

SERFF Tracking Number: AGDE-127102714 State: Arkansas  
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48571  
Company Tracking Number: N20028NUFIC-AR (USSA)  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: @Work  
Project Name/Number: USSA Fixed Indemnity/N20028NUFIC-AR (USSA)

## Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: @Work

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AGDE-127102714 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48571

Co Tr Num: N20028NUFIC-AR  
(USSA)

Authors: Mike McGarrity, Elaine  
Showstead, Veronica Bullock,  
Karen McCloskey

Date Submitted: 04/25/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/25/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: USSA Fixed Indemnity

Project Number: N20028NUFIC-AR (USSA)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/25/2011

State Status Changed: 04/25/2011

Created By: Karen McCloskey

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Honorable Jay Bradford

Insurance Commissioner

Arkansas Insurance Department

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Veronica Bullock

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Life/Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.  
NAIC # 012-19445, FEIN 25-0687550  
Group Fixed Indemnity Benefit Program  
N20028NUFIC-AR (USSA) Group Fixed Indemnity Benefit Certificate  
Out-of-State Forms and Rate Filing

SERFF Tracking Number: AGDE-127102714

Dear Commissioner Bradford:

National Union Fire Insurance Company of Pittsburgh, Pa. hereby submits for your review and approval the above referenced form. This form is new and is not intended to replace any other forms previously approved by your Department.

The above mentioned form will be issued solely to the eligible employees of U.S. Security Associates, Inc. (USSA) residing in your state and will provide group medical accident and sickness fixed indemnity benefits. The Group Policy, form number N20027NUFIC (USSA), has been legally issued in the situs state of Georgia and was issued to the Policyholder (U.S. Security Associates, Inc.) in Roswell, Georgia.

Coverage provided under this program is Guaranteed Issue. Coverage is independent of and supplemental to any other health insurance. Except for the Medical Expense Benefit – Non-Work Related Accidents which is accident-only, all benefits are flat indemnities and not related to expenses incurred for treatment. Benefits are payable regardless of whether benefits are payable under any other insurance policy.

Please note that form number 89644(7/05) (Coverage Territory Endorsement) was approved by your department on June 19, 2007, on a general use basis for all of our companies and for all of our products, current and future. This form is being submitted with this filing on an "Informational Only Basis".

The effective date of issue of this form will be upon approval by your Department.

Please note that a TOI of "Other" was selected for this filing because no other TOI seemed to fit.

Thank you for your attention to this filing. Should you have any questions, please feel free to contact me.

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Sincerely,

Karen A. McCloskey  
Manager, @Work Products  
Law Department, Accident & Health Division  
Phone: 302-765-1756  
Fax: 302-830-4466  
karen.mccloskey@chartisinsurance.com

## Company and Contact

### Filing Contact Information

Elaine Showstead, Senior A&H Regulatory elaine.showstead@chartisinsurance.com  
Affairs Analyst  
503 Carr Road 888-396-5369 [Phone] 31750 [Ext]  
3rd Floor 302-830-4466 [FAX]  
Wilmington, DE 19809

### Filing Company Information

National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania  
Pittsburgh, Pa.  
503 Carr Road Group Code: 12 Company Type:  
3rd Floor Group Name: AIG State ID Number:  
Wilmington, DE 19809 FEIN Number: 25-0687550  
(888) 396-5369 ext. 31722[Phone]

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 filing fee.  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	04/25/2011	46915506

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/25/2011	04/25/2011

SERFF Tracking Number: AGDE-127102714 State: Arkansas  
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## Disposition

Disposition Date: 04/25/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Coverage Territory Endorsement	Approved-Closed	Yes
<b>Form</b>	Fixed Indemnity Benefit Certificate	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: N20028NUFIC-AR (USSA)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/25/2011	N20028NUFIC-AR (USSA)	Certificate	Fixed Indemnity Benefit Certificate	Initial		52.100	N20028NUFI C-AR _USSA_.pdf

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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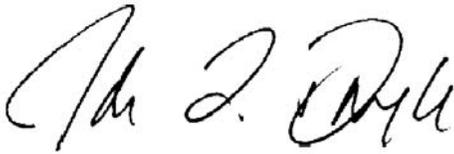
Group Policy No. 9132129 ("the policy"), has been issued to U.S. Security Associates, Inc. which we will refer to as "the Policyholder".

The policy was delivered in Georgia and will be governed by the laws thereof and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

This Certificate of Insurance is evidence of the Insured's insurance under the policy and of its benefits. Everything contained in this Certificate of Insurance is subject to the provisions, definitions, and exceptions in the policy. The policy is on file with the Policyholder and may be examined at any reasonable time. Only one of our executive officers can authorize a change to the policy.

This Certificate of Insurance replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa., witness this Certificate of Insurance:



President



Secretary

**GROUP FIXED INDEMNITY BENEFIT CERTIFICATE**  
**THIS CERTIFICATE OF INSURANCE PROVIDES LIMITED ACCIDENT & SICKNESS COVERAGE.**  
**READ IT CAREFULLY.**

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**SCHEDULE OF BENEFITS**

- 1. ELIGIBILITY: All employees after 30 days of service  
 Dependent Coverage:  Yes       No
- 2. COVERAGE YEAR: Begins on each January 1st and continues for the next 12 consecutive months, and ends on December 31st of the same year.

