

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Filing at a Glance

Company: LifeShield National Insurance Co.
 Product Name: LifeShield LNG-6040 SERFF Tr Num: RDWS-126741013 State: Arkansas
 TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 48285
 Sub-TOI: H07G.002A Dread Disease - Cancer Only Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Eddie Mire, Judy Tait Disposition Date: 03/29/2011
 Date Submitted: 03/18/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile: 09/09/2010
 Requested Filing Mode: Review & Approval Domicile Status Comments: Oklahoma is State of Domicile.
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Blanket Overall Rate Impact:
 Filing Status Changed: 03/29/2011
 State Status Changed: 03/29/2011 Deemer Date:
 Created By: Judy Tait Submitted By: Judy Tait
 Corresponding Filing Tracking Number:
 Filing Description:
 LifeShield National Insurance Company
 Group Cancer Expense Insurance Policy
 LNG-6040-AR Form
 LNG-6040-cert-AR
 LNG-6040 APP-AR Application
 LNG-6041-AR Optional Annual Cancer Screening Benefit Rider

SERFF Tracking Number: RDWS-126741013 State: Arkansas

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Product Name: LifeShield LNG-6040

Project Name/Number: /

LNG-6041-cert-AR

LNG-6042-AR Optional Daily Hospital Confinement Benefit Rider

LNG-6042-cert-AR

LNG-6043-AR Optional First Occurrence Benefit Rider

LNG-6043-cert-AR

LNG-6044-AR Optional First Occurrence Building Benefit Rider

LNG-6044-cert-AR

LNG-6045-AR Annual Radiation, Chemotherapy, Immunotherapy & Experimental Treatment Benefit Rider

LNG-6045-cert-AR

LNG-6046-AR Daily Radiation, Chemotherapy, Immunotherapy & Experimental Treatment Rider

LNG-6046-cert-AR

LNG-6047-AR Hospital Intensive Care Unit Benefit Rider

LNG-6047-cert-AR

LNG-6048-AR Surgical Benefits Rider

LNG-6048-cert-AR

LNG-6049-enroll (CI)-AR Enrollment form - contingent issue

LNG-6049-enroll (FU)-AR Enrollment Form - subject to underwriting

LNG-6052-AR Specified Disease Benefit Rider

LNG-6052-cert-AR

Company and Contact

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
Rudd and Wisdom, Inc. 512-346-1590 [Phone]
9500 Arboretum Blvd 512-345-7437 [FAX]
Suite 200
Austin, TX 78759

Filing Company Information

(This filing was made by a third party - ruddandwisdominc)

LifeShield National Insurance Co.	CoCode: 99724	State of Domicile: Oklahoma
P. O. Box 1604	Group Code:	Company Type:
Duncan, OK 73534-1604	Group Name:	State ID Number:

SERFF Tracking Number: RDWS-126741013 State: Arkansas
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Product Name: LifeShield LNG-6040
Project Name/Number: /
(800) 366-8354 ext. [Phone] FEIN Number: 73-1155182

Filing Fees

Fee Required? Yes
Fee Amount: \$625.00
Retaliatory? Yes
Fee Explanation: Fee required by State of Domicile - Oklahoma
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
LifeShield National Insurance Co.	\$625.00	03/18/2011	45757792
LifeShield National Insurance Co.	\$525.00	03/21/2011	45819341

SERFF Tracking Number: RDWS-126741013 State: Arkansas
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 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/29/2011	03/29/2011

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	03/22/2011	03/22/2011	Judy Tait	03/28/2011	03/28/2011
Pending Industry Response	Rosalind Minor	03/21/2011	03/21/2011	Judy Tait	03/21/2011	03/21/2011

SERFF Tracking Number: RDWS-126741013 State: Arkansas
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 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Disposition

Disposition Date: 03/29/2011

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):
LifeShield National Insurance Co.	%	%	\$		\$	%	%

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 Product Name: LifeShield LNG-6040
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Third Party Authorization	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form (revised)	Group Cancer Expense Ins. Policy	Approved-Closed	Yes
Form (revised)	Certificate	Approved-Closed	Yes
Form	Annual cancer screen benefit rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Daily Hospital Confinement Benefit Rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	First Occurrence Benefit Rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	First Occurrence Building Benefit Rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Annual radiation, chemotherapy, immunotherapy & experimental treatment benefit rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Daily radiation, chemotherapy, immunotherapy & experimental treatment benefit rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Hospital intensive care unit benefit rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Surgical Benefit Rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form (revised)	Enrollment form-contingent issue	Approved-Closed	Yes
Form (revised)	Enrollment form-subject to underwriting	Approved-Closed	Yes
Form	Specified disease benefit rider	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form (revised)	Application	Approved-Closed	Yes
Form	Group Cancer Expense Ins. Policy	Replaced	Yes
Form	Certificate	Replaced	Yes
Form	Enrollment form-contingent issue	Approved-Closed	Yes

SERFF Tracking Number: RDWS-126741013 *State:* Arkansas
Filing Company: LifeShield National Insurance Co. *State Tracking Number:* 48285
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Limited Benefit *Sub-TOI:* H07G.002A Dread Disease - Cancer Only
Product Name: LifeShield LNG-6040
Project Name/Number: /

Form	Enrollment form-subject to underwriting	Replaced	Yes
Form	Application	Replaced	Yes
Rate	Premiums	Approved-Closed	Yes

SERFF Tracking Number: RDWS-126741013 State: Arkansas
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Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
Product Name: LifeShield LNG-6040
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/22/2011
Submitted Date 03/22/2011
Respond By Date
Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)
- Certificate, LNG-6040-cert-AR (Form)

Comment: With respect to the provision for Automatic Coverage of Newborn, Adopted and Foster Children, please refer to the 60-day period outlined under ACA 23-79-137.

Objection 2

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)
- Certificate, LNG-6040-cert-AR (Form)

Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-102(8) and Bulletin 14-81.

Objection 3

- Enrollment form-contingent issue, LNG-6049-enroll (CI)-AR (Form)
- Enrollment form-subject to underwriting, LNG-6049-enroll (FU)-AR (Form)
- Application, LNG-6040 APP-AR (Form)

Comment:

Applications and/or enrollment forms must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/28/2011
 Submitted Date 03/28/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter of March 22, 2011.

Response 1

Comments: We have made the requested changes on pages 5 and 7 of the form and certificate.

Related Objection 1

Applies To:

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)
- Certificate, LNG-6040-cert-AR (Form)

Comment:

With respect to the provision for Automatic Coverage of Newborn, Adopted and Foster Children, please refer to the 60-day period outlined under ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Cancer Expense Ins. Policy	LNG-6040-AR		Policy/Contract/Fraternal Certificate	Initial		50.000	LNG-6040-AR.pdf
Previous Version							
Group Cancer Expense Ins. Policy	LNG-6040-AR		Policy/Contract/Fraternal Certificate	Initial		50.000	LNG-6040-

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Certificate	LNG-6040-cert-AR	Certificate	Initial	50.000	AR.pdf LNG-6040-cert-AR.pdf
Previous Version					
Certificate	LNG-6040-cert-AR	Certificate	Initial	50.000	LNG-6040-cert-AR.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: We have made the requested change on page 16 of the form and certificate.

Related Objection 1

Applies To:

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)
- Certificate, LNG-6040-cert-AR (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-102(8) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Cancer Expense Ins. Policy	LNG-6040-AR		Policy/Contract/Fraternal Certificate	Initial		50.000	LNG-6040-AR.pdf
Previous Version							
Group Cancer Expense	LNG-		Policy/Contract/Fraternal	Initial		50.000	LNG-

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only

Product Name: LifeShield LNG-6040
 Project Name/Number: /
 Ins. Policy 6040-AR Certificate 6040-AR.pdf
 Certificate LNG-6040-cert-AR Certificate Initial 50.000 LNG-6040-cert-AR.pdf
Previous Version
 Certificate LNG-6040-cert-AR Certificate Initial 50.000 LNG-6040-cert-AR.pdf

No Rate/Rule Schedule items changed.

Response 3

Comments: We have added the Fraud Statement to the policy application and both enrollment forms.

Related Objection 1

Applies To:

- Enrollment form-contingent issue, LNG-6049-enroll (CI)-AR (Form)
- Enrollment form-subject to underwriting, LNG-6049-enroll (FU)-AR (Form)
- Application, LNG-6040 APP-AR (Form)

Comment:

Applications and/or enrollment forms must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Enrollment form-contingent issue	LNG-6049-		Application/Enrollment Form	Initial		50.000	LNG-6049-

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /
 enroll (CI)-AR enroll (CI)-AR.pdf

Previous Version

Enrollment form-contingent issue	LNG-6049-enroll (CI)-AR	Application/Enrollment Form	Initial	50.000	LNG-6049-enroll (CI)-AR.pdf
Enrollment form-subject to underwriting	LNG-6049-enroll (FU)-AR	Application/Enrollment Form	Initial	50.000	LNG-6049-enroll (FU)-AR.pdf

Previous Version

Enrollment form-subject to underwriting	LNG-6049-enroll (FU)-AR	Application/Enrollment Form	Initial	50.000	LNG-6049-enroll (FU)-AR.pdf
Application	LNG-6040 APP-AR	Application/Enrollment Form	Initial	50.000	LNG-6040 APP-AR.pdf

Previous Version

Application	LNG-6040 APP-AR	Application/Enrollment Form	Initial	50.000	LNG-6040 APP-AR.pdf
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No Rate/Rule Schedule items changed.

Please let us know if you need anything further. Thank you for your assistance.

Sincerely,
 Eddie Mire, Judy Tait

SERFF Tracking Number: RDWS-126741013 State: Arkansas
Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
Product Name: LifeShield LNG-6040
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/21/2011
Submitted Date 03/21/2011
Respond By Date
Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)

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 for a total of \$1,150.00. Please submit an additional \$525.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: RDWS-126741013 State: Arkansas
Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
Product Name: LifeShield LNG-6040
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/21/2011
Submitted Date 03/21/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: We have submitted the additional \$525.00 in fees today.

Related Objection 1

Applies To:

- Group Cancer Expense Ins. Policy, LNG-6040-AR (Form)

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 for a total of \$1,150.00. Please submit an additional \$525.00 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.

Please let us know if you need anything further.

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Form Schedule

Lead Form Number: LNG-6040-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/29/2011	LNG-6040-AR	Policy/Cont	Group Cancer ract/Fratern Expense Ins. Policy al Certificate	Initial		50.000	LNG-6040-AR.pdf
Approved-Closed 03/29/2011	LNG-6040-cert-AR	Certificate	Certificate	Initial		50.000	LNG-6040-cert-AR.pdf
Approved-Closed 03/29/2011	LNG-6041-AR	Policy/Cont	Annual cancer ract/Fratern screen benefit rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	LNG-6041-AR.pdf
Approved-Closed 03/29/2011	LNG-6041-cert-AR	Certificate	Certificate	Initial		50.000	LNG-6041-cert-AR.pdf
Approved-Closed 03/29/2011	LNG-6042-AR	Policy/Cont	Daily Hospital ract/Fratern Confinement Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	LNG-6042-AR.pdf
Approved-Closed	LNG-6042-cert-AR	Certificate	Certificate	Initial		50.000	LNG-6042-cert-AR.pdf

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
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Product Name: LifeShield LNG-6040

Project Name/Number: /

03/29/2011

Approved- Closed	LNG-6043- AR	Policy/Cont First Occurrence ract/Fratern Benefit Rider	Initial	50.000	LNG-6043- AR.pdf
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03/29/2011

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 Certificate:
 Amendmen
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 nt or Rider

Approved- Closed	LNG-6043- cert-AR	Certificate Certificate	Initial	50.000	LNG-6043- cert-AR.pdf
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03/29/2011

Approved- Closed	LNG-6044- AR	Policy/Cont First Occurrence ract/Fratern Building Benefit	Initial	50.000	LNG-6044- AR.pdf
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03/29/2011

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 Certificate:
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 Page,
 Endorseme
 nt or Rider

Approved- Closed	LNG-6044- cert-AR	Certificate Certificate	Initial	50.000	LNG-6044- cert-AR.pdf
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03/29/2011

Approved- Closed	LNG-6045- AR	Policy/Cont Annual radiation, ract/Fratern chemotherapy,	Initial	50.000	LNG-6045- AR.pdf
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03/29/2011

al immunotherapy &
 Certificate: experimental
 Amendmen treatment benefit
 t, Insert rider
 Page,
 Endorseme
 nt or Rider

Approved- Closed	LNG-6045- cert-AR	Certificate Certificate	Initial	50.000	LNG-6045- cert-AR.pdf
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03/29/2011

<i>SERFF Tracking Number:</i>	<i>RDWS-126741013</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>LifeShield National Insurance Co.</i>	<i>State Tracking Number:</i>	<i>48285</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>LifeShield LNG-6040</i>		
<i>Project Name/Number:</i>	/		
Approved- Closed 03/29/2011	LNG-6046- AR Policy/Cont Daily radiation, ract/Fratern chemotherapy, al immunotherapy & Certificate: experimental Amendmen treatment benefit t, Insert rider Page, Endorseme nt or Rider	Initial	50.000 LNG-6046- AR.pdf
Approved- Closed 03/29/2011	LNG-6046- cert-AR Certificate Certificate	Initial	50.000 LNG-6046- cert-AR.pdf
Approved- Closed 03/29/2011	LNG-6047- AR Policy/Cont Hospital intensive ract/Fratern care unit benefit rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000 LNG-6047- AR.pdf
Approved- Closed 03/29/2011	LNG-6047- cert-AR Certificate Certificate	Initial	50.000 LNG-6047- cert-AR.pdf
Approved- Closed 03/29/2011	LNG-6048- AR Policy/Cont Surgical Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000 LNG-6048- AR.pdf
Approved- Closed 03/29/2011	LNG-6048- cert-AR Certificate Certificate	Initial	50.000 LNG-6048- cert-AR.pdf
Approved- Closed 03/29/2011	LNG-6049- Application/ Enrollment form-	Initial	50.000 LNG-6049-

SERFF Tracking Number:	RDWS-126741013	State:	Arkansas
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Product Name:	LifeShield LNG-6040		
Project Name/Number:	/		
Closed	enroll (CI)- Enrollment contingent issue		enroll (CI)-
03/29/2011	AR Form		AR.pdf
Approved-	LNG-6049- Application/ Enrollment form-	Initial	50.000
Closed	enroll (FU)- Enrollment subject to		LNG-6049-
03/29/2011	AR Form underwriting		enroll (FU)-
Approved-	LNG-6052- Policy/Cont Specified disease	Initial	50.000
Closed	AR ract/Fratern benefit rider		LNG-6052-
03/29/2011	al		AR.pdf
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved-	LNG-6052- Certificate Certificate	Initial	50.000
Closed	cert-AR		LNG-6052-
03/29/2011			cert-AR.pdf
Approved-	LNG-6040 Application/ Application	Initial	50.000
Closed	APP-AR Enrollment		LNG-6040
03/29/2011	Form		APP-AR.pdf

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE INSURANCE POLICY

This policy offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A

INSURING CLAUSE

LifeShield National Insurance Company (hereinafter referred to as We, Us or Our) agrees with the Policyholder to cover each Insured Person identified in an issued Certificate of Cancer Insurance and any associated riders (hereinafter, "Certificate") for any covered loss described in said Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This group policy is executed as of the Policy Effective Date and from which anniversary dates are measured. This group policy takes effect at 12:01 A.M. Standard Time on the Policy Effective Date at the address of the Policyholder.

IMPORTANT NOTICE ABOUT A MEMBER'S STATEMENTS IN THE ENROLLMENT FORM

The issuance of a Certificate of Cancer Insurance will be based upon the member's responses to the questions on the enrollment form. A copy of the enrollment form will be attached to each issued Certificate. If the member's answers are materially incorrect or untrue, We may have the right to deny benefits or rescind the Certificate, subject to the Time Limit on Certain Defenses provision. Upon Certificate issue the member will be advised to review the enrollment form and to contact Us if the answers on the enrollment form are incorrect for any reason.

NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE

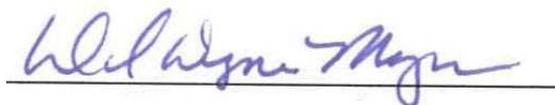
Upon Certificate issue the member will be advised of a 30-day right to examine the Certificate and return it to Us for any reason for a full refund of premiums paid.

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 is guilty of a felony.

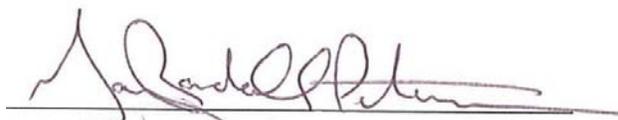
**THIS IS A LIMITED BENEFIT POLICY — READ IT CAREFULLY.
NO BENEFITS WILL BE PROVIDED DURING THE FIRST YEAR IMMEDIATELY FOLLOWING
THE EFFECTIVE DATE OF ANY CERTIFICATE
FOR ANY CLAIMS RESULTING FROM PRE-EXISTING CONDITIONS**

This group policy is governed by the laws of the state in which this group policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

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LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE INSURANCE POLICY

POLICY SCHEDULE

POLICYHOLDER: [ABC, Inc.]

POLICY NUMBER: [LG00012345]

POLICY EFFECTIVE DATE: [January 1, 2007]

OPTIONAL RIDERS for Eligible Member Selection:

- [Annual Cancer Screening Benefit Rider]
- [Daily Hospital Confinement Benefit Rider]
- [First Occurrence Benefit Rider]
- [First Occurrence Building Benefit Rider]
- [Annual Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit Rider]
- [Daily Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit Rider]
- [Hospital Intensive Care Unit Benefit Rider]
- [Surgical Benefits Rider]
- [Specified Disease Benefit Rider]

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Actual Charge” means the amount actually paid by or on behalf of the Insured Person and accepted by a provider for services provided. The amount the Insured Person is legally required to pay the provider for the covered services would be considered the Actual Charge. The negotiated fee, if any, between a managed care organization including but not limited to a preferred provider organization or Medicare would be considered the Actual Charge.

“Age” means Age last birthday of an Insured Person.

“Ambulatory Surgical Center” means a facility, within the United States, primarily licensed to provide elective or Outpatient surgical care and discharges each patient within the same working day. An Outpatient surgical unit of a Hospital also meets this criteria.

“Applicant” means the person first named as applicant in the Enrollment Form for a Certificate of Cancer Expense Insurance under this group policy.

“Audiologist” means anyone, other than an Immediate Family Member, who is licensed and certified to provide therapy to the hearing impaired.

“Calendar Year” means a period of 12 consecutive months starting on January 1 and ending on December 31 of the same year.

“Cancer” means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia, Hodgkin’s Disease, lymphoma, carcinoma, sarcoma or malignant tumor. Cancer also means Cancer In Situ, a malignant tumor that is confined to the site of origin, the cells of which have not invaded surrounding tissue. Cancer does not include other conditions which may be considered precancerous, including but not limited to, leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles or similar disease or lesions.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and such diagnosis is on the basis of microscopic examination of fixed tissue or preparations from the blood system (either during life or post mortem). The diagnosis of Cancer must be based solely on the criteria of malignancy established by the American Board of Pathology. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in an Insured Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer and the Insured Person receives treatment for Cancer.

“Cancer Treatment Center” means a Chemotherapy Treatment Center or Radiation Treatment Center.

“Certificate Anniversary” means the same day and month as the Certificate Effective Date shown in the Certificate Schedule for each year the issued Certificate remains in force.

“Certificate Effective Date” means the day on which coverage under the Certificate begins and is shown on the Certificate Schedule.

“Charity Hospital” means a Hospital which, in the absence of insurance, does not normally make a charge for its services.

“Chemotherapy” means a drug that: (a) it modifies, destroys, slows the growth, or prevents the spread or recurrence of Cancer cells; and (b) it is approved by the United States Food and Drug Administration to treat Cancer in humans.

“Chemotherapist” means a person who is licensed to administer Chemotherapy or Immunotherapy drugs in the State where such drugs are administered to the Insured Person.

“Chemotherapy Treatment Center” means a Clinic or Outpatient section of a Hospital specializing in the treatment of Cancer with Chemotherapy or Immunotherapy on an Outpatient basis. It must be licensed by the State in which it operates.

“Clinic” means a place operating under the applicable state law or licensing requirements where specialized medical treatment is given.

“Colony Stimulating Factor” means substances that stimulate the production of blood cells or platelets. They must be approved by the United States Food and Drug Administration for use in human Cancer patients being treated with Radiation Treatment, Chemotherapy, or Immunotherapy. Colony Stimulating Factors include, but are not limited to, granulocyte colony stimulating factors and granulocyte-macrophage colony stimulating factors, erythropoietin, epoetin alfa, darbepoetin, filgrastim, pegfilgrastim and sargramostin.

“Common Carrier” means only the following: commercial airline, passenger train, or bus line between cities. It does not include: taxis, city bus lines, or private charter airplanes.

“Convalescent Care Facility” means an institution that:

- (a) is legally operated to provide care and treatment to sick and injured persons at their expense;
- (b) is primarily engaged in providing skilled care under the supervision of a Physician during a period of convalescence for sickness or injury;
- (c) provides 24-hour nursing services by or under the supervision of Registered Nurses on duty or call; and
- (d) maintains a medical record of each patient.

Convalescent Care Facility **does not mean** a home or facility that is used primarily for rest; or provides care and treatment for drug addicts, alcoholics or the mentally ill; or primarily provides custodial or educational care.

“Date of Diagnosis” means the later of:

- (a) the day the tissue specimen is taken;
- (b) the day the definitive diagnostic test is performed that confirms a positive diagnosis when performed by a Pathologist; or
- (c) the day the Positive Diagnosis of Cancer, or one of the listed Specified Diseases if such optional rider is issued, is pronounced when a clinical diagnosis is made.

“Dependent” means any of the following persons:

1. The Eligible Member’s lawful spouse; and
2. any unmarried child, stepchild, legally adopted or foster child of the Eligible Member, or a child who has been placed with the Eligible Member, who is dependent on them for financial support and who has not attained the age of 25, and is:
 - (a) under 25 years of age on the date of enrollment; or
 - (b) a child for whom a petition for adoption has been filed if the insured applies for coverage within sixty days after the filing of the petition. If such application is made within 60 days after birth, coverage begins from the moment of birth; and
 - (c) legally adopted by the Eligible Member, or has been placed with the Eligible Member, or who becomes the Eligible Member’s stepchild before that child’s 25th birthday; and
 - (d) if the Eligible Member becomes a legal guardian of a child for who a petition for adoption is pending, that child will be deemed to be “adopted.” Also, if the Eligible Member becomes a legal guardian of a foster child, that child will be treated as an adopted child so long as:
 1. the Eligible Member continues as the child’s legal guardian;
 2. the child is dependent on the Eligible Member for support; and
 3. all other requirements of the Policy are met.

“Divorce/Divorced” means annulment or the dissolution of marriage.

“Effective Date” means the date an individual Insured Person’s coverage begins under an issued Certificate and is the latest of: (1) the Certificate Effective Date as shown on the Certificate Schedule page; or (2) the date

shown on the endorsement or amendment adding the Insured Person to coverage under an issued Certificate.

“Eligible Member(s)” mean persons who satisfy the eligibility requirements of this group policy as described in PART C – Member Eligibility and Effective Date or PART D – Dependent Provisions.

“Eligible Family Member” means a person for whom the Eligible Member furnishes satisfactory Evidence of Insurability who is either the Eligible Member’s spouse or a dependent child.

“Enrollment Form” means that document, signed by an Eligible Member, containing the member’s answers to Our questions and the member’s representations, which We accepted in good faith as being true, complete and correct, to the best of the member’s knowledge and belief. The Enrollment Form is the basis upon which We will issue a Certificate of Cancer Expense Insurance and it will be attached to and made a part of any issued Certificate.

“Evidence of Insurability” means a statement of a proposed Insured’s medical history which We will use to determine if he or she is approved for coverage. Evidence of Insurability will be provided at the Eligible Member’s expense.

“Experimental Treatment” means chemotherapy, or immunotherapy drugs not yet approved by the United States Food and Drug Administration for the treatment of Cancer which are the subject of ongoing clinical studies sponsored and funded by the National Cancer Institute to determine their toxicity, safety, efficacy or their efficacy compared to standard means of treatment. Treatment must be received in the United States or its territories and administered by an Oncologist as defined in this Policy and any issued Certificate. The Oncologist must certify, to the best of his or her knowledge and belief, that no other treatment having United States Food and Drug Administration approval is superior to the proposed Experimental Treatment.

“Government Hospital” means a hospital operated by or for an agency of the United States Government.

“Home Health Care” means the care and treatment of an Insured Person at his or her place of residence. Home Health Care is provided only if hospitalization or confinement in a Convalescent Care Facility would otherwise have been required. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician. Home Health Care Services must be provided by an agency that meets the qualifications set out below.

“Home Health Care Agency” means entity licensed to provide Home Health Care Services under applicable state law, or, in the absence of such state law, an entity that meets the following requirements:

- (a) it must be primarily engaged in providing Home Health Care Services;
- (b) its policies must be established by a group of professional personnel, including at least one Physician and one Registered Nurse;
- (c) supervision of Home Health Care Services must be performed by a Physician or Registered Nurse;
- (d) it must maintain clinical records on all patients;
- (e) it must have a full time administrator.

“Home Health Care Services” means:

- (a) part-time or intermittent home nursing care provided by or under the supervision of a Registered Nurse;
- (b) part-time or intermittent home health aide services that consists primarily of caring for the patient; and
- (c) medical supplies and equipment suitable for home use.

Home Health Care Services **does NOT mean:** (a) services or supplies not included in the Home Health Care plan; (b) services of a person who is an Immediate Family Member; (c) custodial care; (d) services or supplies for personal comfort or convenience; (e) food service or meals; or (f) transportation services.

“Hormonal Therapy” means a drug that adds, blocks, or removes hormones to slow, stop the growth of or prevent the recurrence of Cancer cells. It must be approved by the United States Food and Drug Administration to treat Cancer in humans.

“Hospice Center” means a facility that provides short periods of confinement for terminally ill patients. A Hospice Center must operate a program of hospice care that meets the standards set forth by the National

Hospice Organization. It must also be directed by a Physician, supervised by a Registered Nurse, and licensed or certified by the state in which it is located.

“Hospice Team” means a team of professionals including a Physician and a Nurse. It may also include a social worker, clergyman, clinical psychologist, physical therapist, or counselor. It must exist primarily to administer a hospice care program meeting the standards of the National Hospice Organization in the patient's home. Care must be available 24 hours a day, seven days a week.

“Hospital” means an institution that:

- (a) operates as a Hospital pursuant to law;
- (b) operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
- (c) provides 24-hour nursing service by Registered Nurses on duty or on call;
- (d) has a staff of one or more Physicians available at all times;
- (e) provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a pre-arranged basis.

Hospital **does NOT include** the following: (a) convalescent homes or convalescent, rest or nursing facilities; (b) facilities primarily affording custodial, educational or rehabilitative care; or (c) facilities for the aged, drug addicts or alcoholics.

“Immediate Family Member” means the Eligible Member and the Eligible Member's spouse or the parent, child, brother or sister of the Eligible Member or the Eligible Member's spouse.

“Immunoglobulin” means a protein naturally made by plasma cells in response to an antigen (foreign substance). The protein helps destroy the antigen. For the purposes of this Policy or any issued Certificate, the protein may be either natural or recombinant but it must be approved by the United States Food and Drug Administration for use in treating Cancer in humans.

“Immunotherapy” means a drug including a biological response modifier, biological therapy or biotherapy that meets the following criteria: (1) it stimulates or restores the ability of the immune system to modify, destroy or aid in the prevention of the spread of Cancer cells and (2) it is approved by the United States Food and Drug Administration to treat Cancer in humans. Immunotherapy **does NOT include** Immunoglobulin.

