEWBORN/ADOPTED CHILDREN: If the plan is an Employee Plan or Employee and Spouse Plan, all of your newborn children will be covered automatically on the day he or she is born as long as your coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless the Company is notified in writing by the end of the 90-day period of the addition of such newborn child and any applicable additional premium is paid.

Coverage for newborn/adopted children will also include coverage for: a newborn child adopted by you, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by you from the date of petition for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 60 days after the date of petition for adoption unless: the Company is notified in writing by the end of the 60-day period of the addition of such adopted child and any applicable additional premium is paid.

If the plan is an Employee and Child(ren) Plan or Employee and Family Plan, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of petition for adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

CRITICAL ILLNESS:

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

1. is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid;
2. is separated by more than 90 days following the last Critical Illness Occurrence Date; and
3. occurs while the Covered Person is insured under the Policy, Certificate or any attached riders.

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

HEART ATTACK: Following the Occurrence Date of a Covered Person's Heart Attack, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Heart Attack must occur after the Covered Person's Effective Date.

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

Coronary Artery Bypass Surgery Recommendation: Following the Occurrence Date of a Covered Person's Coronary Artery Bypass Recommendation, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Coronary Artery Bypass Surgery Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Artery Bypass Recommendation Occurrence Date is not subject to the 90-day separation period.

Coronary Angioplasty Recommendation: Following the Occurrence Date of a Covered Person's Coronary Angioplasty Recommendation, the Company will pay the fixed indemnity amount as shown on the Schedule of Benefits. The Coronary Angioplasty Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Angioplasty Recommendation Occurrence Date is not subject to the 90-day separation period.

PERMANENT DAMAGE DUE TO A STROKE: Following the Occurrence Date of a Covered Person's Permanent Damage Due To A Stroke, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Stroke and the Permanent Damage Due to a Stroke must occur after the Covered Person's Effective Date.

MAJOR ORGAN FAILURE: Following the Occurrence Date of a Covered Person's Major Organ Failure, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Major Organ Failure must occur after the Covered Person's Effective Date.

END STAGE RENAL FAILURE: Following the Occurrence Date of a Covered Person's End Stage Renal Failure, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The End Stage Renal Failure must occur after the Covered Person's Effective Date.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any Critical Illness resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. In the event coverage provided by this policy replaces an existing critical illness policy issued by the Company, credit will be given for the time the Covered Person was covered under the replaced coverage. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in Section 10).

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

1. war or any act caused by war, whether declared or undeclared, or active service in the armed forces; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. If coverage is suspended for any Covered Person during a period of military service, the Company will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of the Policyholder's written request.)
2. an intentionally self-inflicted injury or Sickness;
3. suicide or attempted suicide, while sane or insane;
4. participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly; (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.)
5. being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred.)
6. committing, or attempting to commit, an illegal act that is defined as a felony; ("Felony" is as defined by the law of the jurisdiction in which the act takes place.)
7. being incarcerated in any type of penal institution;
8. alcoholism or drug addiction;
9. a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States. The Insured, at his or her own expense, is responsible for obtaining such confirmation;
10. cosmetic surgery or lasik surgery including complications thereof. (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.);
11. piercings including complications thereof.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. If the premium is not paid when due or within the grace period, this Certificate will terminate at the end of the period for which premium is due (see Grace Period in Section 10).

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

PREMIUM CHANGES: The premium rates may be changed by the Company at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. If a change in benefits increases the Company's liability, premium rates may be changed on the date the liability is increased.

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

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: The Company or the Policyholder may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates:

1. the end of the grace period if the premium for all Certificates in force remains unpaid;
2. the date all Certificates under the Policy terminate;
3. the end of the Policy Month in which the Company receives a written request from the Policyholder to terminate this Policy; or
4. the end of the Policy Month in which the Company has terminated this Policy, subject to a 60-day written notice.

In addition, the Company may end the coverage of a Policyholder if:
1. fewer persons are insured than the Policyholder's application requires;
2. the Policyholder does not promptly provide the Company with information that is reasonably required; or
3. the Policyholder fails to perform any of its obligations that relate to this Policy.

TERMINATION OF CERTIFICATE: Insurance coverage under the Certificate and any attached riders will end on the earliest of these dates:
1. the date the Policy terminates;
2. the end of the grace period if the premium remains unpaid;
3. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for all Covered Persons under the Certificate;
4. the date insurance has ceased on all persons covered under the Certificate;
5. the date you no longer qualify as an Insured;
6. the date of your death.

TERMINATION OF COVERAGE: Insurance coverage under the Certificate and any attached riders for a Covered Person will end as follows:
1. the date the Policy terminates;
2. the date the Certificate terminates;
3. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent;
4. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for the Covered Person;
5. the date of the Covered Person's death.

The Company may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of your employment with the Policyholder, such termination shall be without prejudice to any Occurrence Date which commenced while this Certificate was in force.

COBRA CONTINUATION OF COVERAGE: This plan may be continued in accordance with the Consolidated Omnibus Reconciliation Act of 1986. The benefits, terms and conditions of the COBRA coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised his/her rights under this provision. COBRA coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the COBRA coverage except as provided in the Newborn/Adopted Children provision. No changes to coverage will be allowed except for a qualifying event (see the Changes to Coverage provision under Section 10).

SECTION 9 - CLAIMS

NOTICE OF CLAIM: The Company must receive written notice, including the Policy and Certificate number, when there is a claim. Notice must be given within 60 days of the Critical Illness Occurrence Date, or as soon as reasonably possible. Notice of claim must be received in writing at the Company's administrative office as shown on the face page of this Certificate or by any authorized insurance representative. Information sufficient to identify the Covered Person and the Critical Illness shall be deemed notice to the Company.

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

PROOF OF LOSS: For the purpose of this Certificate, proof of loss means proof of Critical Illness. Proof of Loss must be provided by you at your expense and must be given to the Company within 90 days after the Critical Illness Occurrence Date. However after the 90 days, the claim will not be reduced or denied if:
1. it was not reasonably possible to give proof in that time; and
2. the proof is filed as soon as reasonably possible.

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

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

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

TIME OF PAYMENT OF CLAIMS: All benefits will be paid promptly after the Company receives acceptable written proof of loss.

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

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

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

SECTION 10 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of the Policy, the Master Application of the Policyholder, the Insured's application attached to the Certificate, if any, the Schedule of Benefits and any attached riders or endorsements.

Statements made by the Policyholder or the Insured, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under the Certificate unless the statement is in writing; and a copy of that statement is given to you, your beneficiary, or your personal representative.

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

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

No claim for any Critical Illness incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date will be reduced or denied on the ground that a Sickness or physical condition, not excluded from coverage by name or specific description on the Critical Illness Occurrence Date, had existed prior to the Covered Person's Effective Date.

CHANGES TO COVERAGE: You may have the right to change the plan or amount of insurance, or both, after the Certificate Effective Date if the Company and the Policyholder agree. A new application and Evidence of Insurability may be required. Any change in coverage will only apply to a Critical Illness that occurs after the Effective Date of such change in coverage. No changes to coverage will be allowed during the first 12 months except for a qualifying event including, but not limited to, a birth, death, divorce, adoption or marriage. No increases to coverage will be allowed if a claim has been submitted under the Certificate.

If any change to coverage after the Certificate Effective Date results in an increase in or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase or addition. Such changes include, but are not limited to, the following:

1. an increase in the Critical Illness Benefit Amount;
2. adding a Covered Person; or
3. adding a rider.

If any change to coverage after the Certificate Effective Date results in a decrease in or deletion to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected. Such changes include, but are not limited to, the following:

1. a decrease in the Critical Illness Benefit Amount;
2. deleting a Covered Person; or
3. deleting a rider.

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

UNPAID PREMIUM: Upon determining your continued eligibility, any premium due and unpaid may be deducted from the claim payment when a claim is paid.

MISSTATEMENT OF AGE: If you misstated the age of any Covered Person on your application, the benefits will be based on such Covered Person's correct age. If the Company has accepted a premium on behalf of the person for a period after the date when coverage should have ended, the Company will refund any such premium, but the Company will not pay any claims for services the person received after coverage should have ended.

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

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS CERTIFICATE OF INSURANCE – EMPLOYER PAID

GCRIT**EP**11APLCAR

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS INSURANCE POLICY - VOLUNTARY

POLICYHOLDER:

ADDRESS:

GROUP POLICY NUMBER: **POLICY EFFECTIVE DATE:**

ISSUE DATE: **POLICY ANNIVERSARY DATE:**

CONSIDERATION: This is a legal contract between the Policyholder and us. The provisions of this and the following pages and the application are each part of this Policy. This Policy is issued in return for the application and payment of the first premium. The Policy Effective Date is the date the first premium is due and is the date from which Policy years, premium due dates, and Policy anniversaries will be determined. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

WHEN A PERSON BECOMES INSURED: Each eligible person shall become insured on the later of the Certificate Effective Date or the Covered Person's Effective Date. The Certificate will describe the insurance and will also state the benefits available.

PREMIUM PAYMENTS: The premium must be paid on or before its due date. A due date is the first day following the end of the premium term for which the preceding premium was paid.

OPTIONALLY RENEWABLE: This Policy is renewable at our option. The Policyholder or we may terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date, subject to 60 days written notice.

Signed for American Public Life Insurance Company.

[Chief Administrative Officer **President, Chief Operating Officer]**

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

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SECTION 2 – POLICY SCHEDULE – VOLUNTARY

Policyholder:	[ABC Company]	Policy Number:	[M00000]
Policy Effective Date:	[6/1/2009]	Pre-Existing Condition Period:	12 Months
Rate Guarantee Period:	[1-3] Years	Pre-Existing Condition Exclusion Period:	12 Months
Rate Guarantee Termination Date:	[mm/dd/yyyy]		

CRITICAL ILLNESS PLAN DESCRIPTION

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
[**CRITICAL ILLNESS POLICY/CERTIFICATE – BASIC**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]
[**CRITICAL ILLNESS POLICY/CERTIFICATE – ENHANCED**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**CRITICAL ILLNESS POLICY/ CERTIFICATE – ENHANCED PLUS**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]
Additional Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**Recurrent Diagnosis Benefit Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Health Screening Test Rider – [$25/$50]**	[mm/dd/yyyy]		$[xx.xx]]
[**Waiver of Premium Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Cancer Critical Illness Rider**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[OPTIONAL BENEFIT RIDERS

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
Cancer Critical Illness Rider	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[*Credited for the Employee to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Effective Date.]
[*Credited for each Covered Person to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Covered Person's Effective Date.]

[**THIS SCHEDULE REFLECTS REVISIONS TO YOUR POLICY EFFECTIVE [MM/DD/YYYY].**]

SECTION 3 - DEFINITIONS

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

ACTIVELY AT WORK: The Insured is:
1. performing in the usual manner all of the regular duties of his or her employment as a Full-Time Employee on a scheduled work day; and
2. these duties are being done at one of the places of business where the Insured normally does such duties or at some location to which the Insured's employer sends him or her.

Actively At Work will include a day which is not a scheduled work day only if the Insured would be able to perform in the usual manner all of the regular duties of his or her employment as if it were a scheduled work day.

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

CERTIFICATE: The individual Certificate issued to an Insured. It describes the coverage under this Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If the Insured is issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE: The effective date of the individual Certificate issued to the Insured.

CERTIFICATE MONTH: That period of time beginning at 12:01 a.m. Standard Time on the same date of the month that the Insured's Certificate became effective, as shown on the Certificate Schedule and ending at 12:00 a.m. Standard Time the following month on the same date.

CERTIFICATE SCHEDULE: Page 3 of the Certificate issued to the Insured.

COMPANY (we, us or our): American Public Life Insurance Company**.**

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

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

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

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

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

COVERED ACCIDENT: An Accident not caused by a Sickness, which occurs after the Covered Person's Effective Date of coverage under the Certificate and occurs while the coverage is in force.

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

COVERED PERSON'S EFFECTIVE DATE: The date the Covered Person's coverage under the Certificate becomes effective. The Insured's effective date will be the same as the Certificate Effective Date (subject to Section 4 – Eligibility and Effective Date). Eligible Dependents of the Insured are eligible for insurance on the date the Insured becomes eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first of the month following the Company's approval of the application and receipt of the first premium. (See Newborn/Adopted Children provision).

CRITICAL ILLNESS: A Heart Attack, Coronary Artery Bypass Surgery Recommendation, Coronary Angioplasty Recommendation, Permanent Damage Due To A Stroke, Major Organ Failure, or End Stage Renal Failure, as defined in this Policy, for which a positive diagnosis is made by a Physician.

CRITICAL ILLNESS BENEFIT AMOUNT: The amount shown on the Certificate Schedule for the applicable Covered Person. For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

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

1. the Insured's lawful spouse who lives with the Insured; and/or
2. the Insured's, and/or his/her spouse's, natural child, adopted child or stepchild who is under 26 years of age; and/or
3. any child who becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Certificate and prior to reaching the limiting age for dependent children, as set out in #2 above. The child must be dependent on the Insured for support and maintenance. We must receive notification of the incapacity. Coverage will then continue as long as the Insured's insurance stays in force and the child remains incapacitated. The Insured must notify us if this incapacity is removed or terminated at a later date. The premium will remain the same. The child's coverage will terminate at the earlier of the end of the Certificate Month in which the conditions cease or the date the Certificate terminates; and/or
4. any minor under the Insured's charge, care and control, who has been placed in the Insured's home for adoption and is under 26 years of age.

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

EVIDENCE OF INSURABILITY: A statement of the Full-Time Employee or Eligible Dependent's medical history which is used in determining if the Full-Time Employee or Eligible Dependent is approved for coverage. Evidence of Insurability will be provided at such person's expense.

FULL-TIME EMPLOYEE: A person who works at least the minimum number of hours per week as defined in the Master Application and who qualifies as an Insured.

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

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

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

A HEART ATTACK IS NOT CONGESTIVE HEART FAILURE, ATHEROSCLEROTIC HEART DISEASE, ANGINA, CARDIAC ARREST, OR ANY OTHER DYSFUNCTION OF THE CARDIOVASCULAR SYSTEM.

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

INITIAL ENROLLMENT: One of the following periods during which the Full-Time Employee and/or any Eligible Dependent may first apply in writing for coverage under the Certificate:

1. if the Full-Time Employee or Eligible Dependent is eligible for coverage on the Policy Effective Date, the period before the Policy Effective Date as set by us and the Policyholder; or
2. if the Full-Time Employee or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date the Insured is first eligible to apply for coverage.

INSURED (you or your): The person named as the Insured on the Certificate Schedule. If the Policy is issued to an employer, the Insured must be a Full-Time Employee of the Policyholder. If the Policy is issued to an association, the Insured must be a Full-Time Employee of an employer who is a member of the association to be eligible for coverage.

MASTER APPLICATION: The document signed by the Policyholder that contains the answers to our questions and are the Policyholder's representations, which we accepted in good faith as being true, complete and correct. The Master Application is the basis upon which we issued this Policy.

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

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

- **Heart Attack** - the date the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack definition;
- **Coronary Artery Bypass Surgery Recommendation** - the date a Physician recommends the Covered Person undergo Coronary Artery Bypass Surgery;
- **Coronary Angioplasty Recommendation** - the date a Physician recommends the Covered Person undergo a Coronary Angioplasty;
- **Major Organ Failure** - the date the Covered Person is placed on the UNOS list for transplantation;
- **Permanent Damage Due To A Stroke** - the date new neurological deficits from the Stroke have persisted for a minimum of 30 consecutive days;
- **End Stage Renal Failure** - the date End Stage Renal Failure is diagnosed.

PERMANENT DAMAGE DUE TO A STROKE: A Stroke which causes permanent damage to the nervous system resulting in a sudden neurological impairment of sensory and/or motor functions. The permanent damage must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study, and by the presence of neurological deficits persisting for a minimum of 30 consecutive days.

PHYSICIAN: A practitioner of the healing arts who is legally qualified and licensed to practice medicine, and is practicing within the scope of his/her license in the state where so licensed. The Physician must not be a member of the Covered Person's Immediate Family or anyone who normally resides with the Insured in his/her residence.

POLICY: The Policy issued to the Policyholder under which the Certificate was issued.

POLICY EFFECTIVE DATE: The date shown as the Policy Effective Date in the Policy Schedule.

POLICYHOLDER: The association or employer who holds the Policy.

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

POLICY SCHEDULE: Page 3 of this Policy.

PRE-EXISTING CONDITION: An injury, Sickness or physical condition for which medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Condition Period immediately preceding the Covered Person's Effective Date or the effective date of any increase in or addition to coverage. The Pre-Existing Condition Period is shown on the Policy Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such injury, Sickness or physical condition.

REVERSIBLE ISCHEMIC NEUROLIGICAL DEFICITS (OR RIND): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24-72 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. RIND's are not covered by this Policy.

SCHEDULE OF BENEFITS: The benefit schedule set forth in the Policy/Certificate.

SICKNESS: Any illness, disease, infection, or abnormal condition of the body, which is not caused by an Accident and is the direct cause of the Critical Illness.

STROKE: An aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, due to a Covered Accident or Sickness. A Stroke does not include: a minor head injury which does not result in Permanent Damage Due To A Stoke, subdural hemotoma, TIA's, RIND's, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.

TRANSIENT ISCHEMIC ATTACK (OR TIA): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. TIA's are not covered by this Policy.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

Eligibility: An Insured and his/her Eligible Dependents are eligible to be covered under the Certificate if:
1. the Insured and his/her Eligible Dependents meet our underwriting rules; and
2. the Insured is Actively at Work and qualifies for coverage as defined in the Master Application.

If we require Evidence of Insurability at the point of sale, then Evidence of Insurability will always be required for any changes to the coverage.

If we do not require Evidence of Insurability at the point of sale, Evidence of Insurability will only be required if:
1. the Insured voluntarily canceled coverage and is reapplying; or
2. the Insured is applying for an amount of coverage over the Guaranteed Issue limit; or
3. the Insured is applying for an increase in or addition to coverage any time after his/her Initial Enrollment period;
4. an Eligible Dependent did not enroll within 31 days of eligibility.

