

SERFF Tracking Number: IASL-127110705 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 48404  
 Company Tracking Number: SI CANCER  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 Project Name/Number: /

## Filing at a Glance

Company: Sterling Investors Life Insurance Company

Product Name: Sterling Investors Life Insurance SERFF Tr Num: IASL-127110705 State: Arkansas

Company Cancer Indemnity Policy Filing

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 48404

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: SI CANCER State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor  
 Author: Jeffrey McGinn Disposition Date: 04/19/2011  
 Date Submitted: 04/04/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/19/2011

State Status Changed: 04/19/2011

Deemer Date:

Created By: Jeffrey McGinn

Submitted By: Jeffrey McGinn

Corresponding Filing Tracking Number:

Filing Description:

Enclosed is a letter authorizing Insurance Administrative Solutions, L.L.C. to file on behalf of Sterling Investors Life Insurance Company (SILIC). This is a new filing.

Submitted for your review is SILIC's individual Cancer Indemnity Limited Benefit Insurance Policy and related forms. This product will be marketed by licensed agents to individuals ages 18–89.

The policy form number SICP2011AR provides cancer indemnity coverage on a guaranteed renewable basis. It insures

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the covered person against specific losses due to cancer.

The policy contains a 60-day waiting period. If a covered person is diagnosed with cancer within 60 days after the policy or endorsement effective date, benefits for the treatment of that cancer will only apply to treatment that occurs twelve months from the covered persons effective date. The named insured may elect to void the policy and receive a full refund of premium.

Three optional benefit riders are available: (1) Return of Premium Benefit Rider (all causes); (2) Return of Premium Upon Death Benefit Rider; and (3) Dread Disease Benefit Rider. The named insured may only select one of the Return of Premium Benefit Riders. The Return of Premium riders are not available for issue ages above age 79. If selected, the Dread Disease Benefit Rider provides coverage for all persons covered under the policy.

Form number SICDDSUPPAPP Supplemental Application will be used to add dependents to an existing policy.

Form SICPEND Dependent Endorsement will be issued to the named insured when a dependent is added to an existing policy.

The Company will use its Amendment to Application, form number SI-ATA, which was previously approved by your Department on May 26, 2010 (AR File Number: 45611).

## Company and Contact

### Filing Contact Information

Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@iasadmin.com  
8545 126th Avenue North 727-584-0007 [Phone] 2389 [Ext]  
Suite 200 727-584-5613 [FAX]  
Largo, FL 33773-1502

### Filing Company Information

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

Sterling Investors Life Insurance Company	CoCode: 89184	State of Domicile: Georgia
210 East Second Avenue, Suite 105	Group Code: -99	Company Type: Life and Health
Rome, GA 30161	Group Name:	State ID Number:
(706) 235-8706 ext. [Phone]	FEIN Number: 59-1838073	

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## Filing Fees

*SERFF Tracking Number:* IASL-127110705      *State:* Arkansas  
*Filing Company:* Sterling Investors Life Insurance Company      *State Tracking Number:* 48404  
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*TOI:* H071 Individual Health - Specified Disease - Limited Benefit      *Sub-TOI:* H071.002A Dread Disease - Cancer Only  
*Product Name:* Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
*Project Name/Number:* /

Fee Required?      Yes  
 Fee Amount:      \$250.00  
 Retaliatory?      Yes  
 Fee Explanation:      7 forms x \$25.00 + 1 rate X \$75.00  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Investors Life Insurance Company	\$250.00	04/04/2011	46229174
Sterling Investors Life Insurance Company	\$200.00	04/06/2011	46334982

SERFF Tracking Number: IASL-127110705 State: Arkansas  
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 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/19/2011	04/19/2011

### 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	04/11/2011	04/11/2011	Jeffrey McGinn	04/18/2011	04/18/2011
Pending Industry Response	Rosalind Minor	04/06/2011	04/06/2011	Jeffrey McGinn	04/06/2011	04/06/2011

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 Project Name/Number: /

## Disposition

Disposition Date: 04/19/2011

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):
Sterling Investors Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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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	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Third Party Authorization Letter	Approved-Closed	Yes
Form (revised)	Cancer Indemnity Limited Benefit Insurance Policy	Approved-Closed	Yes
Form	Cancer Indemnity Limited Benefit Insurance Policy	Replaced	Yes
Form	Optional Return of Premium Benefit Rider	Approved-Closed	Yes
Form	Optional Return of Premium Upon Death Benefit Rider	Approved-Closed	Yes
Form	Optional Dread Disease Benefit Rider	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Supplemental Application	Approved-Closed	Yes
Form	Dependent Endorsement	Approved-Closed	Yes
Form	Replacement Notice	Approved-Closed	Yes
Form (revised)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes

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Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/11/2011  
Submitted Date 04/11/2011

Respond By Date

Dear Jeffrey McGinn,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Indemnity Limited Benefit Insurance Policy, SICP2011AR (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX 1.A.(5), no policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: IASL-127110705 State: Arkansas  
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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/18/2011  
Submitted Date 04/18/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Dear Ms. Minor,

Thank you for your continued consideration of this filing. Per your 4/11/11 correspondence, we have revised the probationary period, in the policy, from 60 days to 30 days, as required by Rule and Regulation 18, Appendix 1.A(5).

This change was also made to the outline of coverage.

If you have any questions, please let me know.

Sincerely,

Jeff McGinn, AIRC  
Compliance Analyst

### Related Objection 1

Applies To:

- Cancer Indemnity Limited Benefit Insurance Policy, SICP2011AR (Form)

Comment:

As outlined under Rule and Regulation 18, APPENDIX 1.A.(5), no policy issued pursuant to this Section shall contain a waiting or probationary period greater than thirty (30) days.

### Changed Items:

SERFF Tracking Number: IASL-127110705 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 48404  
 Company Tracking Number: SI CANCER  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 Project Name/Number: /

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Indemnity Limited Benefit Insurance Policy	SICP2011 AR		Policy/Contract/Fraternal Certificate	Initial			SICP2011 AR.pdf
<b>Previous Version</b>							
Cancer Indemnity Limited Benefit Insurance Policy	SICP2011 AR		Policy/Contract/Fraternal Certificate	Initial			SICP2011 AR.pdf
Outline of Coverage	SICPOCA R		Outline of Coverage	Initial			SICPOCA R.pdf
<b>Previous Version</b>							
Outline of Coverage	SICPOC		Outline of Coverage	Initial			SICPOC.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Jeffrey McGinn

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Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/06/2011  
Submitted Date 04/06/2011

Respond By Date

Dear Jeffrey McGinn,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Cancer Indemnity Limited Benefit Insurance Policy, SICP2011AR (Form)
- Optional Return of Premium Benefit Rider, SIROP2011 (Form)
- Optional Return of Premium Upon Death Benefit Rider, SIROPD2011 (Form)
- Optional Dread Disease Benefit Rider, SIDDD2011 (Form)
- Application, SICDDAPPGN (Form)
- Supplemental Application, SICDDSUPPAPP (Form)
- Dependent Endorsement, SICPEND (Form)
- Replacement Notice, SIC-REPL (Form)
- Outline of Coverage, SICPOC (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 \$450.00. Please submit an additional \$200.00 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

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Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/06/2011  
Submitted Date 04/06/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Dear Ms. Minor,

Thank you for your continued consideration of this filing. Per your 4/6/11 correspondence, we have submitted an additional \$200.00 via EFT.