“Incapacitated Child” means a Dependent child who becomes incapable of self-support because of physical impairment or mental retardation while an Insured Person and before attaining Age 25 and who is primarily dependent on the Eligible Member or the Eligible Member's spouse for support and maintenance and is unmarried.

“Inpatient” means the Insured Person who is confined in a Hospital using and being charged for daily room and board.

“Insured Person” means the Eligible Member and the Eligible Member's Eligible Family Members whose coverage under an issued Certificate has become effective and such coverage has not been terminated.

If the Type of Coverage shown on the Certificate Schedule is **Individual**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person for a period of 60 days commencing with the moment of birth or adoption. Thereafter the Newly Adopted Child or Newborn Child will be considered a Dependent child who is an Eligible Family Member and insurance will continue past the 60 days only if the Eligible Member gives Us written notice of the birth or adoption within the 60 day period and pays the additional premium required.

If the Type of Coverage shown on the Certificate Schedule is **Single Parent** or **Family**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person commencing with the moment of birth or adoption. Thereafter the Newborn Child or Newly Adopted Child will be considered a Dependent child who is an Eligible Family Member.

“Internal Cancer” means Cancer that is not Skin Cancer.

“Local or Locally” means within 30 miles, one way, of the Insured Person’s usual place of residence.

“Named Insured” means the person accepted for coverage by Us who has completed and signed the Enrollment Form. This is the person whose name appears on the Certificate Schedule as “Named Insured.”

“Newborn Child” means any child born to the Eligible Member or the Eligible Member’s insured Spouse after the Certificate Effective Date.

“Newly Adopted Child” means a child who is: (a) adopted by the Eligible Member after the Certificate Effective Date; or (b) a child who has been placed with the Eligible Member after the Certificate Effective Date and for whom the application and approval procedures prescribed by law for adoption have been completed.

“Non-Local or Non-Locally” means more than 30 miles, one way, and less than 700 miles, one way, from the Insured Person’s usual place of residence.

“Nurse” means any one of the following who is not one of the Insured Person’s Immediate Family Members: a graduate Registered Nurse (R.N.); or a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). With respect to the benefits provided under any issued Certificate, Nurse will not include an R.N., L.P.N., or L.V.N. who is employed by the Hospital where the Insured Person is confined.

“Oncologist” means a Physician certified to practice in the field of Oncology.

“Outpatient” means the Insured Person is not confined in a Hospital.

“Pathologist” means a Physician who has been certified by either the American Board of Pathology, the Osteopathic Board of Pathology, or the American Board of Dermatopathology to practice pathological anatomy.

“Period of Hospital Confinement” means the period of consecutive days that the Insured Person is confined as an Inpatient in a Hospital on the advice and recommendation of a Physician. It begins on the date the Insured Person is admitted to the Hospital as an Inpatient and ends on the Insured Person’s date of discharge, unless discharge is for the purpose of immediate readmission to another Hospital.

“Physician” means a practitioner of the healing arts, including a nurse practitioner, duly licensed, practicing in the United States and legally qualified to treat sickness or injuries. Such person must not be the Insured Person, an Insured Person’s Immediate Family Member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by any issued Certificate. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Pre-existing Condition(s)” means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within one year prior to the Effective Date of coverage for each Insured Person.

“Proposed Insured” means any person named in an Enrollment Form for insurance.

“Radiation Treatment” means x-ray therapy, gamma ray therapy, particle beam therapy, proton beam therapy, or intensity-modulated radiation therapy, brachytherapy, radioactive isotopes therapy, radioactive iodine, cobalt, palladium, cesium or iridium that is approved by the United States Food and Drug Administration for the treatment of Cancer in humans and is used to modify, destroy, slow the growth or prevent recurrence of Cancer cells. The treatments discussed above must not be used for diagnostic or planning purposes.

“Radiation Treatment Center” means a Clinic or outpatient section of a Hospital specializing in Radiation Treatment of Cancer on an Outpatient basis.

“Radiation Therapist” means a Physician, Nurse or other medical personnel who are licensed to administer external or internal radiation. The medical professional must also be certified by the American Board of

Radiology to administer therapeutic radiation.

“Rating Class” means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, gender, underwriting classification, benefit category, issue state, and health status of the insured at the time the Certificate was purchased.

“Renewal Date” means the date any premium, after the first premium, for the Certificate is due.

“Skin Cancer” means basal cell carcinoma, basal cell epithelioma, squamous cell carcinoma, or melanoma of Clark’s Level I or II or Breslow level equal to or less than 1.5 mm.

“Substantially Similar Group Policy” means a policy of group Cancer Expense insurance issued to the Policyholder and insuring persons in the same Rating Class of Eligible Members as this group Policy. Eligibility for initial coverage under the Substantially Similar Group Policy must be conditioned by the existence of an employer-employee relationship and persons insured must be issued a certificate of insurance. It does not mean an individual type of an insurance policy issued on a payroll or salary deduction basis or otherwise to an employee of the Policyholder, even if premiums for the policy are paid under a Section 125 Cafeteria Plan.

“Tentative Diagnosis” means a diagnosis by a qualified Physician, based on the Physician’s experience, training and expertise, when a Positive Diagnosis cannot be made due to medical reasons.

“Terminally III” means the Insured Person has a life expectancy of 6 months or less.

“Total Disability / Totally Disabled” means that, as a result of Cancer, the Eligible Member is:

- (a) unable to perform all of the substantial or material duties of the Eligible Member’s regular occupation during the first two years beginning with the commencement of such disability;
- (b) unable to engage in any employment or occupation for which the Eligible Member is or becomes qualified by reason of education, training or experience after the first two years beginning with the commencement of such disability; and
- (c) under the care of a Physician.

If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first.

“We, Our, Us, or Company” means LifeShield National Insurance Company.

PART C	MEMBER ELIGIBILITY AND EFFECTIVE DATE
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ELIGIBLE MEMBER: means a member of the Policyholder as described in this group policy.

EFFECTIVE DATE: This Policy begins on the Policy Effective Date shown on the group Policy Schedule page at 12:01 AM Standard Time at the address of the Policyholder where this policy is delivered.

Coverage with respect to any Insured Person can never become effective until after the Eligible Member has submitted to Us the required written Enrollment Form along with any premium due, unless the Policyholder has payroll deduction facilities available and acceptable to Us. If such payroll deduction facilities are available and acceptable to Us, premium will be remitted per PART G – Premiums.

If an Eligible Member or any proposed Insured Person is not accepted for coverage, We will notify the member in writing and refund any applicable premium paid. If the Policyholder has payroll deduction facilities available and acceptable to Us, We will notify the facility to cease the applicable payroll deductions for that member. In either case, coverage for the non-accepted person(s) will be void.

PART D**DEPENDENT PROVISIONS**

TYPE OF COVERAGE: The Type of Coverage issued will be as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent:** coverage means that the primary insured and his or her eligible Dependent children are covered.
3. **Family:** coverage means that the primary insured, his or her spouse, and the eligible Dependent children of the primary insured or those of the spouse are covered.

Automatic Coverage of Newborn, Adopted and Foster Children

1. Any child born to Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of birth.
2. Any child adopted by Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of placement in the Eligible Person's home provided a petition for adoption has been duly filed and is pursued to a final decree of adoption.
3. A foster child, for who Eligible Person has been appointed legal guardian or custodian, will be a Covered Person from the moment of placement in Eligible Persons' home.

If the Eligible Person has coverage for Children, they need not notify the company of the child's birth, adoption or placement as a foster child. No extra premium will be charged.

If the Eligible Person does not have Children's coverage, then we must be given written notice of the birth, adoption or placement as a foster child within 31 days after the date of either occurrence and payment must be made of any required premium. If Eligible Person does not do this, the child will cease to be a Covered Person at the end of 31 days after such date.

Child Enrollment; Noncustodial Parents

If Eligible Person or Spouse is required by a court of law or administrative order to provide coverage for a Dependent Child and Eligible Person is eligible for family coverage:

1. Eligible Person may enroll, under family coverage, a child who is otherwise eligible for coverage without regard to enrollment time restrictions.
2. We will enroll the child under family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if Eligible Person has family coverage under this policy but fails to make application to obtain coverage for the child.
3. We may terminate coverage for this child only if we are provided with satisfactory written notice that:
 - a. the court or administrative order is no longer in effect; or
 - b. the child is or will be provided with comparable health coverage through another insurer, which coverage will take effect not later than the effective date of termination for that child under this policy.

If a child has health care coverage through the health insurer of a noncustodial parent, we will:

1. provide such information to the custodial parent as may be necessary for the child to obtain benefits through that coverage.
2. permit the custodial parent (or health care provider, with the custodial parent's approval) to submit claims for covered services without the approval of the noncustodial parent.
3. make payments or claims submitted in accordance with this provision of the policy directly to the custodial parent, the provider, or the Department of Human Resources.

PART E**BENEFITS**

We will pay the benefits as described below for the treatment of an Insured Person's Cancer, and if such optional rider is also issued, for the treatment of a listed Specified Disease provided he or she is covered under an issued Certificate and/or rider and the Certificate and/or rider remains in force. Payment will be made in

accordance with all applicable Certificate and/or rider provisions. Benefits are payable for a positive diagnosis that begins after the Certificate Effective Date. The positive diagnosis must be for Cancer as defined in an issued Certificate, or for a Specified Disease as defined in an issued optional rider.

All benefits are subject to terms and conditions of the issued Certificate and/or Specified Disease rider. If Cancer or a listed Specified Disease is diagnosed while any Insured Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to the Eligible Member. Admission to the Hospital must begin after the Certificate Effective Date of coverage. If a positive diagnosis is made for Cancer or a listed Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis if the Tentative Diagnosis is made after the Certificate Effective Date of coverage.

DESCRIPTION OF BENEFITS

Positive Diagnosis Benefit - We will pay the Actual Charge not to exceed \$300 per Calendar Year for one test that confirms the positive diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation / Consultation Benefit - If an Insured Person receives a positive diagnosis of Internal Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option opinion, We will pay the Actual Charge not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Certificate. This benefit is payable one time during the lifetime of the Insured Person.

Second and Third Surgical Opinion Expense Benefit – If surgery is recommended for the removal of Cancer, We will pay the Actual Charge for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with that of the Physician originally recommending the surgery, We will pay the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit - We will pay the Actual Charge, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under the Certificate.

Medical Imaging, Treatment Planning and Monitoring Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per Calendar Year, for laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation, internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.

Anti-Nausea Medication Expense Benefit - We will pay the Actual Charge for anti-nausea medication not to exceed \$150 per Calendar Month when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

Colony Stimulating Factor or Immunoglobulin Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per calendar month for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of the Certificate or rider attached to it.

Outpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit - When an Insured Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Insured Person's Internal Cancer treatment, We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit - We will pay the Actual Charge not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Internal Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to the Certificate.

Inpatient Oxygen Expense Benefit – When an Insured Person is confined to a Hospital for the treatment of Cancer and requires oxygen that is prescribed and ordered by a Physician, We will pay the Actual Charge for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit - We will pay the Actual Charge not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit - We will pay the Actual Charge not to exceed \$150 per day for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

Outpatient Private Duty Nursing Expense Benefit – Following a period of Hospital confinement of an Insured Person for the treatment of Cancer, We will pay the Actual Charge not to exceed \$ 150 per day, limited to the same number of days of the prior Hospital confinement, for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family.

Home Health Care Expense Benefit - We will pay benefits for the following covered charges when an Insured Person requires Home Health Care for the treatment of Cancer.

1. Home Health Care Visits - We will pay the Actual Charge for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
2. Medicine and Supplies - We will pay the Actual Charge not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. Services of a Nutritionist - We will pay the Actual Charge not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit - We will pay the Actual Charge not to exceed \$ 100 per day for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

1. be due to Cancer;
2. begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment

- of Cancer; and
3. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit – When an Insured Person, as a result of Cancer, requires Hospice Care, We will pay the Actual Charge for Hospice Care not to exceed \$ 100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Insured Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit - We will pay the Actual Charge for Non-Local transportation not to exceed coach fare by on a Common Carrier for the Insured Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

Lodging Expense Benefit - When an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, We will pay the Actual Charge not to exceed \$ 75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Insured Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit - We will pay the Actual Charge for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit:

(a) Surgically Implanted Breast Prosthesis – If, as the result of breast removal due to Cancer, the attending Physician prescribes a breast prosthesis to restore normal body contour, We will pay the Actual Charge for the prosthesis and its implantation. This benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider, if such rider is issued as part of the Certificate.

(b) Non-Surgically Implanted Prosthesis – If an Insured Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, We will pay the Actual Charge not to exceed a lifetime maximum of \$ 2,000 per such amputation. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit – If an Insured Person suffers hair loss due to Cancer treatments, We will pay the Actual Charge not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit – If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay the lesser of the Actual Charge for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Physical, Speech, Audio Therapy and Psychotherapy Expense Benefit - We will pay the Actual Charge not to exceed \$ 25 per therapy session for:

1. Physical therapy treatments given by a licensed Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or

3. Audio therapy given by a licensed Audiologist; or
4. Psychotherapy given by a licensed Psychologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Waiver of Premium Benefit - We will waive the premiums starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began.

If the Named Insured is retired or Age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more of the ADL's (Activities of Daily Living) listed below without the assistance of another person. ADL's are defined as activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living. The ADL's are:

1. Transferring - moving between the bed and a chair or the bed and a wheelchair;
2. Dressing - putting on and taking off all necessary items of clothing;
3. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
4. Eating - all major tasks of getting food into the body;
5. Bathing - getting into or out of the tub or shower and otherwise washing the parts of the body.

We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

PART F EXCLUSIONS AND LIMITATIONS

No benefits will be paid for

1. any loss due to any disease or illness other than Cancer;
2. care and treatment received outside the territorial limits of the United States;
3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
4. treatment that has not been approved by a Physician as being medically necessary; or
5. losses or medical expenses incurred prior to the Certificate Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

Pre-Existing Condition(s) Limitation

Subject to the Group Cancer Expense Policy Replacement of Prior Carrier provision below, the benefits of any issued Certificate will not be payable during the first 12 months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Condition disclosed or not disclosed on the Enrollment Form. This 12-month period is measured from the effective date of coverage for each Insured Person.

Group Cancer Expense Policy Replacement of Prior Carrier

If an Insured Person has a loss due to a Pre-Existing Condition and the Policyholder changed the prior group cancer expense insurance carrier to LifeShield National Insurance Company, We may pay benefits if an Insured Person's loss results from a Pre-Existing Condition if the primary insured was:

1. in active employment with the Policyholder and both the primary insured and the Insured Person are insured under the LifeShield National Group Cancer Expense Policy on the Policy Effective Date; and
2. both the primary insured and the Insured Person were insured under the prior group cancer expense policy when it terminated.

The prior group cancer expense policy's coverage must be under a Substantially Similar Group Policy to the LifeShield National Group Cancer Expense Policy. The prior group policy must also have been in effect within 60 days of the LifeShield National Policy's Effective Date in order for this provision to apply.

In order to receive benefits the Insured Person must satisfy the Pre-Existing Condition(s) provision under either:

1. the LifeShield National Group Cancer Expense Policy; or
2. the prior group cancer expense policy, if benefits would have been paid had that policy remained in force.

If such Insured Person does not satisfy either item # 1 or # 2 above, We will not pay any benefits for a loss resulting from Pre-Existing Condition(s). If the Insured Person satisfies either item # 1 or # 2 above, We will determine Our benefit payments according to Our Policy provisions.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member's first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first policy anniversary. We must give 45 days advance written notice to the Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person's pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the Policyholder has given Us written notice of the insured member's cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

Termination of coverage will not affect any claim for a covered loss that occurred while coverage was in force.

GROUP POLICY: Either the Policyholder or We may terminate this group policy by giving an advance written 30-day notice to the other party.

TERMINATION OF AN INSURED MEMBER'S COVERAGE: Coverage for an insured member will terminate on the date premiums are not received when due, subject to the GRACE PERIOD provision; or on the date the group policy terminates.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a Dependent will terminate on the date the insured member's coverage terminates, except when coverage continues with the insured member's Spouse as the new insured member. Coverage for Dependent persons may also terminate as explained in the following paragraphs.

Coverage for each Dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if and when either of these events occur.

If a Certificate holder's premium needs to be changed due to the termination of Dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a Dependent child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while the Certificate is in force and so long as such incapacity continues and the applicable

premium is paid. Satisfactory proof must be submitted to Us. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with Policyholder, We agree thereafter to renew the previously issued Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies while his or her Spouse is an Insured Person under an issued Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the Enrollment Form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under any issued Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures.

PART I	HOW TO FILE A CLAIM
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NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after any loss covered by an issued and in force Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Oklahoma City, Oklahoma. It should include the insured member's name and Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J	TIME OF PAYMENT OF CLAIMS
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All benefits payable under any issued Certificate for any loss, other than loss for which the Certificate provides any periodic payment, will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of clean claim.

Claims for benefits due under the Certificate are overdue if not paid within thirty-five (35) days after We receive a clean claim containing necessary medical information and other information essential for Us to administer Pre-existing Conditions and determine Actual Charges.

A "**clean claim**" means a claim We receive for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the insured in order to be processed and paid by Us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected. A clean claim does not include any of the following:

- (a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within thirty (30) days of the original claim;

- (b) Claims which are submitted fraudulently or that are based upon material misrepresentations;
- (c) Claims that require information essential for Us to administer Pre-existing Conditions or determine Actual Charges; or
- (d) Claims submitted by a provider more than thirty (30) days after the date of service. If the provider does not submit the claim on behalf of the insured, then a claim is not clean when submitted more than thirty (30) days after the date of billing by the provider to the insured.

Not later than thirty-five (35) days after the date We receive a claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider or the insured of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within twenty (20) days after receipt.

PART K	PAYMENT OF CLAIMS
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All benefits will be paid to the Certificate holder or to his or her estate.

PART L	ASSIGNABILITY
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Neither this group policy, any issued Certificate nor any benefits payable under any issued Certificate are assignable.

PART M	GENERAL INFORMATION
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ENTIRE CONTRACT: This group policy is a legal contract between the Policyholder and Us. Any issued Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Policyholder consists of the policy, which includes the application, and any attached riders, endorsements or papers. The entire contract with the Certificate holder consists of the Certificate, which includes the Enrollment Form, and any attached riders, endorsements or papers. No change in either the group policy or an issued Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to the group policy or to the Certificate. No agent has any authority to change this group policy or an issued Certificate or to waive any of their provisions. All statements in the group application and in the individual Enrollment Forms are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this group policy after it has been in force for two years from the Policy Effective Date. We will not contest the validity of any issued Certificate after it has been in force for two years from the Certificate Effective Date.

CERTIFICATES: We will give each member who is approved by Us for coverage a Certificate that describes the insurance benefits and the terms and conditions of coverage under the Certificate. The provisions and coverages provided under issued Certificates may vary by state based upon specific state requirements. The provisions of the Certificate issued to an insured member will be the controlling provisions governing the coverage of the Insured Person(s) under the Certificate.

CLERICAL ERROR: Clerical error on the part of the Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Policy Effective Date or on the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

POLICY OR CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the policy or Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under an issued Certificate We cannot use misstatements, except fraudulent misstatements, in the Enrollment Form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after one year from the date a person becomes covered under an issued Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to an issued Certificate. In applying them, the word "rider" will be used for the word "Certificate".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under any issued Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under an issued Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law.

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

CERTIFICATE OF CANCER EXPENSE INSURANCE

This certificate offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A

INSURING CLAUSE

LifeShield National Insurance Company (hereinafter referred to as We, Us or Our) agrees with the Named Insured (herein referred to as You, or Your) to cover each Insured Person identified in the issued Certificate of Cancer Insurance and any associated riders (hereinafter, "Certificate") for any covered loss described in the Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This certificate is executed as of the Certificate Effective Date and from which anniversary dates are measured. This Certificate takes effect at 12:01 A.M. Standard Time on the Certificate Effective Date at the address of the Certificate holder.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE ENROLLMENT FORM

The issuance of this Certificate is based upon Your answers to the questions on the enrollment form. A copy of the enrollment form is attached to this Certificate. If Your answers are materially incorrect or untrue, We may have the right to deny benefits or rescind this Certificate, subject to the Time Limit on Certain Defenses provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, please contact Us at this address: 815 West Ash Ave., Duncan, OK 73533.

NOTICE OF 30-DAY RIGHT TO EXAMINE POLICY

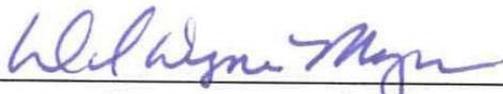
Within thirty (30) days from receipt of this Certificate, You may return it for any reason. If returned, this Certificate is void. Any premiums paid on the Certificate will be refunded. This Certificate may be returned to Us or to the agent who sold this Certificate.

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 is guilty of a felony.

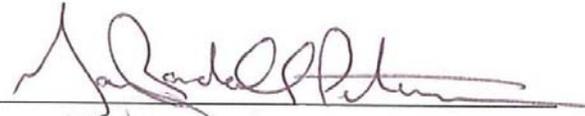
**THIS IS A LIMITED BENEFIT CERTIFICATE — READ IT CAREFULLY.
NO BENEFITS WILL BE PROVIDED DURING THE FIRST YEAR IMMEDIATELY FOLLOWING
THE EFFECTIVE DATE OF COVERAGE
FOR ANY CLAIMS RESULTING FROM PRE-EXISTING CONDITIONS**

This Certificate is governed by the laws of the state in which this master group cancer expense policy was issued and delivered.

Signed for Us on the Certificate Effective Date.



Secretary



President

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LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE CERTIFICATE OF INSURANCE CERTIFICATE SCHEDULE

POLICYHOLDER: [ABC, Inc.]

CERTIFICATE HOLDER [John Doe]

CERTIFICATE NUMBER: [LGC0012345]

TYPE: [FAMILY]

PRIMARY INSURED: [John Doe]

CERTIFICATE EFFECTIVE DATE: [March 1, 2007]

STATE OF ISSUE: [OKLAHOMA]

PRIMARY INSURED'S AGE AT ISSUE: [32]

Coverage	Maximum Benefit Amount	Annual Premium
Base Policy	Base Policy Benefits	\$[XXX]
Optional Benefit Riders		
Annual Cancer Screening Benefit Rider	[\$25, \$50, \$75, \$100, \$125] Per Calendar Year	\$[XXX]
First Occurrence Benefit Rider	[\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500, \$8,000, \$8,500, \$9,000, \$9,500, \$10,000] Lifetime Maximum	\$[XXX]
Surgical Benefits Rider	[\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500, \$8,000, \$8,500, \$9,000, \$9,500, \$10,000] Per Schedule	\$[XXX]
Daily Hospital Confinement Benefit Rider	[\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500, \$550, \$600] Per Day	\$[XXX]
Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider	[\$2,500, \$5,000, \$7,500, \$10,000, \$12,500, \$15,000, \$17,500, \$20,000] Per Calendar Year	\$[XXX]
Daily Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider	[\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000] Per Day	\$[XXX]
First Occurrence Building Benefit Rider	\$100, \$200, \$300, \$400, \$500, \$600] Per Year	\$[XXX]
Hospital Intensive Care Unit Benefit Rider	[\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500, \$550, \$600, \$650, \$700, \$750, \$800, \$850, \$900, \$950, \$1,000] Per Day	\$[XXX]
Specified Disease Benefit Rider Initial Hospitalization Benefit Hospital Confinement Benefit	\$ 1,500 Per Calendar Year \$ 300 per Day for 1 st 30 days \$ 600 per Day for 31 or more days of continuous confinement	\$[XXX]
	Total Annual Premium Amount:	\$
Premium Mode: [Payroll-Monthly]	Total Modal Premium Amount:	\$

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Actual Charge” means the amount actually paid by or on behalf of the Insured Person and accepted by a provider for services provided. The amount the Insured Person is legally required to pay the provider for the covered services would be considered the Actual Charge. The negotiated fee, if any, between a managed care organization including but not limited to a preferred provider organization or Medicare would be considered the Actual Charge.

“Age” means Age last birthday of an Insured Person.

“Ambulatory Surgical Center” means a facility, within the United States, primarily licensed to provide elective or Outpatient surgical care and discharges each patient within the same working day. An Outpatient surgical unit of a Hospital also meets this criteria.

“Applicant” means the person first named as applicant in the Enrollment Form for a Certificate of Cancer Expense Insurance under this group policy.

“Audiologist” means anyone, other than an Immediate Family Member, who is licensed and certified to provide therapy to the hearing impaired.

“Calendar Year” means a period of 12 consecutive months starting on January 1 and ending on December 31 of the same year.

“Cancer” means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia, Hodgkin’s Disease, lymphoma, carcinoma, sarcoma or malignant tumor. Cancer also means Cancer In Situ, a malignant tumor that is confined to the site of origin, the cells of which have not invaded surrounding tissue. Cancer does not include other conditions which may be considered precancerous, including but not limited to, leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles or similar disease or lesions.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and such diagnosis is on the basis of microscopic examination of fixed tissue or preparations from the blood system (either during life or post mortem). The diagnosis of Cancer must be based solely on the criteria of malignancy established by the American Board of Pathology. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in an Insured Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer and the Insured Person receives treatment for Cancer.

“Cancer Treatment Center” means a Chemotherapy Treatment Center or Radiation Treatment Center.

“Certificate Anniversary” means the same day and month as the Certificate Effective Date shown in the Certificate Schedule for each year the Certificate remains in force.

“Certificate Effective Date” means the day on which coverage under the Certificate begins and is shown on the Certificate Schedule.

“Charity Hospital” means a Hospital which, in the absence of insurance, does not normally make a charge for its services.

“Chemotherapy” means a drug that: (a) it modifies, destroys, slows the growth, or prevents the spread or recurrence of Cancer cells; and (b) it is approved by the United States Food and Drug Administration to treat Cancer in humans.

“Chemotherapist” means a person who is licensed to administer Chemotherapy or Immunotherapy drugs in the State where such drugs are administered to the Insured Person.

“Chemotherapy Treatment Center” means a Clinic or Outpatient section of a Hospital specializing in the treatment of Cancer with Chemotherapy or Immunotherapy on an Outpatient basis. It must be licensed by the State in which it operates.

“Clinic” means a place operating under the applicable state law or licensing requirements where specialized medical treatment is given.

“Colony Stimulating Factor” means substances that stimulate the production of blood cells or platelets. They must be approved by the United States Food and Drug Administration for use in human Cancer patients being treated with Radiation Treatment, Chemotherapy, or Immunotherapy. Colony Stimulating Factors include, but are not limited to, granulocyte colony stimulating factors and granulocyte-macrophage colony stimulating factors, erythropoietin, epoetin alfa, darbepoetin, filgrastim, pegfilgrastim and sargramostin.

“Common Carrier” means only the following: commercial airline, passenger train, or bus line between cities. It does not include: taxis, city bus lines, or private charter airplanes.

“Convalescent Care Facility” means an institution that:

- (a) is legally operated to provide care and treatment to sick and injured persons at their expense;
- (b) is primarily engaged in providing skilled care under the supervision of a Physician during a period of convalescence for sickness or injury;
- (c) provides 24-hour nursing services by or under the supervision of Registered Nurses on duty or call; and
- (d) maintains a medical record of each patient.

Convalescent Care Facility **does not mean** a home or facility that is used primarily for rest; or provides care and treatment for drug addicts, alcoholics or the mentally ill; or primarily provides custodial or educational care.

“Date of Diagnosis” means the later of:

- (a) the day the tissue specimen is taken;
- (b) the day the definitive diagnostic test is performed that confirms a positive diagnosis when performed by a Pathologist; or
- (c) the day the Positive Diagnosis of Cancer, or one of the listed Specified Diseases if such optional rider is issued, is pronounced when a clinical diagnosis is made.