A person must apply for insurance during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage. If the person does not apply during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage, he/she may be subject to additional underwriting by us.

PLAN OF INSURANCE: The plan of insurance shown on the Certificate Schedule determines who is covered under the Certificate, unless such person is specifically excluded by rider or endorsement. Those eligible under each plan of insurance are as follows:
1. Individual means the Insured;
2. Individual and Spouse means the Insured and his/her lawful spouse;
3. Individual and Child(ren) means the Insured and each Eligible Dependent child;
4. Individual and Family means the Insured, his/her lawful spouse, and each Eligible Dependent child.

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

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

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

EFFECTIVE DATE: The Insured must use forms provided by us when applying for insurance or a change in coverage. If our underwriting rules are met and the premium has been paid, the insurance, or change in coverage, will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by us upon approval of the person's application.

If the Insured is not Actively At Work on the Certificate Effective Date due to disability, injury, Sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date the Insured returns to Actively At Work. The Insured must also be Actively at Work on the effective date of any increase in or addition to coverage that occurs after the Certificate Effective Date.

NEWBORN/ADOPTED CHILDREN: If the plan is an Individual Plan or Individual and Spouse Plan, all of the Insured's newborn children will be covered automatically on the day he or she is born as long as the Insured's coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless: we are notified in writing by the end of the 90 day period of the addition of such newborn child and any applicable additional premium is paid.

Coverage for newborn/adopted children will also include coverage for: a newborn child adopted by the Insured, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by the Insured from the date of petition for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 60 days after the date of petition for adoption unless: we are notified in writing by the end of the 60-day period of the addition of such adopted child; and any applicable additional premium is paid.

If the plan is an Individual and Child(ren) Plan or Individual and Family Plan, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of petition for adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

CRITICAL ILLNESS:

A benefit is payable once per Covered Person for each Critical Illness shown on the Schedule of Benefits. After the Occurrence Date of the first Critical Illness payable under the Certificate or any attached riders, a benefit for each subsequent Critical Illness will only be payable if the Occurrence Date:

1. is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid;
2. is separated by more than 90 days following the last Critical Illness Occurrence Date; and
3. occurs while the Covered Person is insured under the Policy, Certificate and any attached riders.

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

HEART ATTACK: Following the Occurrence Date of a Covered Person's Heart Attack, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Heart Attack must occur after the Covered Person's Effective Date.

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

Coronary Artery Bypass Surgery Recommendation: Following the Occurrence Date of a Covered Person's Coronary Artery Bypass Recommendation, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Coronary Artery Bypass Surgery Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Artery Bypass Recommendation Occurrence Date is not subject to the 90-day separation period.

Coronary Angioplasty Recommendation: Following the Occurrence Date of a Covered Person's Coronary Angioplasty Recommendation, we will pay the fixed indemnity amount as shown on the Schedule of Benefits. The Coronary Angioplasty Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Angioplasty Recommendation Occurrence Date is not subject to the 90-day separation period.

PERMANENT DAMAGE DUE TO A STROKE: Following the Occurrence Date of a Covered Person's Permanent Damage Due To A Stroke, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Stroke and the Permanent Damage Due to a Stroke must occur after the Covered Person's Effective Date.

MAJOR ORGAN FAILURE: Following the Occurrence Date of a Covered Person's Major Organ Failure, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Major Organ Failure must occur after the Covered Person's Effective Date.

END STAGE RENAL FAILURE: Following the Occurrence Date of a Covered Person's End Stage Renal Failure, we will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The End Stage Renal Failure must occur after the Covered Person's Effective Date.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any Critical Illness resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. In the event coverage provided by this policy replaces an existing critical illness policy issued by us, credit will be given for the time the Covered Person was covered under the replaced coverage. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in Section 11).

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

1. war or any act caused by war, whether declared or undeclared, or active service in the armed forces; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. If coverage is suspended for any Covered Person during a period of military service, we will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of the Policyholder's written request.)
2. an intentionally self-inflicted injury or Sickness;
3. suicide or attempted suicide, while sane or insane;
4. participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly; (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.)
5. being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred.)
6. committing, or attempting to commit, an illegal act that is defined as a felony; ("Felony" is as defined by the law of the jurisdiction in which the act takes place.)
7. being incarcerated in any type of penal institution;
8. alcoholism or drug addiction;
9. a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States. The Insured, at his or her own expense, is responsible for obtaining such confirmation; or
10. cosmetic surgery or lasik surgery including complications thereof. (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.);
11. piercings including complications thereof.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. Premiums after the initial premium are due as of the first day of each new premium term. Premiums must be sent to us. If the Policyholder does not pay the premium when due or within the grace period, this Policy will lapse at the end of the period for which premium is due (see Grace Period in Section 11).

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

PREMIUM MODE: The premium mode the Policyholder selected upon application for this Policy is shown on the Master Application. The Policyholder may change the premium mode on any premium due date if we agree.

PREMIUM CHANGES: The premium rates may be changed by us at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. If a change in benefits increases our liability, premium rates may be changed on the date the liability is increased. Premiums will not increase during the initial twelve (12) months of coverage.

RATE GUARANTEE PERIOD: A change in premium rates will not take effect before the Rate Guarantee Termination Date as shown on the Policy Schedule except for reasons which affect the risk assumed, including, but not limited to:

1. a change occurs in the plan design; or
2. a division, subsidiary, or affiliated company is added or deleted; or
3. fewer persons are insured than the Master Application requires; or
4. a new law or change in any existing law is enacted which applies to this plan; or
5. our participation requirements as shown on the Master Application are not being met.

We will notify the Policyholder in writing at least 60 days before a premium rate is changed. A change may take effect on an earlier date when both we and the Policyholder agree in writing.

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

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: The Policyholder or we may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates:
1. the end of the grace period if the premium for all Certificates in force remains unpaid;
2. the date all Certificates under this Policy terminate;
3. the end of the Policy Month in which we receive a written request from the Policyholder to terminate this Policy; or
4. the end of the Policy Month in which we have terminated this Policy, subject to a 60-day written notice.

In addition, we may end the coverage of a Policyholder if:
1. fewer persons are insured than the Policyholder's application requires;
2. the Policyholder does not promptly provide us with information that is reasonably required; or
3. the Policyholder fails to perform any of its obligations that relate to this Policy.

TERMINATION OF CERTIFICATE: Insurance coverage under the Certificate and any attached riders will end on the earliest of these dates:
1. the date the Policy terminates;
2. the end of the grace period if the premium remains unpaid;
3. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for all Covered Persons under the Certificate;
4. the date insurance has ceased on all persons covered under the Certificate;
5. the end of the Certificate Month in which the Policyholder requests to terminate this coverage;
6. the date the Insured no longer qualifies as an Insured (see Portability – Section 9);
7. the date of the Insured's death.

TERMINATION OF COVERAGE: Insurance coverage under the Certificate and any attached riders for a Covered Person will end as follows:
1. the date the Policy terminates;
2. the date the Certificate terminates;
3. the end of the Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent;
4. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent;
5. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for the Covered Person;
6. the date of the Covered Person's death.

We may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of the Insured's employment or contract with the Policyholder, such termination shall be without prejudice to any Occurrence Date which commenced while this Certificate was in force.

SECTION 9 – PORTABILITY

If the Policy is no longer in force, then portability coverage is not available.

If the Insured no longer meets the definition of Insured, he or she will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet the following conditions:
1. the Certificate has been continuously in force for at least 12 months; and
2. we receive a written request and payment of the first premium for the portability coverage no later than 30 days after the date the Insured no longer qualifies as an eligible Insured. Premiums after the first will be billed directly to the Insured. The Insured is responsible for payment of all premiums for the portability coverage; and
3. the Certificate is still in force on the date the Insured requests portability coverage; and
4. the Policy continues to be force on the date the Insured ceases to qualify for coverage.

The benefits, terms and conditions of the portability coverage will be the same as those elected under the Certificate immediately prior to the date the Insured exercised portability. Portability coverage may include any Eligible Dependents who were covered under the Certificate at the time the Insured ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the portability coverage except as provided in the Newborn/Adopted Children provision. No changes to coverage, unless due to a qualifying event, will be allowed while the Insured is exercising his/her rights under this provision.

CANCELATION BY THE INSURED: The Insured may cancel the Certificate at any time. Written notice must be mailed or delivered to us. Cancelation will take effect upon receipt of notice by us, or on such later date as may be specified in such notice. In the event of such cancelation, we will promptly return the pro rata portion of any unearned premium paid. This will not prejudice any claim that originated prior to the date cancelation took effect.

Coverage under this provision will terminate in accordance with the provisions of Section 8 – Termination of Coverage.

SECTION 10 - CLAIMS

NOTICE OF CLAIM: We must receive the Insured's written notice, including the Policy and Certificate number, when there is a claim. Notice must be given within 60 days of the Critical Illness Occurrence Date, or as soon as reasonably possible. Notice of claim must be received in writing at our administrative office as shown on the face page of this Policy or by any authorized insurance representative. Information sufficient to identify the Covered Person and the Critical Illness shall be deemed notice to us.

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

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

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

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

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

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

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

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

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

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

SECTION 11 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of this Policy, the Master Application of the Policyholder, the Insured's application attached to the Certificate, if any, the Schedule of Benefits and any attached riders or endorsements.

Statements made by the Policyholder or the Insured, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under the Policy unless the statement is in writing; and a copy of that statement is given to the Insured, the Insured's beneficiary, or the Insured's personal representative.

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

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

No claim for any Critical Illness incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date will be reduced or denied on the ground that a Sickness or physical condition, not excluded from coverage by name or specific description on the Critical Illness Occurrence Date, had existed prior to the Covered Person's Effective Date.

CHANGES TO COVERAGE: The Insured may have the right to change the plan or amount of insurance, or both, after the Certificate Effective Date if the Policyholder and we agree. A new application and Evidence of Insurability may be required. Any change in coverage will only apply to a Critical Illness that occurs after the Effective Date of such change in coverage. No changes to coverage will be allowed during the first 12 months except for a qualifying event including, but not limited to, a birth, death, divorce, adoption or marriage. No increases to coverage will be allowed if a claim has been submitted under the Certificate.

If any change to coverage after the Certificate Effective Date results in an increase in or addition to coverage, the premiums will be based on his/her attained age on the effective date of the increase or addition, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase or addition. Such changes include, but are not limited to, the following:

1. an increase in the Critical Illness Benefit Amount;
2. adding a Covered Person; or
3. adding a rider.

If any change to coverage after the Certificate Effective Date results in a decrease in or deletion to coverage, the premiums will be based on his/her original age on the effective date of the decrease or deletion, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected. Such changes include, but are not limited to, the following:

1. a decrease in the Critical Illness Benefit Amount;
2. deleting a Covered Person; or
3. deleting a rider.

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

UNPAID PREMIUM: Upon determining your continued eligibility, any premium due and unpaid may be deducted from the claim payment when a claim is paid.

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

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

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

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS INSURANCE POLICY - VOLUNTARY

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CRITICAL ILLNESS CERTIFICATE OF INSURANCE - VOLUNTARY

CERTIFICATE OF INSURANCE: The Company hereby certifies that the Company has issued and delivered to the Policyholder a group Policy, described on the Certificate Schedule attached hereto. The group Policy covers certain eligible persons, as described in this Certificate. The Policy is a legal contract between the Policyholder and the Company.

CONSIDERATION: The Company has issued this Certificate on the basis of the application and in exchange for payment of the first premium. The Certificate Effective Date is the date the Company assigns after the Company has approved the application for this Certificate and is the date the first premium is due. Dates begin and end at 12:01 a.m. Standard Time at the address of the Policyholder.

OPTIONALLY RENEWABLE: The Policy, under which this Certificate is issued, is optionally renewable. This means that the Company or the Policyholder has the right to terminate the Policy on any premium due date after the first anniversary following the Policy Effective Date. The Company must give at least 60 days written notice to the Policyholder prior to cancelation. The Company cannot cancel your coverage under this Certificate because of a change in your age or health. The Company can change your premiums for this Certificate if the Company changes premiums for all similar Certificates issued under the Policy. The Company must give the Policyholder at least 60 days written notice before the Company changes your premiums.

CONTINUATION: This Certificate was issued under a Policy issued to the Policyholder named on the Certificate Schedule. While the Policy is in force, this Certificate will continue provided the premiums are paid when due, subject to the Termination provision.

Signed for American Public Life Insurance Company.

[Chief Administrative Officer **President, Chief Operating Officer**]

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

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SECTION 2 – CERTIFICATE SCHEDULE – VOLUNTARY

Policyholder:	[ABC Company]	Certificate Number:	[M00000]
Policy Number:	[C00000]	Certificate Effective Date:	[6/1/2009]
Insured:	[John Doe]	Plan Selected:	[Individual/Individual & Spouse/Individual & Child(ren)/Individual & Family]
Insured's Issue Age:	[35]	Pre-Existing Condition Period:	12 Months
Total Premium:	[$xx.xx]	Pre-Existing Condition Exclusion Period:	12 Months

CRITICAL ILLNESS BENEFIT AMOUNT:

Insured: [$25,000] **Insured Spouse:** [$25,000] **Insured Child(ren):** [$25,000 per child]

For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

CRITICAL ILLNESS PLAN DESCRIPTION

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
[**CRITICAL ILLNESS POLICY/CERTIFICATE – BASIC**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]
[**CRITICAL ILLNESS POLICY/CERTIFICATE – ENHANCED**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**CRITICAL ILLNESS POLICY/ CERTIFICATE – ENHANCED PLUS**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]
Accident Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]
Additional Critical Illness Rider	[mm/dd/yyyy]		$[xx.xx]]
[**Recurrent Diagnosis Benefit Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Health Screening Test Rider – [$25/$50]**	[mm/dd/yyyy]		$[xx.xx]]
[**Waiver of Premium Rider**	[mm/dd/yyyy]		$[xx.xx]]
[**Cancer Critical Illness Rider**	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[OPTIONAL BENEFIT RIDERS

	EFFECTIVE DATE	PRE-EXISTING CONDITION EXCLUSIONS	MONTHLY PREMIUM
Cancer Critical Illness Rider	[mm/dd/yyyy]	[Applied/Credited*]	$[xx.xx]]

[*Credited for the Employee to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Effective Date.]

[*Credited for each Covered Person to the extent the Pre-Existing Condition Exclusion Period was previously satisfied by similar coverage in force immediately prior to the Covered Person's Effective Date.]

TOTAL PREMIUMS BY MODE

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	[SPECIAL MODAL*
[$xxx.xx]	[$xxx.xx]	[$xxx.xx]	[$xxx.xx]	[$xxx.xx]

TO CALCULATE A PREMIUM OTHER THAN MONTHLY MULTIPLY THE MONTHLY PREMIUM BY: 3 FOR QUARTERLY; 6 FOR SEMI-ANNUAL; AND 12 FOR ANNUAL. [*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.]

[THIS SCHEDULE REFLECTS REVISIONS TO YOUR CERTIFICATE EFFECTIVE [MM/DD/YYYY].]

SECTION 3 - DEFINITIONS

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

ACTIVELY AT WORK: You are:
1. performing in the usual manner all of the regular duties of your employment as a Full-Time Employee on a scheduled work day; and
2. these duties are being done at one of the places of business where you normally do such duties or at some location to which your employer sends you.

Actively At Work will include a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your employment as if it were a scheduled work day.

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

CERTIFICATE: The individual Certificate issued to you. It describes the coverage under the Policy; how benefits will be paid; any limitations of the Policy; and all other essential features of the Policy. If you are issued more than one Certificate under the Policy, only the last one will be in effect.

CERTIFICATE EFFECTIVE DATE: The effective date of the individual Certificate issued to you.

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

CERTIFICATE SCHEDULE: Page 3 of this Certificate.

COMPANY (we, us or our): American Public Life Insurance Company**.**

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

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

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

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

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

COVERED ACCIDENT: An Accident not caused by a Sickness, which occurs after the Covered Person's Effective Date of coverage under the Certificate and occurs while the coverage is in force.

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

COVERED PERSON'S EFFECTIVE DATE: The date the Covered Person's coverage under the Certificate becomes effective. Your effective date will be the same as the Certificate Effective Date. (subject to Section 4 – Eligibility and Effective Date). Your Eligible Dependents are eligible for insurance on the date you become eligible for insurance or the date a person becomes an Eligible Dependent, whichever is later. The effective date of coverage for each Eligible Dependent will be the first of the month following the Company's approval of the application and receipt of the first premium. (See Newborn/Adopted Children provision).

CRITICAL ILLNESS: A Heart Attack, Coronary Artery Bypass Surgery Recommendation, Coronary Angioplasty Recommendation, Permanent Damage Due To A Stroke, Major Organ Failure, or End Stage Renal Failure, as defined in this Certificate, for which a positive diagnosis is made by a Physician.

CRITICAL ILLNESS BENEFIT AMOUNT: The amount shown on the Certificate Schedule for the applicable Covered Person. For coverage issued prior to the Insured's 70th birthday, the Critical Illness Benefit Amount in force for all Covered Persons will reduce by 50% on the Insured's 70th birthday. For coverage issued after the Insured's 70th birthday, coverage was issued at a reduced benefit amount.

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

1. your lawful spouse who lives with you; and/or
2. your, and/or your spouse's, natural child, adopted child or stepchild who is under 26 years of age; and/or
3. any child who becomes incapable of self-sustaining employment because of mental or physical incapacity while covered under the Certificate and prior to reaching the limiting age for dependent children, as set out in #2 above. The child must be dependent on you for support and maintenance. The Company must receive notification of the incapacity. Coverage will then continue as long as the Insured's insurance stays in force and the child remains incapacitated. You must notify the Company if this incapacity is removed or terminated at a later date. The premium will remain the same. The child's coverage will terminate at the earlier of the end of the Certificate Month in which the conditions cease or the date the Certificate terminates; and/or
4. any minor under your charge, care and control, who has been placed in your home for adoption and is under 26 years of age.