If you have any questions, please let me know.

Sincerely,

Jeff McGinn, AIRC  
Compliance Analyst

### Related Objection 1

Applies To:

- Cancer Indemnity Limited Benefit Insurance Policy, SICP2011AR (Form)
- Optional Return of Premium Benefit Rider, SIROP2011 (Form)
- Optional Return of Premium Upon Death Benefit Rider, SIROPD2011 (Form)
- Optional Dread Disease Benefit Rider, SIDD2011 (Form)
- Application, SICDDAPPGN (Form)
- Supplemental Application, SICDDSUPPAPP (Form)
- Dependent Endorsement, SICPEND (Form)
- Replacement Notice, SIC-REPL (Form)
- Outline of Coverage, SICPOC (Form)

Comment:

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



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 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 Project Name/Number: /

## Form Schedule

### Lead Form Number: SICP2011AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/19/2011	SICP2011AR	Policy/Contract	Cancer Indemnity Limited Benefit Insurance Policy Certificate	Initial			SICP2011AR.pdf
Approved-Closed 04/19/2011	SIROP2011	Policy/Contract	Optional Return of Premium Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			SIROP2011.pdf
Approved-Closed 04/19/2011	SIROPD2011	Policy/Contract	Optional Return of Premium Upon Death Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			SIROPD2011.pdf
Approved-Closed 04/19/2011	SIDD2011	Policy/Contract	Optional Dread Disease Benefit Rider Certificate: Amendment, Insert Page, Endorsement	Initial			SIDD2011.pdf

SERFF Tracking Number:	IASL-127110705	State:	Arkansas
Filing Company:	Sterling Investors Life Insurance Company	State Tracking Number:	48404
Company Tracking Number:	SI CANCER		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing		
Project Name/Number:	/		
	nt or Rider		
Approved-	SICDDAPP Application/	Initial	SICDDAPPG
Closed	GN Enrollment		N.pdf
04/19/2011	Form		
Approved-	SICDDSUP Application/ Supplemental	Initial	SICDDSUP
Closed	PAPP Enrollment Application		APP.pdf
04/19/2011	Form		
Approved-	SICPEND Policy/Cont Dependent	Initial	SICPEND.pdf
Closed	ract/Fratern Endorsement		
04/19/2011	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved-	SIC-REPL Other Replacement Notice	Initial	SIC-REPL.pdf
Closed			
04/19/2011			
Approved-	SICPOCAR Outline of Coverage	Initial	SICPOCAR.p
Closed	Coverage		df
04/19/2011			

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**Rome, Georgia 30161**

For assistance or information about this Policy, call [877-604-5240]

**CANCER INDEMNITY LIMITED BENEFIT INSURANCE POLICY**

This Is A Specified Disease Policy Only, Read It Carefully.  
It Pays Benefits For Cancer Treatment Only.  
No Benefits Are Payable For Loss From Any Other Cause.

In this Policy, "You" or "Your" means the Named Insured shown on the Policy Schedule or otherwise referred to as Policyowner. "We", "Our", "Us", "Company", or "Sterling" means Sterling Investors Life Insurance Company.

**THIS IS A LEGAL CONTRACT BETWEEN YOU AND US**

**IMPORTANT NOTICE: Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at [P. O. Box 10848, Clearwater, Florida 33757-8848] within ten (10) days if any information is not correct or complete. The application is a part of this Policy and this Policy was issued on the basis the answers to all questions and the information shown on the application is correct and complete. If any of the answers are incorrect, We may have the right to deny benefits or rescind Your Policy.**

**POLICY EFFECTIVE DATE AND CONSIDERATION**

We have issued this Policy in consideration of the payment of premium and the statements made on the application. Your application is attached to and made a part of this Policy. The term of this Policy begins at twelve (12:01) o'clock a.m. Standard Time at the place where You reside on the Effective Date shown on the Policy Schedule. It ends at twelve (12:00) o'clock midnight Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule. This Policy has a thirty-one (31) day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following Grace Period. During the Grace Period, the Policy will stay in force.

**YOUR RIGHT TO EXAMINE AND RETURN POLICY**

Please read Your Policy carefully. If, for any reason, You are not satisfied with Your Policy, You may return Your Policy to Us within thirty (30) days after receiving it, the Policy will be void from its beginning and any premium paid will be refunded. If You are returning Your Policy, please return it to the address below.

[P. O. Box 10848]  
[Clearwater, Florida 33757-8848]

**GUARANTEED RENEWABLE FOR THE NAMED INSURED'S LIFETIME  
PREMIUMS SUBJECT TO CHANGE**

This Policy is guaranteed renewable during Your lifetime. The Policy is guaranteed renewable for life as long as premiums are paid when due or within the grace period. We may change the established premium rate, but only if the rate is changed for all policies in the same premium class with the same policy form number in the state where the Policy was issued. While this Policy is in force, no change will be made in Your class because of the age or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in Your state that are then in force. We will give You at least thirty (30) days written notice before We change Your premiums.

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY**

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**THIS IS A NON PARTICIPATING POLICY**

**CAUTION – No benefits are provided during the waiting period, as defined in the Limitations and Exclusions section of this Policy.**

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## **POLICYHOLDER INFORMATION**

For support and information regarding policy terms, premium payments, claims processing and payment, contact Us at:

[P. O. Box 10848]  
[Clearwater, Florida 33757-8848]  
[1-877-604-5240]

For Your information, the following is the name, address and telephone number of Your agent:

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department  
Consumer Services  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
1-501-371-2640

Toll Free Consumer Information Telephone Number  
1-800-852-5494



## DEFINITIONS

**AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

**BONE MARROW TRANSPLANTATION:** harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. It does not include Stem Cell Transplantation.

**CALENDAR MONTH:** The period beginning on the first day of the month and ending on the last day of the same month.

**CALENDAR WEEK:** Sunday through Saturday of the same week.

**CALENDAR YEAR:** January 1 through December 31 of the same year.

**CANCER:** disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes, but is not limited to, leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis. Cancer does not include carcinoma in situ, pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions.

**CHEMOTHERAPY:** medications taken intravenously or orally, including continuous infusion by pump or patch, that treat cancer by means of chemicals that have a specific toxic result that selectively destroy cancerous tissue.

**COVERED PERSON:** a person who is eligible for coverage under this Policy; is approved by Us; and for whom insurance is in force.