3. COVERED SERVICES AND BENEFIT AMOUNTS:

PLAN A

**Hospital Confinement Daily Income Benefit**

Daily benefit amount \$ 100  
 Maximum number of days per Coverage Year 30 Days

**Doctors' Visits Benefit**

Doctor office visit benefit amount (per visit) \$ 50  
 Maximum number of visits per Coverage Year 6 visits

**Diagnostic Radiology Tests Benefit**

Radiology test benefit amount (per visit) \$ 50  
 Maximum number of visits per Coverage Year 2 visits

**Diagnostic Pathology Tests Benefit**

Pathology test benefit amount (per visit) \$ 50  
 Maximum number of visits per Coverage Year 2 visits

**Wellness Care Visits Benefit**

Wellness care visit benefit amount (per visit) \$ 50  
 Maximum number of visits per Coverage Year 1 visit

**Surgery Benefit**

Inpatient surgery benefit amount (per surgery) \$80 multiplied by the facility relative value unit for the specific surgery as noted on the "CMS National Physician Fee Schedule Relative Value File."  
 Maximum benefit for Inpatient surgery (per surgery) \$ 500

**Administration of Anesthesia Benefit**

Inpatient anesthesia benefit amount (per administration) 20% of the corresponding surgery benefit  
 Maximum benefit for Inpatient anesthesia (per administration) \$ 100

**Prescription Drug Benefit**

Generic drug maximum amount (per prescription) \$ 10  
 Generic drug maximum benefit per Coverage Year 12 prescriptions

**Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis Benefit**

Principal Sum for the Insured \$ 25,000  
 Principal Sum for the Insured's covered spouse \$ 5,000  
 Principal Sum for the Insured's covered child \$ 2,500

**Medical Expense Benefit – Non-Work Related Accidents**

Medical expense benefit percentage payable 100%  
 Maximum benefit amount per occurrence \$ 300

Maximum number of occurrences per Coverage Year 5 Accidents

**Ambulance Transportation Benefit - Non-Work Related Accidents**

Ambulance transportation benefit amount (per trip) \$ 100  
Maximum benefit per Coverage Year (for all covered family members) 3 trips

PLAN B

**Hospital Confinement Daily Income Benefit**

Daily benefit amount \$ 250  
Maximum number of days per Coverage Year 30 Days

**Doctors' Visits Benefit**

Doctor office visit benefit amount (per visit) \$ 60  
Maximum number of visits per Coverage Year 6 visits

**Diagnostic Radiology Tests Benefit**

Radiology test benefit amount (per visit) \$ 75  
Maximum number of visits per Coverage Year 2 visits

**Diagnostic Pathology Tests Benefit**

Pathology test benefit amount (per visit) \$ 75  
Maximum number of visits per Coverage Year 2 visits

**Wellness Care Visits Benefit**

Wellness care visit benefit amount (per visit) \$ 50  
Maximum number of visits per Coverage Year 1 visit

**Surgery Benefit**

Inpatient surgery benefit amount (per surgery) \$80 multiplied by the facility relative value unit for the specific surgery as noted on the "CMS National Physician Fee Schedule Relative Value File."  
Outpatient surgery benefit amount (per surgery) \$80 multiplied by the non-facility relative value unit for the specific surgery as noted on the "CMS National Physician Fee Schedule Relative Value File."  
Maximum benefit per surgery:  
    For Inpatient surgery \$ 1,000  
    For Outpatient surgery \$ 500

**Administration of Anesthesia Benefit**

Anesthesia benefit amount (per administration) 20% of the corresponding surgery benefit  
Maximum benefit per administration:  
    For Inpatient anesthesia \$ 200  
    For Outpatient anesthesia \$ 100

**Prescription Drug Benefit**

Generic drug maximum amount (per prescription) \$ 15  
Generic drug maximum benefit per Coverage Year 12 prescriptions

**Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis Benefit**

Principal Sum for the Insured \$ 25,000  
Principal Sum for the Insured's covered spouse \$ 5,000  
Principal Sum for the Insured's covered child \$ 2,500

**Medical Expense Benefit – Non-Work Related Accidents**

Medical expense benefit percentage payable	<u>100%</u>
Maximum benefit amount per occurrence	<u>\$ 500</u>
Maximum number of occurrences per Coverage Year	<u>5 Accidents</u>

**Ambulance Transportation Benefit - Non-Work Related Accidents**

Ambulance transportation benefit amount (per trip)	<u>\$ 100</u>
Maximum benefit per Coverage Year (for all covered family members)	<u>3 trips</u>

PLAN C**Hospital Confinement Daily Income Benefit**

Daily benefit amount	<u>\$ 500</u>
Maximum number of days per Coverage Year	<u>30 Days</u>

**Doctors' Visits Benefit**

Doctor office visit benefit amount (per visit)	<u>\$ 75</u>
Maximum number of visits per Coverage Year	<u>6 visits</u>

**Diagnostic Radiology Tests Benefit**

Radiology test benefit amount (per visit)	<u>\$ 75</u>
Maximum number of visits per Coverage Year	<u>2 visits</u>

**Diagnostic Pathology Tests Benefit**

Pathology test benefit amount (per visit)	<u>\$ 75</u>
Maximum number of visits per Coverage Year	<u>2 visits</u>

**Wellness Care Visits Benefit**

Wellness care visit benefit amount (per visit)	<u>\$ 100</u>
Maximum number of visits per Coverage Year	<u>1 visit</u>