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

EVIDENCE OF INSURABILITY: A statement of the Full-Time Employee or Eligible Dependent's medical history which is used in determining if the Full-Time Employee or Eligible Dependent is approved for coverage. Evidence of Insurability will be provided at such person's expense.

FULL-TIME EMPLOYEE: A person who works at least the minimum number of hours per week as defined in the Master Application and who qualifies as an Insured.

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

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

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

A HEART ATTACK IS NOT CONGESTIVE HEART FAILURE, ATHEROSCLEROTIC HEART DISEASE, ANGINA, CARDIAC ARREST, OR ANY OTHER DYSFUNCTION OF THE CARDIOVASCULAR SYSTEM.

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

INITIAL ENROLLMENT: One of the following periods during which the Full-Time Employee and/or any Eligible Dependent may first apply in writing for coverage under the Certificate:

1. if the Full-Time Employee or Eligible Dependent is eligible for coverage on the Policy Effective Date, the period before the Policy Effective Date as set by the Company and the Policyholder; or
2. if the Full-Time Employee or Eligible Dependent becomes eligible for coverage after the Policy Effective Date, the period ending 31 days after the date the Insured is first eligible to apply for coverage.

INSURED (you or your): The person named as the Insured on the Certificate Schedule. If the Policy is issued to an employer, the Insured must be a Full-Time Employee of the Policyholder. If the Policy is issued to an association, the Insured must be a Full-Time Employee of an employer who is a member of the association to be eligible for coverage.

MASTER APPLICATION: The document signed by the Policyholder that contains the answers to the Company's questions and are the Policyholder's representations, which the Company accepted in good faith as being true, complete and correct. The Master Application is the basis upon which the Company issued the Policy.

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

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

- **Heart Attack** - the date the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack definition;
- **Coronary Artery Bypass Surgery Recommendation** - the date a Physician recommends the Covered Person undergo Coronary Artery Bypass Surgery;
- **Coronary Angioplasty Recommendation** - the date the Physician recommends the Covered Person undergo a Coronary Angioplasty;
- **Major Organ Failure** - the date the Covered Person is placed on the UNOS list for transplantation;
- **Permanent Damage Due To A Stroke** - the date new neurological deficits from the Stroke have persisted for a minimum of 30 consecutive days;
- **End Stage Renal Failure** - the date End Stage Renal Failure is diagnosed.

PERMANENT DAMAGE DUE TO A STROKE: A Stroke which causes permanent damage to the nervous system resulting in a sudden neurological impairment of sensory and/or motor functions. The permanent damage must be diagnosed by a Physician based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study, and by the presence of neurological deficits persisting for a minimum of 30 consecutive days.

PHYSICIAN: A practitioner of the healing arts who is legally qualified and licensed to practice medicine, and is practicing within the scope of his/her license in the state where so licensed. The Physician must not be a member of the Covered Person's Immediate Family or anyone who normally resides with you in your residence.

POLICY: The Policy issued to the Policyholder under which this Certificate was issued.

POLICY EFFECTIVE DATE: The date shown as the Policy Effective Date in the Certificate Schedule.

POLICYHOLDER: The association or employer who holds the Policy.

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

POLICY SCHEDULE: Page 3 of the Policy.

PRE-EXISTING CONDITION: An injury, Sickness or physical condition for which, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession within the Pre-Existing Condition Period immediately preceding the Covered Person's Effective Date or the effective date of any increase in or addition to coverage. The Pre-Existing Condition Period is shown on the Certificate Schedule. The term "Pre-Existing Condition" will also include conditions which are related to such injury, Sickness or physical condition.

REVERSIBLE ISCHEMIC NEUROLIGICAL DEFICITS (OR RIND): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24-72 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. RIND's are not covered by this Certificate.

SCHEDULE OF BENEFITS: The benefit schedule set forth in the Policy/Certificate.

SICKNESS: Any illness, disease, infection, or abnormal condition of the body, which is not caused by an Accident and which is the direct cause of the Critical Illness.

STROKE: An aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage from a cerebral artery, due to a Covered Accident or Sickness. A Stroke does not include: a minor head injury which does not result in Permanent Damage Due To A Stoke, subdural hemotoma, TIA's, RIND's, multi-infarct dementia, chronic cerebrovascular insufficiency, or reversible neurological deficits.

TRANSIENT ISCHEMIC ATTACK (OR TIA): A neurological condition or event with the signs and symptoms of a Stroke, but which disappear within 24 hours with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies. TIA's are not covered by this Certificate.

SECTION 4 - ELIGIBILITY AND EFFECTIVE DATE

Eligibility: You and your Eligible Dependents are eligible to be insured under the Certificate if:
1. you and your Eligible Dependents meet the Company's underwriting rules; and
2. you are Actively at Work and qualify for coverage as defined in the Master Application.

If the Company requires Evidence of Insurability at the point of sale, then Evidence of Insurability will always be required for any changes to the coverage.

If the Company does not require Evidence of Insurability at the point of sale, Evidence of Insurability will only be required if:
1. you voluntarily canceled coverage and are reapplying; or
2. you are applying for an amount of coverage over the Guaranteed Issue limit; or
3. you are applying for an increase in or addition to coverage any time after your Initial Enrollment period;
4. an Eligible Dependent did not enroll within 31 days of eligibility.

A person must apply for insurance during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage. If the person does not apply during the Initial Enrollment period or within 31 days of the date the person first becomes eligible for coverage, he/she may be subject to additional underwriting by the Company.

PLAN OF INSURANCE: The plan of insurance shown on the Certificate Schedule determines who is covered under the Certificate, unless such person is specifically excluded by rider or endorsement. Those eligible under each plan of insurance are as follows:
1. Individual means you;
2. Individual and Spouse means you and your lawful spouse;
3. Individual and Child(ren) means you and each Eligible Dependent child;
4. Individual and Family means you, your lawful spouse, and each Eligible Dependent child.

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

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

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

EFFECTIVE DATE: You must use forms provided by the Company when applying for insurance or a change in coverage. If the Company's underwriting rules are met and the premium has been paid, the insurance, or change in coverage, will take effect on the later of the following dates:

1. the requested Certificate Effective Date; or
2. the Certificate Effective Date assigned by the Company upon approval of the person's application.

If you are not Actively At Work on the Certificate Effective Date due to disability, injury, Sickness, temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date you return to Actively At Work. You must also be Actively at Work on the effective date of any increase in or addition to coverage that occurs after the Certificate Effective Date.

NEWBORN/ADOPTED CHILDREN: If the plan is an Individual Plan or Individual and Spouse Plan, all of your newborn children will be covered automatically on the day he or she is born as long as your coverage was in force on that date. The newborn child's coverage will not continue past the 90-day period following his or her birth unless the Company is notified in writing by the end of the 90-day period of the addition of such newborn child and any applicable additional premium is paid.

Coverage for newborn/adopted children will also include coverage for: a newborn child adopted by you, from the moment of birth, if a petition for adoption was filed within 60 days of the birth of the child; and a child adopted by you from the date of petition for adoption. Coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for the adopted child will not continue past 60 days after the date of petition for adoption unless: the Company is notified in writing by the end of the 60-day period of the addition of such adopted child and any applicable additional premium is paid.

If the plan is an Individual and Child(ren) Plan or Individual and Family Plan, all newborn children are covered from the moment of birth and all adopted children are covered from the moment of petition for adoption. No notification is necessary and no additional premium is due.

SECTION 5 - BENEFITS

CRITICAL ILLNESS:

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

1. is for a Critical Illness for which a Critical Illness Benefit Amount has not been previously paid;
2. is separated by more than 90 days following the last Critical Illness Occurrence Date; and
3. occurs while the Covered Person is insured under the Policy, Certificate or any attached riders.

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

HEART ATTACK: Following the Occurrence Date of a Covered Person's Heart Attack, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Heart Attack must occur after the Covered Person's Effective Date.

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

Coronary Artery Bypass Surgery Recommendation: Following the Occurrence Date of a Covered Person's Coronary Artery Bypass Recommendation, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Coronary Artery Bypass Surgery Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Artery Bypass Recommendation Occurrence Date is not subject to the 90-day separation period.

Coronary Angioplasty Recommendation: Following the Occurrence Date of a Covered Person's Coronary Angioplasty Recommendation, the Company will pay the fixed indemnity amount as shown on the Schedule of Benefits. The Coronary Angioplasty Recommendation must occur after the Covered Person's Effective Date. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Heart Attack, then 100% of the heart related benefits has been exhausted and this benefit is not payable. The Coronary Angioplasty Recommendation Occurrence Date is not subject to the 90-day separation period.

PERMANENT DAMAGE DUE TO A STROKE: Following the Occurrence Date of a Covered Person's Permanent Damage Due To A Stroke, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Stroke and the Permanent Damage Due to a Stroke must occur after the Covered Person's Effective Date.

MAJOR ORGAN FAILURE: Following the Occurrence Date of a Covered Person's Major Organ Failure, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Major Organ Failure must occur after the Covered Person's Effective Date.

END STAGE RENAL FAILURE: Following the Occurrence Date of a Covered Person's End Stage Renal Failure, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The End Stage Renal Failure must occur after the Covered Person's Effective Date.

SECTION 6 - LIMITATIONS AND EXCLUSIONS

PRE-EXISTING CONDITION LIMITATION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date for any Critical Illness resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. In the event coverage provided by this policy replaces an existing critical illness policy issued by the Company, credit will be given for the time the Covered Person was covered under the replaced coverage. If any change to coverage after the Certificate Effective Date results in an increase or addition to coverage, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase (see Changes to Coverage in Section 10).

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

1. war or any act caused by war, whether declared or undeclared, or active service in the armed forces; (This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval, or air force of any country engaged in war. If coverage is suspended for any Covered Person during a period of military service, the Company will refund the pro-rata portion of any premium paid for any such Covered Person upon receipt of the Policyholder's written request.)
2. an intentionally self-inflicted injury or Sickness;
3. suicide or attempted suicide, while sane or insane;
4. participating in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly; (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.)
5. being intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; (Intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the event that caused the Critical Illness occurred.)
6. committing, or attempting to commit, an illegal act that is defined as a felony; ("Felony" is as defined by the law of the jurisdiction in which the act takes place.)
7. being incarcerated in any type of penal institution;
8. alcoholism or drug addiction;
9. a diagnosis received outside the United States, or its territories, that cannot be confirmed by a Physician licensed and practicing in the United States. The Insured, at his or her own expense, is responsible for obtaining such confirmation;
10. cosmetic surgery or lasik surgery including complications thereof. (Correction of congenital birth defects or anomalies of a child, or reconstructive surgery related to a covered Sickness or injury will be covered as any other Sickness or injury.);
11. piercings including complications thereof.

SECTION 7 - PREMIUMS

PREMIUM PAYMENT: The monthly premium and the Certificate Effective Date are shown on the Certificate Schedule. If the premium is not paid when due or within the grace period, this Certificate will terminate at the end of the period for which premium is due (see Grace Period in Section 11).

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

PREMIUM CHANGES: The premium rates may be changed by the Company at the first anniversary date of the Policy or any premium due date thereafter. No such increase in rates will be made unless 60 days prior notice is given to the Policyholder. If a change in benefits increases the Company's liability, premium rates may be changed on the date the liability is increased.

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

SECTION 8 - TERMINATION OF COVERAGE

TERMINATION OF POLICY: The Company or the Policyholder may terminate the Policy on any premium due date after the first Policy anniversary date.

Insurance coverage under the Policy will end on the earliest of these dates:

1. the end of the grace period if the premium for all Certificates in force remains unpaid;
2. the date all Certificates under the Policy terminate;
3. the end of the Policy Month in which the Company receives a written request from the Policyholder to terminate this Policy; or
4. the end of the Policy Month in which the Company has terminated this Policy, subject to a 60-day written notice.

In addition, the Company may end the coverage of a Policyholder if:
1. fewer persons are insured than the Policyholder's application requires;
2. the Policyholder does not promptly provide the Company with information that is reasonably required; or
3. the Policyholder fails to perform any of its obligations that relate to this Policy.

TERMINATION OF CERTIFICATE: Insurance coverage under the Certificate and any attached riders will end on the earliest of these dates:
1. the date the Policy terminates;
2. the end of the grace period if the premium remains unpaid;
3. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for all Covered Persons under the Certificate;
4. the date insurance has ceased on all persons covered under the Certificate;
5. the end of the Certificate Month in which the Policyholder requests to terminate this coverage;
6. the date you no longer qualify as an Insured unless you continue this Certificate under Portability – Section 9;
7. the date of your death.

TERMINATION OF COVERAGE: Insurance coverage under the Certificate and any attached riders for a Covered Person will end as follows:
1. the date the Policy terminates;
2. the date the Certificate terminates;
3. the end of the Certificate Month in which the Policyholder requests to terminate the coverage for an Eligible Dependent;
4. the date a Covered Person no longer qualifies as an Insured or Eligible Dependent;
5. the date the maximum Critical Illness Benefit Amount for all covered Critical Illnesses has been paid for the Covered Person;
6. the date of the Covered Person's death.

The Company may end the coverage of any Covered Person who submits a fraudulent claim.

TERMINATION WITHOUT PREJUDICE: If termination of coverage occurs because of termination of your employment or contract with the Policyholder, such termination shall be without prejudice to any Occurrence Date which commenced while this Certificate was in force.

SECTION 9 – PORTABILITY

If the Policy, under which this Certificate was issued, is no longer in force, then portability coverage is not available.

If you no longer meet the definition of Insured, you will have the option to continue this coverage, including any attached riders. No Evidence of Insurability will be required. Portability must meet the following conditions:
1. the Certificate has been continuously in force for the last 12 months; and
2. the Company receives a written request and payment of the first premium for the portability coverage no later than 30 days after the date you no longer qualify as an eligible Insured. Premiums after the first will be billed directly to you. You are responsible for payment of all premiums for the portability coverage; and
3. the Certificate is still in force on the date you request portability coverage; and
4. the Policy continues to be force on the date you cease to qualify for coverage.

The benefits, terms and conditions of the portability coverage will be the same as those elected under the Certificate immediately prior to the date you exercised portability. Portability coverage may include any Eligible Dependents who were covered under the Certificate at the time you ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the portability coverage except as provided in the Newborn/Adopted Children provision. No changes to coverage, unless due to a qualifying event, will be allowed while the Insured is exercising his/her rights under this provision.

CANCELATION BY THE INSURED: You may cancel this Certificate at any time. Written notice must be mailed or delivered to the Company. Cancelation will take effect upon receipt of notice by the Company, or on such later date as may be specified in such notice. In the event of such cancelation, the Company will promptly return the pro rata portion of any unearned premium paid. This will not prejudice any claim that originated prior to the date cancelation took effect.

Coverage under this provision will terminate in accordance with the provisions of Section 8 – Termination of Coverage.

SECTION 10 - CLAIMS

NOTICE OF CLAIM: The Company must receive written notice, including the Policy and Certificate number, when there is a claim. Notice must be given within 60 days of the Critical Illness Occurrence Date, or as soon as reasonably possible. Notice of claim must be received in writing at the Company's administrative office as shown on the face page of this Certificate or by any authorized insurance representative. Information sufficient to identify the Covered Person and the Critical Illness shall be deemed notice to the Company.

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

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

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

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

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

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

TIME OF PAYMENT OF CLAIMS: All benefits will be paid promptly after the Company receives acceptable written proof of loss.

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

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

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

SECTION 11 - GENERAL PROVISIONS

ENTIRE CONTRACT: The contract is made up of the Policy, the Master Application of the Policyholder, the Insured's application attached to the Certificate, if any, the Schedule of Benefits and any attached riders or endorsements.

Statements made by the Policyholder or the Insured, in the absence of fraud, are representations and not warranties. No such statements will be used to void the insurance, reduce benefits or defend a claim under the Certificate unless the statement is in writing; and a copy of that statement is given to you, your beneficiary, or your personal representative.

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

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

No claim for any Critical Illness incurred during the Pre-Existing Condition Exclusion Period following the Covered Person's Effective Date will be reduced or denied on the ground that a Sickness or physical condition, not excluded from coverage by name or specific description on the Critical Illness Occurrence Date, had existed prior to the Covered Person's Effective Date.

CHANGES TO COVERAGE: You may have the right to change the plan or amount of insurance, or both, after the Certificate Effective Date if the Company and the Policyholder agree. A new application and Evidence of Insurability may be required. Any change in coverage will only apply to a Critical Illness that occurs after the Effective Date of such change in coverage. No changes to coverage will be allowed during the first 12 months except for a qualifying event including, but not limited to, a birth, death, divorce, adoption or marriage. No increases to coverage will be allowed if a claim has been submitted under the Certificate.

If any change to coverage after the Certificate Effective Date results in an increase in or addition to coverage, the premiums will be based on your attained age on the effective date of the increase or addition, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation for such increase will be based on the effective date of such increase or addition. Such changes include, but are not limited to, the following:

1. an increase in the Critical Illness Benefit Amount;
2. adding a Covered Person; or
3. adding a rider.

If any change to coverage after the Certificate Effective Date results in a decrease in or deletion to coverage, the premiums will be based on your original age on the effective date of the decrease or deletion, and the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected. Such changes include, but are not limited to, the following:

1. a decrease in the Critical Illness Benefit Amount;
2. deleting a Covered Person; or
3. deleting a rider.

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

UNPAID PREMIUM: Upon determining your continued eligibility, any premium due and unpaid may be deducted from the claim payment when a claim is paid.