**DEFINITIVE CANCER TREATMENT:** proven medical techniques that destroy Cancer or slow or stop the spread of Cancer. We consider a technique to be proven which at the time of treatment is:

1. fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or
2. a generally accepted medical or surgical technique as determined by an Oncologist chosen by the Company.

**DEPENDENT CHILDREN:** Your natural children, stepchildren, or legally adopted children who are: (1) unmarried; (2) under age twenty-five (25); and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Grandchildren are not eligible dependents. Coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age twenty-five (25). Proof of continued incapacity and dependency must be furnished at Our request, but not more frequently than annually.

**EFFECTIVE DATE:** the date coverage begins as shown in the Policy Schedule. The Effective Date of this Policy is not the date You signed the application for coverage.

**EXTENDED CARE FACILITY:** a facility operated pursuant to the law, primarily engaged in providing skilled nursing care under the supervision of a licensed Physician in addition to room and board accommodations. The facility must provide continuous twenty-four (24) hour a day nursing services by or under the supervision of a registered nurse and maintain daily medical records on each patient. An extended care facility cannot include any home, facility, or part thereof used primarily for the care and treatment of the disabled, aged, drug addiction, alcoholism, mental disease or disorders or for custodial care, educational or hospice care.

**HOSPICE:** licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

## DEFINITIONS Continued

**HOSPITAL:** legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" also includes Ambulatory Surgical Centers. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

**IMMEDIATE FAMILY:** anyone related to You in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father or mother-in-law; and spouses, as applicable.

**IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Cancer to stimulate or restore the ability of the immune system to fight infection and disease.

**INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

**NAMED INSURED:** the person shown as the "Named Insured" on the Policy Schedule is the policyowner.

**NATIONAL CANCER INSTITUTE CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute designation.

**NONMELANOMA SKIN CANCER:** a Cancer other than a melanoma that begins in the upper part of the skin (epidermis) such as basal cell carcinoma and squamous cell carcinoma.

**ONCOLOGIST:** a Physician, other than You or a member of Your Immediate Family, certified to practice in the field of oncology.

**PHYSICIAN:** a person legally qualified to practice medicine, other than You or a member of Your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

**PATHOLOGIST:** a Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

**POLICY ANNIVERSARY DATE:** is the same month and day as the Effective Date for each succeeding year this Policy remains in force.

**POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

A clinical diagnosis of Cancer will be accepted as evidence that Cancer exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Cancer and the Covered Person receives treatment for Cancer. A positive pathological report or, if applicable, clinical diagnosis must be submitted to Sterling for benefits to be payable.

**RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.

## DEFINITIONS Continued

**SKILLED NURSING FACILITY:** an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include:

1. a rest home;
2. a home or facility for the aged;
3. a home or facility for the care of drug addicts or alcoholics; or
4. a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial care or educational care.

**STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. It does not include the Bone Marrow Transplantation.

**TERMINALLY ILL:** a medical condition, which is expected to result in the Covered Person's death within six (6) months from the date of the medical certification and from which there is no reasonable prospect of recovery.

**TYPE OF COVERAGE:** see Your Policy Schedule to determine the Type of Coverage issued: Individual or Family.

1. Individual: coverage for You (the Named Insured shown in the Policy Schedule).
2. Family: coverage for You (the Named Insured), Your spouse, if applicable, and all of Your Dependent Children (or those of Your spouse if applicable).

If You wish any other person to be covered after the Effective Date of the Policy, You must apply for such coverage, and that person must be added by endorsement. If Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

A newborn will qualify automatically if written notification is received within sixty (60) days of their birth. An adopted child will qualify automatically if written notification is received within sixty (60) days from the date of the filing of the petition.

For Family coverage only, persons added as family members by endorsement will be covered for Cancer diagnosed on or after the thirtieth (30<sup>th</sup>) day following the Effective Date of their endorsement.

For Family coverage only, this coverage shall terminate for the adopted child upon the dismissal or denial of a petition for adoption.

For Individual coverage, upon written notification sent to Us within sixty (60) days of the event of the birth of Your newborn or filing of the petition for adoption of Your adopted child (ren) We will convert this Policy to Family coverage and advise You of the additional premium due.

The insurance on any Dependent Child will terminate on the Policy Anniversary date following the Dependent Child's twenty-fifth (25<sup>th</sup>) birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first (for continuation of coverage information, see Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this Policy.

You must notify Us, in writing, of any changes that will affect the Type of Coverage. After such notice, Sterling will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Family policy will continue to include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated before he or she reached age twenty-five (25.) Proof of continued incapacity and dependency must be furnished at Our request, but not more frequently than annually.

## LIMITATIONS AND EXCLUSIONS

Subject to the thirty (30) day waiting period, this Policy only provides benefits for loss due to Cancer and Definitive Cancer Treatment while this Policy is in force. Proof must be submitted to support each claim.

Benefits are not payable for:

1. any other disease, sickness, incapacity, even if the disease or condition was caused, complicated or aggravated by Cancer or Cancer treatment;
2. pre-malignant conditions or conditions with malignant potential;
3. experimental treatment;
4. drugs, treatment, or procedures received outside the United States; or
5. services rendered by a member of the Covered Person's Immediate Family.

This Policy contains a thirty (30) day waiting period. If a Covered Person receives a Positive Medical Diagnosis of Cancer within thirty (30) days after the Policy Effective date, or, if applicable, within thirty (30) days after the effective date of the endorsement, benefits for treatment of that Cancer will apply only to treatment occurring after twelve (12) months from the Effective Date of such person's coverage. Should a Positive Medical Diagnosis of Cancer be made during this thirty (30) day waiting period, at Your option, You may elect to void the coverage and receive a full refund of premium less any claims paid. Once voided, the Policy and any riders attached to it will be treated as if they never existed.

## DIAGNOSIS AND ELIGIBILITY FOR BENEFITS

**DIAGNOSIS:** For benefits to be payable, Cancer must be diagnosed in one of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples. A Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists must make this type of diagnosis. A pathological diagnosis of Cancer can be made before or after death.
2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to Your health, when there is medical evidence to support the diagnosis, and when a Doctor is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, We accept a cytology report in lieu of a pathology report.

**ELIGIBILITY:** A Covered Person will be eligible for benefits under this Policy if:

1. The Covered Person has not been diagnosed with or treated for any Cancer during the first thirty (30) days after the Effective Date of this Policy; or, if applicable, during the first thirty (30) days after the effective date of the endorsement.
2. Cancer is first diagnosed while the Covered Person is covered by this Policy;
3. The Covered Person incurs a loss due to Cancer while covered by this Policy; and
4. The loss is not excluded by name or specific description in this Policy.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If Cancer is first diagnosed while the Covered Person is hospitalized, the Covered Person will be eligible for benefits retroactively to the date he or she was admitted to the Hospital, but not for more than forty-five (45) days prior to the date of diagnosis.