**Surgery Benefit**

Inpatient surgery benefit amount (per surgery)	\$80 multiplied by the facility relative value unit for the specific surgery as noted on the "CMS National Physician Fee Schedule Relative Value File."
Outpatient surgery benefit amount (per surgery)	\$80 multiplied by the non-facility relative value unit for the specific surgery as noted on the "CMS National Physician Fee Schedule Relative Value File."
Maximum benefit per surgery:	
For Inpatient surgery	<u>\$ 1,500</u>
For Outpatient surgery	<u>\$ 1,000</u>

**Administration of Anesthesia Benefit**

Anesthesia benefit amount (per administration)	<u>20% of the corresponding surgery benefit</u>
Maximum benefit per administration:	
For Inpatient anesthesia	<u>\$ 300</u>
For Outpatient anesthesia	<u>\$ 200</u>

**Prescription Drug Benefit**

Generic drug maximum amount (per prescription)	<u>\$ 20</u>
Generic drug maximum benefit per Coverage Year	<u>12 prescriptions</u>
Brand name drug maximum amount (per prescription)	<u>\$ 50</u>
Brand name drug maximum benefit per Coverage Year	<u>2 prescriptions</u>

**Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis Benefit**

Principal Sum for the Insured	<u>\$ 25,000</u>
Principal Sum for the Insured's covered spouse	<u>\$ 5,000</u>
Principal Sum for the Insured's covered child	<u>\$ 2,500</u>

**Medical Expense Benefit – Non-Work Related Accidents**

Medical expense benefit percentage payable	<u>100%</u>
Maximum benefit amount per occurrence	<u>\$ 700</u>
Maximum number of occurrences per Coverage Year	<u>5 Accidents</u>

**Ambulance Transportation Benefit - Non-Work Related Accidents**

Ambulance transportation benefit amount (per trip)	<u>\$ 100</u>
Maximum benefit per Coverage Year (for all covered family members)	<u>3 trips</u>

**Specified Disease Benefit**

For specified diseases (except in-situ cancer and skin cancer)	
Insured's benefit amount	<u>\$ 5,000</u>
Covered Dependent benefit amount	<u>\$ 2,500</u>
For in-situ cancer	
Insured's benefit amount	<u>\$ 250</u>
Covered Dependent benefit amount	<u>\$ 250</u>
For skin cancer	
Insured's benefit amount	<u>\$ 250</u>
Covered Dependent benefit amount	<u>\$ 250</u>

**Subsequent Specified Disease Benefit**

For specified diseases (except in-situ cancer and skin cancer)	
Insured's benefit amount	<u>\$ 5,000</u>
Covered Dependent benefit amount	<u>\$ 2,500</u>

LIMITATIONS: All Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis benefits will be reduced 50% at age 70

- 4. INDIVIDUAL EFFECTIVE DATE: the following shall apply to eligible employees of the Policyholder and their Eligible Dependents.

If you are paid on a weekly basis, coverage will be effective the Saturday before your pay date.

If you are paid on a bi-weekly basis, coverage will be effective two Saturdays before your pay date.

- 5. PREMIUMS:

Premium Payable: Weekly

		PLAN A	PLAN B	PLAN C
Premium Amount:	Employee Only:	\$ 10.30	\$ 17.65	\$ 26.40
	Employee and One Dependent:	\$ 23.12	\$ 41.08	\$ 61.87
	Employee and Family:	\$ 33.73	\$ 60.47	\$ 91.73

Premium Payable: Bi-Weekly

		PLAN A	PLAN B	PLAN C
Premium Amount:	Employee Only:	\$ 20.60	\$ 35.30	\$ 52.80
	Employee and One Dependent:	\$ 46.24	\$ 82.16	\$123.74
	Employee and Family:	\$ 67.46	\$120.94	\$183.46

## GENERAL DEFINITIONS

"Accident" means a sudden, unforeseeable event that causes Injury to a Covered Person.

"COBRA" means the Consolidated Omnibus Budget Reconciliation Act of 1985.

"Coverage Year" means the period of time described in the Schedule of Benefits.

"Covered Person" means any eligible person for whom coverage is in effect under the policy.

"Doctor" means any duly licensed practitioner who is recognized by the law of the state in which treatment is received as qualified to perform the service for which claim is made.

"Eligible Dependents" means:

- a) the Insured's lawful spouse; and
- b) the Insured's children who are less than age 26.

Dependent children may include stepchildren, foster children, legally adopted children, children of adopting parents pending finalization of adoption procedures and children for whom coverage has been court-ordered.

"Hospital" means an institution operated by law for the care and treatment of injured or sick persons; has organized facilities for diagnosis and surgery or has a contract with another hospital for these services; and has 24-hour nursing service. Hospital excludes any institution that is primarily a rest home, nursing home, convalescent home, a home for the aged, an alcoholism or drug addiction treatment facility, or a facility for treatment of mental disorders.

"Injury" means accidental bodily Injury of a Covered Person:

- a) caused by an Accident; and
- b) that results in covered loss directly and independently of all other causes.

All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

"Inpatient" means a person who is provided at least one day's room and board from a Hospital.

"Insured" means an employee for whom coverage is in effect under the policy.

"Medically Necessary" means the care, service or supply is:

- a) prescribed or performed by a Doctor for the diagnosis or treatment of an Injury or Sickness; and
- b) appropriate, according to conventional medical practice for the Injury or Sickness in the locality in which the care, service or supply is given.