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

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

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

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

CRITICAL ILLNESS CERTIFICATE OF INSURANCE - VOLUNTARY

GCRIT**V**11APLCAR

American Public Life Insurance Company

A member of the American Fidelity Group®

FOR INQUIRIES OR TO OBTAIN INFORMATION, PLEASE CONTACT:
2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606 ● Local (601) 936-6600

NOTICE

PLEASE READ THE ATTACHED POLICY/CERTIFICATE CAREFULLY. THE CRITICAL ILLNESS POLICY/CERTIFICATE TO WHICH THIS NOTICE IS ATTACHED PROVIDES LIMITED BENEFITS FOR SPECIFIED CRITICAL ILLNESSES DUE TO A COVERED ACCIDENT OR SICKNESS. FOR COVERAGE ISSUED PRIOR TO THE INSURED'S 70TH BIRTHDAY, THE CRITICAL ILLNESS BENEFIT AMOUNT IN FORCE FOR ALL COVERED PERSONS WILL REDUCE BY 50% ON THE INSURED'S 70TH BIRTHDAY. FOR COVERAGE ISSUED AFTER THE INSURED'S 70TH BIRTHDAY, COVERAGE WAS ISSUED AT A REDUCED BENEFIT AMOUNT.

THIS CERTIFICATE 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.

THIS COVERAGE IS NOT APPROPRIATE FOR ANY PERSON WHO IS ELIGIBLE FOR MEDICAID.

☐ Plan Sponsor Set-Up
☐ Master Application

American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive • Flowood, Mississippi • 39232
Phone: (601) 936-6600 or (800) 256-8606 • Fax: (877) 807-0911

Home Office Use Only:
Group Number: _____
Effective Date: _____
No. of Insureds: _____
Guarantee Issue: _____
Take-Over: _____
Setup Date: _____

GENERAL INFORMATION

1. Plan Sponsor/Policyholder: _____
2. Resident Address: _____ City _____ State _____ Zip _____
3. Mailing Address: _____ City _____ State _____ Zip _____
   (if different than resident address)
4. Plan Sponsor/Policyholder Contact Name: _____
5. Contact Phone: ( ) _____ Fax: ( ) _____ E-mail Address: _____
6. Group Type: ☐ Association ☐ Employer ☐ Other (describe)_____
7. Tax I.D.#: _____ SIC Code: _____ Year Established? _____
8. Nature of Business: _____ Subsidiary & Affiliated Organizations: ☐ No ☐ Yes (attach information)
9. For Associations Only: ☐ Eligibility Determined at employer level
10. Current Employees/Members are Eligible: ☐ Immediately ☐ After ____ Days ☐ As determined by each firm
11. Employment: Full-Time Employee means _____ hours per week.
12. New Employees/Members are Eligible After _____ Days Employment
13. Number of Currently Eligible Employees/Members _____ Classes Eligible for Coverage: _____
14. Requested Effective Date _____
15. Do you currently have insurance like or similar to the coverage applied for? ☐ Yes ☐ No If "yes", please list type of insurance and carrier(s): _____
16. Will the insurance applied for replace any existing insurance? ☐ Yes ☐ No If "yes" list type of insurance, carrier, termination date, and submit a copy of the prior billing: _____
17. Will any coverage applied for be offered under a Cafeteria Plan? ☐ Yes ☐ No If "yes" which coverage? (List anniversary date, Plan Administrator, address and phone number.) _____
18. Are insureds exempt from: Social Security taxes? ☐ Yes ☐ No Medicare taxes? ☐ Yes ☐ No
19. Are insureds covered under Workers' Compensation? ☐ Yes ☐ No

BILLING INSTRUCTIONS

Premium Mode: ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly ☐ Other _____
☐ Skip Month: ☐ 8/12 ☐ 9/12 ☐10/12 ☐ 11/12 Which months Skipped? _____
Billing Method: ☐ Paper ☐ Electronic – Email Address: _____ Date of 1st Deduction: _____
Send Billing To: Name _____ Phone #: ( ) _____
(List Billing Contact and Address if different than above.)
Billing Address: _____ City _____ State _____ Zip _____

CRITICAL ILLNESS PRODUCT SELECTION

Minimum standards for a Critical Illness policy to be issued and to remain in force:

[a) Where Holder is an employer and eligible persons are employees:
_____ employees
_____ percent of employees]

[b) Where Holder is a trade association:
_____ percent of member firms must participate
_____ percent of employees in firm with _____ or more employees
_____ percent of employees in firm with _____ or less employees
_____ percent of members participating]

If these standards are not met, the Company may: (1) ask for satisfactory evidence of insurability before an eligible person's coverage takes effect; or (2) terminate the Policy.

Group Critical Illness Plan Selection

[☐ Employer Paid] [☐ Voluntary] [Pre-ex: ☐ Apply ☐ Credit]
[☐ Employee Only]
[☐ Family]

	[PLAN 1]	[PLAN 2]
Level:	[☐ Basic ☐ Enhanced ☐ Enhanced Plus]	[☐ Basic ☐ Enhanced ☐ Enhanced Plus]
Benefit Amount:	[☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000]	[☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000]
Riders:	[☐ Health Screening Test Rider ☐ [$25] ☐ [$50]]	[☐ Health Screening Test Rider ☐ [$25] ☐ [$50]]
	[☐ Recurrent Diagnosis Rider]	[☐ Recurrent Diagnosis Rider]
	[☐ Waiver of Premium Rider]	[☐ Waiver of Premium Rider]
	[☐ Cancer Critical Illness Rider]	[☐ Cancer Critical Illness Rider]
Classes Eligible:	[☐ All ☐ Other: _____]	[☐ All ☐ Other: _____]
	Number of Employees Eligible in this class: _____]	[Number of Employees Eligible in this class: _____]

[If you elected Employer Paid Plan(s), will you allow your Eligible Employees to purchase additional Critical Illness coverage (up to $25,000) on a payroll deduction basis? ☐ Yes ☐ No]

[If you did not elect the Cancer Critical Illness Rider, will you allow your Eligible Employees to purchase this rider on a payroll deduction basis? ☐ Yes ☐ No]

Special Request(s) For Any Group Product(s):

MASTER APPLICATION AGREEMENT

If this application is approved by American Public Life Insurance Company, group insurance will take effect on the later of: (a) the Effective Date; or, (b) the date the required number of eligible persons have enrolled, if such persons are to pay for part of the cost of their coverage. Group insurance will be issued: (a) at the Company's rates; and, (b) under the terms and conditions of the policy or policies applied for. If this application is not approved, no insurance will take effect. Any premium payment advanced by the Policyholder will be returned.

THE POLICYHOLDER DECLARES that the statements and answers shown above are true and complete. The Policyholder understands and agrees that: (a) the application will form a part of any policy issued; (b) no information given to, or acquired by, any representative of the Company will bind the Company unless it appears in writing on this application; (c) no waiver or modification will bind the Company unless it is in writing and is signed by an Executive Officer of the Company; and (d) only those persons eligible under the terms of the policy or policies issued will be covered. I hereby request American Public Life Insurance Company to issue the Group Insurance Policy(ies) and Certificates of Insurance for the coverage applied for. I agree to collect and remit premiums for insurance products for the insured (and dependents, if applicable). THE POLICY YOU HAVE ELECTED MAY PROVIDE LIMITED BENEFITS. READ YOUR POLICY CAREFULLY.

No Insurance is Effective until the Policy and Certificates are actually issued and then only from the Effective Date.

Signature of Plan Sponsor Official	Title	Date
Agent Signature	Agent Number	

Employer groups may be subject to certain State and/or Federal Employment related laws (including ERISA, IRS Sections 89 and 125, and COBRA) and is solely responsible for compliance of these laws including any required benefit payments not covered by an Insurance Plan.

FRAUD WARNING

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

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CANCER CRITICAL ILLNESS RIDER

FOR COVERAGE ISSUED PRIOR TO THE INSURED'S 70TH BIRTHDAY, THE CRITICAL ILLNESS BENEFIT AMOUNT IN FORCE FOR ALL COVERED PERSONS WILL REDUCE BY 50% ON THE INSURED'S 70TH BIRTHDAY. FOR COVERAGE ISSUED AFTER THE INSURED'S 70TH BIRTHDAY, COVERAGE WAS ISSUED AT A REDUCED BENEFIT AMOUNT.

The Company has issued this rider in exchange for, and on the basis of, the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date and rider premium are shown on the Certificate Schedule. The Critical Illness Benefit Amount is shown on the Schedule of Benefits.

DEFINITIONS

CRITICAL ILLNESS: If this rider is in force, the definition of Critical Illness in the Policy/Certificate is amended to include Carcinoma In Situ, Invasive Cancer and Skin Cancer.

OCCURRENCE DATE: If this rider is in force, the Occurrence Date definition in the Policy/Certificate is amended to include the following Occurrence Dates. The Occurrence Date must occur on or after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later, and while coverage is in force. The Occurrence Date for each of the Critical Illnesses is as follows:

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

Metastasis to a new site of any cancer diagnosed prior to the Covered Person's Effective Date is not considered a first diagnosis of a cancer.

If this rider is in force, the following definitions are added to those listed under Section 3 - Definitions and are subject to the provisions of Policy/Certificate:

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

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

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

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

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

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

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

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

METASTASIS: The movement or transfer of cancer cells from one area of the body to another not directly connected to the primary site involved.

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

BENEFITS

For all cancer related Critical Illnesses, the staging, as supported by medical documents including pathology, surgical and clinical information, will be used to determine if the cancer in question meets the definition of Carcinoma In Situ, Invasive Cancer or Skin Cancer. **Metastasis to a new site of any cancer diagnosed prior to the Covered Person's Effective Date is not considered a first diagnosis of a cancer.**

If this rider is in force, the following expand the list of Critical Illnesses listed under Section 5 - Benefits and are subject to the benefit amounts, limits, and separation periods of the Policy/Certificate (unless stated otherwise):

INVASIVE CANCER: Following a Covered Person's Occurrence Date for Invasive Cancer, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The first diagnosis of Invasive Cancer must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

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

Carcinoma In Situ: Following a Covered Person's Occurrence Date for Carcinoma In Situ, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Carcinoma In Situ must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Invasive Cancer, then 100% of the cancer related benefits has been exhausted and this benefit is not payable. The Carcinoma In Situ Occurrence Date is not subject to the 180-day separation period. The first diagnosis of Carcinoma In Situ must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

Skin Cancer: Following a Covered Person's Occurrence Date for Skin Cancer, the Company will pay the fixed indemnity amount shown on the Schedule of Benefits. The Skin Cancer must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later. This benefit is payable only once per Covered Person per lifetime. If a Covered Person has previously received a benefit for Invasive Cancer, then 100% of the cancer related benefits has been exhausted and this benefit is not payable. Skin Cancer will only be payable under this benefit. The Skin Cancer Occurrence Date is not subject to the 180-day separation period. The first diagnosis of Skin Cancer must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

PRE-EXISTING CONDITION LIMITATION

PRE-EXISTING CONDITION EXCLUSION: No benefits are payable during the Pre-Existing Condition Exclusion Period following the rider effective date or the Covered Person's Effective Date under this rider, whichever is later, for any Carcinoma In Situ, Invasive Cancer or Skin Cancer resulting from a Pre-Existing Condition. The Pre-Existing Condition Exclusion Period is shown on the Certificate Schedule. The benefits under this rider will be subject to a new Pre-Existing Condition Exclusion Period if this rider is added to the Policy/Certificate after the Policy/Certificate Effective Date. The new Pre-Existing Condition Exclusion Period will be measured from the rider effective date or the Covered Person's Effective Date, whichever is later.

TERMINATION OF RIDER COVERAGE

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

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider;
4. the date 100% of the Critical Illness Benefit Amount for all Critical Illness benefits combined has been paid for all Covered Persons under this rider;
5. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.
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President, Chief Operating Officer**]**

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HEALTH SCREENING TESTS BENEFIT RIDER

The Company has issued this rider in exchange for, and on the basis of, the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date and rider premium are shown on the Certificate Schedule. The indemnity amount is shown on the Schedule of Benefits.

BENEFITS

The Company will pay the indemnity benefit amount shown on the Schedule of Benefits for one of the following health screening tests if such health screening test occurs following the rider effective date or the Covered Person's Effective Date under this rider, whichever is later, and while coverage is in force:

Blood test for triglycerides
Doppler ultrasound
Echocardiogram
Electrocardiogram (EKG)
Fasting Blood glucose test
Serum cholesterol test to determine HDL and LDL Levels
Exercise or Pharmacologic Stress Test
Neuroimaging studies
Biopsy for skin cancer
Bone marrow testing
Breast thermography
Breast ultrasound
Chest X-Ray
CA 125 (ovarian cancer blood test)
CA 15-3 (breast cancer blood test)
CEA (colon cancer blood test)
Colonoscopy
Computerized Axial Tomography (CAT scan)
Flexible sigmoidoscopy
Hemoccult stool analysis
Magnetic Resonance Imaging (MRI)
Mammography (including breast ultrasound)
Pap Smear (including ThinPrep Pap Test)
PSA (prostate cancer blood test)
Positron Emission Tomography (PET scan)
Serum protein electrophoresis (myeloma test)
Thermography
Virtual colonoscopy

This benefit is available without a diagnosis of a Critical Illness. This benefit is payable for one covered test per Covered Person per Calendar Year. This benefit **DOES NOT** reduce the Critical Illness Benefit Amount or reduce by 50% at age 70.

TERMINATION OF RIDER COVERAGE

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

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider;
4. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

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ACCIDENT CRITICAL ILLNESS RIDER

FOR COVERAGE ISSUED PRIOR TO THE INSURED'S 70TH BIRTHDAY, THE CRITICAL ILLNESS BENEFIT AMOUNT IN FORCE FOR ALL COVERED PERSONS WILL REDUCE BY 50% ON THE INSURED'S 70TH BIRTHDAY. FOR COVERAGE ISSUED AFTER THE INSURED'S 70TH BIRTHDAY, COVERAGE WAS ISSUED AT A REDUCED BENEFIT AMOUNT.

The Company has issued this rider in exchange for, and on the basis of, the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date is shown on the Certificate Schedule. The Critical Illness Benefit Amount is shown on the Schedule of Benefits.

DEFINITIONS

CRITICAL ILLNESS: If this rider is in force, the definition of Critical Illness in the Policy/Certificate is amended to include Coma Due to a Covered Accident, Major Burns, Occupational HIV or Occupational Hepatitis B, C, or D, and Permanent Paralysis Due to An Accidental Spinal Cord Injury.

OCCURRENCE DATE: If this rider is in force, the Occurrence Date definition in the Policy/Certificate is amended to include the following Occurrence Dates. The Occurrence Date must occur on or after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later, and while coverage is in force. The Occurrence Date for each of the Critical Illnesses is as follows:

- **Coma Due To A Covered Accident** - the date a Coma has persisted for a minimum of 14 consecutive days due to a Covered Accident;
- **Permanent Paralysis Due To An Accidental Spinal Cord Injury** - the date the permanent Paralysis has persisted for a minimum of 90 consecutive days due to a Covered Accident;
- **Major Burns** - the date the Major Burns occur;
- **Occupational HIV or Occupational Hepatitis B, C, or D** - the date of a positive antibody test for HIV or Hepatitis B, C, or D. The Covered Person must never have tested positive for HIV or Hepatitis B, C, or D prior to the accidental occupational exposure.

If this rider is in force, the following definitions are added to those listed under Section 3 - Definitions and are subject to the provisions of Policy/Certificate:

COMA: A continuous profound state of unconsciousness characterized by severe neurologic dysfunction and unresponsiveness of a prolonged nature. Unresponsiveness means the absence of:

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

The Coma must require significant medical intervention, intubation for respiratory assistance, and life support measures. A Coma does not include a Medically Induced Coma or a Coma resulting from causes other than a Covered Accident. **A COMA DUE TO A SICKNESS IS NOT COVERED BY THIS RIDER.**

COMA DUE TO A COVERED ACCIDENT: A Coma caused by a Covered Accident persisting for a minimum of 14 consecutive days.

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

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

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

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

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

PARALYSIS: Injuries to the spinal cord due to a Covered Accident which result in paraplegia or quadriplegia. For the purposes of this rider, hemiplegia, or Paralysis as the result of a Stroke will not be construed as Permanent Paralysis Due To An Accidental Spinal Cord Injury. Benefits due to a Stroke will only be considered under the Permanent Damage Due to a Stroke benefit in the base policy. **PERMANENT PARALYSIS DUE TO A SICKNESS IS NOT COVERED BY THIS RIDER.**

PERMANENT PARALYSIS DUE TO AN ACCIDENTAL SPINAL CORD INJURY: Paralysis due to a Covered Accident which results in permanent damage to the spinal cord. The Permanent Paralysis Due To An Accidental Spinal Cord Injury must be diagnosed by a Physician. The duration of the permanent Paralysis must have persisted for a minimum of 90 consecutive days. **PERMANENT PARALYSIS RESULTING FROM A BRAIN INJURY IS NOT COVERED BY THIS RIDER.**

BENEFITS

If this rider is in force, the following expand the list of Critical Illnesses listed under Section 5 - Benefits and are subject to the benefit amounts, limits, and separation periods of the Policy/Certificate (unless stated otherwise):

COMA DUE TO A COVERED ACCIDENT: Following the Occurrence Date of a Covered Person's Coma Due To A Covered Accident, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. Both the Coma and the Accident causing the Coma must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

PERMANENT PARALYSIS DUE TO AN ACCIDENTAL SPINAL CORD INJURY: Following the Occurrence Date of a Covered Person's Permanent Paralysis Due To An Accidental Spinal Cord Injury, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. Both the Paralysis and the Covered Accident must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

MAJOR BURNS: Following the Occurrence Date of a Covered Person's Major Burns, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. Both the Major Burns and the Accident causing the Major Burns must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

OCCUPATIONAL HIV or OCCUPATIONAL HEPATITIS B, C, or D: Following the Occurrence Date of a Covered Person's accidental exposure to Occupational HIV or Occupational Hepatitis B, C, or D, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Company will pay only one Critical Illness Benefit Amount for either Occupational HIV or Occupational Hepatitis B, C, or D. The accidental exposure and the positive diagnosis must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

PROOF OF LOSS

For the purpose of this rider, proof of loss for all Critical Illnesses must be provided in accordance with the terms of the Policy/Certificate.