**EXCEPTION:** If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. If Cancer is not diagnosed until after the Covered Person dies, benefits will begin on the date of admission for a period of continuous Hospital confinement ending in death, but not for more than ninety (90) days prior to the date of death. We will not pay benefits for Hospital confinements, which begin during the first thirty (30) days after the Effective Date of coverage under this Policy.

## BENEFITS

All treatments for the benefits listed below must be approved by the National Cancer Institute or the Food and Drug Administration for the treatment of Cancer. Subject to the terms, limitations and exclusions of this Policy, We will pay the following benefits for a loss due to Cancer or Definitive Cancer Treatment.

**HOSPITAL CONFINEMENT BENEFIT** (including U.S. Government Hospital): We will pay the following daily indemnity benefit per unit when a Covered Person is confined to a Hospital for Definitive Cancer Treatment. For each of the first ninety (90) days a Covered Person is confined as an inpatient in a Hospital due to Cancer, We will pay one hundred dollars (\$100) per day. Beginning with the ninety-first (91<sup>st</sup>) consecutive day of Hospital confinement, the daily benefit will be two hundred fifty dollars (\$250). A "day" means a twenty-four (24) hour period. This benefit will be calculated based on the number of days the Hospital charges You for room and board. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**EXCEPTION:** A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

**INPATIENT HOSPICE BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) per day for inpatient Hospice care as a direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer be receiving Definitive Cancer Treatment. For this benefit to be payable, We must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill and (2) a written statement from the Hospice certifying the days services were provided. There is no lifetime maximum for this benefit.

**INPATIENT DRUGS BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) each day for drugs and medicines administered to the Covered Person as the direct result of Cancer while they are confined as an inpatient in a Hospital. Benefits are limited to the number of days the Covered Person is confined as an inpatient in a Hospital. Such drugs must be approved by the U.S. Food and Drug Administration. Benefits are not payable for drugs that are paid under the Radiation and Chemotherapy Benefit. There is no lifetime maximum for this benefit.

**ATTENDING PHYSICIAN BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) for each day the Covered Person uses the services of an attending Physician while confined as an inpatient in a Hospital as the direct result of Cancer. The benefit is limited to the number of days for which the Covered Person receives benefits under the Hospital Confinement Benefit. 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. There is no lifetime maximum for this benefit.

**PRIVATE DUTY NURSE BENEFIT:** If a Covered Person requires and is charged for private duty nurses and their services while confined in a Hospital for Definitive Cancer Treatment, We will pay an indemnity benefit of fifty dollars (\$50) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). Full-time means at least eight (8) hours attendance during any twenty-four (24) hour period. Nursing services must be other than those regularly furnished by the Hospital and must be required and must be authorized by the attending Physician. This benefit is not payable for private duty nurses who are members of the Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. There is no lifetime maximum for this benefit.

**AMBULANCE BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) per confinement when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined for treatment of Cancer. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**TRANSPORTATION BENEFIT:** We will pay this benefit if the Covered Person must travel within the U.S. (including Alaska, Hawaii and Puerto Rico) more than one hundred (100) miles one-way from his or her residence to:

1. receive Definitive Cancer Treatment prescribed by the local Physician that is not available within one hundred (100) miles one-way from the Covered Person's residence; or
2. seek consultation for Cancer at a Comprehensive or Clinical Cancer Center as recognized by the National Cancer Institute.

We will pay an indemnity benefit of three hundred fifty dollars (\$350) for the Covered Person's round trip plane, train or bus fare. This benefit is limited to four (4) trips per Calendar Year.

## BENEFITS Continued

**SKILLED NURSING FACILITY BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) per day for each day a Covered Person is confined on Physician's orders to a Skilled Nursing or Extended Care Facility due to Cancer. Such confinement must occur within fourteen (14) days after being discharged from a Hospital as a direct result of Cancer.

Benefits are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement, which immediately preceded the Skilled Nursing Facility confinement. This benefit is subject to a lifetime maximum of ninety (90) days.

**HOME HEALTH CARE BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) for each day a Covered Person receives home health care benefits up to the number of days benefits were received under the Hospital Confinement Benefit, but not to exceed ten (10) visits for each Hospital Confinement. Home health care must begin within seven (7) days of release from the Hospital. This benefit is limited to thirty (30) visits per Calendar Year and is not payable if these services are furnished under the Hospice Benefit.

This benefit will not be payable unless the attending Physician prescribes that such services be performed in the home of the Covered Person.

Home health care services must be performed by a person, other than a member of Your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**CANCER LUMP SUM BENEFIT:** When a Covered Person is diagnosed as having Internal Cancer, We will pay a one-time indemnity benefit of one thousand dollars (\$1,000) per unit, even when Cancer is not diagnosed until after death. This benefit is not payable if the Covered Person was diagnosed or treated for internal cancer before his or her effective date of coverage or prior to satisfying the thirty (30) day eligibility requirement. This benefit is not payable for Nonmelanoma Skin Cancer.

**RADIATION AND CHEMOTHERAPY BENEFIT:** The following benefits are payable when a Physician prescribes Radiation or Chemotherapy for Definitive Cancer Treatment.

**Radiation Received or Chemotherapy Injected by Medical Personnel.** We will pay an indemnity benefit of one hundred dollars (\$100) per unit for each day a Covered Person receives Radiation Therapy or Chemotherapy injected by medical personnel as part of his or her Definitive Cancer Treatment.

**Self-Administered Medications.** For self-injected medications and medications dispensed by pump or implant, We will pay an indemnity benefit of one hundred dollars (\$100) per unit per filled prescription subject to a Calendar Month maximum of five hundred dollars (\$500).

**Oral Chemotherapy.** We will pay an indemnity benefit of one hundred dollars (\$100) per unit per filled prescription with a Calendar Month maximum of five hundred dollars (\$500). Oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled.

**ANTI-NAUSEA DRUG BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation or Chemotherapy for the treatment of Cancer. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred.

**BLOOD AND PLASMA BENEFIT:** We will pay fifty dollars (\$50) for each unit of whole blood, plasma, red cells, packed cells, or platelets a Covered Person receives for treatment of Internal Cancer. This includes processing, administration, storage, laboratory charges or blood components replaced by donors. This benefit does not pay for immunoglobulins, immunotherapy, anti-hemophilia factors or colony stimulating factors.

## BENEFITS Continued

**SURGICAL PROCEDURE BENEFIT:** We will pay an indemnity benefit for inpatient or outpatient surgery performed (including breast reconstruction) on a Covered Person performed by a Physician that definitively diagnoses or treats Cancer. The benefit is based on the Surgical Schedule not to exceed two thousand dollars (\$2000). We will not pay for diagnostic or follow-up surgery, which does not definitively diagnose or treat Cancer.

If the Covered Person has more than one surgical procedure performed at the same time through the same incision, We will only pay for the one (1) surgical procedure performed for which the largest benefit amount shown in the Policy Surgical Schedule is payable. If a surgical procedure is performed other than those listed, We will pay a comparably reasonable benefit for such operation, but in no case shall the benefit exceed two thousand dollars (\$2,000).