"Outpatient" means a person who receives medical care, services or supplies while other than as an Inpatient at a Hospital.

"Sickness" means Sickness or disease of a Covered Person that:

- a) is treated by a Doctor while the person is covered under the policy; and

- b) results directly and independently of all other causes in loss covered by the policy.

### **INDIVIDUAL EFFECTIVE DATES**

Insured - Individual insurance will become effective as indicated in the Schedule of Benefits.

An eligible person may enroll or be enrolled only within 31 days after becoming eligible or experiencing a qualified change in their family situation (e.g. a divorce, legal separation, death, marriage, or birth/adoption of a new child), or during an open enrollment period, unless otherwise indicated by the policy. Open enrollment period means a pre-determined term during which any eligible person who previously did not enroll for coverage under the policy may enroll for coverage.

Dependents - Dependent insurance will become effective on the latest of:

- a) the Insured's effective date if the dependent is eligible as of the Insured's effective date and the Insured enrolls and pays premium for the dependent on or before that date; or
- b) if a dependent is not eligible as of the Insured's effective date, such dependent's coverage will be effective the Saturday before the Insured's pay date in which a premium deduction occurs for such dependent's coverage if the Insured is paid on a weekly basis or two Saturdays before the Insured's pay date in which a premium deduction occurs for such dependent's coverage if the Insured is paid on a bi-weekly basis, provided the Insured enrolls and pays any required premium for the dependent within 31 days after the date the dependent becomes eligible; or
- c) as provided in the Schedule of Benefits.

In no case will coverage for eligible dependents take effect before the Insured's.

**Newborn Child Coverage:** A child of the Insured born while the policy is in force is covered for Injury and Sickness (including necessary care and treatment of congenital defects, birth abnormality and premature birth), as well as routine newborn care for the first 31 days. The child is covered from the moment of birth until the 91st day of age. A notice of birth, together with the additional premium, must be submitted to us within 90 days of the birth in order to continue coverage for Injury and Sickness beyond the initial 31-day period.

**Adopted Children Coverage:** A minor child who comes under the charge, care and control of the Insured while the policy is in force is covered for Injury and Sickness, provided the Insured files a petition to adopt. The coverage of such child will be the same as provided for other members of the Insured's family. Such child shall be covered from the date of placement in the Insured's home if the Insured applies for coverage and pays any required premium within 60 days after the date of placement. However, coverage shall begin at the moment of birth if the petition for adoption, application for coverage and payment of premium occurs within 60 days after the child's birth. Coverage for such minor child will continue unless the petition for adoption is dismissed or denied.

### **INDIVIDUAL TERMINATION DATES**

Insured - Coverage for an Insured will end on the earliest of:

- a) the date the Insured is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid; or

- b) any premium due date, if full payment for the Insured's coverage is not made within 31 days following the premium due date; or
- c) the date that the policy terminates; or
- d) the date the Insured enters an armed service on full-time active duty. Premium will be returned on a pro-rata basis if the Policyholder notifies us in writing.

Dependents - Coverage for dependents will end on the earlier of:

- a) the Insured's termination date; or
- b) any premium due date, if full payment for the dependent's coverage is not made within 31 days following the premium due date; or
- c) the date the dependent is no longer eligible unless contributions for coverage were made in advance, in which case coverage will terminate at the end of the period for which premiums have been paid.

Coverage will continue for any child who reaches the age limit and is both:

- a) totally incapable of self-sustaining employment due to a physical disability or mental retardation; and
- b) chiefly dependent on the Insured for financial support and maintenance.

The Insured must give us proof of the child's incapacity and dependency. We may require proof again from time to time but not more often than once a year after the 2 years that follow the child reaching the age limit.

In no case will coverage end later than the Insured's.

Termination will not affect a claim for a covered loss that commenced while the person is covered by the policy.

### **EXTENSION OF BENEFITS**

If coverage under the policy ends while the Covered Person is totally disabled due to Injury or Sickness, we will pay benefits for covered services occurring after the date coverage under the policy ends provided they meet the following requirements:

- a) the covered service must be rendered due to the same Injury or Sickness causing the Covered Person to be totally disabled on the date coverage ends; and
- b) the covered service must occur within 90 days after the date the Covered Person's coverage under the policy ends; and
- c) coverage must not have ended as a result of the Covered Person's or, in the case of a dependent child, the child's parents voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

As used in this section, "totally disabled" means:

- a) with respect to a Covered Person who would otherwise be employed, the complete inability to perform all of the substantial and material duties of such person's occupation; and
- b) with respect to a Covered Person who is not otherwise gainfully employed, confinement as an Inpatient in a Hospital.

### **DESCRIPTION OF BENEFITS**

The following provisions describe the benefits we will pay for covered services. We will pay benefits for a covered service only once, even if the service could be included under more than one benefit description.

#### **Hospital Confinement Daily Income Benefit**

We will pay the applicable Daily Benefit shown in the Schedule of Benefits when a Covered Person is confined as an Inpatient in a Hospital if:

- a) the Hospital confinement is Medically Necessary; and
- b) the Covered Person is under a Doctor's care; and
- c) the Hospital confinement begins while the Covered Person is covered under the policy.

Payment of the applicable Daily Benefit will start on the first day of Hospital confinement and will continue for a period not to exceed the maximum benefit, as shown in the Schedule of Benefits.