“Dependent” means any of the following persons:

1. The Eligible Member’s lawful spouse; and
2. any unmarried child, stepchild, legally adopted or foster child of the Eligible Member, or a child who has been placed with the Eligible Member, who is dependent on them for financial support and who has not attained the age of 25, and is:
 - (a) under 25 years of age on the date of enrollment; or
 - (b) a child for whom a petition for adoption has been filed if the insured applies for coverage within sixty days after the filing of the petition. If such application is made within 60 days after birth, coverage begins from the moment of birth; and
 - (c) legally adopted by the Eligible Member, or has been placed with the Eligible Member, or who becomes the Eligible Member’s stepchild before that child’s 25th birthday; and
 - (d) if the Eligible Member becomes a legal guardian of a child for who a petition for adoption is pending, that child will be deemed to be “adopted.” Also, if the Eligible Member becomes a legal guardian of a foster child, that child will be treated as an adopted child so long as:
 1. the Eligible Member continues as the child’s legal guardian;
 2. the child is dependent on the Eligible Member for support; and
 3. all other requirements of the Policy are met.

“Divorce/Divorced” means annulment or the dissolution of marriage.

“Effective Date” means the date an individual Insured Person’s coverage begins under this Certificate and is the latest of: (1) the Certificate Effective Date as shown on the Certificate Schedule page; or (2) the date shown on the endorsement or amendment adding the Insured Person to coverage under this Certificate.

“Eligible Member(s)” mean persons who satisfy the eligibility requirements of this group policy as described in PART C – Member Eligibility and Effective Date or PART D – Dependent Provisions.

“Eligible Family Member” means a person for whom the Eligible Member furnishes satisfactory Evidence of Insurability who is either the Eligible Member’s spouse or a dependent child.

“Enrollment Form” means that document, signed by an Eligible Member, containing the member’s answers to Our questions and the member’s representations, which We accepted in good faith as being true, complete and correct, to the best of the member’s knowledge and belief. The Enrollment Form is the basis upon which We issued this Certificate of Cancer Expense Insurance and it is attached to and made a part of this Certificate.

“Evidence of Insurability” means a statement of a proposed Insured’s medical history which We will use to determine if he or she is approved for coverage. Evidence of Insurability will be provided at the Eligible Member’s expense.

“Experimental Treatment” means chemotherapy, or immunotherapy drugs not yet approved by the United States Food and Drug Administration for the treatment of Cancer which are the subject of ongoing clinical studies sponsored and funded by the National Cancer Institute to determine their toxicity, safety, efficacy or their efficacy compared to standard means of treatment. Treatment must be received in the United States or its territories and administered by an Oncologist as defined in this Policy and any issued Certificate. The Oncologist must certify, to the best of his or her knowledge and belief, that no other treatment having United States Food and Drug Administration approval is superior to the proposed Experimental Treatment.

“Government Hospital” means a hospital operated by or for an agency of the United States Government.

“Home Health Care” means the care and treatment of an Insured Person at his or her place of residence. Home Health Care is provided only if hospitalization or confinement in a Convalescent Care Facility would otherwise have been required. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician. Home Health Care Services must be provided by an agency that meets the qualifications set out below.

“Home Health Care Agency” means entity licensed to provide Home Health Care Services under applicable state law, or, in the absence of such state law, an entity that meets the following requirements:

- (a) it must be primarily engaged in providing Home Health Care Services;
- (b) its policies must be established by a group of professional personnel, including at least one Physician and one Registered Nurse;
- (c) supervision of Home Health Care Services must be performed by a Physician or Registered Nurse;
- (d) it must maintain clinical records on all patients;
- (e) it must have a full time administrator.

“Home Health Care Services” means:

- (a) part-time or intermittent home nursing care provided by or under the supervision of a Registered Nurse;
- (b) part-time or intermittent home health aide services that consists primarily of caring for the patient; and
- (c) medical supplies and equipment suitable for home use.

Home Health Care Services **does NOT mean:** (a) services or supplies not included in the Home Health Care plan; (b) services of a person who is an Immediate Family Member; (c) custodial care; (d) services or supplies for personal comfort or convenience; (e) food service or meals; or (f) transportation services.

“Hormonal Therapy” means a drug that adds, blocks, or removes hormones to slow, stop the growth of or prevent the recurrence of Cancer cells. It must be approved by the United States Food and Drug Administration to treat Cancer in humans.

“Hospice Center” means a facility that provides short periods of confinement for terminally ill patients. A Hospice Center must operate a program of hospice care that meets the standards set forth by the National Hospice Organization. It must also be directed by a Physician, supervised by a Registered Nurse, and licensed or certified by the state in which it is located.

“**Hospice Team**” means a team of professionals including a Physician and a Nurse. It may also include a social worker, clergyman, clinical psychologist, physical therapist, or counselor. It must exist primarily to administer a hospice care program meeting the standards of the National Hospice Organization in the patient's home. Care must be available 24 hours a day, seven days a week.

“**Hospital**” means an institution that:

- (a) operates as a Hospital pursuant to law;
- (b) operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
- (c) provides 24-hour nursing service by Registered Nurses on duty or on call;
- (d) has a staff of one or more Physicians available at all times;
- (e) provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a pre-arranged basis.

Hospital **does NOT include** the following: (a) convalescent homes or convalescent, rest or nursing facilities; (b) facilities primarily affording custodial, educational or rehabilitative care; or (c) facilities for the aged, drug addicts or alcoholics.

“**Immediate Family Member**” means the Eligible Member and the Eligible Member's spouse or the parent, child, brother or sister of the Eligible Member or the Eligible Member's spouse.

“**Immunoglobulin**” means a protein naturally made by plasma cells in response to an antigen (foreign substance). The protein helps destroy the antigen. For the purposes of this Policy or any issued Certificate, the protein may be either natural or recombinant but it must be approved by the United States Food and Drug Administration for use in treating Cancer in humans.

“**Immunotherapy**” means a drug including a biological response modifier, biological therapy or biotherapy that meets the following criteria: (1) it stimulates or restores the ability of the immune system to modify, destroy or aid in the prevention of the spread of Cancer cells and (2) it is approved by the United States Food and Drug Administration to treat Cancer in humans. Immunotherapy **does NOT include** Immunoglobulin.

“**Incapacitated Child**” means a Dependent child who becomes incapable of self-support because of physical impairment or mental retardation while an Insured Person and before attaining Age 25 and who is primarily dependent on the Eligible Member or the Eligible Member's spouse for support and maintenance and is unmarried.

“**Inpatient**” means the Insured Person who is confined in a Hospital using and being charged for daily room and board.

“**Insured Person**” means the Eligible Member and the Eligible Member's Eligible Family Members whose coverage under this Certificate has become effective and such coverage has not been terminated.

If the Type of Coverage shown on the Certificate Schedule is **Individual**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person for a period of 60 days commencing with the moment of birth or adoption. Thereafter the Newly Adopted Child or Newborn Child will be considered a Dependent child who is an Eligible Family Member and insurance will continue past the 60 days only if the Eligible Member gives Us written notice of the birth or adoption within the 60 day period and pays the additional premium required.

If the Type of Coverage shown on the Certificate Schedule is **Single Parent** or **Family**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person commencing with the moment of birth or adoption. Thereafter the Newborn Child or Newly Adopted Child will be considered a Dependent child who is an Eligible Family Member.

“**Internal Cancer**” means Cancer that is not Skin Cancer.

“**Local or Locally**” means within 30 miles, one way, of the Insured Person's usual place of residence.

“Named Insured” means the person accepted for coverage by Us who has completed and signed the Enrollment Form. This is the person whose name appears on the Certificate Schedule as “Named Insured.”

“Newborn Child” means any child born to the Eligible Member or the Eligible Member's insured Spouse after the Certificate Effective Date.

“Newly Adopted Child” means a child who is: (a) adopted by the Eligible Member after the Certificate Effective Date; or (b) a child who has been placed with the Eligible Member after the Certificate Effective Date and for whom the application and approval procedures prescribed by law for adoption have been completed.

“Non-Local or Non-Locally” means more than 30 miles, one way, and less than 700 miles, one way, from the Insured Person's usual place of residence.

“Nurse” means any one of the following who is not one of the Insured Person's Immediate Family Members: a graduate Registered Nurse (R.N.); or a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). With respect to the benefits provided under any issued Certificate, Nurse will not include an R.N., L.P.N., or L.V.N. who is employed by the Hospital where the Insured Person is confined.

“Oncologist” means a Physician certified to practice in the field of Oncology.

“Outpatient” means the Insured Person is not confined in a Hospital.

“Pathologist” means a Physician who has been certified by either the American Board of Pathology, the Osteopathic Board of Pathology, or the American Board of Dermatopathology to practice pathological anatomy.

“Period of Hospital Confinement” means the period of consecutive days that the Insured Person is confined as an Inpatient in a Hospital on the advice and recommendation of a Physician. It begins on the date the Insured Person is admitted to the Hospital as an Inpatient and ends on the Insured Person's date of discharge, unless discharge is for the purpose of immediate readmission to another Hospital.

“Physician” means a practitioner of the healing arts, including a nurse practitioner, duly licensed, practicing in the United States and legally qualified to treat sickness or injuries. Such person must not be the Insured Person, an Insured Person's Immediate Family Member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by any issued Certificate. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Pre-existing Condition(s)” means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within one year prior to the Effective Date of coverage for each Insured Person.

“Proposed Insured” means any person named in an Enrollment Form for insurance.

“Radiation Treatment” means x-ray therapy, gamma ray therapy, particle beam therapy, proton beam therapy, or intensity-modulated radiation therapy, brachytherapy, radioactive isotopes therapy, radioactive iodine, cobalt, palladium, cesium or iridium that is approved by the United States Food and Drug Administration for the treatment of Cancer in humans and is used to modify, destroy, slow the growth or prevent recurrence of Cancer cells. The treatments discussed above must not be used for diagnostic or planning purposes.

“Radiation Treatment Center” means a Clinic or outpatient section of a Hospital specializing in Radiation Treatment of Cancer on an Outpatient basis.

“Radiation Therapist” means a Physician, Nurse or other medical personnel who are licensed to administer external or internal radiation. The medical professional must also be certified by the American Board of Radiology to administer therapeutic radiation.

“Rating Class” means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, gender, underwriting classification, benefit category, issue state, and health status of the insured at the time the Certificate was purchased.

“Renewal Date” means the date any premium, after the first premium, for the Certificate is due.

“Skin Cancer” means basal cell carcinoma, basal cell epithelioma, squamous cell carcinoma, or melanoma of Clark’s Level I or II or Breslow level equal to or less than 1.5 mm.

“Substantially Similar Group Policy” means a policy of group Cancer Expense insurance issued to the Policyholder and insuring persons in the same Rating Class of Eligible Members as the group policy under which this Certificate was issued. Eligibility for initial coverage under the Substantially Similar Group Policy must be conditioned by the existence of an employer-employee relationship and persons insured must be issued a certificate of insurance. It does not mean an individual type of an insurance policy issued on a payroll or salary deduction basis or otherwise to an employee of the Policyholder, even if premiums for the policy are paid under a Section 125 Cafeteria Plan.

“Tentative Diagnosis” means a diagnosis by a qualified Physician, based on the Physician’s experience, training and expertise, when a Positive Diagnosis cannot be made due to medical reasons.

“Terminally III” means the Insured Person has a life expectancy of 6 months or less.

“Total Disability / Totally Disabled” means that, as a result of Cancer, the Eligible Member is:

- (a) unable to perform all of the substantial or material duties of the Eligible Member’s regular occupation during the first two years beginning with the commencement of such disability;
- (b) unable to engage in any employment or occupation for which the Eligible Member is or becomes qualified by reason of education, training or experience after the first two years beginning with the commencement of such disability; and
- (c) under the care of a Physician.

If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first.

“We, Our, Us, or Company” means LifeShield National Insurance Company.

PART C	MEMBER ELIGIBILITY AND EFFECTIVE DATE
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ELIGIBLE MEMBER: means a member of the Policyholder as described in the master Group Cancer Expense Policy.

EFFECTIVE DATE: This Certificate begins on the Certificate Effective Date shown on the Certificate Schedule page at 12:01 AM Standard Time at the address of the Certificate holder where this Certificate is delivered.

Coverage with respect to any Insured Person can never become effective until after the Eligible Member has submitted to Us the required written Enrollment Form along with any premium due, unless the Policyholder has payroll deduction facilities available and acceptable to Us. If such payroll deduction facilities are available and acceptable to Us, premium will be remitted per PART G – Premiums.

PART D**DEPENDENT PROVISIONS**

TYPE OF COVERAGE: The Type of Coverage issued is as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent:** coverage means that the primary insured and his or her eligible Dependent children are covered.
3. **Family:** coverage means that the primary insured, his or her spouse, and the eligible Dependent children of the primary insured or those of the spouse are covered.

Automatic Coverage of Newborn, Adopted and Foster Children

1. Any child born to Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of birth.
2. Any child adopted by Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of placement in the Eligible Person's home provided a petition for adoption has been duly filed and is pursued to a final decree of adoption.
3. A foster child, for who Eligible Person has been appointed legal guardian or custodian, will be a Covered Person from the moment of placement in Eligible Persons' home.

If the Eligible Person has coverage for Children, they need not notify the company of the child's birth, adoption or placement as a foster child. No extra premium will be charged.

If the Eligible Person does not have Children's coverage, then we must be given written notice of the birth, adoption or placement as a foster child within 31 days after the date of either occurrence and payment must be made of any required premium. If Eligible Person does not do this, the child will cease to be a Covered Person at the end of 31 days after such date.

Child Enrollment; Noncustodial Parents

If Eligible Person or Spouse is required by a court of law or administrative order to provide coverage for a Dependent Child and Eligible Person is eligible for family coverage:

1. Eligible Person may enroll, under family coverage, a child who is otherwise eligible for coverage without regard to enrollment time restrictions.
2. We will enroll the child under family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if Eligible Person has family coverage under this policy but fails to make application to obtain coverage for the child.
3. We may terminate coverage for this child only if we are provided with satisfactory written notice that:
 - a. the court or administrative order is no longer in effect; or
 - b. the child is or will be provided with comparable health coverage through another insurer, which coverage will take effect not later than the effective date of termination for that child under this policy.

If a child has health care coverage through the health insurer of a noncustodial parent, we will:

1. provide such information to the custodial parent as may be necessary for the child to obtain benefits through that coverage.
2. permit the custodial parent (or health care provider, with the custodial parent's approval) to submit claims for covered services without the approval of the noncustodial parent.
3. make payments or claims submitted in accordance with this provision of the policy directly to the custodial parent, the provider, or the Department of Human Resources.

PART E**BENEFITS**

We will pay the benefits as described below for the treatment of an Insured Person's Cancer, and if such optional rider is also issued, for the treatment of a listed Specified Disease provided he or she is covered under this Certificate and/or rider and the Certificate and/or rider remains in force. Payment will be made in

accordance with all applicable Certificate and/or rider provisions. Benefits are payable for a positive diagnosis that begins after the Certificate Effective Date. The positive diagnosis must be for Cancer as defined in this Certificate, or for a Specified Disease as defined in an attached rider.

All benefits are subject to terms and conditions of this Certificate and/or an attached Specified Disease rider. If Cancer or a listed Specified Disease is diagnosed while any Insured Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to the Eligible Member. Admission to the Hospital must begin after the Certificate Effective Date of coverage. If a positive diagnosis is made for Cancer or a listed Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis if the Tentative Diagnosis is made after the Certificate Effective Date of coverage.

DESCRIPTION OF BENEFITS

Positive Diagnosis Benefit - We will pay the Actual Charge not to exceed \$300 per Calendar Year for one test that confirms the positive diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation / Consultation Benefit - If an Insured Person receives a positive diagnosis of Internal Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option opinion, We will pay the Actual Charge not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of this Certificate. This benefit is payable one time during the lifetime of the Insured Person.

Second and Third Surgical Opinion Expense Benefit – If surgery is recommended for the removal of Cancer, We will pay the Actual Charge for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with that of the Physician originally recommending the surgery, We will pay the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit - We will pay the Actual Charge, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Certificate.

Medical Imaging, Treatment Planning and Monitoring Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per Calendar Year, for laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation, internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.

Anti-Nausea Medication Expense Benefit - We will pay the Actual Charge for anti-nausea medication not to exceed \$150 per Calendar Month when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

Colony Stimulating Factor or Immunoglobulin Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per calendar month for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Certificate or rider attached to it.

Outpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit - When an Insured Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Insured Person's Internal Cancer treatment, We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit - We will pay the Actual Charge not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Internal Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to this Certificate.

Inpatient Oxygen Expense Benefit – When an Insured Person is confined to a Hospital for the treatment of Cancer and requires oxygen that is prescribed and ordered by a Physician, We will pay the Actual Charge for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit - We will pay the Actual Charge not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit - We will pay the Actual Charge not to exceed \$150 per day for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

Outpatient Private Duty Nursing Expense Benefit – Following a period of Hospital confinement of an Insured Person for the treatment of Cancer, We will pay the Actual Charge not to exceed \$ 150 per day, limited to the same number of days of the prior Hospital confinement, for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family.

Home Health Care Expense Benefit - We will pay benefits for the following covered charges when an Insured Person requires Home Health Care for the treatment of Cancer.

1. Home Health Care Visits - We will pay the Actual Charge for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
2. Medicine and Supplies - We will pay the Actual Charge not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. Services of a Nutritionist - We will pay the Actual Charge not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit - We will pay the Actual Charge not to exceed \$ 100 per day for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

1. be due to Cancer;
2. begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer; and

3. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit – When an Insured Person, as a result of Cancer, requires Hospice Care, We will pay the Actual Charge for Hospice Care not to exceed \$ 100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Insured Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit - We will pay the Actual Charge for Non-Local transportation not to exceed coach fare by on a Common Carrier for the Insured Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

Lodging Expense Benefit - When an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, We will pay the Actual Charge not to exceed \$ 75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Insured Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit - We will pay the Actual Charge for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit:

(a) Surgically Implanted Breast Prosthesis – If, as the result of breast removal due to Cancer, the attending Physician prescribes a breast prosthesis to restore normal body contour, We will pay the Actual Charge for the prosthesis and its implantation. This benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider, if such rider is issued as part of this Certificate.

(b) Non-Surgically Implanted Prosthesis – If an Insured Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, We will pay the Actual Charge not to exceed a lifetime maximum of \$ 2,000 per such amputation. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit – If an Insured Person suffers hair loss due to Cancer treatments, We will pay the Actual Charge not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit – If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay the lesser of the Actual Charge for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Physical, Speech, Audio Therapy and Psychotherapy Expense Benefit - We will pay the Actual Charge not to exceed \$ 25 per therapy session for:

1. Physical therapy treatments given by a licensed Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
3. Audio therapy given by a licensed Audiologist; or

4. Psychotherapy given by a licensed Psychologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Waiver of Premium Benefit - We will waive the premiums starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began.

If the Named Insured is retired or Age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more of the ADL's (Activities of Daily Living) listed below without the assistance of another person. ADL's are defined as activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living. The ADL's are:

1. Transferring - moving between the bed and a chair or the bed and a wheelchair;
2. Dressing - putting on and taking off all necessary items of clothing;
3. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
4. Eating - all major tasks of getting food into the body;
5. Bathing - getting into or out of the tub or shower and otherwise washing the parts of the body.

We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

PART F EXCLUSIONS AND LIMITATIONS

No benefits will be paid for

1. any loss due to any disease or illness other than Cancer;
2. care and treatment received outside the territorial limits of the United States;
3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
4. treatment that has not been approved by a Physician as being medically necessary; or
5. losses or medical expenses incurred prior to the Certificate Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

Pre-Existing Condition(s) Limitation

Subject to the Group Cancer Expense Policy Replacement of Prior Carrier provision below, the benefits of this Certificate will not be payable during the first 12 months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Condition disclosed or not disclosed on the Enrollment Form. This 12-month period is measured from the effective date of coverage for each Insured Person.

Group Cancer Expense Policy Replacement of Prior Carrier

If an Insured Person has a loss due to a Pre-Existing Condition and the Policyholder changed the prior group cancer expense insurance carrier to LifeShield National Insurance Company, We may pay benefits if an Insured Person's loss results from a Pre-Existing Condition if the primary insured was:

1. in active employment with the Policyholder and both the primary insured and the Insured Person are insured under the LifeShield National Group Cancer Expense Policy on the Policy Effective Date; and
2. both the primary insured and the Insured Person were insured under the prior group cancer expense policy when it terminated.

The prior group cancer expense policy's coverage must be under a Substantially Similar Group Policy to the LifeShield National Group Cancer Expense Policy. The prior group policy must also have been in effect within 60 days of the LifeShield National Policy's Effective Date in order for this provision to apply.

In order to receive benefits the Insured Person must satisfy the Pre-Existing Condition(s) provision under either:

1. the LifeShield National Group Cancer Expense Policy; or
2. the prior group cancer expense policy, if benefits would have been paid had that policy remained in force.

If such Insured Person does not satisfy either item # 1 or # 2 above, We will not pay any benefits for a loss resulting from Pre-Existing Condition(s). If the Insured Person satisfies either item # 1 or # 2 above, We will determine Our benefit payments according to Our Policy provisions.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member's first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first policy anniversary. We must give 45 days advance written notice to the Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person's pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the Policyholder has given Us written notice of the insured member's cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

Termination of coverage will not affect any claim for a covered loss that occurred while coverage was in force.

GROUP POLICY: Either the Policyholder or We may terminate this group policy by giving an advance written 30-day notice to the other party.

TERMINATION OF AN INSURED MEMBER'S COVERAGE: Coverage for an insured member will terminate on the date premiums are not received when due, subject to the GRACE PERIOD provision; or on the date the group policy terminates.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a Dependent will terminate on the date the insured member's coverage terminates, except when coverage continues with the insured member's Spouse as the new insured member. Coverage for Dependent persons may also terminate as explained in the following paragraphs.

Coverage for each Dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if and when either of these events occur.

If a Certificate holder's premium needs to be changed due to the termination of Dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a Dependent child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while the Certificate is in force and so long as such incapacity continues and the applicable premium is paid. Satisfactory proof must be submitted to Us. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with Policyholder, We agree thereafter to renew the previously issued Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies while his or her Spouse is an Insured Person under this Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the Enrollment Form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under any issued Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures.

PART I HOW TO FILE A CLAIM

NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after any loss covered by this Certificate, while it was in force, occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Oklahoma City, Oklahoma. It should include the insured member's name and Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J TIME OF PAYMENT OF CLAIMS

All benefits payable under this Certificate for any loss, other than loss for which this Certificate provides any periodic payment, will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of clean claim.

Claims for benefits due under this Certificate are overdue if not paid within thirty-five (35) days after We receive a clean claim containing necessary medical information and other information essential for Us to administer Pre-existing Conditions and determine Actual Charges.

A "**clean claim**" means a claim We receive for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the insured in order to be processed and paid by Us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected. A clean claim does not include any of the following:

- (a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within thirty (30) days of the original claim;
- (b) Claims which are submitted fraudulently or that are based upon material misrepresentations;
- (c) Claims that require information essential for Us to administer Pre-existing Conditions or determine

- Actual Charges; or
- (d) Claims submitted by a provider more than thirty (30) days after the date of service. If the provider does not submit the claim on behalf of the insured, then a claim is not clean when submitted more than thirty (30) days after the date of billing by the provider to the insured.

Not later than thirty-five (35) days after the date We receive a claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider or the insured of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within twenty (20) days after receipt.

PART K	PAYMENT OF CLAIMS
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All benefits will be paid to the Certificate holder or to his or her estate.

PART L	ASSIGNABILITY
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Neither this Certificate nor any benefits payable are assignable.

PART M	GENERAL INFORMATION
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ENTIRE CONTRACT: This Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Certificate holder consists of the Certificate, which includes the Enrollment Form, and any attached riders, endorsements or papers. No change in this Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to the Certificate. No agent has any authority to change this Certificate or to waive any of its provisions. All statements in the Enrollment Form are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this Certificate after it has been in force for two years from the Certificate Effective Date.

CLERICAL ERROR: Clerical error on the part of the Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under this Certificate We cannot use misstatements, except fraudulent misstatements, in the Enrollment Form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after one year from the date a person becomes covered under this Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to this Certificate. In applying them, the word "rider" will be used for the word "Certificate".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under this Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under this Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law.

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

ANNUAL CANCER SCREENING BENEFIT RIDER

This optional rider is effective only if the Annual Cancer Screening Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

ANNUAL CANCER SCREENING BENEFIT

Basic Benefit - We will pay the Actual Charge, not to exceed the Maximum Benefit Amount per Calendar Year as shown on the Certificate Schedule for the Annual Cancer Screening Benefit, per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to the following:

- | | |
|--|--|
| Mammogram | Breast Ultrasound |
| Pap Smear | ThinPrep |
| Flexible Sigmoidoscopy | Biopsy |
| Hemocult Stool Specimen | Chest X-Ray |
| CEA (blood test for colon cancer) | Thermography |
| PSA (blood test for prostate cancer) | Colonoscopy |
| CA 125 (blood test for ovarian cancer) | Serum Protein Electrophoresis (blood test for myeloma) |
| CA 15-3 (blood test for breast cancer) | |

Additional Benefit - We will pay the Actual Charge, not to exceed two times the Maximum Benefit Amount per Calendar Year as shown on the Certificate Schedule for the Annual Cancer Screening Benefit, per Insured Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure, however, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained within the base policy.

Secretary

President

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ANNUAL CANCER SCREENING BENEFIT RIDER

This optional rider is effective only if the Annual Cancer Screening Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

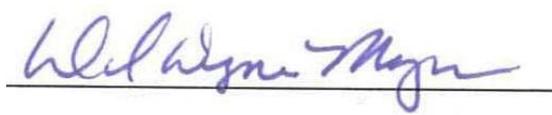
1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

ANNUAL CANCER SCREENING BENEFIT

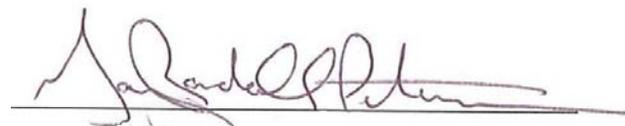
Basic Benefit - We will pay the Actual Charge, not to exceed the Maximum Benefit Amount per Calendar Year as shown on the Certificate Schedule for the Annual Cancer Screening Benefit, per Insured Person for screening tests performed to determine whether Cancer exists in an Insured Person. Covered annual Cancer screening tests include but are not limited to the following:

- | | |
|--|--|
| Mammogram | Breast Ultrasound |
| Pap Smear | ThinPrep |
| Flexible Sigmoidoscopy | Biopsy |
| Hemocult Stool Specimen | Chest X-Ray |
| CEA (blood test for colon cancer) | Thermography |
| PSA (blood test for prostate cancer) | Colonoscopy |
| CA 125 (blood test for ovarian cancer) | Serum Protein Electrophoresis (blood test for myeloma) |
| CA 15-3 (blood test for breast cancer) | |

Additional Benefit - We will pay the Actual Charge, not to exceed two times the Maximum Benefit Amount per Calendar Year as shown on the Certificate Schedule for the Annual Cancer Screening Benefit, per Insured Person for one additional invasive diagnostic procedure required as the result of an abnormal cancer screening test for which benefits are payable under the Basic Benefit above. Invasive diagnostic procedure means a procedure requiring an excision or the insertion of an instrument in the body. This additional benefit is payable regardless of the results of the additional diagnostic procedure, however, the amount payable will be reduced dollar for dollar for any amount payable under the Positive Diagnosis Benefit contained within the base certificate.