**ANESTHESIA BENEFIT:** We will pay an indemnity benefit amount equal to thirty percent (30%) of the Surgical Procedure Benefit for the surgical procedure performed for the administration of anesthesia during a covered surgical operation.

**SECOND AND THIRD SURGICAL OPINION BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) if surgery is recommended due to a positive diagnosis of Cancer and the Covered Person chooses to obtain the opinion of a second Physician. If the second opinion fails to confirm the need for surgery, We will pay for a third Physician's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for a diagnosis of Nonmelanoma Skin Cancer.

**BREAST PROTHESIS SURGICAL BENEFIT:** We will pay an indemnity benefit of one thousand five hundred dollars (\$1,500) for each surgically implanted breast prosthesis. All prostheses must be prescribed by a Physician and must be obtained within three (3) years of the date of the Cancer surgery or treatment for which a benefit was paid under this Policy.

**NON-SURGICALLY IMPLANTED PROSTHESIS BENEFIT:** We will pay an indemnity benefit of five hundred dollars (\$500) for non-surgically implanted prosthetic devices, including non-surgically implanted breast prostheses, when required and prescribed by a Physician. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

**PHYSICAL, OCCUPATIONAL OR SPEECH THERAPIES BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) a day for each day of physical, occupational or speech therapy a Covered Person receives as a result of Cancer. The therapy must be prescribed by a Physician. This benefit is subject to a five hundred dollar (\$500) lifetime maximum.

**RENTAL OR PURCHASE OF MEDICAL EQUIPMENT BENEFIT:** If, as a result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay an indemnity benefit of five hundred dollars (\$500) per Calendar Year for the rental or purchase of such medical equipment. Covered medical equipment is limited to wheelchair, oxygen equipment, respirator, braces, crutches and hospital bed.

## SURGICAL SCHEDULE

PROCEDURE	BENEFIT
<b>ABDOMEN</b>	
Abdominal paracentesis	\$ 100
Excision of intra-abdominal or retroperitoneal tumor	\$ 420
Staging celiotomy (Hodgkin's or Lymphoma)	\$ 660
<b>BLADDER</b>	
Cystotomy for excision of bladder tumor	\$ 328
Cystectomy, complete; with bilateral pelvic lymphadenectomy	\$ 1,125
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	\$ 1,575
With bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 2,000
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantation	\$ 1,680
Cystourethroscopy with biopsy	\$ 100
Cystourethroscopy, with fulguration and/or resection of medium tumor(s) (2.0 - 5.0 cm)	\$ 263
<b>BONE</b>	
Biopsy, bone, trocar or needle; superficial	\$ 135
Radical resection of sternum for tumor with mediastinal lymphadenectomy	\$ 1,918
<b>BRAIN</b>	
Craniectomy for tumor of skull	\$ 592
Excision brain tumor, supratentorial	\$ 767
Excision brain tumor, infratentorial or posterior fossa	\$ 854
Excision Cerebellopontine angle tumor	\$ 1,096
Excision Midline tumor at base of skull	\$ 1,645
Excision of craniopharyngioma	\$ 2,000
Hypophysectomy, intracranial approach	\$ 815
<b>BREAST</b>	
Biopsy of breast, incisional (separate procedure)	\$ 100
Excision of malignant tumor	\$ 150
Mastectomy, partial	\$ 180
Mastectomy, simple, complete	\$ 312
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	\$ 780
Mastectomy, modified radical, including axillary lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	\$ 570
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	\$ 1,438
<b>CHEST</b>	
Bronchoscopy with biopsy	\$ 174
Thoracentesis for biopsy	\$ 135
Biopsy, lung or mediastinum, percutaneous needle	\$ 135
Pneumonectomy, total	\$ 1,027
Lobectomy, total or segmental	\$ 810
Excision of mediastinal tumor	\$ 546

## SURGICAL SCHEDULE Continued

PROCEDURE	BENEFIT
<b>EAR</b>	
Excision, external ear, partial	\$ 180
Radical excision, external auditory canal lesion with neck dissection	\$ 705
Excision aural glomus tumor; transcanal	\$ 618
Transmastoid	\$ 1,058
Extended (extratemporal)	\$ 1,975
<b>ESOPHAGUS</b>	
Excision local lesion with primary repair; cervical approach	\$ 450
Thoracic approach	\$ 660
Wide excision of malignant lesion of cervical esophagus	\$ 720
With radical neck dissection	\$ 1,096
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	\$ 840
Esophagogastrectomy (lower third) and vagotomy, combined thoracoabdominal	\$ 1,041
<b>EYE</b>	
Enucleation of eye	\$ 375
Exenteration of orbit	\$ 600
Orbitotomy with removal of lesion	\$ 600
<b>HEART</b>	
Pericardiectomy	\$ 800
Excision intracardiac tumor, resection with bypass	\$ 2,000
<b>INTESTINES</b>	
Colectomy, partial; with anastomosis	\$ 555
With coloproctostomy	\$ 639
Colectomy, total, abdominal with ileostomy or ileoproctostomy	\$ 750
With rectal mucosectomy, ileoanal anastomosis	\$ 2,000
With proctectomy	\$ 1,027
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	\$ 156
Proctectomy, complete, combined abdominoperineal	\$ 840
Proctosigmoidoscopy with biopsy	\$ 135
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	\$ 225
<b>KIDNEY</b>	
Renal biopsy	
Percutaneous, by trocar or needle	\$ 135
By surgical exposure of kidney	\$ 240
Nephrectomy, radical, with regional lymphadenectomy	\$ 1,113
Nephrectomy, partial	\$ 720
<b>LIVER</b>	
Needle biopsy, percutaneous	\$ 135
Wedge biopsy (independent procedure)	\$ 300
Hepatectomy, partial lobectomy	\$ 870
<b>LYMPHATIC SYSTEM</b>	
Biopsy or excision of cervical lymph node; deep	\$ 135
Cervical lymphadenectomy (complete)	\$ 630