#### **Doctors' Visits Benefit**

We will pay the applicable benefit amount shown in the Schedule of Benefits when a Covered Person visits a Doctor if the visit is:

- a) Medically Necessary; or
- b) for a medical consultation made by a Doctor whose advice or opinion is being requested by another Doctor; and
- c) made while the Covered Person is not an Inpatient in a Hospital; and
- d) made while such person is covered under the policy.

We will not pay benefits for more than one Doctor visit per day for each Covered Person. Benefits for Doctors' visits will be paid up to the maximum benefit, as shown in the Schedule of Benefits.

#### **Diagnostic Pathology Tests Benefit**

We will pay the applicable benefit amount shown in the Schedule of Benefits when diagnostic pathology tests are performed on a Covered Person if the test is:

- a) Medically Necessary; and
- b) performed while the Covered Person is not an Inpatient in a Hospital; and
- c) performed while such person is covered under the policy.

All diagnostic pathology tests performed on a Covered Person at the same visit will be counted as one

visit. We will not pay benefits for more than one visit for diagnostic pathology tests per day for each Covered Person. Benefits for diagnostic pathology tests will be paid up to the maximum benefit, as shown in the Schedule of Benefits.

### **Diagnostic Radiology Tests Benefit**

We will pay the applicable benefit amount shown in the Schedule of Benefits when diagnostic radiology tests are performed on a Covered Person if the test is:

- a) Medically Necessary; and
- b) performed while the Covered Person is not an Inpatient in a Hospital; and
- c) performed while such person is covered under the policy.

All diagnostic radiology tests performed on a Covered Person at the same visit will be counted as one visit. We will not pay benefits for more than one visit for diagnostic radiology tests per day for each Covered Person. Benefits for diagnostic radiology tests will be paid up to the maximum benefit, as shown in the Schedule of Benefits.

### **Wellness Care Visits Benefit**

We will pay the applicable benefit amount shown in the Schedule of Benefits when a Covered Person visits a Doctor for wellness care if the visit is:

- a) made while the Covered Person is not an Inpatient in a Hospital; and
- b) made while such person is covered under the policy.

Benefits for wellness care visits will be paid up to the maximum benefit, as shown in the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Wellness care" means medical examinations and procedures that are preventative in nature and not for the treatment of an Injury or Sickness.

### **Surgery Benefit**

We will pay the applicable benefit shown in the Schedule of Benefits when surgery is performed on a Covered Person if the surgery is:

- a) Medically Necessary; and
- b) performed by a Doctor; and
- c) performed while such person is covered under the policy.

Benefits for surgeries performed while the Covered Person is an Inpatient differ from those for surgeries performed while the Covered Person is not an Inpatient, as shown in the Schedule of Benefits.

Benefits for any one surgery and for all surgeries performed through the same incision will not exceed the applicable per surgery benefit limit, as shown in the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Surgery" means a procedure that is classified as a surgery in the National Physician Fee Schedule Relative Value File published by the Centers for Medicare and Medicaid Services (CMS).

### **Administration of Anesthesia Benefit**

We will pay the applicable benefit amount shown in the Schedule of Benefits when a Covered Person is administered anesthesia, if the administration of anesthesia is:

- a) Medically Necessary; and
- b) performed by a Doctor; and
- c) performed while such person is covered under the policy; and
- d) billed directly by the provider and not as a service of a Hospital; and
- e) performed in conjunction with a surgery covered under the policy.

Benefits for anesthesia administered while the Covered Person is an Inpatient differ from those for anesthesia administered while the Covered Person is not an Inpatient, as shown in the Schedule of Benefits.

Benefits for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown in the Schedule of Benefits.

### **Prescription Drug Benefit**

We will pay the applicable benefit shown in the Schedule of Benefits when a Covered Person has a prescription filled or refilled by a Pharmacist. The prescription must be for a drug that is:

- a) prescribed by a Doctor;
- b) legally obtainable from only a Pharmacist;
- c) medically necessary for the Covered Person's Injury or Sickness;
- d) prescribed while the Covered Person is not an inpatient in a Hospital; and
- e) dispensed while such person is covered under the policy.

Benefits will be paid up to the applicable maximum benefit, as shown in the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Pharmacist" means a person trained and licensed in the art of preparing and dispensing drugs.

### **Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis Benefit**

If bodily injuries from an Accident, which both occurs while coverage under the policy is in effect for the Covered Person and is covered by the policy, results in the following loss(es) within 365 days from the date of the Accident, we will pay the applicable benefit for the loss; provided, however, if the Covered Person sustains more than one loss as the result of any one Accident, we will pay only the one largest

amount to which the Covered Person is entitled. This amount will not exceed the principal sum. The principal sum is shown in the Schedule of Benefits.

Loss of life .....	Principal Sum
Loss of two or more members .....	Principal Sum
Loss of speech and hearing (both ears) .....	Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs).....	Principal Sum
Paraplegia (total paralysis of both lower limbs) .....	Three-quarters the Principal Sum
Loss of one member .....	One-half the Principal Sum
Loss of speech .....	One-half the Principal Sum
Loss of hearing (both ears) .....	One-half the Principal Sum
Hemiplegia (total paralysis of upper and lower limbs on one side of body) .....	One-half the Principal Sum
Loss of hearing in one ear .....	One-quarter the Principal Sum
Loss of thumb and index finger .....	One-quarter the Principal Sum

Additional Definitions - Wherever used in this benefit:

"Member" means hand, foot, or eye.