Secretary



President

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DAILY HOSPITAL CONFINEMENT BENEFIT RIDER

This optional rider is effective only if the Daily Hospital Confinement Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

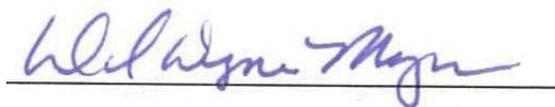
1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

DAILY HOSPITAL CONFINEMENT EXPENSE BENEFITS

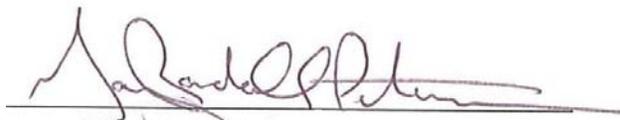
Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit, for each of the first 30 days in each Period of Hospital Confinement during which an Insured Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.

Confinements lasting longer than 30 Consecutive Days – If an Insured Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.

Benefits for an insured Dependent Child under Age 21 - Benefits payable under the Daily Hospital Confinement Expense Benefits will be double the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit if the Insured Person so confined is a dependent child under the age of 21.



Secretary



President

DAILY HOSPITAL CONFINEMENT BENEFIT RIDER

This optional rider is effective only if the Daily Hospital Confinement Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

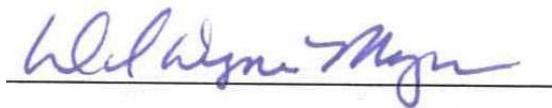
1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

DAILY HOSPITAL CONFINEMENT EXPENSE BENEFITS

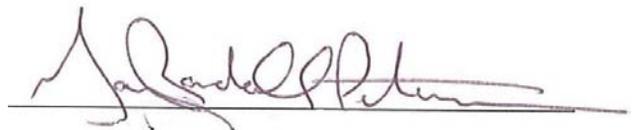
Confinements of 30 Days or Less - We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit, for each of the first 30 days in each Period of Hospital Confinement during which an Insured Person is confined to a Hospital, including a Government or Charity Hospital, for the treatment of Cancer.

Confinements lasting longer than 30 Consecutive Days – If an Insured Person is continuously confined to a Hospital, including a Government or Charity Hospital, for longer than 30 consecutive days for the treatment of Cancer, We will pay two times the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit. This benefit payment will begin on the 31st continuous day of such confinement and continue for each day of confinement until the Insured Person is discharged from the Hospital.

Benefits for an insured Dependent Child under Age 21 - Benefits payable under the Daily Hospital Confinement Expense Benefits will be double the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for the Daily Hospital Confinement Benefit if the Insured Person so confined is a dependent child under the age of 21.



Secretary



President

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FIRST OCCURRENCE BENEFIT RIDER

This optional rider is effective only if the First Occurrence Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

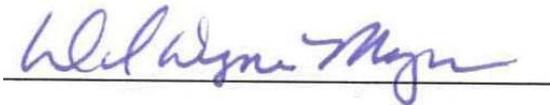
1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

FIRST OCCURRENCE BENEFIT

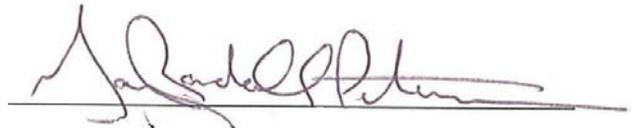
If an Insured Person receives a positive diagnosis of Internal Cancer while insured under an issued Certificate, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule.

If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, We will pay one and one-half times the First Occurrence Benefit amount shown on the Certificate Schedule.

This benefit is payable one time only during the lifetime of each Insured Person, regardless of the number of positive diagnoses that an Insured Person may have of Internal Cancer.



Secretary



President

LifeShield National Insurance Company®

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FIRST OCCURRENCE BENEFIT RIDER

This optional rider is effective only if the First Occurrence Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

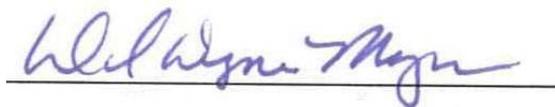
1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

FIRST OCCURRENCE BENEFIT

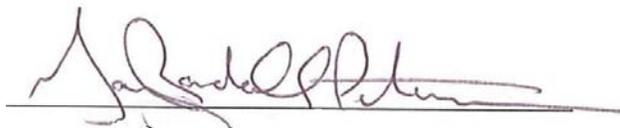
If an Insured Person receives a positive diagnosis of Internal Cancer while insured under this Certificate, We will pay the First Occurrence Benefit amount shown on the Certificate Schedule.

If the Insured Person receiving the positive diagnosis of Internal Cancer is a child under the age of 21, We will pay one and one-half times the First Occurrence Benefit amount shown on the Certificate Schedule.

This benefit is payable one time only during the lifetime of each Insured Person, regardless of the number of positive diagnoses that an Insured Person may have of Internal Cancer.



Secretary



President

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FIRST OCCURRENCE BUILDING BENEFIT RIDER

This optional rider is effective only if both the First Occurrence Benefit Rider and the First Occurrence Building Benefit Rider are shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

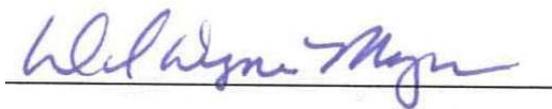
FIRST OCCURRENCE BUILDING BENEFIT

While this rider is in effect, on the day following each Anniversary of any issued Certificate, the First Occurrence Benefit amount shown on the Certificate Schedule will be increased for each Insured Person by the First Occurrence Building Benefit amount shown on the Certificate Schedule.

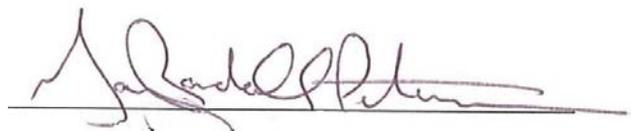
The First Occurrence Building Benefit, if any accrued, will be paid under the same terms and conditions as the First Occurrence Benefit Rider attached to any issued Certificate.

This First Occurrence Building Benefit will cease to annually increase for an Insured Person on the day following the first Certificate Anniversary after the Insured Person's 65th birthday or on the date of positive diagnosis of Internal Cancer, whichever occurs first. However, regardless of the age of the Insured Person on the Certificate Effective Date of this rider, this benefit shall accrue for a period of at least five years unless Internal Cancer is diagnosed prior to the fifth year of coverage.

If the Coverage Type shown on the Certificate Schedule is "Individual", no further premium will be billed for this rider after the payment of the First Occurrence benefit.



Secretary



President

FIRST OCCURRENCE BUILDING BENEFIT RIDER

This optional rider is effective only if both the First Occurrence Benefit Rider and the First Occurrence Building Benefit Rider are shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:
1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

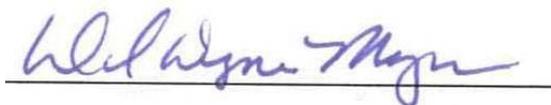
FIRST OCCURRENCE BUILDING BENEFIT

While this rider is in effect, on the day following each Anniversary of this Certificate, the First Occurrence Benefit amount shown on the Certificate Schedule will be increased for each Insured Person by the First Occurrence Building Benefit amount shown on the Certificate Schedule.

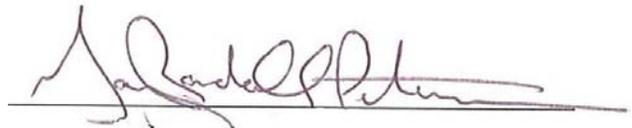
The First Occurrence Building Benefit, if any accrued, will be paid under the same terms and conditions as the First Occurrence Benefit Rider attached to this Certificate.

This First Occurrence Building Benefit will cease to annually increase for an Insured Person on the day following the first Certificate Anniversary after the Insured Person's 65th birthday or on the date of positive diagnosis of Internal Cancer, whichever occurs first. However, regardless of the age of the Insured Person on the Certificate Effective Date of this rider, this benefit shall accrue for a period of at least five years unless Internal Cancer is diagnosed prior to the fifth year of coverage.

If the Coverage Type shown on the Certificate Schedule is "Individual", no further premium will be billed for this rider after the payment of the First Occurrence benefit.



Secretary



President

**ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
BENEFIT RIDER**

This optional rider is effective only if the Annual Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

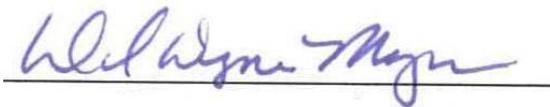
The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

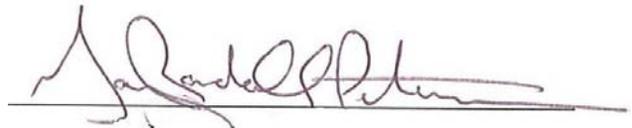
**RADIATION TREATMENT, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT
EXPENSE BENEFIT**

While this rider is in effect, We will pay the Actual Charge incurred in any one Calendar Year by an Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy or Immunotherapy or Experimental Treatment not to exceed the Radiation Treatment, Chemotherapy, Immunotherapy or Experimental Treatment Benefit amount shown on the Certificate Schedule for each Calendar Year. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. Treatments must be administered, or in the case of self-administered or oral chemotherapy or immunotherapy, prescribed by a Physician, Chemotherapist, Oncologist, Radiation Therapist or other licensed medical personnel as required by the applicable state law to administer the treatment. Treatment may be on an Inpatient or Outpatient basis.

The Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit amount shown on the Certificate Schedule is the maximum We will pay in any one Calendar Year for each Insured Person's Cancer treatments regardless of the number or types of treatments received.



Secretary



President

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

**ANNUAL RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
BENEFIT RIDER**

This optional rider is effective only if the Annual Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

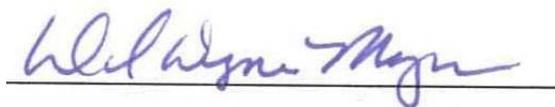
The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

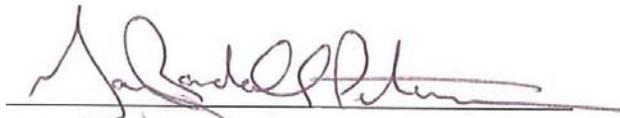
**RADIATION TREATMENT, CHEMOTHERAPY, IMMUNOTHERAPY and EXPERIMENTAL TREATMENT
EXPENSE BENEFIT**

While this rider is in effect, We will pay the Actual Charge incurred in any one Calendar Year by an Insured Person for Radiation Treatment, Chemotherapy, Hormonal Therapy or Immunotherapy or Experimental Treatment not to exceed the Radiation Treatment, Chemotherapy, Immunotherapy or Experimental Treatment Benefit amount shown on the Certificate Schedule for each Calendar Year. The Radiation Treatment, Chemotherapy, Hormonal Therapy, Immunotherapy or Experimental Treatment must be for the treatment of an Insured Person's Cancer. Treatments must be administered, or in the case of self-administered or oral chemotherapy or immunotherapy, prescribed by a Physician, Chemotherapist, Oncologist, Radiation Therapist or other licensed medical personnel as required by the applicable state law to administer the treatment. Treatment may be on an Inpatient or Outpatient basis.

The Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit amount shown on the Certificate Schedule is the maximum We will pay in any one Calendar Year for each Insured Person's Cancer treatments regardless of the number or types of treatments received.



Secretary



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**DAILY RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
BENEFIT RIDER**

This optional rider is effective only if the Daily Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

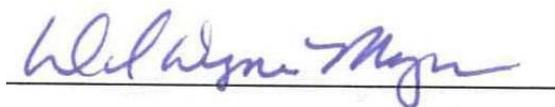
1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

**RADIATION TREATMENT, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
EXPENSE BENEFIT**

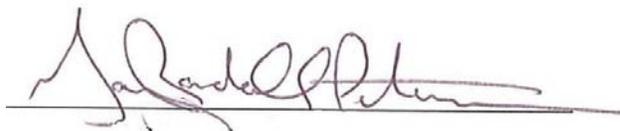
While this rider is in effect, We will pay the Actual Charge incurred by an Insured Person, not to exceed the Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit amount shown on the Certificate Schedule for each day an Insured Person receives one or more of the following Cancer treatments:

1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic;
2. Self-injected Chemotherapy or Immunotherapy drugs, limited to the maximum daily benefit amount per treatment.
3. Chemotherapy or Immunotherapy drugs dispensed by a pump or implant. This is limited to the maximum daily benefit amount for the initial prescription and an equal amount for each refill.
4. Oral Chemotherapy or Immunotherapy regardless of where administered. This is limited to the maximum daily benefit amount per prescription.
5. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body.
6. Experimental Treatment

The Radiation Treatment, Chemotherapy, Immunotherapy Benefit or Experimental Treatment amount shown on the Certificate Schedule is the maximum We will pay on any day an Insured Person receives a Chemotherapy, Immunotherapy, Radiation or Experimental Treatment, regardless of the type or number of different treatments the Insured Person may receive on the same day.



Secretary



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**DAILY RADIATION, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
BENEFIT RIDER**

This optional rider is effective only if the Daily Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

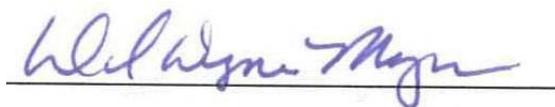
1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

**RADIATION TREATMENT, CHEMOTHERAPY, IMMUNOTHERAPY AND EXPERIMENTAL TREATMENT
EXPENSE BENEFIT**

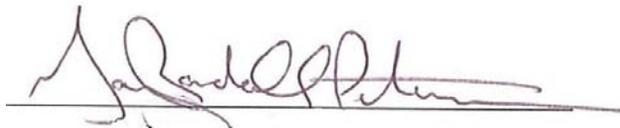
While this rider is in effect, We will pay the Actual Charge incurred by an Insured Person, not to exceed the Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit amount shown on the Certificate Schedule for each day an Insured Person receives one or more of the following Cancer treatments:

1. Chemotherapy (including Hormonal Therapy) or Immunotherapy injected by a Chemotherapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Chemotherapy Treatment Center, a Hospital or Clinic;
2. Self-injected Chemotherapy or Immunotherapy drugs, limited to the maximum daily benefit amount per treatment.
3. Chemotherapy or Immunotherapy drugs dispensed by a pump or implant. This is limited to the maximum daily benefit amount for the initial prescription and an equal amount for each refill.
4. Oral Chemotherapy or Immunotherapy regardless of where administered. This is limited to the maximum daily benefit amount per prescription.
5. Radiation Treatment administered by a Radiation Therapist, an Oncologist, Physician or other legally qualified medical personnel in the office of an Oncologist or Physician, a Radiation Treatment Center, a Hospital or Clinic. Benefits payable for interstitial or intracavitary applications of Radiation Treatments are payable on the day of insertion only and not for each day the Radiation Treatment remains in the body.
6. Experimental Treatment

The Radiation Treatment, Chemotherapy, Immunotherapy Benefit or Experimental Treatment amount shown on the Certificate Schedule is the maximum We will pay on any day an Insured Person receives a Chemotherapy, Immunotherapy, Radiation or Experimental Treatment, regardless of the type or number of different treatments the Insured Person may receive on the same day.



Secretary



President

HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER

This optional rider is effective only if the Hospital Intensive Care Unit Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

DEFINITIONS

"Injury" - means sudden, unexpected and unintended injury which is independent of any Sickness. It must be caused by or the result of external and violent means that takes place while this rider is in force.

"Intensive Care Unit" - means a specifically designated part of a Hospital that provides the highest level of medical care for critically ill or injured persons and is restricted to patients whose medical condition necessitates such level of care. The Intensive Care Unit must be equipped with special life-saving equipment, services and monitoring devices. Patients in the Intensive Care Unit must be under constant and continuous care of Nurses assigned exclusively to the Intensive Care Unit. The Intensive Care Unit must be eligible to be listed as such by the American Hospital Association Guide. Intensive Care Unit also means a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit that meets the standards set forth above. Hospital private or semi-private rooms, private monitored rooms, observation rooms, surgical recovery rooms, progressive care, intermediate care, telemetry units or other facilities are not considered Intensive Care Units.

"Period of Hospital Intensive Care Unit Confinement" - means the period of successive days the Insured Person is confined as an Inpatient in an Intensive Care Unit or a Step Down Unit. It begins on the date the Insured Person is confined as an Inpatient in an Intensive Care Unit or Step Down Unit. It ends on the Insured Person's date of discharge from that unit. Successive confinements due to the same or a related cause not separated by at least 30 days are considered to be a part of the same Period of Confinement.

"Sickness" - means an illness, disease or pregnancy for which treatment is given after the Certificate Effective Date and while this rider is in force.

"Step Down Unit" - means a specifically designated part of a Hospital that provides medical care to patients whose medical conditions do not require Intensive Care Unit confinement but do require services beyond that provided in regular hospital private or semi-private rooms, private monitored rooms, observation rooms or surgical recovery units. Hospital private or semi-private rooms, private monitored rooms, observation rooms or surgical recovery units are not considered Step Down Units.

"Travel Related Injury" - means an accidental bodily injury sustained directly and independently of all other causes from the Insured Person being struck by a vehicle including an automobile, bus, truck, van, motorcycle, airplane or train or being involved in an accident where the Insured Person was an operator or passenger in or on such vehicle.

HOSPITAL INTENSIVE CARE UNIT BENEFITS

Subject to all the terms, provisions, conditions, definitions, exclusions, limitations and reductions contained in this rider and the base policy, for covered Intensive Care Unit or Step Down Unit confinements which occur during a Period of Confinement that begins after the Insured Person's Certificate Effective Date of coverage We will pay the benefits described in A., B., or C., below.

- A. Intensive Care Unit Benefit** - We will pay the Daily Hospital Intensive Care Unit Benefit amount shown on the Certificate Schedule for each day an Insured Person is confined in an Intensive Care Unit as the result of Sickness or Injury, subject to the following: (1) Intensive Care Unit Benefits will begin on the first day of such confinement. (2) However, We will not pay benefits for any more than 45 days during any one Period of Hospital Intensive Care Unit Confinement.
- B. Double Intensive Care Unit Benefit** - The Daily Hospital Intensive Care Unit Benefit payable for any one Period of Confinement that is the result of Cancer or as the result of a Travel Related Injury will be double the Hospital Intensive Care Unit Benefit shown on the Certificate Schedule. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury. Double benefits are not payable for successive periods of Intensive Care Unit confinement, even when part of the same Period of Confinement.
- C. Step Down Unit Benefit** - We will pay one-half of the Daily Hospital Intensive Care Unit Benefit shown on the Certificate Schedule for each day the Insured Person is confined in a Step Down Unit as the result of Sickness or Injury.

During each Period of Confinement, We will pay benefits for a maximum of 45 days under A., B., or C.

ADDITIONAL EXCLUSIONS and LIMITATIONS

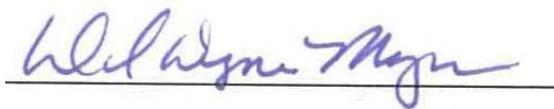
Coverage under this rider is subject to the applicable Exclusions and Limitations of the base policy to which it is attached. The following additional Exclusions, Reduction and Limitations also apply.

REDUCTION

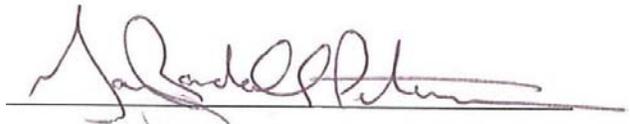
On the date an Insured Person attains Age 75, and continuing thereafter, his or her Daily Hospital Intensive Care Unit benefit will be reduced to an amount equal to one-half of the Daily Hospital Intensive Care Unit Benefit shown on the Certificate Schedule.

EXCLUSIONS

This rider does not cover Intensive Care Unit or Step Down Unit confinements that are the result of (1) intentionally self-inflicted injury, or (2) the Insured Person being intoxicated or under the influence of alcohol, drugs or any narcotic, unless administered on and according to the advice of a Medical Practitioner. The term "intoxicated" means that condition as defined by law in the jurisdiction in which the cause of loss occurred.



Secretary



President

HOSPITAL INTENSIVE CARE UNIT BENEFIT RIDER

This optional rider is effective only if the Hospital Intensive Care Unit Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

DEFINITIONS

"Injury" - means sudden, unexpected and unintended injury which is independent of any Sickness. It must be caused by or the result of external and violent means that takes place while this rider is in force.

"Intensive Care Unit" - means a specifically designated part of a Hospital that provides the highest level of medical care for critically ill or injured persons and is restricted to patients whose medical condition necessitates such level of care. The Intensive Care Unit must be equipped with special life-saving equipment, services and monitoring devices. Patients in the Intensive Care Unit must be under constant and continuous care of Nurses assigned exclusively to the Intensive Care Unit. The Intensive Care Unit must be eligible to be listed as such by the American Hospital Association Guide. Intensive Care Unit also means a Cardiac Intensive Care Unit or Neonatal Intensive Care Unit that meets the standards set forth above. Hospital private or semi-private rooms, private monitored rooms, observation rooms, surgical recovery rooms, progressive care, intermediate care, telemetry units or other facilities are not considered Intensive Care Units.

"Period of Hospital Intensive Care Unit Confinement" - means the period of successive days the Insured Person is confined as an Inpatient in an Intensive Care Unit or a Step Down Unit. It begins on the date the Insured Person is confined as an Inpatient in an Intensive Care Unit or Step Down Unit. It ends on the Insured Person's date of discharge from that unit. Successive confinements due to the same or a related cause not separated by at least 30 days are considered to be a part of the same Period of Confinement.

"Sickness" - means an illness, disease or pregnancy for which treatment is given after the Certificate Effective Date and while this rider is in force.

"Step Down Unit" - means a specifically designated part of a Hospital that provides medical care to patients whose medical conditions do not require Intensive Care Unit confinement but do require services beyond that provided in regular hospital private or semi-private rooms, private monitored rooms, observation rooms or surgical recovery units. Hospital private or semi-private rooms, private monitored rooms, observation rooms or surgical recovery units are not considered Step Down Units.

"Travel Related Injury" - means an accidental bodily injury sustained directly and independently of all other causes from the Insured Person being struck by a vehicle including an automobile, bus, truck, van, motorcycle, airplane or train or being involved in an accident where the Insured Person was an operator or passenger in or on such vehicle.

HOSPITAL INTENSIVE CARE UNIT BENEFITS

Subject to all the terms, provisions, conditions, definitions, exclusions, limitations and reductions contained in this rider and the base certificate, for covered Intensive Care Unit or Step Down Unit confinements which occur during a Period of Confinement that begins after the Insured Person's Certificate Effective Date of coverage We will pay the benefits described in A., B., or C., below.

A. Intensive Care Unit Benefit - We will pay the Daily Hospital Intensive Care Unit Benefit amount shown on the Certificate Schedule for each day an Insured Person is confined in an Intensive Care Unit as the result of Sickness or Injury, subject to the following: (1) Intensive Care Unit Benefits will begin on the first day of such confinement. (2) However, We will not pay benefits for any more than 45 days during any one Period of Hospital Intensive Care Unit Confinement.

B. Double Intensive Care Unit Benefit - The Daily Hospital Intensive Care Unit Benefit payable for any one Period of Confinement that is the result of Cancer or as the result of a Travel Related Injury will be double the Hospital Intensive Care Unit Benefit shown on the Certificate Schedule. The double benefit for a Travel Related Injury is payable only for the initial Intensive Care Unit confinement that commences within 24 hours of the accident causing the Travel Related Injury. Double benefits are not payable for successive periods of Intensive Care Unit confinement, even when part of the same Period of Confinement.

C. Step Down Unit Benefit - We will pay one-half of the Daily Hospital Intensive Care Unit Benefit shown on the Certificate Schedule for each day the Insured Person is confined in a Step Down Unit as the result of Sickness or Injury.

During each Period of Confinement, We will pay benefits for a maximum of 45 days under A., B., or C.

ADDITIONAL EXCLUSIONS and LIMITATIONS

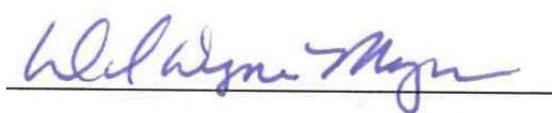
Coverage under this rider is subject to the applicable Exclusions and Limitations of the base certificate to which it is attached. The following additional Exclusions, Reduction and Limitations also apply.

REDUCTION

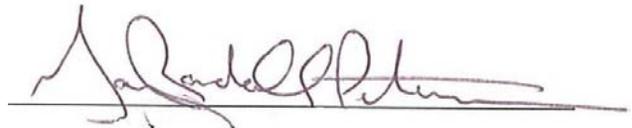
On the date an Insured Person attains Age 75, and continuing thereafter, his or her Daily Hospital Intensive Care Unit benefit will be reduced to an amount equal to one-half of the Daily Hospital Intensive Care Unit Benefit shown on the Certificate Schedule.

EXCLUSIONS

This rider does not cover Intensive Care Unit or Step Down Unit confinements that are the result of (1) intentionally self-inflicted injury, or (2) the Insured Person being intoxicated or under the influence of alcohol, drugs or any narcotic, unless administered on and according to the advice of a Medical Practitioner. The term "intoxicated" means that condition as defined by law in the jurisdiction in which the cause of loss occurred.



Secretary



President

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

SURGICAL BENEFITS RIDER

This optional rider is effective only if the Surgical Benefits Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person’s coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

SURGICAL EXPENSE BENEFIT

We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) according to the following Surgical Schedule. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility.

The following rules apply to the Surgical Schedule shown below:

1. Two or more surgical procedures performed at the same time and through the same incision will be deemed one surgery, the surgery with the highest Surgical Benefit.
2. The procedures listed in the following Surgical Schedule are selected examples from a complete surgical schedule used by Us. For any surgical procedure not listed in the following Surgical Schedule, We will pay a benefit according to this complete schedule. However, in no event will the amount payable exceed the Maximum Benefit amount shown on the Certificate Schedule. The complete Surgical Schedule is incorporated into this rider by reference and is available upon request.
3. One unit of coverage under this benefit provides a maximum benefit Amount of \$1,000. The following amounts provide examples of benefits as they would be payable under this Surgical Schedule. The maximum Surgical Benefit amount for an Insured Person’s coverage under this rider will be shown on the Certificate Schedule.
4. We will not pay more than the Actual Charge for any surgical procedure.

SURGICAL SCHEDULE

ABDOMEN

Colonoscopy beyond splenic flexure	\$ 140
Esophagogastrosocopy	\$ 83
Proctosigmoidoscopy (independent procedure)	\$ 13
Colectomy partial, with colostomy	\$ 550
Pancreatectomy Subtotal with or without Splenectomy	\$ 433

BREAST

Incisional Biopsy of Breast	\$ 77
Mastectomy, Radical including Breast, Pectoral Muscles, and Axillary Lymph Nodes, Unilateral	\$ 400
Mastectomy, Modified Radical with Modified Axillary dissection but leaving Pectoral M uscles, Unilateral	\$ 350
Mammoplasty Augmentation Prosthetic (not including implants) Unilateral	\$ 250
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging)	\$ 900

GENITO-URINARY TRACT

Nephrectomy including Partial Ureterectomy, any approach including Rib Resection		\$ 383
Pelvic Exenteration complete for Vesical Prostatic or Urethral Malignancy with removal of Bladder and Uteral Transplantation		\$ 1,000
Cystourethroscopy with Biopsy	Hospital	\$ 53
	Office	\$ 33
Transurethral Resection of Prostate including control of postoperative bleeding during the initial hospitalization		\$ 383
Orchiectomy radical for tumor inguinal Approach		\$ 177
Dilation and Curettement of Cervical - Stump		\$ 77
Total Hysterectomy (Corpus and Cervix) with or without tubes and/or ovaries, one or both		\$ 333
Vaginal Hysterectomy		\$ 330

LUNG

Pneumonectomy Total		\$ 600
Lobectomy Total or Segmental		\$ 500
Bronchoscopy		\$ 80

NERVOUS SYSTEM

Excision Brain Tumor – Supratentorial Except Meningioma		\$ 667
Laminectomy One or Two Segments for Intraspinal Lesion Cervical		\$ 650

RECTUM

Proctectomy Complete Combined Absominoperineal		\$ 517
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ANESTHESIA EXPENSE BENEFIT

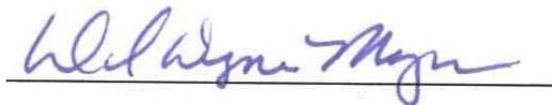
When a surgical procedure is performed that is a covered surgical expense and the Insured Person incurs charges for anesthesia, We will pay the Actual Charge for the anesthesia not to exceed an amount equal to 25% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a Physician for the purpose of administering anesthesia.