## SURGICAL SCHEDULE Continued

PROCEDURE	BENEFIT
<b>MOUTH</b>	
Excision of lip; transverse wedge excision with primary closure	\$ 225
Hemiglossectomy	\$ 330
Glossectomy	
Partial, with unilateral radical neck dissection	\$ 660
Total, with unilateral radical neck dissection	\$ 840
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)	\$ 1,027
Resection, palate	\$ 660
<b>OVARY</b>	
Wedge resection or bisection	\$ 330
<b>PANCREAS</b>	
Excisional biopsy (independent procedure)	\$ 450
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy	\$ 1,438
<b>PAROTID</b>	
Excision parotid tumor, lateral lobe, without nerve dissection	\$ 186
Total, with unilateral radical neck dissection	\$ 840
<b>PELVIS</b>	
Radical resection for tumor	\$ 500
Innominate bone (total)	\$ 2,000
<b>PENIS</b>	
Amputation, partial	\$ 300
Complete	\$ 600
Radical with bilateral inguino-femoral lymphadenectomy	\$ 840
<b>PROSTATE</b>	
Biopsy, needle or punch, single or multiple, any approach	\$ 135
Transurethral resection of prostate	\$ 600
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 1,438
<b>SINUS</b>	
Maxillectomy with orbital exenteration	\$ 840
<b>SKIN</b>	
Excision of malignant lesion; diameter 1.1 - 2.0 CM	
On trunk, arms or legs	\$ 100
On scalp, neck, hands, feet or genitalia	\$ 100
On face, ears, eyelids, nose or lips	\$ 125
Destruction of malignant lesion; diameter 1.1 - 2.0 CM	
On trunk, arms or legs	\$ 100
On scalp, neck, hands, feet or genitalia	\$ 100
On face, ears, eyelids, nose or lips	\$ 100

**SURGICAL SCHEDULE Continued**

<b>PROCEDURE</b>	<b>BENEFIT</b>
<b>SPINE</b>	
Resection tumor, radical, soft tissue of flank or back	\$ 328
Partial resection of vertebral component for cervical tumor	\$ 263
Biopsy of spinal cord, percutaneous needle	\$ 368
Laminectomy for biopsy/excision of intraspinal neoplasm;	
Extradural, cervical	\$ 1,400
Intradural, intramedullary, thoracic	\$ 2,000
<b>STOMACH</b>	
Gastric biopsy by laparotomy	\$ 405
Local excision of tumor	\$ 450
Total gastrectomy including intestinal anastomosis	\$ 840
Hemigastrectomy with vagotomy	\$ 690
<b>TESTIS</b>	
Biopsy, incisional (independent procedure)	\$ 135
Orchiectomy, radical, for tumor, inguinal approach	\$ 285
With abdominal exploration	\$ 375
<b>THROAT</b>	
Laryngectomy, total, without radical neck dissection	\$ 750
With radical neck dissection	\$ 1,479
Pharyngolaryngectomy with radical neck dissection	\$ 1,062
Laryngoscopy, direct, operative, with biopsy	\$ 180
<b>THYROID</b>	
Thyroidectomy for malignancy	\$ 780
With radical neck dissection	\$ 870
<b>UTERUS</b>	
Colposcopy with biopsy	\$ 100
Dilation and curettage with biopsy	\$ 100
Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	\$ 1,438
<b>URINARY</b>	
Ureterectomy, with bladder cuff (independent procedure)	\$ 600
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	\$ 840
Ureteral endoscopy with biopsy	\$ 135
<b>VULVA</b>	
Vulvectomy, complete	\$ 465
Radical	\$ 660
With inguinofemoral, iliac, and pelvic lymphadenectomy	\$ 1,130

## RIGHT OF CONVERSION

No benefits will be payable under the conversion policy for any loss for which benefits are payable under this Policy. The Time Limit on Certain Defenses provision for the conversion policy will be figured from the Covered Person's Effective Date of coverage under this Policy. Any benefit amounts paid for a Covered Person under this Policy will be applied to the benefit limits under the converted Policy. The effective date of the converted policy will be the date coverage terminates under this Policy. If Return of Premium Benefits were paid under this Policy, the converted Policy Rider attached to the new Policy will require ten (10) years of premium payment from the Effective Date of the new Policy to qualify for Return of Premium Benefits under the new converted Policy.

**DISSOLUTION OF MARRIAGE:** If You and Your spouse dissolve Your marriage by a valid decree of dissolution and Your ex-spouse was covered under a Family policy, Your ex-spouse's coverage will terminate. Your ex-spouse may then apply for and receive, without evidence of insurability, a policy then being issued by Us providing coverage not greater than the terminated coverage. To obtain the policy, Your ex-spouse must make application to Us within sixty (60) days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this Policy.

If such dissolution of marriage occurs, the Named Insured under this Policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

**DEATH:** In the event of Your death, Your spouse, if alive and covered under this Policy, will become the Named Insured under a separate policy. Your spouse may apply for and receive, without evidence of insurability, a policy then being issued by Us providing coverage is not greater than the existing coverage. To obtain the policy, Your spouse must make application to Us within sixty (60) days of Your death. No waiting period is required except to the extent that such period has not been satisfied by that person under this Policy.

**TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may apply for and receive, without evidence of insurability and without interruption in coverage, a policy then being issued by Us providing coverage is not greater than the existing coverage. To obtain a policy, such person must make application to Us prior to thirty-one (31) days after the Policy Anniversary following the date he or she is no longer considered a Dependent Child. No waiting period is required except to the extent that such period has not been satisfied by that person under this Policy.

## CLAIM PROVISIONS

**NOTICE OF CLAIM:** We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Sterling Investors Life Insurance Company, Claims Processing Center, [P.O. Box 10844, Clearwater, Florida 33757-8844]. Notice shall include the Covered Person's name and the Policy number.

**CLAIM FORMS:** When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated in the Proof or Loss provision.

**PROOF OF LOSS:** We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

**TIME OF PAYMENT OF CLAIMS:** Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

**PAYMENT OF CLAIMS:** All benefits are payable to You. Any benefits that have not been paid at the time of Your death will be paid to Your estate.

**ASSIGNMENT:** No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Sterling Investors Life Insurance Company, Claims Processing Center, [P.O. Box 10844, Clearwater, Florida 33757-8844.]

**UNPAID PREMIUM:** When benefits are paid for a claim under this Policy, any premium due and unpaid (for the applicable coverage period) may be deducted from the benefit payment.

**PHYSICAL EXAMINATIONS AND AUTOPSY:** At Our expense, We may have You examined as often as reasonably necessary while the claim is pending. We also have the right to have an autopsy done, at Our expense, unless prohibited by law.

## GENERAL PROVISIONS

**ENTIRE CONTRACT; CHANGES:** This Policy, including the application, endorsements, riders and attached documents, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After two (2) years from the Covered Person's Effective Date, no misstatements made in the application, except fraudulent misstatements, will be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the two (2) year period.

**GRACE PERIOD:** A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy.

## GENERAL PROVISIONS Continued

**REINSTATEMENT:** If any renewal premium is not paid when due or within the Grace Period, the Policy will lapse. Later acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement will reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issue a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application.

The reinstated policy will cover loss resulting only from hospitalization for and/or treatment of Cancer that is diagnosed more than ten (10) days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same as provided under the Policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement.

**REFUND OF UNEARNED PREMIUM:** Upon receipt of a copy of Your death certificate, We will refund pro-rata any premium paid beyond the date of death.

**LEGAL ACTION:** No legal action may be brought to recover on this Policy within sixty (60) days after written proof of loss is given as required by this Policy. No such action may be brought after the expiration of applicable statute of limitations from the time written proof of loss was required to be given.