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

1. the incident report, or notice of exposure, describing the nature of the exposure to HIV or Hepatitis B, C, or D, which was filed with the employer pursuant to the established occupational procedures for such Accidents; and
2. the preliminary screening test which was performed within 14 days of the accidental exposure. The preliminary screening test must result in a negative diagnosis; and
3. the subsequent screening test which was performed within 26 weeks of the accidental exposure. The subsequent screening test must result in a positive diagnosis.

In all cases, a positive test result must be received within 180 days of the accidental exposure to HIV or Hepatitis B, C, or D. All HIV or Hepatitis B, C, or D tests must be blood tests approved by the Food and Drug Administration (FDA) and must be performed by a state certified and licensed laboratory.

TERMINATION OF RIDER COVERAGE

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

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider;
4. the date the maximum Critical Illness Benefit Amount for all Critical Illness benefits combined has been paid for all Covered Persons;
5. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

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ADDITIONAL CRITICAL ILLNESS RIDER

FOR COVERAGE ISSUED PRIOR TO THE INSURED'S 70TH BIRTHDAY, THE CRITICAL ILLNESS BENEFIT AMOUNT IN FORCE FOR ALL COVERED PERSONS WILL REDUCE BY 50% ON THE INSURED'S 70TH BIRTHDAY. FOR COVERAGE ISSUED AFTER THE INSURED'S 70TH BIRTHDAY, COVERAGE WAS ISSUED AT A REDUCED BENEFIT AMOUNT.

The Company has issued this rider in exchange for, and on the basis of, the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date is shown on the Certificate Schedule. The Critical Illness Benefit Amount is shown on the Schedule of Benefits.

DEFINITIONS

CRITICAL ILLNESS: If this rider is in force, the definition of Critical Illness in the Policy/Certificate is amended to include Advanced Alzheimer's Disease, Complete Loss of Hearing, Complete Loss of Sight and Complete Loss of Speech.

OCCURRENCE DATE: If this rider is in force, the Occurrence Date definition in the Policy/Certificate is amended to include the following Occurrence Dates. The Occurrence Date must occur on or after the Covered Person's Effective Date under this rider and while coverage is in force. The Occurrence Date for each of the Critical Illnesses is as follows:

- **Complete Loss of Sight** – the date Loss of Sight persists for a minimum of 180 consecutive days;
- **Complete Loss of Hearing** - the date Loss of Hearing persists for a minimum of 180 consecutive days;
- **Complete Loss of Speech** – the date Loss of Speech persists for a minimum of 180 consecutive days;
- **Advanced Alzheimer's Disease** – the date the Physician confirms the inability to perform at least 2 Activities of Daily Living due to Advanced Alzheimer's Disease.

If this rider is in force, the following definitions are added to those listed under Section 3 - Definitions and are subject to the provisions of Policy/Certificate:

ACTIVITIES OF DAILY LIVING: The following basic human functions required for the Covered Person to remain independent:

1. **Bathing** means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower with or without the aid of equipment.
2. **Continence** means the ability to maintain control of bowel and/or bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) after it has been prepared for the Covered Person or by a feeding tube or intravenously.
5. **Toileting** means getting to and from the toilet, getting on and off the toilet, and performing associated hygiene.
6. **Transferring** means moving into or out of a bed, chair or wheelchair, with or without the aid of equipment.

ADVANCED ALZHEIMER'S DISEASE: A progressive degenerative disease of the brain that is diagnosed by a Physician as Advanced Alzheimer's Disease. The diagnosis must be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment as documented and demonstrated by cognitive testing and supported by neuroradiological tests (e.g., CAT Scan, MRI, PET of the brain). This impairment causes a significant reduction in mental and social functioning resulting in the Covered Person's permanent inability to perform 2 or more of the Activities of Daily Living without the continuing assistance of another person. No other dementing organic brain disorders or psychiatric illnesses are included in this definition.

COMPLETE LOSS OF HEARING: Loss of Hearing persisting for a minimum of 180 consecutive days due to a Covered Accident or Sickness.

The following are not to be construed as Complete Loss of Hearing for purposes of this rider:
1. if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of hearing; and
2. Loss of Hearing which can be corrected by the use of any hearing aid or device; and
3. if the Covered Person's Complete Loss of Hearing occurs prior to the rider effective date or Covered Person's Effective Date under this rider, whichever is later.

COMPLETE LOSS OF SIGHT: Loss of Sight persisting for a minimum of 180 consecutive days due to a Covered Accident or Sickness.

The following are not to be construed as Complete Loss of Sight for purposes of this rider:
1. if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; and
2. if the Covered Person's Loss of Sight occurs prior to the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

COMPLETE LOSS OF SPEECH: Loss of Speech persisting for a minimum of 180 consecutive days due to a Covered Accident or Sickness.

The following are not to be construed as Complete Loss of Speech for purposes of this rider:
1. if in general medical opinion any procedure or device could result in the partial or total restoration of speech; and
2. Loss of Speech as the result of a Stroke. Benefits due to a Stroke will only be considered under the Permanent Damage Due to a Stroke benefit in the base policy; and
3. if the Covered Person's Loss of Speech occurs prior to the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

LOSS OF HEARING: The total and irreversible loss of hearing in both ears as established by an audiometer and auditory threshold test.

LOSS OF SIGHT: Clinically proven irreversible reduction of sight in both eyes. Sight must be reduced to a best corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes.

LOSS OF SPEECH: The clinically proven total, permanent and irreversible loss of the ability to communicate through spoken words.

BENEFITS

If this rider is in force, the following expand the list of Critical Illnesses listed under Section 5 – Benefits and are subject to the benefit amounts, limits, and separation periods of the Policy/Certificate (unless stated otherwise):

COMPLETE LOSS OF SIGHT: Following the Occurrence Date of a Covered Person's Loss of Sight, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. The Loss of Sight and the Complete Loss of Sight must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

COMPLETE LOSS OF HEARING: Following the Occurrence Date of a Covered Person's Complete Loss of Hearing, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits**.** The Loss of Hearing and the Complete Loss of Hearing must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

COMPLETE LOSS OF SPEECH: Following the Occurrence Date of a Covered Person's Loss of Speech, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. Benefits due to a Stroke will only be considered under the Permanent Damage Due to a Stroke benefit in the base policy. The Loss of Speech and the Complete Loss of Speech must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

ADVANCED ALZHEIMER'S DISEASE: Following the Occurrence Date of a Covered Person's Advanced Alzheimer's Disease, the Company will pay the percentage of the Critical Illness Benefit Amount as shown on the Schedule of Benefits. Other dementing organic brain disorders or psychiatric illnesses are not payable under this rider. The first diagnosis of Advanced Alzheimer's Disease must occur after the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

TERMINATION OF RIDER COVERAGE

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

1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider;
4. the date the maximum Critical Illness Benefit Amount for all Critical Illness benefits combined has been paid for all Covered Persons;
5. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

[
President, Chief Operating Officer**]**

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RECURRENT DIAGNOSIS BENEFIT RIDER

THE RECURRENT DIAGNOSIS BENEFIT IS ONLY PAYABLE IF A BENEFIT FOR THAT SAME CRITICAL ILLNESS WAS PAID UNDER THE CERTIFICATE OR ANY ATTACHED RIDERS AND THE COVERAGE FOR THE CRITICAL ILLNESS IS STILL IN FORCE UNDER THE POLICY/CERTIFICATE OR ANY ATTACHED RIDERS.

The Company has issued this rider in exchange for, and on the basis of, the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date and rider premium are shown on the Certificate Schedule. The Critical Illness Benefit Amount is shown on the Schedule of Benefits.

DEFINITIONS

RECURRENT CRITICAL ILLNESS: The following Critical Illnesses are eligible for a Recurrent Diagnosis Benefit if a Critical Illness Benefit Amount was previously paid under the Policy/Certificate for the first Occurrence Date of that same Critical Illness:

- Heart Attack;
- Permanent Damage Due To A Stroke;
- Major Organ Failure.

If the Accident Critical Illness Rider is in force on both the first and second Occurrence Date for the same Critical Illness, the Recurrent Critical Illness definition will be expanded to include:

- Coma Due To A Covered Accident;
- Permanent Paralysis Due To An Accidental Spinal Cord Injury; or
- Major Burns.

For Permanent Paralysis Due To An Accidental Spinal Cord Injury, the Recurrent Diagnosis Benefit will only be payable if:

1. the first Critical Illness was Permanent Paralysis Due To An Accidental Spinal Cord Injury causing paraplegia; and
2. a Critical Illness Benefit Amount was paid for such paraplegia; and
3. the Recurrent Critical Illness for a new Permanent Paralysis Due To An Accidental Spinal Cord Injury causes quadriplegia.

In the event the first Critical Illness caused quadriplegia, a Recurrent Diagnosis Benefit for Permanent Paralysis Due An Accidental Spinal Cord Injury will not be payable.

The Recurrent Critical Illness will only be covered by this rider if a Critical Illness Benefit Amount for a first Occurrence Date for that same Critical Illness was previously paid under the Certificate, or Accident Critical Illness Rider if applicable, and both the first and second Occurrence Date for the same Critical Illness:

1. occur while the Policy/Certificate, this rider, and the Accident Critical Illness Rider if applicable, are in force for the Covered Person; and
2. are separated by at least 180 days; and

3. are confirmed by a Physician.

BENEFITS

RECURRENT DIAGNOSIS BENEFIT: We will pay a Recurrent Diagnosis Benefit equal to the lesser of:
1. 50% of the Critical Illness Benefit Amount previously paid for the first Occurrence Date; or
2. 50% of the Critical Illness Benefit Amount the Covered Person is eligible to receive as of the second Occurrence Date.

Once a Recurrent Diagnosis Benefit has been paid for a Recurrent Critical Illness, as defined in this rider, no further benefits for that same Critical Illness will be payable for such Covered Person. **Any Critical Illness not specifically listed in the Recurrent Critical Illness definition is not eligible for a Recurrent Diagnosis Benefit.**

TERMINATION OF RIDER COVERAGE

RIDER: This rider will terminate and coverage will end for all Covered Persons on the earliest of:
1. the end of the grace period if the premium for this rider remains unpaid;
2. the date the Policy or Certificate to which this rider is attached terminates;
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider;
4. the date the Recurrent Diagnosis Benefit has been exhausted for all Covered Persons under this rider;
5. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or the Covered Person's Effective Date under this rider, whichever is later.

[

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WAIVER OF PREMIUM BENEFIT RIDER

The Company has issued this rider in exchange for and on the basis of the Insured's application and payment of the first premium. This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. The rider effective date and rider premium are shown on the Certificate Schedule.

DEFINITIONS

COVERED CRITICAL ILLNESS: A Critical Illness, which results in the Disability of the Insured and for which a benefit was previously paid under the Policy/Certificate or any attached riders.

This rider must be in force on both the Occurrence Date of the Critical Illness and the date Disability begins. If the Critical Illness Benefit Amount was previously paid for a Critical Illness attached to the Policy/Certificate by a rider, then such rider must be in force on the date the Waiver of Premium Benefit is exercised.

DISABILITY (or Disabled): You are:
1. unable to work any job for which you are qualified by education, training, or experience;
2. not working at any job for pay or benefits; and
3. under the care of a Physician for the treatment of a Covered Critical Illness.

The Waiver of Premium Benefit will begin on the next premium due date following the 90th consecutive day of Disability.

PROOF OF DISABILITY (or Proof of Continued Disability): This may include, but is not limited to, the following documentation:
1. a Physician's statement containing the following:
   a. the date the Covered Critical Illness was diagnosed;
   b. the date Disability due to a Covered Critical Illness began;
   c. the expected date, if any, such Disability will end; and
2. the employer's statement with the last date of work and expected date of return, if known.

Proof of Disability must be provided for each new period of Disability before a new Waiver of Premium Benefit is payable.

BENEFITS

WAIVER OF PREMIUM BENEFIT: If you become Disabled, as defined in this rider, due to a Covered Critical Illness, we will waive the premiums, including the premiums for any attached riders, beginning with the next premium due date following the 90th consecutive day of Disability until the earliest of:
1. the date you are no longer Disabled; or
2. 24 months from the date the Waiver of Premium Benefit begins; or
3. a maximum of 6 months if the Waiver of Premium Benefit begins after the Insured's 65th birthday; or
4. the date coverage ends according to the Termination provision in the Policy/Certificate and this rider.

Notice Of Claim And Proof Of Disability: Proof of Disability must be provided to us, at your expense, within 90 days after the date each period of Disability begins. However after the 90 days, the claim will not be reduced or denied if:

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

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

Proof of Continuance Of Disability: You must provide us with Proof of Continued Disability at least once every 3 months. From time to time we may require proof that you continue to be Disabled, but such proof will not be required more often than once a month. We may also require that you be examined at reasonable intervals by one or more Physicians named by us at our expense. If proof is not furnished on request or if the Insured fails to submit to examination, no further premiums will be waived.

Periods of Disability: Once Disability due to a Covered Critical Illness ends for at least 30 days, any future Disability due to such Covered Critical Illness will be considered a new period of Disability.

Any new Disability due to a Covered Critical Illness separated by at least 30 days will require that you be Disabled for a minimum of 90 consecutive days before a new Waiver of Premium Benefit will be payable. New Proof of Disability must be provided.

Notice Of Recovery: You must notify us in writing as soon as Disability due to a Covered Critical Illness ends. We will assume Disability no longer exists if:

1. you do not send us Proof of Continued Disability at least once every 3 months;
2. you do not agree to have a physical examination performed; or
3. you notify us that the Disability has ended.

Recurrence Of Prior Disability: If, after recovery from a Disability which has lasted for at least 90 consecutive days, you suffer another Disability that:

1. starts within 30 days of recovery; and
2. is due to the same or related causes as the prior Disability;

then, such Disability will be deemed to have continued during the period between recovery and recurrence.

End of Disability: If you are no longer Disabled, or the Waiver of Premium benefit has been exhausted, your coverage will continue until the next premium due date. If you still qualify as an Insured under the Policy/Certificate, premium must be paid in order for your coverage under the Certificate to remain in force. If you no longer qualify as an Insured, your coverage will terminate as described in the Termination provisions in your Certificate and this Rider.

Payment of Benefits During a Period of Disability: The Critical Illness Benefit Amount payable under the Policy/Certificate, or any attached riders, will not be reduced by any premiums waived under this rider.

LIMITATIONS AND EXCLUSION

EXCLUSIONS: Premiums under the Policy/Certificate, and any attached riders, will not be waived for:

1. a Critical Illness with a Critical Illness Benefit Amount of less than 100%;
2. any period of Disability which does not occur while the Policy/Certificate are in force;
3. any period for which you are Disabled for less than 90 consecutive days;
4. any period for which your Eligible Dependents are Disabled.

TERMINATION OF RIDER COVERAGE

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

1. the end of the grace period if the premium for this rider remains unpaid; or
2. the date the Policy or Certificate to which this rider is attached terminates (regardless of whether or not your premiums are being waived under this rider); or
3. the end of the Certificate Month in which we receive a written request from the Policyholder to terminate this rider; or
4. the date the Waiver of Premium benefit has been exhausted if the Insured is no longer Actively at Work; or
5. the date of the Insured's death.

We have the right to terminate the Insured's Certificate, and any attached riders, if the Insured makes a fraudulent claim.

GENERAL PROVISIONS

TIME LIMIT ON CERTAIN DEFENSES: This rider is subject to the Time Limit on Certain Defenses provision included in the Policy/Certificate. However, the Time Limit on Certain Defenses period for this rider will be measured from the rider effective date or Covered Person's Effective Date under this rider, whichever is later.

[

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CHANGES TO CRITICAL ILLNESS BENEFIT AMOUNT AMENDMENT RIDER

This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate which are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

In accordance with a written request received by us, effective [mm/dd/yyyy] the Critical Illness Benefit Amount has [increased/decreased] as follows:

Old Critical Illness Benefit Amount:
Insured: [$50,000] **Insured Spouse**: [$25,000] **Insured Child(ren)**: [$25,000 per child]

New Critical Illness Benefit Amount:
Insured: [$25,000] **Insured Spouse**: [$12,500] **Insured Child(ren)**: [$12,500 per child]

If this change results in an increase in the Critical Illness Benefit Amount, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will be based on the effective date of such increase or addition. If change results in a decrease in the Critical Illness Benefit Amount, the Time Limit on Certain Defenses and Pre-Existing Condition Limitation will not be affected.

Coverage under this rider will terminate in accordance with the provisions of Section 8 – Termination of Coverage in the Policy/Certificate .

[

President, Chief Operating Officer]

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COBRA ELECTION AMENDMENT RIDER

This rider is part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate which are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

In accordance with a written request received by us, effective [mm/dd/yyyy] your coverage has been placed under COBRA coverage. The benefits, terms and conditions of the COBRA coverage will be the same as those elected under the Certificate immediately prior to the date you exercised your rights under the COBRA Continuation of Coverage provision in the Policy/Certificate. COBRA coverage may include any Eligible Dependents who were covered under the Certificate at the time you ceased to qualify as an eligible Insured. No new Eligible Dependents may be added to the COBRA coverage except as provided in the Newborn/Adopted Children provision. No changes to coverage will be allowed except for a qualifying event (see the Changes to Coverage provision under Section 11 in the Policy/Certificate).

In accordance with this change, the Certificate Schedule is hereby amended as follows:
The **Plan Selected** is now: [Employee COBRA Coverage, Employee and Spouse COBRA Coverage, Employee and Children COBRA Coverage, Employee and Family COBRA Coverage, Spouse and Child(ren) COBRA Coverage, Spouse Only COBRA Coverage, Child(ren) Only COBRA Coverage]

The Plan of Insurance Provision in the Policy/Certificate, is hereby amended to include the following:
Spouse and Child(ren) COBRA Coverage shall include the Insured's lawful spouse and any Eligible Dependents;
Spouse Only COBRA Coverage shall include the Insured's lawful spouse;
Child(ren) Only COBRA Coverage shall include the Eligible Dependent child(ren) of the Insured.

Your new **Monthly Premium** is: [$xxx.xx].

TERMINATION OF COVERAGE UNDER THE RIDER/POLICY/CERTIFICATE

Coverage under this rider will terminate in accordance with the provisions of Section 8 – Termination of Coverage in the Policy/Certificate.