SKIN CANCER SURGERY EXPENSE BENEFIT

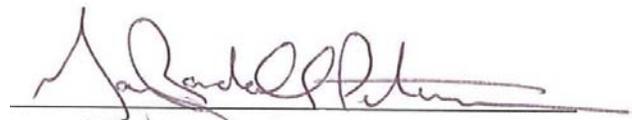
When there is a positive diagnosis of Skin Cancer of an Insured Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, We will pay the Actual Charge, not to exceed the amount shown below, for such surgical removal.

Biopsy	\$ 125
Excision of lesion of skin	\$ 350
Excision of lesion of skin with flap or graft	\$ 750

This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.



Secretary



President

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SURGICAL BENEFITS RIDER

This optional rider is effective only if the Surgical Benefits Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

SURGICAL EXPENSE BENEFIT

We will pay a Surgical Expense Benefit for a surgical procedure for the treatment of Cancer (except Skin Cancer) according to the following Surgical Schedule. The surgery may be performed either as an inpatient of a Hospital or as an outpatient in a Hospital, Ambulatory Surgical Center, Physician's office or other free standing medical facility.

The following rules apply to the Surgical Schedule shown below:

1. Two or more surgical procedures performed at the same time and through the same incision will be deemed one surgery, the surgery with the highest Surgical Benefit.
2. The procedures listed in the following Surgical Schedule are selected examples from a complete surgical schedule used by Us. For any surgical procedure not listed in the following Surgical Schedule, We will pay a benefit according to this complete schedule. However, in no event will the amount payable exceed the Maximum Benefit amount shown on the Certificate Schedule. The complete Surgical Schedule is incorporated into this rider by reference and is available upon request.
3. One unit of coverage under this benefit provides a maximum benefit Amount of \$1,000. The following amounts provide examples of benefits as they would be payable under this Surgical Schedule. The maximum Surgical Benefit amount for an Insured Person's coverage under this rider will be shown on the Certificate Schedule.
4. We will not pay more than the Actual Charge for any surgical procedure.

SURGICAL SCHEDULE

ABDOMEN

Colonoscopy beyond splenic flexure	\$ 140
Esophagogastrosocopy	\$ 83
Proctosigmoidoscopy (independent procedure)	\$ 13
Colectomy partial, with colostomy	\$ 550
Pancreatectomy Subtotal with or without Splenectomy	\$ 433

BREAST

Incisional Biopsy of Breast	\$ 77
Mastectomy, Radical including Breast, Pectoral Muscles, and Axillary Lymph Nodes, Unilateral	\$ 400
Mastectomy, Modified Radical with Modified Axillary dissection but leaving Pectoral Muscles, Unilateral	\$ 350
Mammoplasty Augmentation Prosthetic (not including implants) Unilateral	\$ 250
Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site, with microvascular anastomosis (supercharging)	\$ 900

GENITO-URINARY TRACT

Nephrectomy including Partial Ureterectomy, any approach including Rib Resection	\$ 383
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Pelvic Exenteration complete for Vesical Prostatic or Urethral Malignancy with removal of Bladder and Uteral Transplantation		\$ 1,000
Cystourethroscopy with Biopsy	Hospital	\$ 53
	Office	\$ 33
Transurethral Resection of Prostate including control of postoperative bleeding during the initial hospitalization		\$ 383
Orchiectomy radical for tumor inguinal Approach		\$ 177
Dilation and Curettement of Cervical - Stump		\$ 77
Total Hysterectomy (Corpus and Cervix) with or without tubes and/or ovaries, one or both		\$ 333
Vaginal Hysterectomy		\$ 330
LUNG		
Pneumonectomy Total		\$ 600
Lobectomy Total or Segmental		\$ 500
Bronchoscopy		\$ 80
NERVOUS SYSTEM		
Excision Brain Tumor – Supratentorial Except Meningioma		\$ 667
Laminectomy One or Two Segments for Intraspinial Lesion Cervical		\$ 650
RECTUM		
Proctectomy Complete Combined Absominoperineal		\$ 517

ANESTHESIA EXPENSE BENEFIT

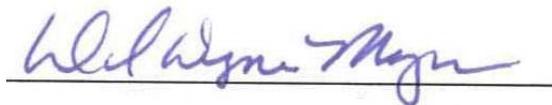
When a surgical procedure is performed that is a covered surgical expense and the Insured Person incurs charges for anesthesia, We will pay the Actual Charge for the anesthesia not to exceed an amount equal to 25% of the covered Surgical Expense Benefit for the operation performed. This includes the services of a professional anesthesiologist or of an anesthetist under supervision of a Physician for the purpose of administering anesthesia.

SKIN CANCER SURGERY EXPENSE BENEFIT

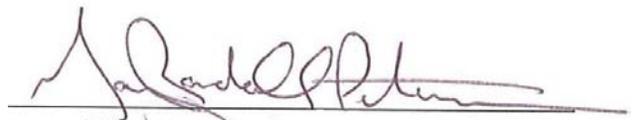
When there is a positive diagnosis of Skin Cancer of an Insured Person and a cutting surgical procedure is performed to remove the positively diagnosed Skin Cancer, We will pay the Actual Charge, not to exceed the amount shown below, for such surgical removal.

Biopsy	\$ 125
Excision of lesion of skin	\$ 350
Excision of lesion of skin with flap or graft	\$ 750

This benefit is payable in lieu of any benefits for Surgical Expense and Anesthesia Expense which are not applicable to Skin Cancer.



Secretary



President

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533

• Toll Free Phone Number 1-800-366-8354

Enrollment Form for Cancer Expense Insurance and Optional Riders

ENROLLMENT FORM
CONTINGENT ISSUE

Employer		Group Number		Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Employee Proposed for Insurance (First, MI, Last)			S. S. Number		Employee Number
<input type="checkbox"/> Emp <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date	
Home Address			City	State	Zip
Job Title/Occupation		Do you normally work 20 or more hours per week for the Employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Hired
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Insured) & Address			S.S. Number or Tax ID Number		Birth Date

DEPENDENTS PROPOSED FOR INSURANCE

	Full Name	Sex	Birth Date
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	
Children		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

INSURANCE APPLIED FOR

Cancer Expense Insurance	Base Policy	ASCB	FOB	FOBB	RCIB required	SB	DHCB	SDB	ICUB	Modal Premium
<input type="checkbox"/> Individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<input type="checkbox"/> One Parent					<input type="checkbox"/> Annual					
<input type="checkbox"/> Family					<input type="checkbox"/> Daily					
Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No										TOTAL MODAL PREMIUM \$

MEDICAL QUESTIONNAIRE

1.	Are you actively at work now for the named employer and have you worked at least 20 hours each week performing all duties of your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NON-MEDICAL QUESTIONNAIRE

1.	Is any proposed insured eligible for Medicare? If "yes" review the Guide to Health Insurance for People with Medicare which is available from the company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is any proposed insured eligible for Medicaid? (If "Yes" applying for coverage on that person is not appropriate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Existing Insurance. Is any proposed insured covered under major medical insurance or an HMO? If "Yes", list name of proposed insured, coverage type, and insurance company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Replacement. Is the insurance applied for to replace or change any existing insurance? If "Yes" list coverage and name of company. _____ and complete any required replacement form(s) provided by your agent and return with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is any person proposed for insurance now covered or been covered within the past 60 days under a Group Cancer Expense insurance policy? (Not to include individual policies where premiums are paid on a payroll deduction basis or through salary reductions.) If "Yes", list name of proposed insured, group to whom policy was issued, and insurance company.	<input type="checkbox"/> Yes <input type="checkbox"/> No

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533

• Toll Free Phone Number 1-800-366-8354

Enrollment Form for Cancer Expense Insurance and Optional Riders

ENROLLMENT FORM
SUBJECT TO UNDERWRITING

Employer		Group Number		Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Employee Proposed for Insurance (First, MI, Last)			S. S. Number		Employee Number
<input type="checkbox"/> Emp <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date		Home Phone Number
Home Address			City	State	Zip
Job Title/Occupation		Do you normally work 20 or more hours per week for the Employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			State of Birth
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Insured) & Address			S.S. Number or Tax ID Number		Birth Date

DEPENDENTS PROPOSED FOR INSURANCE

	Full Name	Sex	Birth Date
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	
Children		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

INSURANCE APPLIED FOR

Cancer Expense Insurance	Base Policy	ASCB	FOB	FOBB	RCIB required	SB	DHCB	SDB	ICUB	Modal Premium	
<input type="checkbox"/> Individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
<input type="checkbox"/> One Parent					<input type="checkbox"/> Annual						
<input type="checkbox"/> Family					<input type="checkbox"/> Daily						
Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No										TOTAL MODAL PREMIUM	\$

MEDICAL QUESTIONNAIRE

1.	Are you actively at work now for the named employer and have you worked at least 20 hours each week performing all duties of your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Within the past five years, has any person proposed for coverage been diagnosed as having, been treated for or, had care for which diagnostic test(s) have been recommended for: Cancer, (including hodgkin's disease, lymphoma, leukemia, melanoma or any other malignancy) other than Skin Cancer? If "yes", list name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage.	
3.	Within the past three years, has any person proposed for insurance been diagnosed as having, been treated for or, had care for which diagnostic test(s) have been recommended for Skin Cancer? If "yes", name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage for cancer of the skin.	
4.	Has anyone proposed for coverage ever been diagnosed as having or treated by a member of the medical profession for: Acquired Immune Deficiency Syndrome (AIDS), "AIDS" Related Complex (ARC), or a condition or sickness derived from such infection, or tested positive for the Human Immuno-deficiency Virus (HIV) infection? If "Yes", list name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage.	

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

SPECIFIED DISEASE BENEFIT RIDER

This optional rider is effective only if the Specified Disease Benefit Rider is shown on the Policy Schedule as being included in this Policy. It is issued in consideration of the Application to allow Eligible Members to select and pay the premium for this rider. If included, it is a part of the Policy and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under an issued Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

COVERED SPECIFIED DISEASES

Addison's Disease	Lyme Disease	Rocky Mountain Spotted Fever
Amyotrophic Lateral Sclerosis	Malaria	Sickle Cell Anemia
Botulism	Meningitis	Tay-Sachs Disease
Bovine Spongiform Encephalopathy	Multiple Sclerosis	Tetanus
Budd-Chiari Syndrome	Muscular Dystrophy	Toxic Epidermal Necrolysis
Cystic Fibrosis	Myasthenia Gravis	Tuberculosis
Diphtheria	Neimann-Pick Disease	Tularemia
Encephalitis	Osteomyelitis	Typhoid Fever
Epilepsy	Poliomyelitis	Undulant Fever
Hansen's Disease	Q Fever	West Nile Virus
Histoplasmosis	Rabies	Whipple's Disease
Legionnaire's Disease	Reye's Syndrome	Whooping Cough
Lupus Erythematosus	Rheumatic Fever	

BENEFITS

While coverage is in force, if an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

Initial Hospitalization Benefit: We will pay the Initial Hospitalization Benefit amount shown on the Certificate Schedule when an Insured Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per Calendar Year for each Insured Person.

A period of confinement is a Hospital confinement that starts while this rider is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

Hospital Confinement Benefit: We will pay the Hospital Confinement Benefit amount shown on the Certificate Schedule per day when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.

EXCLUSIONS

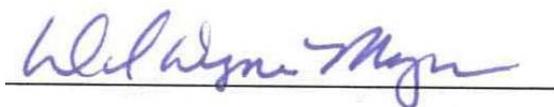
No benefits will be paid for:

1. loss due to any disease or illness other than those listed as covered Specified Diseases;
2. care and treatment received outside the territorial limits of the United States;
3. treatment that has not been approved by a Physician as being medically necessary; or
4. losses or medical expenses incurred prior to the Effective Date of an Insured Person's coverage regardless of the date of diagnosis.

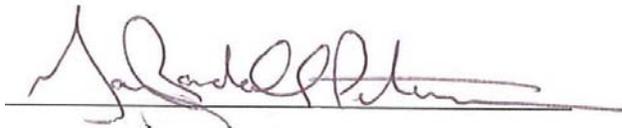
TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period; or
3. the premium due date on or next following the date we receive Your written request to terminate this rider.



Secretary



President

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

SPECIFIED DISEASE BENEFIT RIDER

This optional rider is effective only if the Specified Disease Benefit Rider is shown on the Certificate Schedule as being included in this Certificate. It is issued in consideration of the Enrollment Form and the payment of the premium for this rider. If included, it is a part of the Certificate and subject to all its provisions, conditions, exceptions, limitations and definitions unless modified herein.

EFFECTIVE DATE

The Effective Date of an Insured Person's coverage under this rider will be the later of:

1. the Certificate Effective Date of his or her coverage under this Certificate; or
2. the Certificate Effective Date as shown on the Certificate Schedule.

COVERED SPECIFIED DISEASES

Addison's Disease	Lyme Disease	Rocky Mountain Spotted Fever
Amyotrophic Lateral Sclerosis	Malaria	Sickle Cell Anemia
Botulism	Meningitis	Tay-Sachs Disease
Bovine Spongiform Encephalopathy	Multiple Sclerosis	Tetanus
Budd-Chiari Syndrome	Muscular Dystrophy	Toxic Epidermal Necrolysis
Cystic Fibrosis	Myasthenia Gravis	Tuberculosis
Diphtheria	Neimann-Pick Disease	Tularemia
Encephalitis	Osteomyelitis	Typhoid Fever
Epilepsy	Poliomyelitis	Undulant Fever
Hansen's Disease	Q Fever	West Nile Virus
Histoplasmosis	Rabies	Whipple's Disease
Legionnaire's Disease	Reye's Syndrome	Whooping Cough
Lupus Erythematosus	Rheumatic Fever	

BENEFITS

While coverage is in force, if an Insured Person is first diagnosed with one or more covered Specified Diseases and is hospitalized for the definitive treatment of any covered Specified Disease, We will pay benefits according to the provisions of this rider.

Initial Hospitalization Benefit: We will pay the Initial Hospitalization Benefit amount shown on the Certificate Schedule when an Insured Person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a Specified Disease. This benefit is payable only once per period of confinement and once per Calendar Year for each Insured Person.

A period of confinement is a Hospital confinement that starts while this rider is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different Specified Disease, or unless the confinements are separated by 30 days or more.

Hospital Confinement Benefit: We will pay the Hospital Confinement Benefit amount shown on the Certificate Schedule per day when an Insured Person is hospitalized during any continuous period of 30 days or less for the treatment of a covered Specified Disease. Benefits will double per day beginning with the 31st day of continuous confinement.

EXCLUSIONS

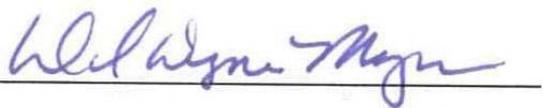
No benefits will be paid for:

1. loss due to any disease or illness other than those listed as covered Specified Diseases;
2. care and treatment received outside the territorial limits of the United States;
3. treatment that has not been approved by a Physician as being medically necessary; or
4. losses or medical expenses incurred prior to the Effective Date of an Insured Person's coverage regardless of the date of diagnosis.

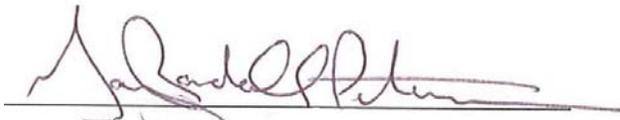
TERMINATION

This rider terminates on the earliest of the following:

1. the date the policy terminates;
2. when You fail to pay the required premium within its grace period; or
3. the premium due date on or next following the date we receive Your written request to terminate this rider.



Secretary



President

**Application for Group Cancer Expense Insurance
To**

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

Applicant/Policyholder _____

Address _____

State of Issue and Delivery _____

List any other State Locations _____

Policy Applied for _____

Class(es) of Employees Eligible for Coverage _____

Number of Eligible Employees _____

Who Will Pay the Premiums for this Insurance? Employee Employer Employer and Employee

Is there a Substantially Similar Group Cancer Policy Now in Effect? _____

If Yes, give name of the carrier and attach a copy of the Policy, one representative Certificate of Insurance and the current month's premium billing.

If there is a Substantially Similar Group Cancer Policy now in effect, premium and claims history by month for the past three years should be submitted with this application. If experience data is not available, the premium history is still required.

Benefits Applied for			
Base Policy	Base Policy Benefits	Base Policy Benefits	Base Policy Benefits
Optional Benefits	Option 1	Option 2	Option 3
Annual Cancer Screening Benefit	\$	\$	\$
First Occurrence Benefit	\$	\$	\$
First Occurrence Building Benefit	\$	\$	\$
Surgical Benefits	\$	\$	\$
Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit (please check only one) <input type="checkbox"/> Annual <input type="checkbox"/> Daily	\$	\$	\$
Daily Hospital Confinement Benefit	\$	\$	\$
Hospital Intensive Care Unit Benefit	\$	\$	\$
Specified Disease Benefit	\$	\$	\$

Will other cancer insurance, whether individual policies or group certificates, be offered to employees on a payroll deduction basis? Yes No

Requested Group Policy Effective Date _____

The policy applied for will not be effective until formal approval is given by LifeShield National Insurance Company. Do Not Cancel Existing Cancer Insurance until this Approval Is Received.

The Applicant/Policyholder hereby applies to LifeShield National Insurance Company for a policy of Group Cancer Expense Insurance with the Optional Benefits listed on Page 1. of this Application.

Applicant/Policyholder Statement and Agreement

I have read or had read to me the completed application and agree that the statements contained in the application are true and correct to the best of my knowledge and belief. I agree that material misstatements in this application could void insurance.

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

Signed at _____

Date _____

On behalf of the Applicant/Policyholder _____

Title (printed) _____

Witness _____
Signature of Agent

Print Agent Name _____

Agent Number

Agent's State License Number (where required)

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	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):
LifeShield National Insurance Co.	N/A	%	%				%	%

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 03/29/2011	Premiums	LNG-6040-AR, LNG-6041-AR, LNG-6042-AR, LNG-6043-AR, LNG-6044-AR, LNG-6045-AR, LNG-6046-AR, LNG-6047-AR, LNG-6048-AR, LNG-6052-AR	New		LNG-6040-AR Annual Premiums.pdf

Annual Premiums

LNG-6040-AR Base Coverage	Individual \$55.30	S. Parent \$59.00	Family \$83.70
LNG-6041-AR Screening Benefit (per \$25 unit of Part 1)	Individual \$14.10	S. Parent \$16.40	Family \$23.10
LNG-6043-AR First Occurrence Benefit (per \$500 unit)	Individual \$6.60	S. Parent \$7.20	Family \$10.10
LNG-6048-AR Surgery & Anesthesia Benefit (per \$500 unit)	Individual \$3.98	S. Parent \$4.41	Family \$6.55
LNG-6042-AR Daily Indemnity/Extended Hospital Benefit (per \$100 unit)	Individual \$15.60	S. Parent \$19.10	Family \$26.00
LNG-6044-AR Building Benefit Rider	Individual \$7.70	S. Parent \$10.80	Family \$15.60
LNG-6046-AR Radiation & Chemo- therapy Benefit (base \$500 day limit)	Individual \$73.90	S. Parent \$86.20	Family \$121.70

Adjustment factors for other daily limits

Daily Max \$200 \$300 \$400 \$500	Factor 0.400 0.600 0.800 1.000	Daily Max \$600 \$700 \$800 \$900 \$1,000	Factor 1.200 1.400 1.600 1.800 2.000
LNG-6045-AR Radiation & Chemo- therapy Benefit (base \$10,000 annual limit)	Individual \$92.40	S. Parent \$107.60	Family \$152.00

Adjustment factors for other daily limits

Daily Max \$2,500 \$5,000 \$7,500 \$10,000	Factor 0.25 0.50 0.75 1.00	Daily Max \$12,500 \$15,000 \$17,500 \$20,000	Factor 1.25 1.50 1.75 2.00
LNG-6047-AR ICU Rider (per \$100 unit)	Individual \$5.60	S. Parent \$7.70	Family \$10.60
LNG-6052-AR Specified Disease Benefit Rider	Individual \$5.90	S. Parent \$29.30	Family \$30.00

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	03/29/2011
Comments:			
Attachment:			
	FLESCH.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	03/29/2011
Comments:			
Attachment:			
	LNG-6040 APP-AR.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	Approved-Closed	03/29/2011
Comments:			
Attachment:			
	Third party auth-LifeShield.pdf		

FLESCH READABILITY SCORE CERTIFICATION

LIFESHIELD NATIONAL INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for LifeShield National Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score. All forms have a 50+ score.

LNG-6040 Limited Benefit Group Cancer Expense Policy
(offers limited benefit supplemental health insurance coverage)

LNG-6040-cert

LNG-6040 APPApplication

LNG-6041 Optional Annual Cancer Screening Benefit Rider

LNG-6041-cert

LNG-6042 Optional Daily Hospital Confinement Benefit Rider

LNG-6042-cert

LNG-6043 Optional First Occurrence Benefit Rider

LNG-6043-cert

LNG-6044 Optional First Occurrence Building Benefit Rider

LNG-6044-cert

LNG-6045 Annual Radiation, Chemotherapy, Immunotherapy and
Experimental Treatment Benefit Rider

LNG-6045-cert

LNG-6046 Daily Radiation, Chemotherapy, Immunotherapy and
Experimental Treatment Benefit Rider

LNG-6046-cert

LNG-6047 Hospital Intensive Care Unit Benefit Rider

LNG-6047-cert

LNG-6048 Surgical Benefits Rider

LNG-6048-cert

LNG-6052 Specified Disease Benefit Rider

LNG-6052-cert

LNG-6049-enroll (CI) Enrollment form – contingent issue

LNG-6049-enroll (FU) Enrollment form – subject to underwriting



August 28, 2009

Date

Eddie Mire
Rudd and Wisdom, Inc.

**Application for Group Cancer Expense Insurance
To**

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

Applicant/Policyholder _____

Address _____

State of Issue and Delivery _____

List any other State Locations _____

Policy Applied for _____

Class(es) of Employees Eligible for Coverage _____

Number of Eligible Employees _____

Who Will Pay the Premiums for this Insurance? Employee Employer Employer and Employee

Is there a Substantially Similar Group Cancer Policy Now in Effect? _____

If Yes, give name of the carrier and attach a copy of the Policy, one representative Certificate of Insurance and the current month's premium billing.

If there is a Substantially Similar Group Cancer Policy now in effect, premium and claims history by month for the past three years should be submitted with this application. If experience data is not available, the premium history is still required.

Benefits Applied for			
Base Policy	Base Policy Benefits	Base Policy Benefits	Base Policy Benefits
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First Occurrence Benefit	\$	\$	\$
First Occurrence Building Benefit	\$	\$	\$
Surgical Benefits	\$	\$	\$
Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit (please check only one) <input type="checkbox"/> Annual <input type="checkbox"/> Daily	\$	\$	\$
Daily Hospital Confinement Benefit	\$	\$	\$
Hospital Intensive Care Unit Benefit	\$	\$	\$
Specified Disease Benefit	\$	\$	\$

Will other cancer insurance, whether individual policies or group certificates, be offered to employees on a payroll deduction basis? Yes No

Requested Group Policy Effective Date _____

The policy applied for will not be effective until formal approval is given by LifeShield National Insurance Company. Do Not Cancel Existing Cancer Insurance until this Approval Is Received.

The Applicant/Policyholder hereby applies to LifeShield National Insurance Company for a policy of Group Cancer Expense Insurance with the Optional Benefits listed on Page 1. of this Application.

Applicant/Policyholder Statement and Agreement

I have read or had read to me the completed application and agree that the statements contained in the application are true and correct to the best of my knowledge and belief. I agree that material misstatements in this application could void insurance.

Signed at _____

Date _____

On behalf of the Applicant/Policyholder _____

Title (printed) _____

Witness _____
Signature of Agent

Print Agent Name _____

Agent Number

Agent's State License Number (where required)



LIFESHIELD
NATIONAL INSURANCE COMPANY

Member, The Midland Group

January 14, 2010

To Whom It May Concern:

This letter is to certify that Eddie Mire, of Rudd and Wisdom, Inc., Consulting Actuaries, is authorized to file policy forms and rates with state insurance departments on behalf of LifeShield National Insurance Co.

Signature

David W. Brooks

Printed Name

Vice President

Title

SERFF Tracking Number: RDWS-126741013 State: Arkansas
 Filing Company: LifeShield National Insurance Co. State Tracking Number: 48285
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: LifeShield LNG-6040
 Project Name/Number: /

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/18/2011	Form	Group Cancer Expense Ins. Policy	03/28/2011	LNG-6040-AR.pdf (Superseded)
03/18/2011	Form	Certificate	03/28/2011	LNG-6040-cert-AR.pdf (Superseded)
03/18/2011	Form	Enrollment form-contingent issue	03/28/2011	LNG-6049-enroll (CI)-AR.pdf (Superseded)
03/18/2011	Form	Enrollment form-subject to underwriting	03/28/2011	LNG-6049-enroll (FU)-AR.pdf (Superseded)
03/18/2011	Form	Application	03/28/2011	LNG-6040 APP-AR.pdf (Superseded)

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE INSURANCE POLICY

This policy offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A

INSURING CLAUSE

LifeShield National Insurance Company (hereinafter referred to as We, Us or Our) agrees with the Policyholder to cover each Insured Person identified in an issued Certificate of Cancer Insurance and any associated riders (hereinafter, "Certificate") for any covered loss described in said Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This group policy is executed as of the Policy Effective Date and from which anniversary dates are measured. This group policy takes effect at 12:01 A.M. Standard Time on the Policy Effective Date at the address of the Policyholder.

IMPORTANT NOTICE ABOUT A MEMBER'S STATEMENTS IN THE ENROLLMENT FORM

The issuance of a Certificate of Cancer Insurance will be based upon the member's responses to the questions on the enrollment form. A copy of the enrollment form will be attached to each issued Certificate. If the member's answers are materially incorrect or untrue, We may have the right to deny benefits or rescind the Certificate, subject to the Time Limit on Certain Defenses provision. Upon Certificate issue the member will be advised to review the enrollment form and to contact Us if the answers on the enrollment form are incorrect for any reason.

NOTICE OF 30-DAY RIGHT TO EXAMINE CERTIFICATE

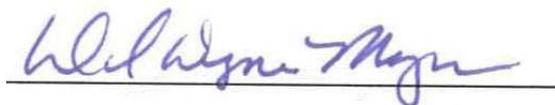
Upon Certificate issue the member will be advised of a 30-day right to examine the Certificate and return it to Us for any reason for a full refund of premiums paid.

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 is guilty of a felony.

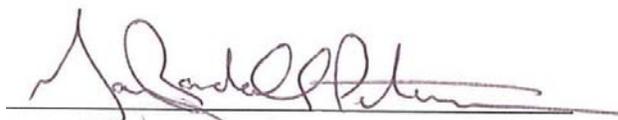
**THIS IS A LIMITED BENEFIT POLICY — READ IT CAREFULLY.
NO BENEFITS WILL BE PROVIDED DURING THE FIRST YEAR IMMEDIATELY FOLLOWING
THE EFFECTIVE DATE OF ANY CERTIFICATE
FOR ANY CLAIMS RESULTING FROM PRE-EXISTING CONDITIONS**

This group policy is governed by the laws of the state in which this group policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

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LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE INSURANCE POLICY

POLICY SCHEDULE

POLICYHOLDER: [ABC, Inc.]