**CLERICAL ERROR:** Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

**CONFORMITY WITH STATE LAWS:** Any provision of the Policy, which, on its Effective Date, is in conflict with the laws of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.

**CHANGE OF BENEFICIARY:** At any time during Your lifetime You may change the beneficiary by giving Us written notice. The consent of the beneficiary is not required for this or any other change in this Policy. The change will take effect as of the date the notice is signed, even if the You die before We receive it. Each change will be subject to any payment We made or other action We took before receiving the notice.

**MISSTATEMENT OF AGE:** If You misstated the age of any Covered Person on Your application, the benefits provided will be those that premiums paid would have purchased at the correct age. We will refund all premiums paid, less any claims paid, if the misstated age at the time of application was outside the issue age limits for this Policy.

**CANCELLATION BY NAMED INSURED:** You may cancel this Policy at any time by written notice delivered or mailed to Us, effective the date We receive Your signed request or on such later date as may be specified in such notice. In the event of cancellation, We will promptly make a pro-rata refund of any premium paid beyond the date of cancellation.

This Policy is signed for Sterling Investors Life Insurance Company by its [President].

[ SIGNATURE ]

[President]

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**Rome Georgia 30161**

**RETURN OF PREMIUM BENEFIT RIDER**

**RIDER TAKING EFFECT AND RENEWAL:** We have issued this Rider in consideration of the payment of premium and the statements on the application. The application is part of the Policy to which this Rider is attached. The Effective Date of this Rider is the same as the Effective Date of the Policy to which this Rider is attached. You can keep this Rider in force, as long as You renew the Policy, by paying premiums as they become due.

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider.

**RIDER PREMIUM:** The Policy Schedule shows the premium for the Policy with the inclusion of this Rider. Premiums for this Rider are payable in addition to and under the same conditions as premiums for the Policy. The same conditions that apply to changing premiums for the Policy apply to Our changing premiums for this Rider.

**RIGHT TO EXAMINE THIS RIDER.** If for any reason You are not satisfied with this Rider, return it to Us within thirty (30) days from the date You received it. Please return to the address below. If returned, the Rider will be void as of the Rider's Effective Date, and all premiums paid for the Rider will be refunded.

[P. O. Box 10848  
Clearwater, Florida 33757-8848]

**BENEFITS:** This Rider provides a return of premium benefit if the Policy terminates for any reason after the tenth (10<sup>th</sup>) Policy Anniversary. The actual amount of premium that will be returned, if any, will be equal to:

1. Eighty percent (80%) of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force;
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefits while this Policy was in force.

Upon payment of the return of premium benefit, the Policy to which this Rider is attached is null and void for Individual coverage.

If the Policy terminates due to the death of the Named Insured, upon payment of the return of premium benefit for Family coverage, the spouse of the deceased Named Insured has the right to convert the Policy to which this Rider is attached within thirty (30) days without providing evidence of insurability.

If the policy terminates due to the death of the Named Insured, the payment of the return of premium benefit will be paid to the beneficiary.

**REINSTATEMENT.** If the Policy is reinstated, We will reinstate this Rider subject to the Reinstatement provision in the Policy.

## **RETURN OF PREMIUM BENEFIT RIDER (continued)**

**TERMINATION.** This Rider will terminate and provide no further coverage upon the earlier of:

1. The payment of the Return of Premium Benefit;
2. The date the Policy terminates; or
3. Upon Your request to terminate this Rider.

Other than as stated above, this Rider shall not alter, waive or extend any other provision of the Policy.

This Rider is signed for Sterling Investors Life Insurance Company by its [President].

**[Signature]**

**[President]**

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**Rome Georgia 30161**

**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER**

**RIDER TAKING EFFECT AND RENEWAL:** We have issued this Rider in consideration of the payment of premium and the statements on the application. The application is part of the Policy to which this Rider is attached. The Effective Date of this Rider is the same as the Effective Date of the Policy to which this Rider is attached. You can keep this Rider in force, as long as You renew the Policy, by paying premiums as they become due.

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider.

**RIDER PREMIUM:** The Policy Schedule shows the premium for this Rider. Premiums for this Rider are payable in addition to and under the same conditions as premiums for the Policy. The same conditions that apply to changing premiums for the Policy apply to Our changing premiums for this Rider.

**RIGHT TO EXAMINE THIS RIDER.** If for any reason You are not satisfied with this Rider, return it to Us within thirty (30) days from the date You received it. If returned, the Rider will be void as of the Rider's Effective Date, and all premiums paid for the Rider will be refunded.

**BENEFITS:** We will pay the Beneficiary a return of premium if the Named Insured dies after the tenth (10<sup>th</sup>) Policy Anniversary once We receive proof of death. The actual amount of premium that will be returned, if any, will be equal to:

1. The sum of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force; less any unearned premium refunded.
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefit riders while this rider was in force.

The Policy and this Rider must be in force on the date of death for this benefit to be paid.

Upon payment of the return of premium benefit, the Policy to which this Rider is attached is null and void for Individual coverage. Upon payment of the return of premium benefit for Family coverage, the spouse of the deceased Named Insured has the right to convert the Policy to which this Rider is attached within sixty (60) days without providing evidence of insurability.

**REINSTATEMENT.** If the Policy is reinstated, We will reinstate this Rider subject to the Reinstatement provision in the Policy.

**TERMINATION.** This Rider will terminate and provide no further coverage upon the earlier of of:

1. The payment of the Return of Premium Upon Death Benefit;
2. The date the Policy terminates; or
3. Upon Your request to terminate this Rider.

Other than as stated above, this Rider shall not alter, waive or extend any other provision of the Policy.

This Rider is signed for Sterling Investors Life Insurance Company by its [President].

[Signature]  
[President]

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**Rome Georgia 30161**

**DREAD DISEASE BENEFIT RIDER**

**RIDER TAKING EFFECT AND RENEWAL:** We have issued this Rider in consideration of the payment of premium and the statements on the application. The application is part of the Policy to which this Rider is attached. The Effective Date of this Rider is the same as the Effective Date of the Policy to which this Rider is attached. You can keep this Rider in force, as long as You renew the Policy, by paying premiums as they become due.

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider.

**RIDER PREMIUM:** The Policy Schedule shows the premium for the Rider. Premiums for this Rider are payable in addition to and under the same conditions as premiums for the Policy. The same conditions that apply to changing premiums for the Policy apply to Our changing premiums for this Rider.

**RIGHT TO EXAMINE THIS RIDER.** If for any reason You are not satisfied with this Rider, return it to Us within thirty (30) days from the date You received it. If returned, the Rider will be void as of the Rider's Effective Date, and all premiums paid for the Rider will be refunded.