[

President, Chief Operating Officer**]**

FOR AGENT USE ONLY:

Requested Effective Date:

☐ **New Enrollment**
☐ **Family Status Change**
☐ **Benefit Change**

American Public Life Insurance Company

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Fax: (877) 807-0911

FOR HOME OFFICE USE ONLY:

Effective Date: _____
PRD #: _____
Group #: _____
Revised: _____

Group Products • Application for Critical Illness Insurance • Payroll Market

PROPOSED INSURED'S INFORMATION

	Last Name	First Name	MI	Sex	Birthdate Mo/Day/Yr	Age	Height Feet/Inches	Weight Lbs.	Social Security #
Applicant				☐M ☐F					
Spouse (must reside w/ applicant)				☐M ☐F					
Child 1				☐M ☐F					
Child 2				☐M ☐F					
Child 3				☐M ☐F					
Child 4				☐M ☐F					

Resident Address: Number & Street City State Zip Home Phone

Mailing Address: (if different) Number & Street City State Zip

Email Address:

APPLICANT

Full Time? ☐ Yes ☐ No Hours Per Week: _____
Salary: $_____ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually
Occupation: _____ Hire Date: _____

Payroll Deduction Frequency: ☐ 12 ☐ 13 ☐ 24 ☐ 26 ☐ 52
Skip Mode: ☐ 8 ☐ 9 ☐ 10 ☐ 11 Indicate Months: _____

EMPLOYER

Name: _____
City: _____ State: _____
Work Phone: _____

Master Policyholder Name:

BENEFICIARY INFORMATION

APPLICANT: Primary _____ Relationship _____
Contingent _____ Relationship _____

CITIZENSHIP INFORMATION

Is/Are the person(s) to be insured and the beneficiary(ies) a citizen of the United States? ☐ Yes ☐ No (If No, give details.)

Full Name _____ Country of Citizenship _____

Full Name _____ Country of Citizenship _____

CRITICAL ILLNESS PRODUCT SELECTION

	Premium
Critical Illness Plan Selected ☐ Applicant Only ☐ Applicant and Spouse ☐ Applicant & Child(ren) ☐ Applicant & Family	
Has any form of nicotine been used in the last 12 months? Applicant: ☐ Yes ☐ No [Spouse: ☐ Yes ☐ No]	
[☐ [BASIC] ☐ [ENHANCED] ☐ [ENHANCED PLUS]]	
TOTAL AMOUNT OF COVERAGE:	
Critical Illness Benefit Amount (For Applicant's age 18-69): [☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000]	$
Critical Illness Benefit Amount (For Applicant's age 70+): [☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ $12,500]	$
[ADDITIONAL BENEFIT RIDERS:	
☐ Cancer Critical Illness Rider	$]
Total Premium	$

SIGNATURE AND ACKNOWLEDGMENT

The statements and answers given in this application (and, if applicable, the Simplified Issue Underwriting and Medical Question section) are true, complete and correctly recorded. I understand that the company will issue this coverage in reliance upon the truthfulness of my responses to the questions contained in this application. I understand the company has the right to rescind coverage(s) or deny claims based on the failure to provide accurate information at the time of application. **I have received and reviewed a copy of consumer brochure(s) # APSB** _____

I understand that coverage as applied for will not take effect until a policy or certificate is issued and the first premium is applied. Any coverage(s) for which I am applying may have wording that may limit benefits for a preexisting medical condition for which treatment has been sought or received, medication has been taken, a diagnosis received, or an expense incurred. Any coverage(s) for which I am applying may also have wording that could limit or reduce benefits.

☐ If I, or any Covered Person, is currently on Medicaid, I acknowledge this coverage may not be appropriate. I further acknowledge that any benefit payable under this product will be paid directly to Medicaid as required by law.

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

Signed At (City and State)	Date	Signature of Applicant

Signature of Licensed Agent	Agent's Printed Name and Agent Number

Soliciting Agents: (Please Print. If split with other Agents, include on a separate sheet.)	**Agent Number**	**Split Percent** (Total = 100%)
Name:	Agent #:	Split %:
Name:	Agent #:	Split %:
Name:	Agent #:	Split %:
Name:	Agent #:	Split %:

Agent's Special Requests:

REMINDER: Applications received by American Public Life Insurance Company more than 30 days following the date taken will have to be rewritten with a current date.

SIMPLIFIED ISSUE UNDERWRITING AND MEDICAL QUESTIONS Any person answering YES to the following questions is not eligible for coverage. If multiple children are to be covered, please list the first name of any child answering Yes on the line provided in that area.		Applicant	Spouse	Child(ren) (NAME, if Yes)
[BASIC] [ENHANCED] [ENHANCED PLUS]	Are you actively at work on a full time basis as defined by your employer for the last 60 days, except for normal pregnancy, minor illnesses or injury lasting 5 consecutive days or less?	☐Yes ☐No		
	If applying for spouse coverage, is the spouse currently disabled?		☐Yes ☐No	
	If applying for child coverage, is any child currently disabled?			☐Yes ☐No
	Is any person to be covered currently covered by Medicaid?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Has any person to be insured had any positive test results indicating Human Immunodeficiency Virus (HIV), or been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Within the last 10 years, has any person to be insured received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: heart attack (acute myocardial infarction), coronary artery disease (including coronary angioplasty or bypass surgery), disease of the heart or circulatory system, any abnormality of the heart, transient ischemic attack (TIA), stroke, 3 or more prescriptions taken for the control of high blood pressure, emphysema, chronic obstructive pulmonary disorder (COPD), organ failure or transplant, hepatitis B, C, or D, chronic pancreatitis, liver disease, diabetes, kidney disease (except kidney stones), systemic lupus?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Within the last 12 months, has any person to be insured received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of any heart or circulatory condition or stroke: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
[ENHANCED PLUS]	Within the last 10 years, has any person to be insured received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: Alzheimer's disease, dementia, senility, or organic brain syndrome?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Within the last 10 years, has any person to be insured received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: macular degeneration, glaucoma, optic neuritis, or cataracts which have not been corrected?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Within the last 10 years, has any person to be insured had an average hearing threshold sensitivity test for air conduction of 50 decibels or greater?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
CANCER RIDER	Within the last 10 years, has any person to be insured received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: cancer, carcinoma, sarcoma, leukemia, lymphoma, Hodgkin's Disease, melanoma, or a malignant tumor in any form?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	In the last 3 years has any person to be insured received medical advice, sought treatment (including medication), or been treated or diagnosed by a member of the medical profession for: skin cancer, including but not limited to basal cell carcinoma, squamous cell carcinoma, and carcinoma in-situ?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Has any person to be insured ever received medical advice by a member of the medical profession to have any diagnostic tests, examinations, or consultations to determine the existence of cancer or skin cancer: that have not been completed; or that results have not been received; or results were abnormal and no follow-up or resolution has occurred?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Print Applicant's Name _____ Applicant's Initials _____ Date _____

SCHEDULE OF BENEFITS

POLICY BENEFITS	BENEFIT AMOUNTS	
	PERCENT OF CRITICAL ILLNESS BENEFIT AMOUNT	INDEMNITY BENEFIT AMOUNT
CRITICAL ILLNESS:		
Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person		
Heart Attack	[0-100%]	
Coronary Artery Bypass Surgery Recommendation	[0-100%]	
Coronary Angioplasty Recommendation		[$0-$1,000.00]
Partial payments for Coronary Artery Bypass Surgery Recommendation and/or Coronary Angioplasty Recommendation reduce the Heart Attack benefit. At no time will combined payments for any heart related benefits exceed 100% of the Critical Illness Benefit Amount.		
Permanent Damage Due to a Stroke	[0-100%]	
Major Organ Failure	[0-100%]	
End Stage Renal Failure	[0-100%]	

[BENEFIT RIDERS	BENEFIT AMOUNTS
[ACCIDENTAL CRITICAL ILLNESS: Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person	
Coma Due to a Covered Accident	[0-100%]
Permanent Paralysis Due To An Accidental Spinal Cord Injury	[0-100%]
Major Burns	[0-100%]
Occupational HIV or Occupational Hepatitis B, C or D	[0-100%]
[ADDITIONAL CRITICAL ILLNESS: Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person	
Complete Loss of Sight	[0-100%]
Complete Loss of Hearing	[0-100%]
Complete Loss of Speech	[0-100%]
Advanced Alzheimer's Disease	[0-100%]
[CANCER CRITICAL ILLNESS:	
Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person	
[Invasive Cancer	[0-100%]
Carcinoma In Situ	[0-100%]
Skin Cancer	[$0-$1,000.00]
Partial payments for Carcinoma In Situ and/or Skin Cancer reduce the Invasive Cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the Critical Illness Benefit Amount.	
[RECURRENT DIAGNOSIS:	[0-100%]
Maximum one Recurrent Benefit per Covered Person for each of the following: Heart Attack, Permanent Damage Due To A Stroke, Major Organ Failure, Coma Due To A Covered Accident, Permanent Paralysis Due An Accidental Spinal Cord Injury, or Major Burns.	
[HEALTH SCREENING TEST:	[0-$100.00]
Maximum of one covered test per Covered Person per Calendar Year	
[WAIVER OF PREMIUM:	Waive Premium]

[OPTIONAL BENEFIT RIDERS	BENEFIT AMOUNTS	
	PERCENT OF CRITICAL ILLNESS BENEFIT AMOUNT	INDEMNITY BENEFIT AMOUNT
[CANCER CRITICAL ILLNESS:		
Maximum one Critical Illness Benefit Amount payable per Critical Illness per Covered Person		
[Invasive Cancer	[0-100%]	
Carcinoma In Situ	[0-100%]	
Skin Cancer		[$0-$1,000.00]
Partial payments for Carcinoma In Situ and/or Skin Cancer reduce the Invasive Cancer benefit. At no time will combined payments for any cancer related benefits exceed 100% of the Critical Illness Benefit Amount.]		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	12/09/2011
Filing Method of Last Filing:	New Submission

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):**
American Public Life Insurance Company	%	0.000%	$0	0	$0	0.000%	0.000%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 12/20/2011	Rates	GCRITEP11APL AR et al	New		GCRIT11_AM_WW_OK_ExhI_Rates.pdf

American Public Life

Actuarial Memorandum

Exhibit I

GCRITV11APL Critical Illness Base Policy

Voluntary Monthly Premiums

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	3.12	3.22	3.40	3.50
26 to 30	3.38	3.50	3.82	3.94
31 to 35	3.86	3.98	4.56	4.68
36 to 40	4.32	4.48	5.42	5.58
41 to 45	5.38	5.56	7.10	7.28
46 to 50	6.64	6.84	9.14	9.34
51 to 55	8.16	8.40	11.48	11.72
56 to 60	9.66	9.94	13.90	14.18
61 to 65	11.46	11.80	16.68	17.02
66 to 69	11.98	12.34	17.54	17.90

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	3.44	3.56	3.90	4.02
26 to 30	3.92	4.04	4.66	4.78
31 to 35	4.78	4.94	5.98	6.14
36 to 40	5.90	6.10	7.84	8.04
41 to 45	8.00	8.24	11.10	11.34
46 to 50	10.44	10.72	14.88	15.16
51 to 55	13.22	13.58	19.14	19.50
56 to 60	16.10	16.52	23.60	24.02
61 to 65	19.30	19.80	28.54	29.04
66 to 69	20.08	20.62	29.80	30.34

$2,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	12.38	12.74	18.08	18.44

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	20.48	21.02	30.24	30.78

GCRITV11APL Critical Illness Base Policy

Voluntary Monthly Premiums

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	3.58	3.76	4.12	4.30
26 to 30	4.08	4.30	4.92	5.14
31 to 35	5.00	5.24	6.34	6.58
36 to 40	6.12	6.40	8.20	8.48
41 to 45	8.16	8.48	11.40	11.72
46 to 50	10.62	11.00	15.24	15.62
51 to 55	13.54	14.00	19.74	20.20
56 to 60	16.56	17.08	24.48	25.00
61 to 65	19.92	20.54	29.64	30.26
66 to 69	20.98	21.64	31.34	32.00

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.18	4.38	5.04	5.24
26 to 30	5.12	5.36	6.50	6.74
31 to 35	6.80	7.10	9.04	9.34
36 to 40	9.20	9.54	12.82	13.16
41 to 45	13.16	13.60	18.86	19.30
46 to 50	17.78	18.32	25.92	26.46
51 to 55	23.20	23.86	34.12	34.78
56 to 60	28.80	29.58	42.70	43.48
61 to 65	34.80	35.74	51.82	52.76
66 to 69	36.38	37.40	54.28	55.30

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	21.98	22.64	32.80	33.46

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	37.52	38.54	55.88	56.90

GCRITEP11APL Critical Illness Base Policy

Employer Paid Monthly Premiums

$5,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	7.42	7.70	10.44	10.72

GCRITEP11APL Critical Illness Base Policy

Employer Paid Monthly Premiums

$10,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	11.84	12.40	17.88	18.44

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GCRITV11APL Critical Illness Base Policy

Voluntary Monthly Premiums

$15,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.02	4.30	4.82	5.10
26 to 30	4.80	5.12	6.02	6.34
31 to 35	6.14	6.50	8.12	8.48
36 to 40	7.90	8.32	10.96	11.38
41 to 45	10.96	11.42	15.68	16.14
46 to 50	14.60	15.16	21.34	21.90
51 to 55	18.94	19.60	28.02	28.68
56 to 60	23.48	24.24	35.06	35.82
61 to 65	28.38	29.28	42.60	43.50
66 to 69	29.98	30.96	45.12	46.10

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.94	5.26	6.20	6.52
26 to 30	6.32	6.70	8.32	8.70
31 to 35	8.80	9.24	12.10	12.54
36 to 40	12.50	13.00	17.78	18.28
41 to 45	18.32	18.96	26.62	27.26
46 to 50	25.14	25.94	36.96	37.76
51 to 55	33.16	34.14	49.08	50.06
56 to 60	41.52	42.66	61.80	62.94
61 to 65	50.30	51.68	75.10	76.48
66 to 69	52.66	54.16	78.78	80.28

$7,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	31.58	32.56	47.50	48.48

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	54.58	56.08	81.50	83.00

GCRITV11APL Critical Illness Base Policy

Voluntary Monthly Premiums

$20,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.48	4.86	5.52	5.90
26 to 30	5.50	5.92	7.10	7.52
31 to 35	7.30	7.78	9.90	10.38
36 to 40	9.74	10.24	13.78	14.28
41 to 45	13.74	14.36	19.96	20.58
46 to 50	18.58	19.30	27.44	28.16
51 to 55	24.34	25.20	36.28	37.14
56 to 60	30.38	31.38	45.64	46.64
61 to 65	36.84	38.04	55.54	56.74
66 to 69	38.96	40.24	58.92	60.20

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	5.68	6.10	7.34	7.76
26 to 30	7.52	8.00	10.16	10.64
31 to 35	10.82	11.40	15.16	15.74
36 to 40	15.82	16.48	22.76	23.42
41 to 45	23.48	24.32	34.40	35.24
46 to 50	32.48	33.52	48.02	49.06
51 to 55	43.12	44.38	64.06	65.32
56 to 60	54.24	55.76	80.90	82.42
61 to 65	65.80	67.62	98.38	100.20
66 to 69	68.94	70.90	103.28	105.24

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	41.18	42.46	62.18	63.46

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	71.62	73.58	107.10	109.06

GCRITEP11APL Critical Illness Base Policy

Employer Paid Monthly Premiums

$15,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	16.26	17.10	25.32	26.16

GCRITEP11APL Critical Illness Base Policy

Employer Paid Monthly Premiums

$20,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	20.68	21.80	32.76	33.88

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GCRITV11APL Critical Illness Base Policy

Voluntary Monthly Premiums

$25,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.86	5.28	6.08	6.50
26 to 30	6.08	6.54	7.96	8.42
31 to 35	8.24	8.74	11.22	11.72
36 to 40	11.22	11.76	15.76	16.30
41 to 45	15.94	16.48	22.94	23.48
46 to 50	21.66	22.28	31.54	32.16
51 to 55	28.44	29.14	41.74	42.44
56 to 60	35.56	36.30	52.52	53.26
61 to 65	43.12	43.96	63.86	64.70
66 to 69	45.54	46.48	67.64	68.58

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	6.32	6.78	8.28	8.74
26 to 30	8.56	9.08	11.62	12.14
31 to 35	12.48	13.08	17.46	18.06
36 to 40	18.50	19.14	26.34	26.98
41 to 45	27.54	28.22	39.74	40.42
46 to 50	38.16	38.94	55.46	56.24
51 to 55	50.70	51.58	73.96	74.84
56 to 60	63.76	64.74	93.30	94.28
61 to 65	77.14	78.28	113.10	114.24
66 to 69	80.80	82.08	118.72	120.00

$12,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	48.32	49.26	71.64	72.58

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	84.28	85.56	123.58	124.86

GCRITEP11APL Critical Illness Base Policy

Employer Paid Monthly Premiums

$25,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	25.10	26.50	40.20	41.60

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AMDI317 Cancer Critical Illness Rider

Voluntary Monthly Premiums

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.88	1.18	1.38	1.54
26 to 30	1.26	1.66	1.98	2.16
31 to 35	1.78	2.28	2.82	3.04
36 to 40	2.64	3.24	4.12	4.36
41 to 45	3.76	4.48	5.86	6.18
46 to 50	5.24	6.00	8.22	8.62
51 to 55	7.32	8.08	11.44	11.92
56 to 60	9.32	10.08	14.54	15.12
61 to 65	11.30	12.06	17.66	18.32
66 to 69	11.32	12.08	17.66	18.36

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.10	1.40	1.72	1.88
26 to 30	1.64	2.04	2.58	2.76
31 to 35	2.46	2.96	3.82	4.06
36 to 40	4.00	4.60	6.12	6.38
41 to 45	6.10	6.82	9.30	9.64
46 to 50	9.04	9.80	13.74	14.18
51 to 55	13.06	13.82	19.82	20.38
56 to 60	17.70	18.46	26.82	27.52
61 to 65	22.60	23.36	34.20	35.02
66 to 69	22.60	23.36	34.20	35.04