POLICY NUMBER: [LG00012345]

POLICY EFFECTIVE DATE: [January 1, 2007]

OPTIONAL RIDERS for Eligible Member Selection:

- [Annual Cancer Screening Benefit Rider]
- [Daily Hospital Confinement Benefit Rider]
- [First Occurrence Benefit Rider]
- [First Occurrence Building Benefit Rider]
- [Annual Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit Rider]
- [Daily Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment Benefit Rider]
- [Hospital Intensive Care Unit Benefit Rider]
- [Surgical Benefits Rider]
- [Specified Disease Benefit Rider]

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Actual Charge” means the amount actually paid by or on behalf of the Insured Person and accepted by a provider for services provided. The amount the Insured Person is legally required to pay the provider for the covered services would be considered the Actual Charge. The negotiated fee, if any, between a managed care organization including but not limited to a preferred provider organization or Medicare would be considered the Actual Charge.

“Age” means Age last birthday of an Insured Person.

“Ambulatory Surgical Center” means a facility, within the United States, primarily licensed to provide elective or Outpatient surgical care and discharges each patient within the same working day. An Outpatient surgical unit of a Hospital also meets this criteria.

“Applicant” means the person first named as applicant in the Enrollment Form for a Certificate of Cancer Expense Insurance under this group policy.

“Audiologist” means anyone, other than an Immediate Family Member, who is licensed and certified to provide therapy to the hearing impaired.

“Calendar Year” means a period of 12 consecutive months starting on January 1 and ending on December 31 of the same year.

“Cancer” means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia, Hodgkin’s Disease, lymphoma, carcinoma, sarcoma or malignant tumor. Cancer also means Cancer In Situ, a malignant tumor that is confined to the site of origin, the cells of which have not invaded surrounding tissue. Cancer does not include other conditions which may be considered precancerous, including but not limited to, leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles or similar disease or lesions.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and such diagnosis is on the basis of microscopic examination of fixed tissue or preparations from the blood system (either during life or post mortem). The diagnosis of Cancer must be based solely on the criteria of malignancy established by the American Board of Pathology. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in an Insured Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer and the Insured Person receives treatment for Cancer.

“Cancer Treatment Center” means a Chemotherapy Treatment Center or Radiation Treatment Center.

“Certificate Anniversary” means the same day and month as the Certificate Effective Date shown in the Certificate Schedule for each year the issued Certificate remains in force.

“Certificate Effective Date” means the day on which coverage under the Certificate begins and is shown on the Certificate Schedule.

“Charity Hospital” means a Hospital which, in the absence of insurance, does not normally make a charge for its services.

“Chemotherapy” means a drug that: (a) it modifies, destroys, slows the growth, or prevents the spread or recurrence of Cancer cells; and (b) it is approved by the United States Food and Drug Administration to treat Cancer in humans.

“Chemotherapist” means a person who is licensed to administer Chemotherapy or Immunotherapy drugs in the State where such drugs are administered to the Insured Person.

“Chemotherapy Treatment Center” means a Clinic or Outpatient section of a Hospital specializing in the treatment of Cancer with Chemotherapy or Immunotherapy on an Outpatient basis. It must be licensed by the State in which it operates.

“Clinic” means a place operating under the applicable state law or licensing requirements where specialized medical treatment is given.

“Colony Stimulating Factor” means substances that stimulate the production of blood cells or platelets. They must be approved by the United States Food and Drug Administration for use in human Cancer patients being treated with Radiation Treatment, Chemotherapy, or Immunotherapy. Colony Stimulating Factors include, but are not limited to, granulocyte colony stimulating factors and granulocyte-macrophage colony stimulating factors, erythropoietin, epoetin alfa, darbepoetin, filgrastim, pegfilgrastim and sargramostin.

“Common Carrier” means only the following: commercial airline, passenger train, or bus line between cities. It does not include: taxis, city bus lines, or private charter airplanes.

“Convalescent Care Facility” means an institution that:

- (a) is legally operated to provide care and treatment to sick and injured persons at their expense;
- (b) is primarily engaged in providing skilled care under the supervision of a Physician during a period of convalescence for sickness or injury;
- (c) provides 24-hour nursing services by or under the supervision of Registered Nurses on duty or call; and
- (d) maintains a medical record of each patient.

Convalescent Care Facility **does not mean** a home or facility that is used primarily for rest; or provides care and treatment for drug addicts, alcoholics or the mentally ill; or primarily provides custodial or educational care.

“Date of Diagnosis” means the later of:

- (a) the day the tissue specimen is taken;
- (b) the day the definitive diagnostic test is performed that confirms a positive diagnosis when performed by a Pathologist; or
- (c) the day the Positive Diagnosis of Cancer, or one of the listed Specified Diseases if such optional rider is issued, is pronounced when a clinical diagnosis is made.

“Dependent” means any of the following persons:

1. The Eligible Member’s lawful spouse; and
2. any unmarried child, stepchild, legally adopted or foster child of the Eligible Member, or a child who has been placed with the Eligible Member, who is dependent on them for financial support and who has not attained the age of 25, and is:
 - (a) under 25 years of age on the date of enrollment; or
 - (b) born or adopted after the date of enrollment and any applicable additional premium is paid before the 32nd day after the child’s birth; or
 - (c) legally adopted by the Eligible Member, or has been placed with the Eligible Member, or who becomes the Eligible Member’s stepchild before that child’s 25th birthday; and
 - (d) if the Eligible Member becomes a legal guardian of a child for who a petition for adoption is pending, that child will be deemed to be “adopted.” Also, if the Eligible Member becomes a legal guardian of a foster child, that child will be treated as an adopted child so long as:
 1. the Eligible Member continues as the child’s legal guardian;
 2. the child is dependent on the Eligible Member for support; and
 3. all other requirements of the Policy are met.

“Divorce/Divorced” means annulment or the dissolution of marriage.

“Effective Date” means the date an individual Insured Person’s coverage begins under an issued Certificate and is the latest of: (1) the Certificate Effective Date as shown on the Certificate Schedule page; or (2) the date shown on the endorsement or amendment adding the Insured Person to coverage under an issued Certificate.

“Eligible Member(s)” mean persons who satisfy the eligibility requirements of this group policy as described in PART C – Member Eligibility and Effective Date or PART D – Dependent Provisions.

“Eligible Family Member” means a person for whom the Eligible Member furnishes satisfactory Evidence of Insurability who is either the Eligible Member’s spouse or a dependent child.

“Enrollment Form” means that document, signed by an Eligible Member, containing the member’s answers to Our questions and the member’s representations, which We accepted in good faith as being true, complete and correct, to the best of the member’s knowledge and belief. The Enrollment Form is the basis upon which We will issue a Certificate of Cancer Expense Insurance and it will be attached to and made a part of any issued Certificate.

“Evidence of Insurability” means a statement of a proposed Insured’s medical history which We will use to determine if he or she is approved for coverage. Evidence of Insurability will be provided at the Eligible Member’s expense.

“Experimental Treatment” means chemotherapy, or immunotherapy drugs not yet approved by the United States Food and Drug Administration for the treatment of Cancer which are the subject of ongoing clinical studies sponsored and funded by the National Cancer Institute to determine their toxicity, safety, efficacy or their efficacy compared to standard means of treatment. Treatment must be received in the United States or its territories and administered by an Oncologist as defined in this Policy and any issued Certificate. The Oncologist must certify, to the best of his or her knowledge and belief, that no other treatment having United States Food and Drug Administration approval is superior to the proposed Experimental Treatment.

“Government Hospital” means a hospital operated by or for an agency of the United States Government.

“Home Health Care” means the care and treatment of an Insured Person at his or her place of residence. Home Health Care is provided only if hospitalization or confinement in a Convalescent Care Facility would otherwise have been required. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician. Home Health Care Services must be provided by an agency that meets the qualifications set out below.

“Home Health Care Agency” means entity licensed to provide Home Health Care Services under applicable state law, or, in the absence of such state law, an entity that meets the following requirements:

- (a) it must be primarily engaged in providing Home Health Care Services;
- (b) its policies must be established by a group of professional personnel, including at least one Physician and one Registered Nurse;
- (c) supervision of Home Health Care Services must be performed by a Physician or Registered Nurse;
- (d) it must maintain clinical records on all patients;
- (e) it must have a full time administrator.

“Home Health Care Services” means:

- (a) part-time or intermittent home nursing care provided by or under the supervision of a Registered Nurse;
- (b) part-time or intermittent home health aide services that consists primarily of caring for the patient; and
- (c) medical supplies and equipment suitable for home use.

Home Health Care Services **does NOT mean:** (a) services or supplies not included in the Home Health Care plan; (b) services of a person who is an Immediate Family Member; (c) custodial care; (d) services or supplies for personal comfort or convenience; (e) food service or meals; or (f) transportation services.

“Hormonal Therapy” means a drug that adds, blocks, or removes hormones to slow, stop the growth of or prevent the recurrence of Cancer cells. It must be approved by the United States Food and Drug Administration to treat Cancer in humans.

“Hospice Center” means a facility that provides short periods of confinement for terminally ill patients. A Hospice Center must operate a program of hospice care that meets the standards set forth by the National Hospice Organization. It must also be directed by a Physician, supervised by a Registered Nurse, and licensed

or certified by the state in which it is located.

“Hospice Team” means a team of professionals including a Physician and a Nurse. It may also include a social worker, clergyman, clinical psychologist, physical therapist, or counselor. It must exist primarily to administer a hospice care program meeting the standards of the National Hospice Organization in the patient's home. Care must be available 24 hours a day, seven days a week.

“Hospital” means an institution that:

- (a) operates as a Hospital pursuant to law;
- (b) operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
- (c) provides 24-hour nursing service by Registered Nurses on duty or on call;
- (d) has a staff of one or more Physicians available at all times;
- (e) provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a pre-arranged basis.

Hospital **does NOT include** the following: (a) convalescent homes or convalescent, rest or nursing facilities; (b) facilities primarily affording custodial, educational or rehabilitative care; or (c) facilities for the aged, drug addicts or alcoholics.

“Immediate Family Member” means the Eligible Member and the Eligible Member's spouse or the parent, child, brother or sister of the Eligible Member or the Eligible Member's spouse.

“Immunoglobulin” means a protein naturally made by plasma cells in response to an antigen (foreign substance). The protein helps destroy the antigen. For the purposes of this Policy or any issued Certificate, the protein may be either natural or recombinant but it must be approved by the United States Food and Drug Administration for use in treating Cancer in humans.

“Immunotherapy” means a drug including a biological response modifier, biological therapy or biotherapy that meets the following criteria: (1) it stimulates or restores the ability of the immune system to modify, destroy or aid in the prevention of the spread of Cancer cells and (2) it is approved by the United States Food and Drug Administration to treat Cancer in humans. Immunotherapy **does NOT include** Immunoglobulin.

“Incapacitated Child” means a Dependent child who becomes incapable of self-support because of physical impairment or mental retardation while an Insured Person and before attaining Age 25 and who is primarily dependent on the Eligible Member or the Eligible Member's spouse for support and maintenance and is unmarried.

“Inpatient” means the Insured Person who is confined in a Hospital using and being charged for daily room and board.

“Insured Person” means the Eligible Member and the Eligible Member's Eligible Family Members whose coverage under an issued Certificate has become effective and such coverage has not been terminated.

If the Type of Coverage shown on the Certificate Schedule is **Individual**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person for a period of 31 days commencing with the moment of birth or adoption. Thereafter the Newly Adopted Child or Newborn Child will be considered a Dependent child who is an Eligible Family Member and insurance will continue past the 31 days only if the Eligible Member gives Us written notice of the birth or adoption within the 31 day period and pays the additional premium required.

If the Type of Coverage shown on the Certificate Schedule is **Single Parent** or **Family**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person commencing with the moment of birth or adoption. Thereafter the Newborn Child or Newly Adopted Child will be considered a Dependent child who is an Eligible Family Member.

“Internal Cancer” means Cancer that is not Skin Cancer.

“Local or Locally” means within 30 miles, one way, of the Insured Person's usual place of residence.

“Named Insured” means the person accepted for coverage by Us who has completed and signed the Enrollment Form. This is the person whose name appears on the Certificate Schedule as “Named Insured.”

“Newborn Child” means any child born to the Eligible Member or the Eligible Member’s insured Spouse after the Certificate Effective Date.

“Newly Adopted Child” means a child who is: (a) adopted by the Eligible Member after the Certificate Effective Date; or (b) a child who has been placed with the Eligible Member after the Certificate Effective Date and for whom the application and approval procedures prescribed by law for adoption have been completed.

“Non-Local or Non-Locally” means more than 30 miles, one way, and less than 700 miles, one way, from the Insured Person’s usual place of residence.

“Nurse” means any one of the following who is not one of the Insured Person’s Immediate Family Members: a graduate Registered Nurse (R.N.); or a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). With respect to the benefits provided under any issued Certificate, Nurse will not include an R.N., L.P.N., or L.V.N. who is employed by the Hospital where the Insured Person is confined.

“Oncologist” means a Physician certified to practice in the field of Oncology.

“Outpatient” means the Insured Person is not confined in a Hospital.

“Pathologist” means a Physician who has been certified by either the American Board of Pathology, the Osteopathic Board of Pathology, or the American Board of Dermatopathology to practice pathological anatomy.

“Period of Hospital Confinement” means the period of consecutive days that the Insured Person is confined as an Inpatient in a Hospital on the advice and recommendation of a Physician. It begins on the date the Insured Person is admitted to the Hospital as an Inpatient and ends on the Insured Person’s date of discharge, unless discharge is for the purpose of immediate readmission to another Hospital.

“Physician” means a practitioner of the healing arts, including a nurse practitioner, duly licensed, practicing in the United States and legally qualified to treat sickness or injuries. Such person must not be the Insured Person, an Insured Person’s Immediate Family Member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by any issued Certificate. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Pre-existing Condition(s)” means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within one year prior to the Effective Date of coverage for each Insured Person.

“Proposed Insured” means any person named in an Enrollment Form for insurance.

“Radiation Treatment” means x-ray therapy, gamma ray therapy, particle beam therapy, proton beam therapy, or intensity-modulated radiation therapy, brachytherapy, radioactive isotopes therapy, radioactive iodine, cobalt, palladium, cesium or iridium that is approved by the United States Food and Drug Administration for the treatment of Cancer in humans and is used to modify, destroy, slow the growth or prevent recurrence of Cancer cells. The treatments discussed above must not be used for diagnostic or planning purposes.

“Radiation Treatment Center” means a Clinic or outpatient section of a Hospital specializing in Radiation Treatment of Cancer on an Outpatient basis.

“Radiation Therapist” means a Physician, Nurse or other medical personnel who are licensed to administer external or internal radiation. The medical professional must also be certified by the American Board of Radiology to administer therapeutic radiation.

“Rating Class” means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, gender, underwriting classification, benefit category, issue state, and health status of the insured at the time the Certificate was purchased.

“Renewal Date” means the date any premium, after the first premium, for the Certificate is due.

“Skin Cancer” means basal cell carcinoma, basal cell epithelioma, squamous cell carcinoma, or melanoma of Clark’s Level I or II or Breslow level equal to or less than 1.5 mm.

“Substantially Similar Group Policy” means a policy of group Cancer Expense insurance issued to the Policyholder and insuring persons in the same Rating Class of Eligible Members as this group Policy. Eligibility for initial coverage under the Substantially Similar Group Policy must be conditioned by the existence of an employer-employee relationship and persons insured must be issued a certificate of insurance. It does not mean an individual type of an insurance policy issued on a payroll or salary deduction basis or otherwise to an employee of the Policyholder, even if premiums for the policy are paid under a Section 125 Cafeteria Plan.

“Tentative Diagnosis” means a diagnosis by a qualified Physician, based on the Physician’s experience, training and expertise, when a Positive Diagnosis cannot be made due to medical reasons.

“Terminally III” means the Insured Person has a life expectancy of 6 months or less.

“Total Disability / Totally Disabled” means that, as a result of Cancer, the Eligible Member is:

- (a) unable to perform all of the substantial or material duties of the Eligible Member’s regular occupation during the first two years beginning with the commencement of such disability;
- (b) unable to engage in any employment or occupation for which the Eligible Member is or becomes qualified by reason of education, training or experience after the first two years beginning with the commencement of such disability; and
- (c) under the care of a Physician.

If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first.

“We, Our, Us, or Company” means LifeShield National Insurance Company.

PART C	MEMBER ELIGIBILITY AND EFFECTIVE DATE
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ELIGIBLE MEMBER: means a member of the Policyholder as described in this group policy.

EFFECTIVE DATE: This Policy begins on the Policy Effective Date shown on the group Policy Schedule page at 12:01 AM Standard Time at the address of the Policyholder where this policy is delivered.

Coverage with respect to any Insured Person can never become effective until after the Eligible Member has submitted to Us the required written Enrollment Form along with any premium due, unless the Policyholder has payroll deduction facilities available and acceptable to Us. If such payroll deduction facilities are available and acceptable to Us, premium will be remitted per PART G – Premiums.

If an Eligible Member or any proposed Insured Person is not accepted for coverage, We will notify the member in writing and refund any applicable premium paid. If the Policyholder has payroll deduction facilities available and acceptable to Us, We will notify the facility to cease the applicable payroll deductions for that member. In either case, coverage for the non-accepted person(s) will be void.

PART D

DEPENDENT PROVISIONS

TYPE OF COVERAGE: The Type of Coverage issued will be as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent:** coverage means that the primary insured and his or her eligible Dependent children are covered.
3. **Family:** coverage means that the primary insured, his or her spouse, and the eligible Dependent children of the primary insured or those of the spouse are covered.

Automatic Coverage of Newborn, Adopted and Foster Children

1. Any child born to Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of birth.
2. Any child adopted by Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of placement in the Eligible Person's home provided a petition for adoption has been duly filed and is pursued to a final decree of adoption.
3. A foster child, for who Eligible Person has been appointed legal guardian or custodian, will be a Covered Person from the moment of placement in Eligible Persons' home.

If the Eligible Person has coverage for Children, they need not notify the company of the child's birth, adoption or placement as a foster child. No extra premium will be charged.

If the Eligible Person does not have Children's coverage, then we must be given written notice of the birth, adoption or placement as a foster child within 31 days after the date of either occurrence and payment must be made of any required premium. If Eligible Person does not do this, the child will cease to be a Covered Person at the end of 31 days after such date.

Child Enrollment; Noncustodial Parents

If Eligible Person or Spouse is required by a court of law or administrative order to provide coverage for a Dependent Child and Eligible Person is eligible for family coverage:

1. Eligible Person may enroll, under family coverage, a child who is otherwise eligible for coverage without regard to enrollment time restrictions.
2. We will enroll the child under family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if Eligible Person has family coverage under this policy but fails to make application to obtain coverage for the child.
3. We may terminate coverage for this child only if we are provided with satisfactory written notice that:
 - a. the court or administrative order is no longer in effect; or
 - b. the child is or will be provided with comparable health coverage through another insurer, which coverage will take effect not later than the effective date of termination for that child under this policy.

If a child has health care coverage through the health insurer of a noncustodial parent, we will:

1. provide such information to the custodial parent as may be necessary for the child to obtain benefits through that coverage.
2. permit the custodial parent (or health care provider, with the custodial parent's approval) to submit claims for covered services without the approval of the noncustodial parent.
3. make payments or claims submitted in accordance with this provision of the policy directly to the custodial parent, the provider, or the Department of Human Resources.

PART E

BENEFITS

We will pay the benefits as described below for the treatment of an Insured Person's Cancer, and if such optional rider is also issued, for the treatment of a listed Specified Disease provided he or she is covered under an issued Certificate and/or rider and the Certificate and/or rider remains in force. Payment will be made in

accordance with all applicable Certificate and/or rider provisions. Benefits are payable for a positive diagnosis that begins after the Certificate Effective Date. The positive diagnosis must be for Cancer as defined in an issued Certificate, or for a Specified Disease as defined in an issued optional rider.

All benefits are subject to terms and conditions of the issued Certificate and/or Specified Disease rider. If Cancer or a listed Specified Disease is diagnosed while any Insured Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to the Eligible Member. Admission to the Hospital must begin after the Certificate Effective Date of coverage. If a positive diagnosis is made for Cancer or a listed Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis if the Tentative Diagnosis is made after the Certificate Effective Date of coverage.

DESCRIPTION OF BENEFITS

Positive Diagnosis Benefit - We will pay the Actual Charge not to exceed \$300 per Calendar Year for one test that confirms the positive diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation / Consultation Benefit - If an Insured Person receives a positive diagnosis of Internal Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option opinion, We will pay the Actual Charge not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of the Certificate. This benefit is payable one time during the lifetime of the Insured Person.

Second and Third Surgical Opinion Expense Benefit – If surgery is recommended for the removal of Cancer, We will pay the Actual Charge for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with that of the Physician originally recommending the surgery, We will pay the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit - We will pay the Actual Charge, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under the Certificate.

Medical Imaging, Treatment Planning and Monitoring Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per Calendar Year, for laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation, internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.

Anti-Nausea Medication Expense Benefit - We will pay the Actual Charge for anti-nausea medication not to exceed \$150 per Calendar Month when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

Colony Stimulating Factor or Immunoglobulin Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per calendar month for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of the Certificate or rider attached to it.

Outpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit - When an Insured Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Insured Person's Internal Cancer treatment, We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit - We will pay the Actual Charge not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Internal Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to the Certificate.

Inpatient Oxygen Expense Benefit – When an Insured Person is confined to a Hospital for the treatment of Cancer and requires oxygen that is prescribed and ordered by a Physician, We will pay the Actual Charge for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit - We will pay the Actual Charge not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit - We will pay the Actual Charge not to exceed \$150 per day for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

Outpatient Private Duty Nursing Expense Benefit – Following a period of Hospital confinement of an Insured Person for the treatment of Cancer, We will pay the Actual Charge not to exceed \$ 150 per day, limited to the same number of days of the prior Hospital confinement, for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family.

Home Health Care Expense Benefit - We will pay benefits for the following covered charges when an Insured Person requires Home Health Care for the treatment of Cancer.

1. Home Health Care Visits - We will pay the Actual Charge for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
2. Medicine and Supplies - We will pay the Actual Charge not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. Services of a Nutritionist - We will pay the Actual Charge not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit - We will pay the Actual Charge not to exceed \$ 100 per day for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

1. be due to Cancer;
2. begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment

- of Cancer; and
3. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit – When an Insured Person, as a result of Cancer, requires Hospice Care, We will pay the Actual Charge for Hospice Care not to exceed \$ 100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Insured Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit - We will pay the Actual Charge for Non-Local transportation not to exceed coach fare by on a Common Carrier for the Insured Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

Lodging Expense Benefit - When an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, We will pay the Actual Charge not to exceed \$ 75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Insured Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit - We will pay the Actual Charge for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit:

(a) Surgically Implanted Breast Prosthesis – If, as the result of breast removal due to Cancer, the attending Physician prescribes a breast prosthesis to restore normal body contour, We will pay the Actual Charge for the prosthesis and its implantation. This benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider, if such rider is issued as part of the Certificate.

(b) Non-Surgically Implanted Prosthesis – If an Insured Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, We will pay the Actual Charge not to exceed a lifetime maximum of \$ 2,000 per such amputation. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit – If an Insured Person suffers hair loss due to Cancer treatments, We will pay the Actual Charge not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit – If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay the lesser of the Actual Charge for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Physical, Speech, Audio Therapy and Psychotherapy Expense Benefit - We will pay the Actual Charge not to exceed \$ 25 per therapy session for:

1. Physical therapy treatments given by a licensed Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or

3. Audio therapy given by a licensed Audiologist; or
4. Psychotherapy given by a licensed Psychologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Waiver of Premium Benefit - We will waive the premiums starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began.

If the Named Insured is retired or Age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more of the ADL's (Activities of Daily Living) listed below without the assistance of another person. ADL's are defined as activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living. The ADL's are:

1. Transferring - moving between the bed and a chair or the bed and a wheelchair;
2. Dressing - putting on and taking off all necessary items of clothing;
3. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
4. Eating - all major tasks of getting food into the body;
5. Bathing - getting into or out of the tub or shower and otherwise washing the parts of the body.

We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

PART F EXCLUSIONS AND LIMITATIONS

No benefits will be paid for

1. any loss due to any disease or illness other than Cancer;
2. care and treatment received outside the territorial limits of the United States;
3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
4. treatment that has not been approved by a Physician as being medically necessary; or
5. losses or medical expenses incurred prior to the Certificate Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

Pre-Existing Condition(s) Limitation

Subject to the Group Cancer Expense Policy Replacement of Prior Carrier provision below, the benefits of any issued Certificate will not be payable during the first 12 months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Condition disclosed or not disclosed on the Enrollment Form. This 12-month period is measured from the effective date of coverage for each Insured Person.

Group Cancer Expense Policy Replacement of Prior Carrier

If an Insured Person has a loss due to a Pre-Existing Condition and the Policyholder changed the prior group cancer expense insurance carrier to LifeShield National Insurance Company, We may pay benefits if an Insured Person's loss results from a Pre-Existing Condition if the primary insured was:

1. in active employment with the Policyholder and both the primary insured and the Insured Person are insured under the LifeShield National Group Cancer Expense Policy on the Policy Effective Date; and
2. both the primary insured and the Insured Person were insured under the prior group cancer expense policy when it terminated.

The prior group cancer expense policy's coverage must be under a Substantially Similar Group Policy to the LifeShield National Group Cancer Expense Policy. The prior group policy must also have been in effect within 60 days of the LifeShield National Policy's Effective Date in order for this provision to apply.

In order to receive benefits the Insured Person must satisfy the Pre-Existing Condition(s) provision under either:

1. the LifeShield National Group Cancer Expense Policy; or
2. the prior group cancer expense policy, if benefits would have been paid had that policy remained in force.

If such Insured Person does not satisfy either item # 1 or # 2 above, We will not pay any benefits for a loss resulting from Pre-Existing Condition(s). If the Insured Person satisfies either item # 1 or # 2 above, We will determine Our benefit payments according to Our Policy provisions.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member's first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first policy anniversary. We must give 45 days advance written notice to the Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person's pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the Policyholder has given Us written notice of the insured member's cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

Termination of coverage will not affect any claim for a covered loss that occurred while coverage was in force.

GROUP POLICY: Either the Policyholder or We may terminate this group policy by giving an advance written 30-day notice to the other party.

TERMINATION OF AN INSURED MEMBER'S COVERAGE: Coverage for an insured member will terminate on the date premiums are not received when due, subject to the GRACE PERIOD provision; or on the date the group policy terminates.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a Dependent will terminate on the date the insured member's coverage terminates, except when coverage continues with the insured member's Spouse as the new insured member. Coverage for Dependent persons may also terminate as explained in the following paragraphs.

Coverage for each Dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if and when either of these events occur.

If a Certificate holder's premium needs to be changed due to the termination of Dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a Dependent child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while the Certificate is in force and so long as such incapacity continues and the applicable

premium is paid. Satisfactory proof must be submitted to Us within 31 days of such termination date. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with Policyholder, We agree thereafter to renew the previously issued Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies while his or her Spouse is an Insured Person under an issued Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the Enrollment Form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under any issued Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures.

PART I	HOW TO FILE A CLAIM
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NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after any loss covered by an issued and in force Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Oklahoma City, Oklahoma. It should include the insured member's name and Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J	TIME OF PAYMENT OF CLAIMS
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All benefits payable under any issued Certificate for any loss, other than loss for which the Certificate provides any periodic payment, will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of clean claim.

Claims for benefits due under the Certificate are overdue if not paid within thirty-five (35) days after We receive a clean claim containing necessary medical information and other information essential for Us to administer Pre-existing Conditions and determine Actual Charges.