"Loss" means, with regard to hand or foot, complete severance through or above the wrist or ankle joint; loss of an eye means total and irrecoverable loss of sight; loss of speech or hearing means total and irrecoverable loss thereof; loss of thumb and index finger means severance through or above the joint closest to the wrist. (In California, loss of a thumb and index finger means loss by complete severance of at least one whole phalanx of each.) (In South Carolina, the loss of four whole fingers from one hand equals the loss of one hand.)

"Paralysis" means loss of use, without severance, of a limb. This loss must be determined by a Doctor to be complete and not reversible.

"Severance" means complete separation and dismemberment of the limb from the body.

Exclusions - In addition to those items listed in the EXCLUSIONS section of the policy, this benefit is also not payable for a loss due to:

- a) Sickness or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
- b) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying Sickness, disease or condition including but not limited to diabetes.
- c) the medical or surgical treatment of Sickness or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
- d) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- e) release of nuclear energy.
- f) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
  - 1) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - 2) performing, learning to perform or instructing others to perform as a pilot or crew

- 3) member of any aircraft; or riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Covered Person's employer.
- g) the Covered Person's participation in a riot.
- h) the Covered Person engaging in an illegal occupation.
- i) the Covered Person's voluntary taking of poison; voluntary inhalation of gas; voluntary taking of an illegal drug or chemical.
- j) the Covered Person's being under the influence of drugs unless taken under the advice of and as specified by a Doctor.
- k) the Covered Person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
- l) the Covered Person engaging in any act of auto-eroticism.

### **Medical Expense Benefit – Non-Work Related Accidents**

We will pay the applicable benefit percentage for the covered expenses described below, up to the applicable per occurrence maximum benefit. Benefits will be paid, subject to any applicable benefit limitation, for covered expenses incurred within 72 hours after a non-work related Accident. The non-work related Accident must occur while the Covered Person's coverage is in force. The Covered Person must be under a Doctor's care, and the treatment must be Medically Necessary, for a covered Injury. No benefit will be paid for any expense that is incurred more 72 hours after the non-work related Accident. Benefit percentages, maximums, and limitations are indicated in the Schedule of Benefits.

Covered expenses are the actual charges incurred by a Covered Person for:

- a) X-rays used to diagnose a covered Injury; and
- b) treatment rendered by a Doctor for a covered Injury.

Such expenses may be incurred in a Doctor's office, clinic, urgent care facility or the emergency room of a Hospital.

Additional Definitions - Wherever used in this benefit:

"Actual charges" means the amount actually paid by or on behalf of the Covered Person and accepted by the Doctor or Hospital for services rendered.

"Occurrence" means each separate non-work related Accident for which a Covered Person incurs covered expenses.

### **Ambulance Transportation Benefit - Non-Work Related Accidents**

We will pay the applicable benefit amount shown on the Schedule of Benefits when a Covered Person travels to a Hospital or urgent care center in an ambulance if:

- a) the trip is Medically Necessary; and
- b) emergency care is required for the Covered Person's Injury from a non-work related Accident; and

- c) the trip occurs while such person is covered under the policy.

We will not pay benefits for more than one ambulance trip per day for each Covered Person. Benefits for ambulance transportation will be paid up to the maximum benefit, as shown on the Schedule of Benefits.

Additional Definitions - Wherever used in this benefit:

"Ambulance" means a ground or air vehicle that:

- a) is utilized exclusively for the transport of patients who require medical attention because of their acute and/or critical condition; and
- b) has emergency life saving equipment and supplies that are immediately accessible; and
- c) is staffed with medical personnel specially trained for duty in such a vehicle; and
- d) is not primarily a vehicle used to convey the general public.

"Emergency care" means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- a) placing the patient's health in serious jeopardy; or
- b) serious impairment to bodily functions; or
- c) serious dysfunction of any bodily organ or part.

### **Specified Disease Benefits**

Specified Disease Benefit - We will pay the applicable Specified Disease Benefit shown in the Schedule of Benefits if a Covered Person is first diagnosed with a specified disease while covered by the policy. The first diagnosis must be made by a Doctor within the United States and cannot have occurred prior to the Covered Person's effective date of coverage under the policy.

The Specified Disease Benefit is payable only one time per Covered Person. Once this benefit has been paid for a Covered Person, no additional Specified Disease Benefit is payable for that Covered Person; however, such person may qualify to receive a benefit under the terms of the Subsequent Specified Disease Benefit as described below.

Subsequent Specified Disease Benefit - We will pay the applicable Subsequent Specified Disease Benefit shown in the Schedule of Benefits if, after having been paid a Specified Disease Benefit, the Covered Person is first diagnosed as having any separate and subsequent specified disease except in-situ cancer or skin cancer. The separate and subsequent specified disease also must be different from the specified disease for which the Covered Person was already paid the Specified Disease Benefit. The first diagnosis of the separate and subsequent specified disease must be made by a Doctor within the United States, must occur more than 60 days after the initial specified disease is first diagnosed, and must occur while the Covered Person is covered by the policy.

The Subsequent Specified Disease Benefit is payable only one time per Covered Person. Once this benefit has been paid for a Covered Person, coverage under Specified Disease Benefits ends and no further benefits are payable for that Covered Person.

Additional Definitions - Wherever used in this benefit:

Diagnosed/diagnosis means a definitive and unequivocal diagnosis made by a Doctor that is based upon

the use of clinical and/or laboratory investigations as supported by the Covered Person's medical records.