$2,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	11.32	12.08	17.66	18.36

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	22.60	23.36	34.20	35.04

AMDI317 Cancer Critical Illness Rider

Voluntary Monthly Premiums

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.68	2.26	2.64	2.92
26 to 30	2.42	3.18	3.80	4.12
31 to 35	3.44	4.44	5.38	5.78
36 to 40	5.10	6.30	7.88	8.34
41 to 45	7.26	8.72	11.24	11.84
46 to 50	10.16	11.68	15.74	16.50
51 to 55	14.16	15.68	21.92	22.84
56 to 60	18.04	19.56	27.92	29.00
61 to 65	21.90	23.42	33.88	35.14
66 to 69	21.96	23.48	33.96	35.28

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	2.12	2.72	3.32	3.60
26 to 30	3.20	3.98	4.96	5.30
31 to 35	4.80	5.80	7.40	7.84
36 to 40	7.84	9.04	11.90	12.40
41 to 45	11.96	13.42	18.12	18.78
46 to 50	17.78	19.30	26.88	27.72
51 to 55	25.68	27.20	38.78	39.84
56 to 60	34.92	36.44	52.60	53.90
61 to 65	44.62	46.14	67.14	68.70
66 to 69	44.62	46.14	67.14	68.74

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	21.96	23.48	33.96	35.28

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	44.62	46.14	67.14	68.74

AMDI317 Cancer Critical Illness Rider

Employer Paid Monthly Premiums

$5,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	5.68	6.22	10.04	10.58

AMDI317 Cancer Critical Illness Rider

Employer Paid Monthly Premiums

$10,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	11.36	12.44	20.08	21.16

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AMDI317 Cancer Critical Illness Rider

Voluntary Monthly Premiums

$15,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	2.48	3.36	3.88	4.30
26 to 30	3.58	4.74	5.60	6.08
31 to 35	5.10	6.60	7.94	8.52
36 to 40	7.56	9.36	11.66	12.34
41 to 45	10.78	12.96	16.60	17.48
46 to 50	15.08	17.36	23.26	24.38
51 to 55	21.02	23.30	32.40	33.74
56 to 60	26.80	29.08	41.32	42.90
61 to 65	32.50	34.78	50.12	51.98
66 to 69	32.58	34.86	50.24	52.18

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	3.16	4.06	4.90	5.34
26 to 30	4.76	5.92	7.34	7.86
31 to 35	7.14	8.64	11.00	11.62
36 to 40	11.68	13.48	17.68	18.42
41 to 45	17.84	20.02	26.96	27.94
46 to 50	26.50	28.78	40.00	41.22
51 to 55	38.30	40.58	57.76	59.34
56 to 60	52.12	54.40	78.40	80.32
61 to 65	66.62	68.90	100.12	102.42
66 to 69	66.62	68.90	100.12	102.50

$7,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	32.58	34.86	50.24	52.18

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	66.62	68.90	100.12	102.50

AMDI317 Cancer Critical Illness Rider

Voluntary Monthly Premiums

$20,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	3.30	4.46	5.14	5.70
26 to 30	4.76	6.30	7.40	8.02
31 to 35	6.76	8.76	10.50	11.26
36 to 40	10.00	12.42	15.42	16.32
41 to 45	14.28	17.18	21.98	23.14
46 to 50	19.98	23.04	30.78	32.24
51 to 55	27.84	30.90	42.88	44.64
56 to 60	35.54	38.60	54.68	56.76
61 to 65	43.12	46.18	66.36	68.80
66 to 69	43.24	46.30	66.54	69.08

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.18	5.36	6.48	7.06
26 to 30	6.28	7.86	9.74	10.40
31 to 35	9.46	11.48	14.56	15.40
36 to 40	15.50	17.92	23.48	24.44
41 to 45	23.70	26.60	35.78	37.08
46 to 50	35.24	38.30	53.12	54.74
51 to 55	50.94	54.00	76.72	78.82
56 to 60	69.32	72.38	104.18	106.72
61 to 65	88.64	91.70	133.06	136.12
66 to 69	88.64	91.70	133.06	136.20

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	43.24	46.30	66.54	69.08

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	88.64	91.70	133.06	136.20

AMDI317 Cancer Critical Illness Rider

Employer Paid Monthly Premiums

$15,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	17.04	18.66	30.12	31.74

AMDI317 Cancer Critical Illness Rider

Employer Paid Monthly Premiums

$20,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	22.72	24.88	40.16	42.32

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AMDI317 Cancer Critical Illness Rider

Voluntary Monthly Premiums

$25,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	4.00	5.32	6.12	6.74
26 to 30	5.76	7.50	8.84	9.50
31 to 35	8.18	10.42	12.50	13.32
36 to 40	12.10	14.70	18.24	19.14
41 to 45	17.26	20.34	26.00	27.16
46 to 50	24.04	27.24	36.38	37.84
51 to 55	33.54	36.74	50.56	52.32
56 to 60	42.78	45.98	64.44	66.52
61 to 65	51.70	54.90	77.86	80.30
66 to 69	51.92	55.12	78.26	80.80

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	5.10	6.46	7.80	8.44
26 to 30	7.66	9.42	11.68	12.42
31 to 35	11.52	13.76	17.46	18.34
36 to 40	18.82	21.42	27.88	28.84
41 to 45	28.72	31.80	42.48	43.78
46 to 50	42.66	45.86	62.96	64.58
51 to 55	61.52	64.72	90.76	92.86
56 to 60	83.62	86.82	123.08	125.62
61 to 65	106.42	109.62	156.48	159.54
66 to 69	106.42	109.62	156.48	159.62

$12,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	51.92	55.12	78.26	80.80

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	106.42	109.62	156.48	159.62

AMDI317 Cancer Critical Illness Rider

Employer Paid Monthly Premiums

$25,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	28.40	31.10	50.20	52.90

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AMDI318 Health Screening Rider

Voluntary Monthly Premiums

$25 Per Covered Person Per Calendar Year

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.15	1.30	2.30	2.45
26 to 30	1.15	1.30	2.30	2.45
31 to 35	1.15	1.30	2.30	2.45
36 to 40	1.15	1.30	2.30	2.45
41 to 45	1.15	1.30	2.30	2.45
46 to 50	1.15	1.30	2.30	2.45
51 to 55	1.15	1.30	2.30	2.45
56 to 60	1.15	1.30	2.30	2.45
61 to 65	1.15	1.30	2.30	2.45
66 to 69	1.15	1.30	2.30	2.45

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.15	1.30	2.30	2.45
26 to 30	1.15	1.30	2.30	2.45
31 to 35	1.15	1.30	2.30	2.45
36 to 40	1.15	1.30	2.30	2.45
41 to 45	1.15	1.30	2.30	2.45
46 to 50	1.15	1.30	2.30	2.45
51 to 55	1.15	1.30	2.30	2.45
56 to 60	1.15	1.30	2.30	2.45
61 to 65	1.15	1.30	2.30	2.45
66 to 69	1.15	1.30	2.30	2.45

$25 Per Covered Person Per Calendar Year

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	1.15	1.30	2.30	2.45

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	1.15	1.30	2.30	2.45

AMDI318 Health Screening Rider

Voluntary Monthly Premiums

$50 Per Covered Person Per Calendar Year

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	2.30	2.60	4.60	4.90
26 to 30	2.30	2.60	4.60	4.90
31 to 35	2.30	2.60	4.60	4.90
36 to 40	2.30	2.60	4.60	4.90
41 to 45	2.30	2.60	4.60	4.90
46 to 50	2.30	2.60	4.60	4.90
51 to 55	2.30	2.60	4.60	4.90
56 to 60	2.30	2.60	4.60	4.90
61 to 65	2.30	2.60	4.60	4.90
66 to 69	2.30	2.60	4.60	4.90

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	2.30	2.60	4.60	4.90
26 to 30	2.30	2.60	4.60	4.90
31 to 35	2.30	2.60	4.60	4.90
36 to 40	2.30	2.60	4.60	4.90
41 to 45	2.30	2.60	4.60	4.90
46 to 50	2.30	2.60	4.60	4.90
51 to 55	2.30	2.60	4.60	4.90
56 to 60	2.30	2.60	4.60	4.90
61 to 65	2.30	2.60	4.60	4.90
66 to 69	2.30	2.60	4.60	4.90

$50 Per Covered Person Per Calendar Year

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	2.30	2.60	4.60	4.90

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	2.30	2.60	4.60	4.90

AMDI318 Health Screening Rider

Employer Paid Monthly Premiums

$25 Per Covered Person Per Calendar Year

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	1.15	1.30	2.30	2.45

AMDI318 Health Screening Rider

Employer Paid Monthly Premiums

$50 Per Covered Person Per Calendar Year

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	2.30	2.60	4.60	4.90

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AMDI319 Accidental Critical Illness Rider

Voluntary Monthly Premiums

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.26	0.54	0.40	0.68
26 to 30	0.24	0.52	0.36	0.64
31 to 35	0.22	0.50	0.32	0.60
36 to 40	0.18	0.46	0.28	0.56
41 to 45	0.14	0.42	0.24	0.52
46 to 50	0.14	0.42	0.20	0.48
51 to 55	0.12	0.40	0.18	0.46
56 to 60	0.10	0.38	0.16	0.44
61 to 65	0.10	0.38	0.16	0.44
66 to 69	0.10	0.38	0.14	0.42

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.26	0.54	0.40	0.68
26 to 30	0.24	0.52	0.36	0.64
31 to 35	0.22	0.50	0.32	0.60
36 to 40	0.18	0.46	0.28	0.56
41 to 45	0.14	0.42	0.24	0.52
46 to 50	0.14	0.42	0.20	0.48
51 to 55	0.12	0.40	0.18	0.46
56 to 60	0.10	0.38	0.16	0.44
61 to 65	0.10	0.38	0.16	0.44
66 to 69	0.10	0.38	0.14	0.42

$2,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.10	0.38	0.14	0.42

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.10	0.38	0.14	0.42

AMDI319 Accidental Critical Illness Rider

Voluntary Monthly Premiums

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.52	1.06	0.80	1.34
26 to 30	0.48	1.02	0.70	1.24
31 to 35	0.42	0.96	0.64	1.18
36 to 40	0.34	0.88	0.52	1.06
41 to 45	0.30	0.84	0.46	1.00
46 to 50	0.28	0.82	0.42	0.96
51 to 55	0.24	0.78	0.36	0.90
56 to 60	0.22	0.76	0.30	0.84
61 to 65	0.20	0.74	0.30	0.84
66 to 69	0.20	0.74	0.30	0.84

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.52	1.06	0.80	1.34
26 to 30	0.48	1.02	0.70	1.24
31 to 35	0.42	0.96	0.64	1.18
36 to 40	0.34	0.88	0.52	1.06
41 to 45	0.30	0.84	0.46	1.00
46 to 50	0.28	0.82	0.42	0.96
51 to 55	0.24	0.78	0.36	0.90
56 to 60	0.22	0.76	0.30	0.84
61 to 65	0.20	0.74	0.30	0.84
66 to 69	0.20	0.74	0.30	0.84

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.20	0.74	0.30	0.84

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.20	0.74	0.30	0.84

AMDI319 Accidental Critical Illness Rider

Employer Paid Monthly Premiums

$5,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.14	0.66	0.24	0.76

AMDI319 Accidental Critical Illness Rider

Employer Paid Monthly Premiums

$10,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.28	1.32	0.48	1.52

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AMDI319 Accidental Critical Illness Rider

Voluntary Monthly Premiums

$15,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.78	1.58	1.20	2.00
26 to 30	0.70	1.50	1.08	1.88
31 to 35	0.64	1.44	0.94	1.74
36 to 40	0.52	1.32	0.80	1.60
41 to 45	0.46	1.26	0.70	1.50
46 to 50	0.40	1.20	0.62	1.42
51 to 55	0.36	1.16	0.56	1.36
56 to 60	0.30	1.10	0.46	1.26
61 to 65	0.30	1.10	0.44	1.24
66 to 69	0.28	1.08	0.44	1.24

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.78	1.58	1.20	2.00
26 to 30	0.70	1.50	1.08	1.88
31 to 35	0.64	1.44	0.94	1.74
36 to 40	0.52	1.32	0.80	1.60
41 to 45	0.46	1.26	0.70	1.50
46 to 50	0.40	1.20	0.62	1.42
51 to 55	0.36	1.16	0.56	1.36
56 to 60	0.30	1.10	0.46	1.26
61 to 65	0.30	1.10	0.44	1.24
66 to 69	0.28	1.08	0.44	1.24

$7,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.28	1.08	0.44	1.24

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.28	1.08	0.44	1.24

AMDI319 Accidental Critical Illness Rider

Voluntary Monthly Premiums

$20,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.04	2.12	1.60	2.68
26 to 30	0.94	2.02	1.42	2.50
31 to 35	0.82	1.90	1.26	2.34
36 to 40	0.68	1.76	1.06	2.14
41 to 45	0.60	1.68	0.94	2.02
46 to 50	0.54	1.62	0.82	1.90
51 to 55	0.48	1.56	0.72	1.80
56 to 60	0.40	1.48	0.62	1.70
61 to 65	0.40	1.48	0.60	1.68
66 to 69	0.38	1.46	0.60	1.68

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.04	2.12	1.60	2.68
26 to 30	0.94	2.02	1.42	2.50
31 to 35	0.82	1.90	1.26	2.34
36 to 40	0.68	1.76	1.06	2.14
41 to 45	0.60	1.68	0.94	2.02
46 to 50	0.54	1.62	0.82	1.90
51 to 55	0.48	1.56	0.72	1.80
56 to 60	0.40	1.48	0.62	1.70
61 to 65	0.40	1.48	0.60	1.68
66 to 69	0.38	1.46	0.60	1.68

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.38	1.46	0.60	1.68

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.38	1.46	0.60	1.68

AMDI319 Accidental Critical Illness Rider

Employer Paid Monthly Premiums

$15,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.42	1.98	0.72	2.28

AMDI319 Accidental Critical Illness Rider

Employer Paid Monthly Premiums

$20,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.56	2.64	0.96	3.04

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Voluntary Monthly Premiums

$25,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.22	2.44	1.82	3.04
26 to 30	1.10	2.32	1.64	2.86
31 to 35	0.98	2.20	1.46	2.68
36 to 40	0.80	2.02	1.22	2.44
41 to 45	0.72	1.94	1.08	2.30
46 to 50	0.62	1.84	0.96	2.18
51 to 55	0.56	1.78	0.86	2.08
56 to 60	0.48	1.70	0.72	1.94
61 to 65	0.48	1.70	0.70	1.92
66 to 69	0.46	1.68	0.70	1.92

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	1.22	2.44	1.82	3.04
26 to 30	1.10	2.32	1.64	2.86
31 to 35	0.98	2.20	1.46	2.68
36 to 40	0.80	2.02	1.22	2.44
41 to 45	0.72	1.94	1.08	2.30
46 to 50	0.62	1.84	0.96	2.18
51 to 55	0.56	1.78	0.86	2.08
56 to 60	0.48	1.70	0.72	1.94
61 to 65	0.48	1.70	0.70	1.92
66 to 69	0.46	1.68	0.70	1.92

$12,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.46	1.68	0.70	1.92

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	0.46	1.68	0.70	1.92

AMDI319 Accidental Critical Illness Rider

Employer Paid Monthly Premiums

$25,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.70	3.30	1.20	3.80

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Voluntary Monthly Premiums

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.20	0.78	0.30	0.88
26 to 30	0.22	0.76	0.34	0.88
31 to 35	0.24	0.74	0.38	0.88
36 to 40	0.30	0.70	0.46	0.86
41 to 45	0.40	0.76	0.62	0.98
46 to 50	0.54	0.88	0.84	1.18
51 to 55	0.80	1.10	1.22	1.52
56 to 60	1.22	1.46	1.86	2.10
61 to 65	1.64	1.86	2.54	2.76
66 to 69	2.16	2.36	3.34	3.54

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.20	0.78	0.30	0.88
26 to 30	0.22	0.76	0.34	0.88
31 to 35	0.24	0.74	0.38	0.88
36 to 40	0.30	0.70	0.46	0.86
41 to 45	0.40	0.76	0.62	0.98
46 to 50	0.54	0.88	0.84	1.18
51 to 55	0.80	1.10	1.22	1.52
56 to 60	1.22	1.46	1.86	2.10
61 to 65	1.64	1.86	2.54	2.76
66 to 69	2.16	2.36	3.34	3.54

$2,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	3.30	3.50	5.06	5.26

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	3.30	3.50	5.06	5.26

AMDI320 Additional Critical Illness Rider

Voluntary Monthly Premiums

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.40	1.56	0.60	1.76
26 to 30	0.44	1.54	0.70	1.80
31 to 35	0.50	1.52	0.76	1.78
36 to 40	0.62	1.46	0.96	1.80
41 to 45	0.80	1.56	1.22	1.98
46 to 50	1.08	1.76	1.66	2.34
51 to 55	1.58	2.18	2.44	3.04
56 to 60	2.42	2.94	3.72	4.24
61 to 65	3.36	3.80	5.20	5.64
66 to 69	4.30	4.74	6.64	7.08

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.40	1.56	0.60	1.76
26 to 30	0.44	1.54	0.70	1.80
31 to 35	0.50	1.52	0.76	1.78
36 to 40	0.62	1.46	0.96	1.80
41 to 45	0.80	1.56	1.22	1.98
46 to 50	1.08	1.76	1.66	2.34
51 to 55	1.58	2.18	2.44	3.04
56 to 60	2.42	2.94	3.72	4.24
61 to 65	3.36	3.80	5.20	5.64
66 to 69	4.30	4.74	6.64	7.08