A "**clean claim**" means a claim We receive for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the insured in order to be processed and paid by Us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected. A clean claim does not include any of the following:

- (a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within thirty (30) days of the original claim;

- (b) Claims which are submitted fraudulently or that are based upon material misrepresentations;
- (c) Claims that require information essential for Us to administer Pre-existing Conditions or determine Actual Charges; or
- (d) Claims submitted by a provider more than thirty (30) days after the date of service. If the provider does not submit the claim on behalf of the insured, then a claim is not clean when submitted more than thirty (30) days after the date of billing by the provider to the insured.

Not later than thirty-five (35) days after the date We receive a claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider or the insured of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within twenty (20) days after receipt.

PART K

PAYMENT OF CLAIMS

All benefits will be paid to the Certificate holder or to his or her estate.

PART L

ASSIGNABILITY

Neither this group policy, any issued Certificate nor any benefits payable under any issued Certificate are assignable.

PART M

GENERAL INFORMATION

ENTIRE CONTRACT: This group policy is a legal contract between the Policyholder and Us. Any issued Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Policyholder consists of the policy, which includes the application, and any attached riders, endorsements or papers. The entire contract with the Certificate holder consists of the Certificate, which includes the Enrollment Form, and any attached riders, endorsements or papers. No change in either the group policy or an issued Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to the group policy or to the Certificate. No agent has any authority to change this group policy or an issued Certificate or to waive any of their provisions. All statements in the group application and in the individual Enrollment Forms are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this group policy after it has been in force for two years from the Policy Effective Date. We will not contest the validity of any issued Certificate after it has been in force for two years from the Certificate Effective Date.

CERTIFICATES: We will give each member who is approved by Us for coverage a Certificate that describes the insurance benefits and the terms and conditions of coverage under the Certificate. The provisions and coverages provided under issued Certificates may vary by state based upon specific state requirements. The provisions of the Certificate issued to an insured member will be the controlling provisions governing the coverage of the Insured Person(s) under the Certificate.

CLERICAL ERROR: Clerical error on the part of the Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Policy Effective Date or on the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

POLICY OR CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the policy or Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under an issued Certificate We cannot use misstatements, except fraudulent misstatements, in the Enrollment Form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after one year from the date a person becomes covered under an issued Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to an issued Certificate. In applying them, the word "rider" will be used for the word "Certificate".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under any issued Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under an issued Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law.

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

CERTIFICATE OF CANCER EXPENSE INSURANCE

This certificate offers Limited Benefit Supplemental Health Insurance Coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any proposed Insured Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

PART A INSURING CLAUSE

LifeShield National Insurance Company (hereinafter referred to as We, Us or Our) agrees with the Named Insured (herein referred to as You, or Your) to cover each Insured Person identified in the issued Certificate of Cancer Insurance and any associated riders (hereinafter, "Certificate") for any covered loss described in the Certificate in return for payment of premiums and subject to the provisions, limitations and exclusions that follow. This certificate is executed as of the Certificate Effective Date and from which anniversary dates are measured. This Certificate takes effect at 12:01 A.M. Standard Time on the Certificate Effective Date at the address of the Certificate holder.

IMPORTANT NOTICE ABOUT STATEMENTS IN THE ENROLLMENT FORM

The issuance of this Certificate is based upon Your answers to the questions on the enrollment form. A copy of the enrollment form is attached to this Certificate. If Your answers are materially incorrect or untrue, We may have the right to deny benefits or rescind this Certificate, subject to the Time Limit on Certain Defenses provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, please contact Us at this address: 815 West Ash Ave., Duncan, OK 73533.

NOTICE OF 30-DAY RIGHT TO EXAMINE POLICY

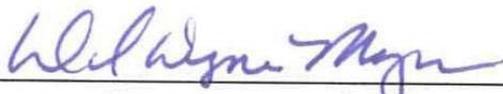
Within thirty (30) days from receipt of this Certificate, You may return it for any reason. If returned, this Certificate is void. Any premiums paid on the Certificate will be refunded. This Certificate may be returned to Us or to the agent who sold this Certificate.

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 is guilty of a felony.

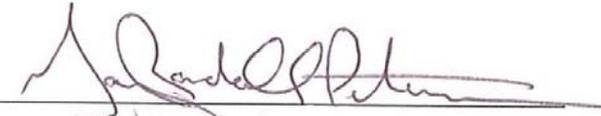
**THIS IS A LIMITED BENEFIT CERTIFICATE — READ IT CAREFULLY.
NO BENEFITS WILL BE PROVIDED DURING THE FIRST YEAR IMMEDIATELY FOLLOWING
THE EFFECTIVE DATE OF COVERAGE
FOR ANY CLAIMS RESULTING FROM PRE-EXISTING CONDITIONS**

This Certificate is governed by the laws of the state in which this master group cancer expense policy was issued and delivered.

Signed for Us on the Certificate Effective Date.



Secretary



President

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LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

GROUP CANCER EXPENSE CERTIFICATE OF INSURANCE CERTIFICATE SCHEDULE

POLICYHOLDER: [ABC, Inc.]

CERTIFICATE HOLDER [John Doe]

CERTIFICATE NUMBER: [LGC0012345]

TYPE: [FAMILY]

PRIMARY INSURED: [John Doe]

CERTIFICATE EFFECTIVE DATE: [March 1, 2007]

STATE OF ISSUE: [OKLAHOMA]

PRIMARY INSURED'S AGE AT ISSUE: [32]

Coverage	Maximum Benefit Amount	Annual Premium
Base Policy	Base Policy Benefits	\$[XXX]
Optional Benefit Riders		
Annual Cancer Screening Benefit Rider	[\$25, \$50, \$75, \$100, \$125] Per Calendar Year	\$[XXX]
First Occurrence Benefit Rider	[\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500, \$8,000, \$8,500, \$9,000, \$9,500, \$10,000] Lifetime Maximum	\$[XXX]
Surgical Benefits Rider	[\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500, \$8,000, \$8,500, \$9,000, \$9,500, \$10,000] Per Schedule	\$[XXX]
Daily Hospital Confinement Benefit Rider	[\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500, \$550, \$600] Per Day	\$[XXX]
Annual Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider	[\$2,500, \$5,000, \$7,500, \$10,000, \$12,500, \$15,000, \$17,500, \$20,000] Per Calendar Year	\$[XXX]
Daily Radiation Treatment, Chemotherapy, Immunotherapy and Experimental Treatment Benefit Rider	[\$200, \$300, \$400, \$500, \$600, \$700, \$800, \$900, \$1,000] Per Day	\$[XXX]
First Occurrence Building Benefit Rider	\$100, \$200, \$300, \$400, \$500, \$600] Per Year	\$[XXX]
Hospital Intensive Care Unit Benefit Rider	[\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500, \$550, \$600, \$650, \$700, \$750, \$800, \$850, \$900, \$950, \$1,000] Per Day	\$[XXX]
Specified Disease Benefit Rider Initial Hospitalization Benefit Hospital Confinement Benefit	\$ 1,500 Per Calendar Year \$ 300 per Day for 1 st 30 days \$ 600 per Day for 31 or more days of continuous confinement	\$[XXX]
	Total Annual Premium Amount:	\$
Premium Mode: [Payroll-Monthly]	Total Modal Premium Amount:	\$

PART B**DEFINITIONS**

When We use the following words, this is what We mean:

“Actual Charge” means the amount actually paid by or on behalf of the Insured Person and accepted by a provider for services provided. The amount the Insured Person is legally required to pay the provider for the covered services would be considered the Actual Charge. The negotiated fee, if any, between a managed care organization including but not limited to a preferred provider organization or Medicare would be considered the Actual Charge.

“Age” means Age last birthday of an Insured Person.

“Ambulatory Surgical Center” means a facility, within the United States, primarily licensed to provide elective or Outpatient surgical care and discharges each patient within the same working day. An Outpatient surgical unit of a Hospital also meets this criteria.

“Applicant” means the person first named as applicant in the Enrollment Form for a Certificate of Cancer Expense Insurance under this group policy.

“Audiologist” means anyone, other than an Immediate Family Member, who is licensed and certified to provide therapy to the hearing impaired.

“Calendar Year” means a period of 12 consecutive months starting on January 1 and ending on December 31 of the same year.

“Cancer” means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia, Hodgkin’s Disease, lymphoma, carcinoma, sarcoma or malignant tumor. Cancer also means Cancer In Situ, a malignant tumor that is confined to the site of origin, the cells of which have not invaded surrounding tissue. Cancer does not include other conditions which may be considered precancerous, including but not limited to, leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles or similar disease or lesions.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and such diagnosis is on the basis of microscopic examination of fixed tissue or preparations from the blood system (either during life or post mortem). The diagnosis of Cancer must be based solely on the criteria of malignancy established by the American Board of Pathology. Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in an Insured Person when a pathological diagnosis cannot be made, provided such medical evidence substantially documents the diagnosis of Cancer and the Insured Person receives treatment for Cancer.

“Cancer Treatment Center” means a Chemotherapy Treatment Center or Radiation Treatment Center.

“Certificate Anniversary” means the same day and month as the Certificate Effective Date shown in the Certificate Schedule for each year the Certificate remains in force.

“Certificate Effective Date” means the day on which coverage under the Certificate begins and is shown on the Certificate Schedule.

“Charity Hospital” means a Hospital which, in the absence of insurance, does not normally make a charge for its services.

“Chemotherapy” means a drug that: (a) it modifies, destroys, slows the growth, or prevents the spread or recurrence of Cancer cells; and (b) it is approved by the United States Food and Drug Administration to treat Cancer in humans.

“Chemotherapist” means a person who is licensed to administer Chemotherapy or Immunotherapy drugs in the State where such drugs are administered to the Insured Person.

“Chemotherapy Treatment Center” means a Clinic or Outpatient section of a Hospital specializing in the treatment of Cancer with Chemotherapy or Immunotherapy on an Outpatient basis. It must be licensed by the State in which it operates.

“Clinic” means a place operating under the applicable state law or licensing requirements where specialized medical treatment is given.

“Colony Stimulating Factor” means substances that stimulate the production of blood cells or platelets. They must be approved by the United States Food and Drug Administration for use in human Cancer patients being treated with Radiation Treatment, Chemotherapy, or Immunotherapy. Colony Stimulating Factors include, but are not limited to, granulocyte colony stimulating factors and granulocyte-macrophage colony stimulating factors, erythropoietin, epoetin alfa, darbepoetin, filgrastim, pegfilgrastim and sargramostin.

“Common Carrier” means only the following: commercial airline, passenger train, or bus line between cities. It does not include: taxis, city bus lines, or private charter airplanes.

“Convalescent Care Facility” means an institution that:

- (a) is legally operated to provide care and treatment to sick and injured persons at their expense;
- (b) is primarily engaged in providing skilled care under the supervision of a Physician during a period of convalescence for sickness or injury;
- (c) provides 24-hour nursing services by or under the supervision of Registered Nurses on duty or call; and
- (d) maintains a medical record of each patient.

Convalescent Care Facility **does not mean** a home or facility that is used primarily for rest; or provides care and treatment for drug addicts, alcoholics or the mentally ill; or primarily provides custodial or educational care.

“Date of Diagnosis” means the later of:

- (a) the day the tissue specimen is taken;
- (b) the day the definitive diagnostic test is performed that confirms a positive diagnosis when performed by a Pathologist; or
- (c) the day the Positive Diagnosis of Cancer, or one of the listed Specified Diseases if such optional rider is issued, is pronounced when a clinical diagnosis is made.

“Dependent” means any of the following persons:

1. The Eligible Member’s lawful spouse; and
2. any unmarried child, stepchild, legally adopted or foster child of the Eligible Member, or a child who has been placed with the Eligible Member, who is dependent on them for financial support and who has not attained the age of 25, and is:
 - (a) under 25 years of age on the date of enrollment; or
 - (b) born or adopted after the date of enrollment and any applicable additional premium is paid before the 32nd day after the child’s birth; or
 - (c) legally adopted by the Eligible Member, or has been placed with the Eligible Member, or who becomes the Eligible Member’s stepchild before that child’s 25th birthday; and
 - (d) if the Eligible Member becomes a legal guardian of a child for who a petition for adoption is pending, that child will be deemed to be “adopted.” Also, if the Eligible Member becomes a legal guardian of a foster child, that child will be treated as an adopted child so long as:
 1. the Eligible Member continues as the child’s legal guardian;
 2. the child is dependent on the Eligible Member for support; and
 3. all other requirements of the Policy are met.

“Divorce/Divorced” means annulment or the dissolution of marriage.

“Effective Date” means the date an individual Insured Person’s coverage begins under this Certificate and is the latest of: (1) the Certificate Effective Date as shown on the Certificate Schedule page; or (2) the date shown on the endorsement or amendment adding the Insured Person to coverage under this Certificate.

“Eligible Member(s)” mean persons who satisfy the eligibility requirements of this group policy as described in PART C – Member Eligibility and Effective Date or PART D – Dependent Provisions.

“Eligible Family Member” means a person for whom the Eligible Member furnishes satisfactory Evidence of Insurability who is either the Eligible Member’s spouse or a dependent child.

“Enrollment Form” means that document, signed by an Eligible Member, containing the member’s answers to Our questions and the member’s representations, which We accepted in good faith as being true, complete and correct, to the best of the member’s knowledge and belief. The Enrollment Form is the basis upon which We issued this Certificate of Cancer Expense Insurance and it is attached to and made a part of this Certificate.

“Evidence of Insurability” means a statement of a proposed Insured’s medical history which We will use to determine if he or she is approved for coverage. Evidence of Insurability will be provided at the Eligible Member’s expense.

“Experimental Treatment” means chemotherapy, or immunotherapy drugs not yet approved by the United States Food and Drug Administration for the treatment of Cancer which are the subject of ongoing clinical studies sponsored and funded by the National Cancer Institute to determine their toxicity, safety, efficacy or their efficacy compared to standard means of treatment. Treatment must be received in the United States or its territories and administered by an Oncologist as defined in this Policy and any issued Certificate. The Oncologist must certify, to the best of his or her knowledge and belief, that no other treatment having United States Food and Drug Administration approval is superior to the proposed Experimental Treatment.

“Government Hospital” means a hospital operated by or for an agency of the United States Government.

“Home Health Care” means the care and treatment of an Insured Person at his or her place of residence. Home Health Care is provided only if hospitalization or confinement in a Convalescent Care Facility would otherwise have been required. A plan establishing the necessary Home Health Care Services must be approved in writing by the attending Physician. Home Health Care Services must be provided by an agency that meets the qualifications set out below.

“Home Health Care Agency” means entity licensed to provide Home Health Care Services under applicable state law, or, in the absence of such state law, an entity that meets the following requirements:

- (a) it must be primarily engaged in providing Home Health Care Services;
- (b) its policies must be established by a group of professional personnel, including at least one Physician and one Registered Nurse;
- (c) supervision of Home Health Care Services must be performed by a Physician or Registered Nurse;
- (d) it must maintain clinical records on all patients;
- (e) it must have a full time administrator.

“Home Health Care Services” means:

- (a) part-time or intermittent home nursing care provided by or under the supervision of a Registered Nurse;
- (b) part-time or intermittent home health aide services that consists primarily of caring for the patient; and
- (c) medical supplies and equipment suitable for home use.

Home Health Care Services **does NOT mean:** (a) services or supplies not included in the Home Health Care plan; (b) services of a person who is an Immediate Family Member; (c) custodial care; (d) services or supplies for personal comfort or convenience; (e) food service or meals; or (f) transportation services.

“Hormonal Therapy” means a drug that adds, blocks, or removes hormones to slow, stop the growth of or prevent the recurrence of Cancer cells. It must be approved by the United States Food and Drug Administration to treat Cancer in humans.

“Hospice Center” means a facility that provides short periods of confinement for terminally ill patients. A Hospice Center must operate a program of hospice care that meets the standards set forth by the National Hospice Organization. It must also be directed by a Physician, supervised by a Registered Nurse, and licensed or certified by the state in which it is located.

“Hospice Team” means a team of professionals including a Physician and a Nurse. It may also include a

social worker, clergyman, clinical psychologist, physical therapist, or counselor. It must exist primarily to administer a hospice care program meeting the standards of the National Hospice Organization in the patient's home. Care must be available 24 hours a day, seven days a week.

“Hospital” means an institution that:

- (a) operates as a Hospital pursuant to law;
- (b) operates primarily for the reception, care and treatment of sick or injured persons as Inpatients;
- (c) provides 24-hour nursing service by Registered Nurses on duty or on call;
- (d) has a staff of one or more Physicians available at all times;
- (e) provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a pre-arranged basis.

Hospital **does NOT include** the following: (a) convalescent homes or convalescent, rest or nursing facilities; (b) facilities primarily affording custodial, educational or rehabilitative care; or (c) facilities for the aged, drug addicts or alcoholics.

“Immediate Family Member” means the Eligible Member and the Eligible Member's spouse or the parent, child, brother or sister of the Eligible Member or the Eligible Member's spouse.

“Immunoglobulin” means a protein naturally made by plasma cells in response to an antigen (foreign substance). The protein helps destroy the antigen. For the purposes of this Policy or any issued Certificate, the protein may be either natural or recombinant but it must be approved by the United States Food and Drug Administration for use in treating Cancer in humans.

“Immunotherapy” means a drug including a biological response modifier, biological therapy or biotherapy that meets the following criteria: (1) it stimulates or restores the ability of the immune system to modify, destroy or aid in the prevention of the spread of Cancer cells and (2) it is approved by the United States Food and Drug Administration to treat Cancer in humans. Immunotherapy **does NOT include** Immunoglobulin.

“Incapacitated Child” means a Dependent child who becomes incapable of self-support because of physical impairment or mental retardation while an Insured Person and before attaining Age 25 and who is primarily dependent on the Eligible Member or the Eligible Member's spouse for support and maintenance and is unmarried.

“Inpatient” means the Insured Person who is confined in a Hospital using and being charged for daily room and board.

“Insured Person” means the Eligible Member and the Eligible Member's Eligible Family Members whose coverage under this Certificate has become effective and such coverage has not been terminated.

If the Type of Coverage shown on the Certificate Schedule is **Individual**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person for a period of 31 days commencing with the moment of birth or adoption. Thereafter the Newly Adopted Child or Newborn Child will be considered a Dependent child who is an Eligible Family Member and insurance will continue past the 31 days only if the Eligible Member gives Us written notice of the birth or adoption within the 31 day period and pays the additional premium required.

If the Type of Coverage shown on the Certificate Schedule is **Single Parent** or **Family**, the Eligible Member's Newborn Child or the Eligible Member's Newly Adopted Child will become an Insured Person commencing with the moment of birth or adoption. Thereafter the Newborn Child or Newly Adopted Child will be considered a Dependent child who is an Eligible Family Member.

“Internal Cancer” means Cancer that is not Skin Cancer.

“Local or Locally” means within 30 miles, one way, of the Insured Person's usual place of residence.

“Named Insured” means the person accepted for coverage by Us who has completed and signed the Enrollment Form. This is the person whose name appears on the Certificate Schedule as “Named Insured.”

“Newborn Child” means any child born to the Eligible Member or the Eligible Member’s insured Spouse after the Certificate Effective Date.

“Newly Adopted Child” means a child who is: (a) adopted by the Eligible Member after the Certificate Effective Date; or (b) a child who has been placed with the Eligible Member after the Certificate Effective Date and for whom the application and approval procedures prescribed by law for adoption have been completed.

“Non-Local or Non-Locally” means more than 30 miles, one way, and less than 700 miles, one way, from the Insured Person’s usual place of residence.

“Nurse” means any one of the following who is not one of the Insured Person’s Immediate Family Members: a graduate Registered Nurse (R.N.); or a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). With respect to the benefits provided under any issued Certificate, Nurse will not include an R.N., L.P.N., or L.V.N. who is employed by the Hospital where the Insured Person is confined.

“Oncologist” means a Physician certified to practice in the field of Oncology.

“Outpatient” means the Insured Person is not confined in a Hospital.

“Pathologist” means a Physician who has been certified by either the American Board of Pathology, the Osteopathic Board of Pathology, or the American Board of Dermatopathology to practice pathological anatomy.

“Period of Hospital Confinement” means the period of consecutive days that the Insured Person is confined as an Inpatient in a Hospital on the advice and recommendation of a Physician. It begins on the date the Insured Person is admitted to the Hospital as an Inpatient and ends on the Insured Person’s date of discharge, unless discharge is for the purpose of immediate readmission to another Hospital.

“Physician” means a practitioner of the healing arts, including a nurse practitioner, duly licensed, practicing in the United States and legally qualified to treat sickness or injuries. Such person must not be the Insured Person, an Insured Person’s Immediate Family Member or a business associate. He or she must be providing services within the scope of his or her license, and must be a board certified specialist where required by any issued Certificate. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians.

“Pre-existing Condition(s)” means Cancer, or a listed Specified Disease if that optional rider is issued, which was diagnosed by a Physician or for which medical consultation, advice or treatment was recommended by or received from or sought from a Physician within one year prior to the Effective Date of coverage for each Insured Person.

“Proposed Insured” means any person named in an Enrollment Form for insurance.

“Radiation Treatment” means x-ray therapy, gamma ray therapy, particle beam therapy, proton beam therapy, or intensity-modulated radiation therapy, brachytherapy, radioactive isotopes therapy, radioactive iodine, cobalt, palladium, cesium or iridium that is approved by the United States Food and Drug Administration for the treatment of Cancer in humans and is used to modify, destroy, slow the growth or prevent recurrence of Cancer cells. The treatments discussed above must not be used for diagnostic or planning purposes.

“Radiation Treatment Center” means a Clinic or outpatient section of a Hospital specializing in Radiation Treatment of Cancer on an Outpatient basis.

“Radiation Therapist” means a Physician, Nurse or other medical personnel who are licensed to administer external or internal radiation. The medical professional must also be certified by the American Board of Radiology to administer therapeutic radiation.

“Rating Class” means a population segment classified by actuaries as having similar insurance risk characteristics, such as issue age, gender, underwriting classification, benefit category, issue state, and health status of the insured at the time the Certificate was purchased.

“Renewal Date” means the date any premium, after the first premium, for the Certificate is due.

“Skin Cancer” means basal cell carcinoma, basal cell epithelioma, squamous cell carcinoma, or melanoma of Clark’s Level I or II or Breslow level equal to or less than 1.5 mm.

“Substantially Similar Group Policy” means a policy of group Cancer Expense insurance issued to the Policyholder and insuring persons in the same Rating Class of Eligible Members as the group policy under which this Certificate was issued. Eligibility for initial coverage under the Substantially Similar Group Policy must be conditioned by the existence of an employer-employee relationship and persons insured must be issued a certificate of insurance. It does not mean an individual type of an insurance policy issued on a payroll or salary deduction basis or otherwise to an employee of the Policyholder, even if premiums for the policy are paid under a Section 125 Cafeteria Plan.

“Tentative Diagnosis” means a diagnosis by a qualified Physician, based on the Physician’s experience, training and expertise, when a Positive Diagnosis cannot be made due to medical reasons.

“Terminally III” means the Insured Person has a life expectancy of 6 months or less.

“Total Disability / Totally Disabled” means that, as a result of Cancer, the Eligible Member is:

- (a) unable to perform all of the substantial or material duties of the Eligible Member’s regular occupation during the first two years beginning with the commencement of such disability;
- (b) unable to engage in any employment or occupation for which the Eligible Member is or becomes qualified by reason of education, training or experience after the first two years beginning with the commencement of such disability; and
- (c) under the care of a Physician.

If 60 days or less separate two periods of Total Disability for the same Cancer, the second will be a continuation of the first.

“We, Our, Us, or Company” means LifeShield National Insurance Company.

PART C	MEMBER ELIGIBILITY AND EFFECTIVE DATE
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ELIGIBLE MEMBER: means a member of the Policyholder as described in the master Group Cancer Expense Policy.

EFFECTIVE DATE: This Certificate begins on the Certificate Effective Date shown on the Certificate Schedule page at 12:01 AM Standard Time at the address of the Certificate holder where this Certificate is delivered.

Coverage with respect to any Insured Person can never become effective until after the Eligible Member has submitted to Us the required written Enrollment Form along with any premium due, unless the Policyholder has payroll deduction facilities available and acceptable to Us. If such payroll deduction facilities are available and acceptable to Us, premium will be remitted per PART G – Premiums.

PART D**DEPENDENT PROVISIONS**

TYPE OF COVERAGE: The Type of Coverage issued is as shown on the Certificate Schedule.

1. **Individual:** coverage means that only the primary insured, as named on the Certificate Schedule is covered.
2. **Single Parent:** coverage means that the primary insured and his or her eligible Dependent children are covered.
3. **Family:** coverage means that the primary insured, his or her spouse, and the eligible Dependent children of the primary insured or those of the spouse are covered.

Automatic Coverage of Newborn, Adopted and Foster Children

1. Any child born to Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of birth.
2. Any child adopted by Eligible Person while coverage is in force who meets the definition of a Dependent will be a Covered Person from the moment of placement in the Eligible Person's home provided a petition for adoption has been duly filed and is pursued to a final decree of adoption.
3. A foster child, for who Eligible Person has been appointed legal guardian or custodian, will be a Covered Person from the moment of placement in Eligible Persons' home.

If the Eligible Person has coverage for Children, they need not notify the company of the child's birth, adoption or placement as a foster child. No extra premium will be charged.

If the Eligible Person does not have Children's coverage, then we must be given written notice of the birth, adoption or placement as a foster child within 31 days after the date of either occurrence and payment must be made of any required premium. If Eligible Person does not do this, the child will cease to be a Covered Person at the end of 31 days after such date.

Child Enrollment; Noncustodial Parents

If Eligible Person or Spouse is required by a court of law or administrative order to provide coverage for a Dependent Child and Eligible Person is eligible for family coverage:

1. Eligible Person may enroll, under family coverage, a child who is otherwise eligible for coverage without regard to enrollment time restrictions.
2. We will enroll the child under family coverage upon application of the child's other parent or the Department of Human Resources in connection with its administration of the Medical Assistance or Child Support Enforcement Program if Eligible Person has family coverage under this policy but fails to make application to obtain coverage for the child.
3. We may terminate coverage for this child only if we are provided with satisfactory written notice that:
 - a. the court or administrative order is no longer in effect; or
 - b. the child is or will be provided with comparable health coverage through another insurer, which coverage will take effect not later than the effective date of termination for that child under this policy.

If a child has health care coverage through the health insurer of a noncustodial parent, we will:

1. provide such information to the custodial parent as may be necessary for the child to obtain benefits through that coverage.
2. permit the custodial parent (or health care provider, with the custodial parent's approval) to submit claims for covered services without the approval of the noncustodial parent.
3. make payments or claims submitted in accordance with this provision of the policy directly to the custodial parent, the provider, or the Department of Human Resources.

PART E**BENEFITS**

We will pay the benefits as described below for the treatment of an Insured Person's Cancer, and if such optional rider is also issued, for the treatment of a listed Specified Disease provided he or she is covered under this Certificate and/or rider and the Certificate and/or rider remains in force. Payment will be made in

accordance with all applicable Certificate and/or rider provisions. Benefits are payable for a positive diagnosis that begins after the Certificate Effective Date. The positive diagnosis must be for Cancer as defined in this Certificate, or for a Specified Disease as defined in an attached rider.

All benefits are subject to terms and conditions of this Certificate and/or an attached Specified Disease rider. If Cancer or a listed Specified Disease is diagnosed while any Insured Person is confined in the Hospital, benefits will begin on the day of admission or 10 days prior to the date of diagnosis if this is more favorable to the Eligible Member. Admission to the Hospital must begin after the Certificate Effective Date of coverage. If a positive diagnosis is made for Cancer or a listed Specified Disease within 12 months after a Tentative Diagnosis, benefits will be paid from the date of the Tentative Diagnosis if the Tentative Diagnosis is made after the Certificate Effective Date of coverage.