Heart attack means the death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area.

In-situ cancer means carcinoma cancer that is confined to the organ where it first developed and has not spread to other parts of the body. In-Situ Cancer includes Stage 1 Hodgkin's Disease.

Invasive cancer means a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Leukemia and Hodgkin's Disease (except Stage 1 Hodgkin's Disease) will be considered invasive cancer. Invasive cancer does not include the following:

- a) pre-malignant conditions or conditions with malignant potential; and
- b) prostatic cancers that are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of either equivalent or lesser classification).

Kidney (renal) failure means end stage failure that: (1) presents as a chronic irreversible failure of both of the kidneys to function; and (2) necessitates treatment by regular renal dialysis or kidney transplant.

Organ transplant surgery means a Covered Person undergoing surgery as a recipient of a human to human transplant of a heart, lung, liver, kidney or pancreas.

Skin cancer means basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides.

Specified disease means any of the following illnesses: heart attack; in-situ cancer, invasive cancer; kidney (renal) failure; organ transplant surgery; skin cancer, or stroke.

Stroke means a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours that produces measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. Stroke does not include: transient ischemic attacks (TIAs); vertebro-basilar Insufficiency; or incidental findings on imaging studies.

## **CONTINUATION OF COVERAGE**

Coverage for covered services incurred as a result of Injury or Sickness may be continued as described below. Medical information regarding the condition of a person's health is not required for this continued coverage. If a Covered Person exercises this option, it will be in lieu of any continuation rights granted under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

### **Eligibility:**

Insured - Insureds may elect to continue coverage for themselves and their covered dependents. Coverage may be continued for 18 months if one of the following events occurs:

- a) an Insured's employment is terminated for any reason other than gross misconduct; or
- b) a reduction in an Insured's hours results in the loss of such coverage.

Disabled Insured - Insureds who are determined to be disabled under the Social Security Act within 60 days of the date they become eligible for continuation under this provision, may continue coverage for themselves and their covered dependents for up to 29 months.

Dependents - A covered dependent may elect to continue coverage for a period of 36 months if one of the following events occurs:

- a) the death of the Insured;
- b) the divorce or legal separation of the Insured and dependent spouse;
- c) the Insured becomes entitled to Medicare benefits;
- d) a dependent child is no longer a dependent child for the purposes of the plan.

**Coverage:**

If a Covered Person exercises this option, coverage of covered services will be identical in scope to that provided in the policy; however, such continued coverage will not include benefits for Accidental Loss of Life, Limb, Sight, Speech, Hearing and Paralysis.

**Premiums:**

The Covered Person will pay premiums directly to the Policyholder with the option of paying in monthly installments. The premiums will not exceed 102 percent of the applicable premium for such period.

**Notice Requirements:**

The Policyholder must notify us in writing within 31 days after the date:

- a) the Insured dies; or
- b) the Insured's employment is terminated or the Insured's hours are reduced; or
- c) the Insured becomes entitled to Medicare benefits.

Each covered dependent who wishes to continue coverage must notify us in writing within 60 days after the date:

- a) of divorce or legal separation from the Insured; or
- b) a dependent child is no longer a dependent child for the purposes of the plan.

Upon our receipt of any such notice, we must give written notice of the right to continue coverage to the Covered Person(s) within 14 days.

Covered Persons who wish to continue coverage must notify us in writing within 60 days after the date they receive notice of their right to continue coverage.

**Termination:**

Covered Persons who exercise this option will not have their coverage interrupted or canceled or otherwise terminated until the date on which:

- a) they fail to make a premium payment in the time required to make that payment; or

- b) they become covered under another group health plan, without limitation as to any pre-existing condition that affects coverage; or
- c) they become entitled to Medicare benefits; or
- d) the required period for continued coverage ends; or
- e) the policy is terminated.

### **EXCLUSIONS**

No benefits will be paid for loss caused by or resulting from:

- a) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
- b) declared or undeclared war or any act thereof;
- c) the Covered Person's commission of or attempt to commit a felony;
- d) work-related Injury or Sickness;
- e) mental or nervous disorders;
- f) alcoholism or substance abuse.

In addition to the above exclusions, no benefits will be paid for:

- a) eye examinations for glasses; any kind of eye glasses, or prescriptions therefor;
- b) hearing examinations or hearing aids;
- c) dental care or treatment other than care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while such person is covered under the policy, and rendered within 6 months of the Accident;
- d) reading or interpreting the results of any diagnostic pathology or radiology tests;
- e) services rendered in connection with cosmetic surgery, except cosmetic surgery that the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
- f) services provided by a member of the Covered Person's immediate family or services provided by the Policyholder.

### **PREMIUMS**

Premiums are shown in the Schedule of Benefits. Premium must be paid to us on or before the premium due date and not more than 31 days after the effective date of an eligible person's coverage. A person's coverage will not be affected by the Policyholder's failure, due to clerical error, to remit premiums to us on time.

Rates are provided on a group basis. Premiums may be changed on any premium due date, on or after the first Policy Anniversary Date, with 60 days' advance notice in writing to the Policyholder.

Grace Period: The Policyholder has a 31-day grace period after each ensuing premium due date once the first premium has been paid. If a subsequent premium is not paid by the end of the grace period, coverage will end as of the premium due date. If this happens, the Policyholder will still owe us all premiums then due, including any premium due for the grace period or for any part of the grace period.