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	6.60	7.04	10.10	10.54

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	6.60	7.04	10.10	10.54

AMDI320 Additional Critical Illness Rider

Employer Paid Monthly Premiums

$5,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.40	1.20	0.64	1.44

AMDI320 Additional Critical Illness Rider

Employer Paid Monthly Premiums

$10,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.80	2.40	1.28	2.88

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Voluntary Monthly Premiums

$15,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.60	2.36	0.92	2.68
26 to 30	0.68	2.32	1.04	2.68
31 to 35	0.74	2.28	1.18	2.72
36 to 40	0.94	2.20	1.44	2.70
41 to 45	1.18	2.32	1.84	2.98
46 to 50	1.64	2.66	2.50	3.52
51 to 55	2.38	3.28	3.64	4.54
56 to 60	3.64	4.42	5.58	6.36
61 to 65	5.08	5.76	7.84	8.52
66 to 69	6.48	7.14	9.98	10.64

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.60	2.36	0.92	2.68
26 to 30	0.68	2.32	1.04	2.68
31 to 35	0.74	2.28	1.18	2.72
36 to 40	0.94	2.20	1.44	2.70
41 to 45	1.18	2.32	1.84	2.98
46 to 50	1.64	2.66	2.50	3.52
51 to 55	2.38	3.28	3.64	4.54
56 to 60	3.64	4.42	5.58	6.36
61 to 65	5.08	5.76	7.84	8.52
66 to 69	6.48	7.14	9.98	10.64

$7,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	9.90	10.56	15.14	15.80

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	9.90	10.56	15.14	15.80

AMDI320 Additional Critical Illness Rider

Voluntary Monthly Premiums

$20,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.76	3.12	1.20	3.56
26 to 30	0.86	3.06	1.38	3.58
31 to 35	0.98	3.04	1.54	3.60
36 to 40	1.20	2.92	1.88	3.60
41 to 45	1.60	3.10	2.44	3.94
46 to 50	2.18	3.56	3.32	4.70
51 to 55	3.16	4.40	4.86	6.10
56 to 60	4.86	5.88	7.44	8.46
61 to 65	6.80	7.72	10.46	11.38
66 to 69	8.64	9.52	13.28	14.16

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.76	3.12	1.20	3.56
26 to 30	0.86	3.06	1.38	3.58
31 to 35	0.98	3.04	1.54	3.60
36 to 40	1.20	2.92	1.88	3.60
41 to 45	1.60	3.10	2.44	3.94
46 to 50	2.18	3.56	3.32	4.70
51 to 55	3.16	4.40	4.86	6.10
56 to 60	4.86	5.88	7.44	8.46
61 to 65	6.80	7.72	10.46	11.38
66 to 69	8.64	9.52	13.28	14.16

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	13.20	14.08	20.22	21.10

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	13.20	14.08	20.22	21.10

AMDI320 Additional Critical Illness Rider

Employer Paid Monthly Premiums

$15,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	1.20	3.60	1.92	4.32

AMDI320 Additional Critical Illness Rider

Employer Paid Monthly Premiums

$20,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	1.60	4.80	2.56	5.76

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$25,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.94	3.58	1.48	4.12
26 to 30	1.06	3.54	1.66	4.14
31 to 35	1.18	3.50	1.84	4.16
36 to 40	1.44	3.34	2.26	4.16
41 to 45	1.90	3.62	2.86	4.58
46 to 50	2.62	4.14	3.92	5.44
51 to 55	3.80	5.14	5.72	7.06
56 to 60	5.82	6.92	8.72	9.82
61 to 65	8.08	9.04	12.18	13.14
66 to 69	10.34	11.24	15.62	16.52

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.94	3.58	1.48	4.12
26 to 30	1.06	3.54	1.66	4.14
31 to 35	1.18	3.50	1.84	4.16
36 to 40	1.44	3.34	2.26	4.16
41 to 45	1.90	3.62	2.86	4.58
46 to 50	2.62	4.14	3.92	5.44
51 to 55	3.80	5.14	5.72	7.06
56 to 60	5.82	6.92	8.72	9.82
61 to 65	8.08	9.04	12.18	13.14
66 to 69	10.34	11.24	15.62	16.52

$12,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	15.70	16.60	23.58	24.48

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	15.70	16.60	23.58	24.48

AMDI320 Additional Critical Illness Rider

Employer Paid Monthly Premiums

$25,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	2.00	6.00	3.20	7.20

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Voluntary Monthly Premiums

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.08	0.10	0.10	0.12
26 to 30	0.10	0.12	0.16	0.18
31 to 35	0.16	0.18	0.26	0.28
36 to 40	0.26	0.28	0.40	0.42
41 to 45	0.40	0.42	0.60	0.62
46 to 50	0.56	0.58	0.86	0.88
51 to 55	0.76	0.80	1.16	1.20
56 to 60	0.98	1.02	1.48	1.52
61 to 65	1.20	1.24	1.82	1.86
66 to 69	1.28	1.32	1.96	2.00

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.12	0.14	0.18	0.20
26 to 30	0.18	0.20	0.28	0.30
31 to 35	0.30	0.34	0.44	0.48
36 to 40	0.48	0.52	0.72	0.76
41 to 45	0.76	0.80	1.14	1.18
46 to 50	1.08	1.12	1.60	1.64
51 to 55	1.46	1.52	2.18	2.24
56 to 60	1.86	1.92	2.78	2.84
61 to 65	2.24	2.30	3.36	3.42
66 to 69	2.38	2.44	3.58	3.64

$2,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	1.40	1.44	2.14	2.18

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	2.54	2.60	3.82	3.88

AMDI321 Recurrent Diagnosis Rider

Voluntary Monthly Premiums

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.14	0.16	0.20	0.22
26 to 30	0.20	0.24	0.30	0.34
31 to 35	0.32	0.36	0.50	0.54
36 to 40	0.52	0.56	0.78	0.82
41 to 45	0.78	0.82	1.20	1.24
46 to 50	1.12	1.18	1.70	1.76
51 to 55	1.52	1.58	2.32	2.38
56 to 60	1.94	2.00	2.98	3.04
61 to 65	2.38	2.46	3.64	3.72
66 to 69	2.54	2.62	3.90	3.98

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.22	0.24	0.34	0.36
26 to 30	0.36	0.40	0.54	0.58
31 to 35	0.60	0.66	0.88	0.94
36 to 40	0.96	1.02	1.46	1.52
41 to 45	1.50	1.56	2.26	2.32
46 to 50	2.14	2.20	3.20	3.26
51 to 55	2.90	3.00	4.34	4.44
56 to 60	3.70	3.80	5.56	5.66
61 to 65	4.48	4.60	6.72	6.84
66 to 69	4.74	4.88	7.14	7.28

$5,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	2.78	2.86	4.26	4.34

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	5.08	5.22	7.64	7.78

AMDI321 Recurrent Diagnosis Rider

Employer Paid Monthly Premiums

$5,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	0.64	0.68	1.06	1.10

AMDI321 Recurrent Diagnosis Rider

Employer Paid Monthly Premiums

$10,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	1.28	1.36	2.12	2.20

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$15,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.20	0.24	0.30	0.34
26 to 30	0.30	0.34	0.46	0.50
31 to 35	0.48	0.54	0.74	0.80
36 to 40	0.76	0.80	1.18	1.22
41 to 45	1.18	1.24	1.80	1.86
46 to 50	1.68	1.74	2.56	2.62
51 to 55	2.28	2.36	3.48	3.56
56 to 60	2.92	3.02	4.48	4.58
61 to 65	3.58	3.70	5.46	5.58
66 to 69	3.82	3.94	5.86	5.98

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.32	0.36	0.50	0.54
26 to 30	0.52	0.56	0.80	0.84
31 to 35	0.88	0.94	1.32	1.38
36 to 40	1.46	1.52	2.18	2.24
41 to 45	2.26	2.34	3.38	3.46
46 to 50	3.20	3.30	4.80	4.90
51 to 55	4.34	4.46	6.52	6.64
56 to 60	5.56	5.72	8.34	8.50
61 to 65	6.74	6.92	10.10	10.28
66 to 69	7.12	7.32	10.70	10.90

$7,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	4.16	4.28	6.38	6.50

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	7.62	7.82	11.46	11.66

AMDI321 Recurrent Diagnosis Rider

Voluntary Monthly Premiums

$20,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.26	0.32	0.38	0.44
26 to 30	0.40	0.46	0.60	0.66
31 to 35	0.64	0.70	1.00	1.06
36 to 40	1.02	1.08	1.58	1.64
41 to 45	1.56	1.64	2.40	2.48
46 to 50	2.22	2.32	3.40	3.50
51 to 55	3.02	3.12	4.64	4.74
56 to 60	3.90	4.02	5.98	6.10
61 to 65	4.76	4.92	7.28	7.44
66 to 69	5.10	5.26	7.82	7.98

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.44	0.50	0.66	0.72
26 to 30	0.70	0.76	1.06	1.12
31 to 35	1.18	1.26	1.76	1.84
36 to 40	1.94	2.02	2.92	3.00
41 to 45	3.00	3.10	4.52	4.62
46 to 50	4.26	4.40	6.40	6.54
51 to 55	5.80	5.96	8.70	8.86
56 to 60	7.42	7.62	11.12	11.32
61 to 65	8.98	9.22	13.46	13.70
66 to 69	9.50	9.76	14.28	14.54

$10,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	5.56	5.72	8.52	8.68

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	10.16	10.42	15.28	15.54

AMDI321 Recurrent Diagnosis Rider

Employer Paid Monthly Premiums

$15,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	1.92	2.04	3.18	3.30

AMDI321 Recurrent Diagnosis Rider

Employer Paid Monthly Premiums

$20,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	2.56	2.72	4.24	4.40

American Public Life

Actuarial Memorandum

Exhibit I

AMDI321 Recurrent Diagnosis Rider

Voluntary Monthly Premiums

$25,000 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.30	0.36	0.46	0.52
26 to 30	0.48	0.54	0.72	0.78
31 to 35	0.78	0.84	1.18	1.24
36 to 40	1.24	1.30	1.86	1.92
41 to 45	1.88	1.96	2.82	2.90
46 to 50	2.66	2.76	3.98	4.08
51 to 55	3.60	3.70	5.42	5.52
56 to 60	4.64	4.76	6.98	7.10
61 to 65	5.64	5.80	8.44	8.60
66 to 69	6.04	6.20	9.06	9.22

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
18 to 25	0.52	0.60	0.78	0.86
26 to 30	0.84	0.92	1.26	1.34
31 to 35	1.42	1.50	2.10	2.18
36 to 40	2.34	2.42	3.44	3.52
41 to 45	3.60	3.70	5.30	5.40
46 to 50	5.08	5.22	7.50	7.64
51 to 55	6.90	7.06	10.14	10.30
56 to 60	8.84	9.04	13.00	13.20
61 to 65	10.64	10.88	15.62	15.86
66 to 69	11.24	11.50	16.58	16.84

$12,500 Critical Illness Benefit Amount

Non-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	6.62	6.78	9.92	10.08

Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
70 to 75	12.10	12.36	17.80	18.06

AMDI321 Recurrent Diagnosis Rider

Employer Paid Monthly Premiums

$25,000 Critical Illness Benefit Amount

Uni-Nicotine

Issue Ages	Indiv	SPF	Couple	TPF
Composite	3.20	3.40	5.30	5.50

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/20/2011

Comments:

Attachment:

FleschCert.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/20/2011

Bypass Reason: See Forms Schedule for new master application and certificate application.

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	12/20/2011

Comments:

Attachment:

SoV_GCRIT11.pdf

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum	Approved-Closed	12/20/2011

Comments:

Attachment:

GCRIT11_AM_WW_AR_G2.pdf

American Public Life Insurance Company

A member of the American Fidelity Group

READABILITY CERTIFICATION

I hereby certify that policy forms enclosed on the Forms filing tab meet the minimum reading ease score required by the Insurance Code in your state.

The Flesch Score for each form, excluding defined terms and state mandated language, is:

Form Number	Description	Flesch Score	Word Count (For AR, VA)	Sentence Count (For VA)
GCRIT**EP**11APL	Critical Illness Policy – Employer Paid	54	5120	318
GCRIT**EP**11APLC	Critical Illness Certificate – Employer Paid	53	4899	220
GCRIT**V**11APL	Critical Illness Policy – Voluntary	51	5567	343
GCRIT**V**11APLC	Critical Illness Certificate – Voluntary	50	5634	337
DN87APL	Disclosure Notice	50	94	6
GCRIT11APLMA	Master Application	53	462	39
AMDI317APL	Cancer Critical Illness Rider	50	933	51
AMDI318APL	Health Screening Test Rider	64	358	17
AMDI319APL	Accident Critical Illness Rider	54	1094	72
AMDI320APL	Additional Critical Illness Rider	52	1138	67
AMDI321APL	Recurrence Rider	70	436	31
AMDI326APL	Waiver of Premium Rider	65	945	62
AMDI329APL	Amendment Rider	73	115	7
AMDI334APL	COBRA Election Amendment Rider	62	228	14
GCRIT11APLOC	Outline of Coverage (if applicable)	50	2016	118

The Flesch Score for each form, excluding defined terms, medical terminology and state mandated language, is:

GCRIT11APLA	Certificate Application	52	662	41

Our Company uses Microsoft Word to calculate the Flesch Score. Microsoft Word does not provide a syllable count.

Alex Bagby, ASA, MAAA
Vice President and Chief Risk Officer

November 8, 2011
Date

American Public Life Insurance Company

A member of the American Fidelity Group

STATEMENT OF VARIABILITY

The GCRIT11EPAPL Employer Paid Critical Illness Policy et seq. and GCRIT11VAPL Voluntary Critical Illness Policy et seq contains variable information. All forms are completed in John Doe format and variable information is enclosed in brackets [ ]. Red brackets [ ] indicate the beginning and end of a section. Upon your approval, the range for the variables will become fixed at time of policy issue. Any changes made to these items will be limited to new issues.

The range for all variables is shown within the brackets. The format for all dates will be: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008. The format for all names will be first name followed by last name.

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

2. Each product has three marketing levels: **Basic**, which includes the base policy only; **Enhanced** which includes the AMDI319APL Accident Critical Illness Rider; and **Enhanced Plus** plan, which includes the AMDI319APL as well as the AMDI320APL Additional Critical Illness Rider. Furthermore, our company may opt to change the names of the marketing levels based on the needs of their markets.

3. The CRITICAL ILLNESS BENEFIT AMOUNT will range as follows:
   - For the Insured: $5,000 to $25,000 in $5,000 increments if the Insured is under age 70 at the time the Policy/Certificate is issued. The Critical Illness Benefit Amount will be reduced by 50% if the Insured's age at issue is 70 or older. This text will become fixed upon policy issue. We will not print individual amounts here as the amounts elected by the Insured could vary.
   - For the Insured Spouse and Children: the Critical Illness Benefit Amount for the Spouse and each child will be a percentage of the Critical Illness Benefit Amount elected by the Insured. The range will be 0-100% in 5% increments.

4. BENEFIT RIDERS: Both the Employer Paid and Voluntary plan have 4 Benefit Riders available for selection at the EMPLOYER level: Cancer Critical Illness Rider, Recurrent Diagnosis Benefit Rider, Waiver of Premium Rider and the Health Screening Test Benefit Rider. If no benefit riders are elected by the employer, this section will not print on the Schedule.
   - If the Cancer Critical Illness Rider is not selected at the EMPLOYER level, the employer may allow this rider to be selected at the EMPLOYEE level. If this rider is selected at the EMPLOYEE level, the rider will print in the Optional Benefit Riders. If no benefit riders are elected by the employee, this section will not print on the Schedule.

5. The Policyholder will be the name of the Policyholder as shown on the Master Application.

6. The Policy/Certificate Number are unique identifiers our company assigns to the Policy/Certificate at time of issue.

7. The Policy/Certificate Effective Date is the date the Policy/Certificate goes into effect.

8. The Pre-Existing Condition Period and Pre-Existing Condition Exclusion Period may vary based on the group or the individual's prior coverage. If this is new coverage for the group/insured, then the pre-existing clause will be applied. If the Pre-Existing periods were satisfied by the group/insured under previous coverage immediately prior to the effective date, then we will credit the pre-existing period to the extent it was satisfied under the previous coverage. If we credit the Pre-Existing periods we will do so either at the Employee level or the Employee and Family level.

9. The Insured's name will be as it appears on the enrollment form.

10. The Issue Age is the Insured's age at time of issue.

11. The PLAN is selected by the Insured on the enrollment form.
    - Employer Paid: Employee, Employee and Spouse, Employee and Child(ren) or Employee and Family.
    - Voluntary: Individual, Individual and Spouse, Individual and Child(ren) or Individual and Family.

12. The Premium Mode is selected by the Policyholder on the Master Application. The total premiums will be shown in 4 columns if the premium mode elected is monthly, quarterly, semi-annual or annual. The appropriate premiums will be displayed beginning with Annual and follow in chronological order ending with Monthly.

    The total premiums will be displayed in 5 columns if the premium method elected is a skip month premium. The columns will be displayed as listed above with the exception of ending with Monthly. The skip month mode will be shown as column 5. The column heading will be: Special Modal. In addition to the 5th column, a paragraph will print directly under the Total Premium By Mode describing the Special Modal Premium. The paragraph will state, "*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS."

13. If changes to coverage are made after the Policy/Certificate Effective Date, we will issue a revised Schedule Page showing the change. The revised Schedule Page will reflect the statement in bold, "This Schedule reflects revisions to your policy effective MM/DD/YYYY."

<u>Items specific to the GCRIT11APLMA Master Application</u>

14. The Minimum Standards may vary depending on the type of coverage purchased by the Employer. If the Employer purchases an Employer Paid plan, then only column A will print. If the Employer purchases voluntary coverage, then both columns A and B will print.

<u>Items specific to the GCRITEP11APL and GCRITV11APL Policy Schedule</u>

15. The Rate Guarantee Period will vary based on the Guarantee period quoted to the Policyholder. The Rate Guarantee Termination Date will be the date the Rate Guarantee expires.

Melissa Mahanes

11/4/11

Melissa Mahanes — Date
Compliance Analyst II