DESCRIPTION OF BENEFITS

Positive Diagnosis Benefit - We will pay the Actual Charge not to exceed \$300 per Calendar Year for one test that confirms the positive diagnosis of Cancer in an Insured Person. This benefit is not payable for multiple diagnoses of the same Cancer or for Cancer that metastasizes or for recurrence of the same Cancer.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation / Consultation Benefit - If an Insured Person receives a positive diagnosis of Internal Cancer and seeks an evaluation or consultation at a National Cancer Institute designated Comprehensive Cancer Treatment Center for the purpose of obtaining a treatment option opinion, We will pay the Actual Charge not to exceed a lifetime maximum of \$750. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Insured Person's place of residence, We will also pay the transportation and lodging expenses incurred not to exceed a lifetime maximum of \$350. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable. This benefit is payable in lieu of the Non-Local Transportation and Lodging Expense Benefits of this Certificate. This benefit is payable one time during the lifetime of the Insured Person.

Second and Third Surgical Opinion Expense Benefit – If surgery is recommended for the removal of Cancer, We will pay the Actual Charge for a written second surgical opinion concerning the Cancer surgery. If the second surgical opinion is in conflict with that of the Physician originally recommending the surgery, We will pay the Actual Charge for a written third surgical opinion. The Physician providing the second or third surgical opinion cannot be associated with the Physician who originally recommended the surgery. This benefit is not payable for the same day the National Cancer Institute Evaluation/Consulting Benefit is payable.

Outpatient Hospital or Ambulatory Surgical Center Expense Benefit - We will pay the Actual Charge, not to exceed \$350 per day, made by an Ambulatory Surgical Center or Outpatient department of a Hospital for the use of its facilities during the performance of a surgical procedure covered under this Certificate.

Medical Imaging, Treatment Planning and Monitoring Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per Calendar Year, for laboratory tests, routine or diagnostic X-rays, scans or medical images and their interpretation when used in the planning or monitoring of external radiation, internal radiation, Chemotherapy or Immunotherapy treatments of Cancer.

Anti-Nausea Medication Expense Benefit - We will pay the Actual Charge for anti-nausea medication not to exceed \$150 per Calendar Month when an Insured Person is prescribed such medication as the result of Radiation Treatment, Chemotherapy or Immunotherapy treatments for Cancer.

Colony Stimulating Factor or Immunoglobulin Expense Benefit - We will pay the Actual Charge not to exceed \$1,000 per calendar month for Colony Stimulating Factor Drugs or Immunoglobulins prescribed by a Physician or Oncologist during an Insured Person's Cancer treatment regimen for which benefits are payable under the Radiation, Chemotherapy and Immunotherapy Benefit of this Certificate or rider attached to it.

Outpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Outpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Inpatient Blood, Plasma and Platelets Expense Benefit - If, as the result of Cancer, an Insured Person requires blood, plasma, platelets or blood transfusions, on an Inpatient basis, We will pay the Actual Charge not to exceed \$300 per day including the costs of procurement, administration, processing and cross matching.

Bone Marrow Donor Expense Benefit - When an Insured Person receives bone marrow or stem cells from another live person for the purpose of a bone marrow or stem cell transplant in connection with the Insured Person's Internal Cancer treatment, We will pay the Daily Hospital Confinement Benefit amount shown on the Certificate Schedule for each day the donor is confined in a Hospital for the harvesting of bone marrow or stem cells used in a covered bone marrow or stem cell transplant.

Bone Marrow or Stem Cell Transplant Expense Benefit - We will pay the Actual Charge not to exceed a lifetime maximum of \$15,000 for surgical and anesthesia procedures (including the harvesting and subsequent re-infusion of blood cells or peripheral stem cells) performed for a bone marrow transplant and/or a peripheral stem cell transplant for the treatment of an Insured Person's Internal Cancer. This benefit will be paid in lieu of the Surgical Expense Benefit and the Anesthesia Expense Benefit which may be described in a rider attached to this Certificate.

Inpatient Oxygen Expense Benefit – When an Insured Person is confined to a Hospital for the treatment of Cancer and requires oxygen that is prescribed and ordered by a Physician, We will pay the Actual Charge for the oxygen not to exceed \$300 per Hospital confinement.

Attending Physician Expense Benefit - We will pay the Actual Charge not to exceed \$ 40 per day for the professional services of a Physician or Oncologist rendered to an Insured Person while he or she is confined in a Hospital for the treatment of Cancer. This benefit is payable only if the Physician or Oncologist personally visits the Hospital room occupied by the Insured Person. The benefit amount stated is the maximum amount payable for each day of Hospital confinement regardless of the number of visits made by one or more Physicians or Oncologists.

Inpatient Private Duty Nursing Expense Benefit - We will pay the Actual Charge not to exceed \$150 per day for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined in a Hospital for the treatment of Cancer. The Nurse must provide services other than those normally provided by the Hospital. The Nurse may not be an employee of the Hospital or an Immediate Family Member of the Insured Person.

Outpatient Private Duty Nursing Expense Benefit – Following a period of Hospital confinement of an Insured Person for the treatment of Cancer, We will pay the Actual Charge not to exceed \$ 150 per day, limited to the same number of days of the prior Hospital confinement, for the full time service of a Nurse that is required and ordered by a Physician when an Insured Person is confined indoors at home as the result of Cancer. This benefit is not payable if the services of the Nurse are custodial in nature or to assist the Insured Person in the activities of daily living. This benefit is not payable when the Nurse is a member of the Insured Person's Immediate Family.

Home Health Care Expense Benefit - We will pay benefits for the following covered charges when an Insured Person requires Home Health Care for the treatment of Cancer.

1. Home Health Care Visits - We will pay the Actual Charge for Home Health Care Visits not to exceed \$ 75 for each day on which one or more such visits occur. We will not pay this benefit for more than 60 days in any Calendar Year.
2. Medicine and Supplies - We will pay the Actual Charge not to exceed \$ 450 in any Calendar Year for drugs, medicine, and medical supplies provided by or on behalf of a Home Health Care Agency.
3. Services of a Nutritionist - We will pay the Actual Charge not to exceed a lifetime maximum of \$ 300 for the services of a nutritionist to set up programs for special dietary needs.

Convalescent Care Facility Expense Benefit - We will pay the Actual Charge not to exceed \$ 100 per day for an Insured Person's confinement in a Convalescent Care Facility. The maximum number of days for which this benefit is payable will be the number of days in the last Period of Hospital Confinement that immediately preceded admission to the Convalescent Care Facility. The Convalescent Care Facility confinement must:

1. be due to Cancer;
2. begin within 14 days after the Insured Person has been discharged from a Hospital for the treatment of Cancer; and

3. be authorized by a Physician as being medically necessary for the treatment of Cancer.

Hospice Care Expense Benefit – When an Insured Person, as a result of Cancer, requires Hospice Care, We will pay the Actual Charge for Hospice Care not to exceed \$ 100 per day. This benefit is payable whether confinement is required in a Hospice Center or services are provided in the Insured Person's home by a Hospice Team. Eligibility for benefit payments will be based on the following conditions being met: (1) the Insured Person has been given a prognosis of being Terminally Ill with an estimated life expectancy of 6 months or less; and (2) We have received a written summary of such prognosis from the attending Physician. We will not pay this benefit while the Insured Person is confined to a Hospital or Convalescent Care Facility. The lifetime maximum benefit is 365 days of Hospice Care.

Non-Local Transportation Expense Benefit - We will pay the Actual Charge for Non-Local transportation not to exceed coach fare by on a Common Carrier for the Insured Person and one adult companion's travel to a Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center where the Insured Person receives treatment for Cancer. This benefit is payable only if the treatment is not available Locally but is available Non-Locally. The adult companion may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. At the option of the Insured Person, We will pay a single private vehicle mileage allowance of 50 cents per mile for Non-Local transportation in lieu of the common carrier coach fare.

Lodging Expense Benefit - When an Insured Person receives treatment for Cancer at a Non-Local Hospital, Radiation Therapy Treatment Center, Chemotherapy Treatment Center, Oncology Clinic or any other specialized treatment center, We will pay the Actual Charge not to exceed \$ 75 per day for a room in a motel, hotel or other appropriate lodging facility (other than a private residence). The room must be occupied by the Insured Person or an adult companion, which may include the live donor of bone marrow or stem cells used in a bone marrow or stem cell transplant for the Insured Person. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment, nor for lodging expense incurred more than 24 hours following treatment. This benefit is limited to 100 days per Calendar Year.

Ambulance Expense Benefit - We will pay the Actual Charge for ambulance service if an Insured Person is transported to a Hospital where he or she is admitted as an Inpatient for the treatment of Cancer. The ambulance service must be provided by a licensed professional ambulance company or an ambulance owned by the Hospital.

Prosthesis Expense Benefit:

(a) Surgically Implanted Breast Prosthesis – If, as the result of breast removal due to Cancer, the attending Physician prescribes a breast prosthesis to restore normal body contour, We will pay the Actual Charge for the prosthesis and its implantation. This benefit does not include coverage for breast reconstruction surgery which may be covered under the Surgical Schedule within the Surgical and Anesthesia Benefits Rider, if such rider is issued as part of this Certificate.

(b) Non-Surgically Implanted Prosthesis – If an Insured Person sustains an amputation, as the result of treatment for Cancer, and an artificial limb or other non-surgically implanted prosthetic device is required and prescribed by a Physician to restore normal body function, We will pay the Actual Charge not to exceed a lifetime maximum of \$ 2,000 per such amputation. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

Hairpiece Expense Benefit – If an Insured Person suffers hair loss due to Cancer treatments, We will pay the Actual Charge not to exceed a lifetime maximum of \$150 for the purchase of a wig or hairpiece.

Rental or Purchase of Medical Equipment Expense Benefit – If, as the result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay the lesser of the Actual Charge for the rental or purchase of such medical equipment not to exceed \$1,500 per Calendar Year. Covered medical equipment includes wheel chair, oxygen equipment, respirator, braces, crutches or hospital bed.

Physical, Speech, Audio Therapy and Psychotherapy Expense Benefit - We will pay the Actual Charge not to exceed \$ 25 per therapy session for:

1. Physical therapy treatments given by a licensed Physical Therapist, or
2. Speech therapy given by a licensed Speech Pathologist/Therapist; or
3. Audio therapy given by a licensed Audiologist; or

4. Psychotherapy given by a licensed Psychologist.

These therapy sessions may be given at an institute of physical medicine and rehabilitation, a Hospital, or the Insured Person's home. These treatments must be given on an Outpatient basis, unless the primary purpose of a Hospital confinement is for treatment of Cancer other than with physical, speech or audio therapy or psychotherapy. Benefits under this section may not exceed \$1,000 per Calendar Year.

Waiver of Premium Benefit - We will waive the premiums starting on the first premium due date following a 60 day period of Total Disability of the Named Insured due to Cancer. The Named Insured must: (1) be receiving treatment for such Cancer for which benefits are payable under the Certificate; and (2) remain disabled for 60 consecutive days. We will waive premiums for as long as the Named Insured remains Totally Disabled. Premiums will be waived in accordance with the mode of payment in effect when treatment began.

If the Named Insured is retired or Age 65 and over at the time he or she becomes Totally Disabled, the definition of Total Disability will mean the inability to perform two (2) or more of the ADL's (Activities of Daily Living) listed below without the assistance of another person. ADL's are defined as activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living. The ADL's are:

1. Transferring - moving between the bed and a chair or the bed and a wheelchair;
2. Dressing - putting on and taking off all necessary items of clothing;
3. Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
4. Eating - all major tasks of getting food into the body;
5. Bathing - getting into or out of the tub or shower and otherwise washing the parts of the body.

We may ask for and use an independent consultant to determine whether the Named Insured can perform an ADL when this benefit is in force.

PART F	EXCLUSIONS AND LIMITATIONS
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No benefits will be paid for

1. any loss due to any disease or illness other than Cancer;
2. care and treatment received outside the territorial limits of the United States;
3. treatment by any program engaged in research that does not meet the criteria for Experimental Treatment as defined;
4. treatment that has not been approved by a Physician as being medically necessary; or
5. losses or medical expenses incurred prior to the Certificate Effective Date of an Insured Person's coverage regardless of the Date of Positive Diagnosis.

Pre-Existing Condition(s) Limitation

Subject to the Group Cancer Expense Policy Replacement of Prior Carrier provision below, the benefits of this Certificate will not be payable during the first 12 months that coverage is in force with respect to an Insured Person for a loss caused by a Pre-Existing Condition disclosed or not disclosed on the Enrollment Form. This 12-month period is measured from the effective date of coverage for each Insured Person.

Group Cancer Expense Policy Replacement of Prior Carrier

If an Insured Person has a loss due to a Pre-Existing Condition and the Policyholder changed the prior group cancer expense insurance carrier to LifeShield National Insurance Company, We may pay benefits if an Insured Person's loss results from a Pre-Existing Condition if the primary insured was:

1. in active employment with the Policyholder and both the primary insured and the Insured Person are insured under the LifeShield National Group Cancer Expense Policy on the Policy Effective Date; and
2. both the primary insured and the Insured Person were insured under the prior group cancer expense policy when it terminated.

The prior group cancer expense policy's coverage must be under a Substantially Similar Group Policy to the LifeShield National Group Cancer Expense Policy. The prior group policy must also have been in effect within 60 days of the LifeShield National Policy's Effective Date in order for this provision to apply.

In order to receive benefits the Insured Person must satisfy the Pre-Existing Condition(s) provision under either:

1. the LifeShield National Group Cancer Expense Policy; or
2. the prior group cancer expense policy, if benefits would have been paid had that policy remained in force.

If such Insured Person does not satisfy either item # 1 or # 2 above, We will not pay any benefits for a loss resulting from Pre-Existing Condition(s). If the Insured Person satisfies either item # 1 or # 2 above, We will determine Our benefit payments according to Our Policy provisions.

PART G

PREMIUMS

Coverage is in consideration of and subject to payment of the first premium. An insured member's first premium and premium payment mode is shown in the Certificate Schedule. Subsequent premiums are due and payable on the premium due date. We reserve the right to change the premium rates by Class on any premium due date after the first policy anniversary. We must give 45 days advance written notice to the Policyholder of any premium change.

If payroll deduction facilities are available to an insured member, the premium will be deducted from such person's pay and remitted to the Us. If there are no payroll deduction facilities available to an insured member, premiums must be remitted directly to Us.

GRACE PERIOD: We grant a grace period of 31 days for each premium payment due after the first premium payment. Coverage remains in force during the grace period unless an insured member or the Policyholder has given Us written notice of the insured member's cancellation. There is no grace period if We have been given such a cancellation notice.

PART H

TERMINATION PROVISIONS

Termination of coverage will not affect any claim for a covered loss that occurred while coverage was in force.

GROUP POLICY: Either the Policyholder or We may terminate this group policy by giving an advance written 30-day notice to the other party.

TERMINATION OF AN INSURED MEMBER'S COVERAGE: Coverage for an insured member will terminate on the date premiums are not received when due, subject to the GRACE PERIOD provision; or on the date the group policy terminates.

TERMINATION OF DEPENDENT COVERAGE: Coverage for a Dependent will terminate on the date the insured member's coverage terminates, except when coverage continues with the insured member's Spouse as the new insured member. Coverage for Dependent persons may also terminate as explained in the following paragraphs.

Coverage for each Dependent child will terminate on the renewal date following the earlier of: (a) his or her attainment of the limiting age as stated in Part D Dependent Provisions; or (b) marriage. It is the Certificate holder's obligation to notify Us if and when either of these events occur.

If a Certificate holder's premium needs to be changed due to the termination of Dependent coverage, he or she should notify Us and We will adjust it accordingly.

If a Dependent child reaches the termination date stated above and continues to be both: (a) incapable of self-sustaining employment by reason of mental incapacity or physical handicap; and (b) remains dependent upon the Certificate holder for support and maintenance; and (c) the Certificate holder notifies Us about this, coverage for such child will continue while the Certificate is in force and so long as such incapacity continues and the applicable premium is paid. Satisfactory proof must be submitted to Us within 31 days of such termination date. We may request this proof periodically at Our discretion following a child's attainment of the limiting age.

CONTINUATION OF COVERAGE: If an insured member is no longer affiliated with Policyholder, We agree thereafter to renew the previously issued Certificate coverage for each term as long as such insured member continues to pay the required premium when due and the group policy remains in force. The insured member must notify Us of the change in status within 31 days of such change. Direct premium payments will begin following the end of the period for which premium has been paid.

If an insured member dies while his or her Spouse is an Insured Person under this Certificate, We agree thereafter to renew the coverage for each term, with such Spouse as the new insured member, as long as such Spouse lives and pays the required premium before the end of the grace period and the group policy remains in force. Direct premium payments will begin following the end of the period for which premium has been paid.

DIVORCE: If an insured member divorces his/her Spouse, and his/her Spouse is named as an Insured Person on the Enrollment Form for this coverage, or was made an Insured Person pursuant to Certificate endorsement procedures, the insured member must provide Us with an actual, written notice of said divorce. Coverage for a Spouse or ex-spouse, if an Insured Person, will terminate 30 days following the date We receive actual, written notice from the insured member or his/her insured Spouse of a divorce between the insured member and his/her insured Spouse, regardless of the date of the divorce decree. An insured member may not add a new Spouse as an Insured Person under any issued Certificate until his/her covered ex-spouse has been terminated from the insured member's coverage pursuant to these procedures.

PART I HOW TO FILE A CLAIM

NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after any loss covered by this Certificate, while it was in force, occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us at our Administrative Office in Oklahoma City, Oklahoma. It should include the insured member's name and Certificate number.

CLAIM FORMS: When We receive the notice of claim, We will send the claimant forms for filing proof of loss. If these forms are not sent to the claimant within 15 days, the claimant will be deemed to have met the proof of loss requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to Us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART J TIME OF PAYMENT OF CLAIMS

All benefits payable under this Certificate for any loss, other than loss for which this Certificate provides any periodic payment, will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of clean claim.

Claims for benefits due under this Certificate are overdue if not paid within thirty-five (35) days after We receive a clean claim containing necessary medical information and other information essential for Us to administer Pre-existing Conditions and determine Actual Charges.

A "**clean claim**" means a claim We receive for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the insured in order to be processed and paid by Us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected. A clean claim does not include any of the following:

- (a) A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within thirty (30) days of the original claim;
- (b) Claims which are submitted fraudulently or that are based upon material misrepresentations;
- (c) Claims that require information essential for Us to administer Pre-existing Conditions or determine

- Actual Charges; or
- (d) Claims submitted by a provider more than thirty (30) days after the date of service. If the provider does not submit the claim on behalf of the insured, then a claim is not clean when submitted more than thirty (30) days after the date of billing by the provider to the insured.

Not later than thirty-five (35) days after the date We receive a claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider or the insured of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within twenty (20) days after receipt.

PART K	PAYMENT OF CLAIMS
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All benefits will be paid to the Certificate holder or to his or her estate.

PART L	ASSIGNABILITY
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Neither this Certificate nor any benefits payable are assignable.

PART M	GENERAL INFORMATION
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ENTIRE CONTRACT: This Certificate is a legal contract between the Certificate holder and Us. The entire contract with the Certificate holder consists of the Certificate, which includes the Enrollment Form, and any attached riders, endorsements or papers. No change in this Certificate will be effective until approved by one of Our officers. Such officer approval must be noted on or attached to the Certificate. No agent has any authority to change this Certificate or to waive any of its provisions. All statements in the Enrollment Form are deemed representations and not warranties.

INCONTESTABILITY: We will not contest the validity of this Certificate after it has been in force for two years from the Certificate Effective Date.

CLERICAL ERROR: Clerical error on the part of the Policyholder will not void coverage that would otherwise be in force or continue coverage that would otherwise have terminated.

CONFORMITY WITH STATE STATUTES: On the Certificate Effective Date, if any contract provision conflicts with the laws of the state of issue, it shall be deemed to conform to such law.

CERTIFICATE SCHEDULE: The Schedule and information it shows is a part of the Certificate as if it preceded the execution clause.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the date a person becomes covered under this Certificate We cannot use misstatements, except fraudulent misstatements, in the Enrollment Form to void coverage or deny a claim for loss that happens after the two-year period.

No claim for loss incurred after one year from the date a person becomes covered under this Certificate shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such person's coverage.

The above provisions also apply to riders attached to this Certificate. In applying them, the word "rider" will be used for the word "Certificate".

LEGAL ACTIONS: An Insured Person cannot bring any action at law or in equity to recover under this Certificate for at least 60 days after he or she has given Us written Proof of Loss. No such action shall be brought after three (3) years from the time written Proof of Loss is required to be given.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and We accept a premium without requiring an application for reinstatement, Our acceptance of that payment shall reinstate coverage under this Certificate. If We require an application, the Certificate will be reinstated when We approve the application. If We do not approve the application, the Certificate will be reinstated on the 45th day after the date of the application unless We notify the applicant in writing of its disapproval.

After two years from the date We reinstate the Certificate, We cannot use misstatements in the reinstatement application to void coverage or deny a claim for loss that happens after the two-year period. In all other respects the Certificate holder and We have the same rights under the Certificate as the Certificate holder and We both had before it lapsed, unless special conditions are added to the Certificate in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

MISSTATEMENT OF AGE: If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's true age. No misstatement of age will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have an Insured Person examined when and as often as is reasonable during the handling of a claim and to do any autopsy where it is not forbidden by law.

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533

• Toll Free Phone Number 1-800-366-8354

Enrollment Form for Cancer Expense Insurance and Optional Riders

ENROLLMENT FORM
CONTINGENT ISSUE

Employer		Group Number		Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Employee Proposed for Insurance (First, MI, Last)			S. S. Number		Employee Number
<input type="checkbox"/> Emp <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date	
Home Address			City	State	Zip
Job Title/Occupation		Do you normally work 20 or more hours per week for the Employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Hired
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Insured) & Address			S.S. Number or Tax ID Number		Birth Date

DEPENDENTS PROPOSED FOR INSURANCE

	Full Name	Sex	Birth Date
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	
Children		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

INSURANCE APPLIED FOR

Cancer Expense Insurance	Base Policy	ASCB	FOB	FOBB	RCIB required	SB	DHCB	SDB	ICUB	Modal Premium
<input type="checkbox"/> Individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<input type="checkbox"/> One Parent					<input type="checkbox"/> Annual					
<input type="checkbox"/> Family					<input type="checkbox"/> Daily					
Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No										TOTAL MODAL PREMIUM \$

MEDICAL QUESTIONNAIRE

1.	Are you actively at work now for the named employer and have you worked at least 20 hours each week performing all duties of your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NON-MEDICAL QUESTIONNAIRE

1.	Is any proposed insured eligible for Medicare? If "yes" review the Guide to Health Insurance for People with Medicare which is available from the company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is any proposed insured eligible for Medicaid? (If "Yes" applying for coverage on that person is not appropriate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Existing Insurance. Is any proposed insured covered under major medical insurance or an HMO? If "Yes", list name of proposed insured, coverage type, and insurance company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Replacement. Is the insurance applied for to replace or change any existing insurance? If "Yes" list coverage and name of company. _____ and complete any required replacement form(s) provided by your agent and return with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is any person proposed for insurance now covered or been covered within the past 60 days under a Group Cancer Expense insurance policy? (Not to include individual policies where premiums are paid on a payroll deduction basis or through salary reductions.) If "Yes", list name of proposed insured, group to whom policy was issued, and insurance company.	<input type="checkbox"/> Yes <input type="checkbox"/> No

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533

• Toll Free Phone Number 1-800-366-8354

Enrollment Form for Cancer Expense Insurance and Optional Riders

ENROLLMENT FORM
SUBJECT TO UNDERWRITING

Employer		Group Number		Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Employee Proposed for Insurance (First, MI, Last)			S. S. Number		Employee Number
<input type="checkbox"/> Emp <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date		Home Phone Number
Home Address			City	State	Zip
Job Title/Occupation		Do you normally work 20 or more hours per week for the Employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			State of Birth
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Insured) & Address			S.S. Number or Tax ID Number		Birth Date

DEPENDENTS PROPOSED FOR INSURANCE

	Full Name	Sex	Birth Date
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	
Children		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

INSURANCE APPLIED FOR

Cancer Expense Insurance	Base Policy	ASCB	FOB	FOBB	RCIB required	SB	DHCB	SDB	ICUB	Modal Premium
<input type="checkbox"/> Individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<input type="checkbox"/> One Parent					<input type="checkbox"/> Annual					
<input type="checkbox"/> Family					<input type="checkbox"/> Daily					
Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No										TOTAL MODAL PREMIUM \$

MEDICAL QUESTIONNAIRE

1.	Are you actively at work now for the named employer and have you worked at least 20 hours each week performing all duties of your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Within the past five years, has any person proposed for coverage been diagnosed as having, been treated for or, had care for which diagnostic test(s) have been recommended for: Cancer, (including hodgkin's disease, lymphoma, leukemia, melanoma or any other malignancy) other than Skin Cancer? If "yes", list name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage.	
3.	Within the past three years, has any person proposed for insurance been diagnosed as having, been treated for or, had care for which diagnostic test(s) have been recommended for Skin Cancer? If "yes", name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage for cancer of the skin.	
4.	Has anyone proposed for coverage ever been diagnosed as having or treated by a member of the medical profession for: Acquired Immune Deficiency Syndrome (AIDS), "AIDS" Related Complex (ARC), or a condition or sickness derived from such infection, or tested positive for the Human Immuno-deficiency Virus (HIV) infection? If "Yes", list name of person(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	who is/are to be excluded from coverage.	

**Application for Group Cancer Expense Insurance
To**

LifeShield National Insurance Company®

Administrative Office: 815 West Ash Ave., Duncan, OK 73533 Toll Free: 1-800-366-8354

Applicant/Policyholder _____

Address _____

State of Issue and Delivery _____

List any other State Locations _____

Policy Applied for _____

Class(es) of Employees Eligible for Coverage _____

Number of Eligible Employees _____

Who Will Pay the Premiums for this Insurance? Employee Employer Employer and Employee

Is there a Substantially Similar Group Cancer Policy Now in Effect? _____

If Yes, give name of the carrier and attach a copy of the Policy, one representative Certificate of Insurance and the current month's premium billing.

If there is a Substantially Similar Group Cancer Policy now in effect, premium and claims history by month for the past three years should be submitted with this application. If experience data is not available, the premium history is still required.

Benefits Applied for			
Base Policy	Base Policy Benefits	Base Policy Benefits	Base Policy Benefits
Optional Benefits	Option 1	Option 2	Option 3
Annual Cancer Screening Benefit	\$	\$	\$
First Occurrence Benefit	\$	\$	\$
First Occurrence Building Benefit	\$	\$	\$
Surgical Benefits	\$	\$	\$
Radiation, Chemotherapy, Immunotherapy and Experimental Treatment Benefit (please check only one) <input type="checkbox"/> Annual <input type="checkbox"/> Daily	\$	\$	\$
Daily Hospital Confinement Benefit	\$	\$	\$
Hospital Intensive Care Unit Benefit	\$	\$	\$
Specified Disease Benefit	\$	\$	\$

Will other cancer insurance, whether individual policies or group certificates, be offered to employees on a payroll deduction basis? Yes No

Requested Group Policy Effective Date _____

The policy applied for will not be effective until formal approval is given by LifeShield National Insurance Company. Do Not Cancel Existing Cancer Insurance until this Approval Is Received.

The Applicant/Policyholder hereby applies to LifeShield National Insurance Company for a policy of Group Cancer Expense Insurance with the Optional Benefits listed on Page 1. of this Application.

Applicant/Policyholder Statement and Agreement

I have read or had read to me the completed application and agree that the statements contained in the application are true and correct to the best of my knowledge and belief. I agree that material misstatements in this application could void insurance.

Signed at _____

Date _____

On behalf of the Applicant/Policyholder _____

Title (printed) _____

Witness _____
Signature of Agent

Print Agent Name _____

Agent Number

Agent's State License Number (where required)