## **CLAIM PROVISIONS**

Notice of Claim: Written notice of claim must be given to us within 31 days after a covered loss begins, or as soon as is reasonably possible. Notice should include information that identifies the claimant and the policy.

Claim Forms: When we receive notice of claim, we will send forms for filing proof of loss to the claimant. If these forms are not sent within 10 days, the claimant will meet the proof of loss requirements if we are given, within 90 days, written proof of the nature and extent of the loss.

Proof of Loss: Written proof of loss must be given to us within 90 days after the loss begins. We will not deny nor reduce any claim if it was not reasonably possible to give proof of loss in the time required. In any event, proof must be given to us within 1 year after it is due, unless the Insured is legally incapable of doing so.

Time of Payment of Claim: Benefits for loss covered by the policy will be paid immediately as soon as we receive proper written proof of such loss. Should we fail to pay the benefit under the policy upon receipt of due written proof of loss, we will have 15 working days thereafter within which to mail the Insured a notice stating the reasons we have for failing to pay the claims, either in whole or in part, and itemizing any documents or information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or information needed to process the claim has been received, we will then have 15 working days within which to process and either pay the claim or deny it, in whole or in part, giving the Insured the reasons we have for denying such claims or any portion thereof. We will pay interest to the Insured equal to 18 percent per annum on the proceeds or benefits due under the policy for failure to comply with the requirements stated in this provision.

Payment of Claims: All benefits, except a benefit for the Insured's accidental death, will be paid to the Insured, if living, unless the Insured has requested that benefits for covered services be assigned. Any benefits due and unpaid at the Insured's death will be paid to the Insured's estate. Any payment made by us in good faith pursuant to this provision will fully release us to the extent of such payment.

Payment of Claims; Accidental Death Benefits: Upon receipt of due written proof of accidental death, payment will be made to the Insured's beneficiary as described in the Beneficiary Designation provision of the GENERAL PROVISIONS section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If there is no legal guardian for the payee's property, a payment not exceeding \$1,000 may be made, at our option, to any relative by blood or connection by marriage of the payee, who, in our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment we make in good faith fully discharges our liability to the extent of the payment made.

Facility of Payment: If an individual has incurred expenses on behalf of an Insured for burial or funeral expenses and thereby appears to us to be equitably entitled to compensation, we may deduct from any benefit payable under the policy an amount to be paid to such individual for the expenses incurred, but not more than \$500. Such payment will not exceed the benefits due under the policy.

Physical Examination & Autopsy: At our expense, we may have a person claiming benefits examined as

often as reasonably necessary while the claim is pending. In case of death, we may, at our expense, also make an autopsy where it is not forbidden by law.

Legal Action: No legal action may be brought to recover on the policy before 60 days after written proof of loss has been furnished as required by the policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

## **GENERAL PROVISIONS**

Incontestability: The validity of the policy will not be contested except as to nonpayment of premiums.

No statement made by the Policyholder or the Insured, except a fraudulent one, will be used to contest a claim under the policy. We may only contest coverage if the misstatement is made in a written instrument signed by the Policyholder or the Insured and a copy is given to the Policyholder, the Insured or the beneficiary.

Beneficiary Designation: The Insured's designated beneficiary(ies) is (are) the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. Benefits will be paid, in equal shares, to the survivors in the beneficiary class. If no class has a survivor, the beneficiary is the Insured's estate.

Not in Lieu of Workers' Compensation: The policy is not in lieu of and does not affect requirements for coverage under Workers' Compensation laws.

Termination of Policy: The Policyholder may terminate the policy at any time on or after the first Policy Anniversary Date, by sending us written notice. The policy will be terminated on the date that we receive the notice or later if specified in the notice. We may terminate the policy at any time on or after the first Policy Anniversary Date, by sending the Policyholder at least 60 days' prior written notice to its most recent address in our records. We will return pro-rata the unearned portion of the premiums, if any, that were paid. Termination will be without prejudice to a claim for a covered loss that commenced while the policy is in force.

SERFF Tracking Number: AGDE-127102714 State: Arkansas  
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48571  
 Company Tracking Number: N20028NUFIC-AR (USSA)  
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: @Work  
 Project Name/Number: USSA Fixed Indemnity/N20028NUFIC-AR (USSA)

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	04/25/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	11-0422 Readability Cert.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	04/25/2011
<b>Bypass Reason:</b>	We are not filing the policy in your state because this is a single case filing and the policy was issued to the policyholder in Georgia. The policy has been filed and approved in the Policyholder's situs state of Georgia.		

**Comments:**

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	04/25/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	04/25/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	04/25/2011

SERFF Tracking Number: AGDE-127102714 State: Arkansas  
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48571  
Company Tracking Number: N20028NUFIC-AR (USSA)  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: @Work  
Project Name/Number: USSA Fixed Indemnity/N20028NUFIC-AR (USSA)  
**Bypass Reason:** N/A  
**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Coverage Territory Endorsement	Approved-Closed	04/25/2011

**Comments:**

Please note that this form was approved by your department on June 19, 2007, on a general use basis for all of our companies and for all of our products, current and future. This form is being submitted with this filing on an "Informational Only Basis".

**Attachment:**

89644(7-05)NUFIC.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M.

forms a part of Policy

No.

issued to

by

National Union Fire Insurance  
Company of Pittsburgh, PA

**COVERAGE TERRITORY ENDORSEMENT**

*This endorsement modifies insurance provided under the following:*

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



President



Secretary