**BENEFITS:** This Rider pays a one-time lump-sum benefit of one thousand dollars (\$1,000) per unit upon the first occurrence for the positive diagnosis of one of the following diseases. Also, this Rider pays an indemnity benefit of one hundred dollars (\$100) per day per unit for each day confined to a Hospital as a result of one of the following diseases, up to a maximum of three hundred sixty-five (365) days. The diseases covered are as follows:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| 1. Muscular Dystrophy                 | 11. Sickle Cell Anemia           |
| 2. Poliomyelitis                      | 12. Scarlet Fever                |
| 3. Multiple Sclerosis                 | 13. Undulant Fever               |
| 4. Encephalitis                       | 14. Rocky Mountain Spotted Fever |
| 5. Tetanus                            | 15. Smallpox                     |
| 6. Rabies                             | 16. Addison's Disease            |
| 7. Tuberculosis                       | 17. Hansen's Disease             |
| 8. Osteomyelitis                      | 18. Tularemia                    |
| 9. Diphtheria                         | 19. Bubonic Plague               |
| 10. Epidemic Cerebrospinal Meningitis | 20. Typhoid Fever                |

If Family coverage is applied for, all Covered Persons diagnosed with one of the above diseases will receive benefits upon proof of diagnosis from Your Physician.

**REINSTATEMENT.** If the Policy is reinstated, We will reinstate this Rider subject to the Reinstatement provision in the Policy.

**TERMINATION.** This Rider will terminate and provide no further coverage upon the earlier of:

1. The date full benefits under this Rider have been paid;
2. The date the Policy terminates; or
3. Upon Your request to terminate this Rider.

Other than as stated above, this Rider shall not alter, waive or extend any other provision of the Policy.

This Rider is signed for Sterling Investors Life Insurance Company by its [President].

**[Signature]**

**[President]**

**STERLING INVESTORS LIFE INSURANCE COMPANY**

Home Office: Rome, Georgia

Administrative Office: [P.O. Box 10846, Clearwater, Florida 33757-8846]

**APPLICATION FOR CANCER INDEMNITY INSURANCE POLICY**

New Business

Reinstatement Policy # \_\_\_\_\_

Conversion Policy

**APPLICATION #:**

**PART 1 – PROPOSED INSURED INFORMATION**

**NAMED INSURED INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**SPOUSE NAME (IF APPLICABLE)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security# \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Social Security# \_\_\_\_\_

Sex:  Male  Female Current Age: \_\_\_\_\_

Sex:  Male  Female Current Age: \_\_\_\_\_

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PART 2 – BENEFITS AND PREMIUM INFORMATION SELECTION**

Is this Policy intended to replace any other health insurance now in force?  Yes  No

Requested Policy Effective Date \_\_\_\_\_

Indicate The Number Of Units For Each Of The Benefits Listed Below (Minimum 1 Unit; Maximum 5 Units)

Hospital Confinement	# Units _____	Radiation and Chemotherapy	# Units _____	Cancer Lump Sum	# Units _____
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Type of Coverage:  Individual  Family

Optional Benefit Riders:

Return of Premium Rider OR  Return of Premium Upon Death Rider

NOTE: Only ONE of the Return of Premium Riders may be elected.

Dread Disease Rider # Units \_\_\_\_\_ (Minimum 1 Unit; Maximum 5 Units)

Payment Mode:

Annual  Semi-Annual  Quarterly  Bank Draft  Monthly (Bank Draft Only)

**PREMIUM CALCULATION**

Cancer Indemnity Policy Insurance Premium		\$ _____
Hospital Confinement	# Units _____ x _____ =	\$ _____
Radiation and Chemotherapy	# Units _____ x _____ =	\$ _____
Cancer Lump Sum	# Units _____ x _____ =	\$ _____
Dread Disease Rider (Optional)	# Units _____ x _____ =	\$ _____
One Time Policy Fee		\$ <b>30.00</b>
<b>TOTAL PREMIUM FOR MODE SELECTED</b>		<b>\$ _____</b>

Premium \$ \_\_\_\_\_ Premium Collected \_\_\_\_\_ \*Initial Bank Draft \$ \_\_\_\_\_

\* Draft Preference:  Draft on Issue Date  Draft on Effective Date If unanswered, we will draft on Issue Date

**PART 3 - MEDICAL QUESTIONS**

Please answer yes or no for each proposed insured applying for coverage.

	Insured		Spouse		Child(ren)	
	Yes	No	Yes	No	Yes	No
1. In the past 10 years, has any person to be insured had, been diagnosed as having, been advised to seek treatment for, received medication for, or been treated by a medical practitioner for:						
a. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS or AIDS related conditions (ARC), or	<input type="checkbox"/>					
b. Leukemia, Hodgkins disease, malignant melanoma, sarcoma, lymphoma, or any internal cancer, or had radiation or chemotherapy for any of these conditions?	<input type="checkbox"/>					
2. In the past 24 months, has any person to be insured experienced any symptoms that would have caused a person to seek medical advice from a medical practitioner, or to have or schedule a diagnostic test for any of the conditions listed above?	<input type="checkbox"/>					

If yes to any of the above medical questions, please provide name of insured with details:

**PLEASE ANSWER THE FOLLOWING QUESTION IF APPLYING FOR THE DREAD DISEASE BENEFIT RIDER**

Have you or has anyone to be covered under this policy ever had Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Tetanus, Rabies, Tuberculosis, Osteomyelitis, Diphtheria, Epidemic Cerebrospinal Meningitis, Sickle Cell Anemia, Scarlet Fever, Undulant Fever, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia, Bubonic Plague, or Typhoid Fever?  Yes  No

If yes, check all applicable persons:  Named Insured  Spouse  Child(ren)

Any person(s) answering yes to the above medical question will not be covered under the Dread Disease Benefit Rider.

**PART 4 - DEPENDENT CHILDREN INFORMATION  
(If Family Coverage Applied For)**

Relationship	Last Name	First Name	MI	Sex	Date of Birth	Social Security #	Full Time Student
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 5 – BENEFICIARY DESIGNATION**

To Be Completed If A Return of Premium Benefit Rider Is Selected

Beneficiary: Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Contingent Beneficiary: Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

**PART 6 - AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Sterling Investors Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Sterling Investors Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Sterling Investors Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Cancer Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Sterling Investors Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Sterling Investors Life Insurance Company *will* result in the rejection of the Cancer Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Sterling Investors Life Insurance Company in writing at their Administrative Office: [P.O. Box 10846, Clearwater, Florida 33757-8846]. I understand that such revocation will not have any effect on actions Sterling Investors Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I, or my authorized representatives are entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to me; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. I certify that I have read, or had read to me, the completed application, and I realize that policy issuance is base upon statements and answers provided herein, and that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

**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.**

I wish to apply for a Cancer Indemnity Insurance Policy. I understand that the purchase of this policy is intended to supplement existing health coverage and is not intended to replace or be issued in lieu of that coverage. I acknowledge that all persons to be covered under this policy are not also covered by any Title XIX program (Medicaid, MediCal or any similar name). I acknowledge receipt of the following: (1) Outline of Coverage; (2) Replacement Notice (if applicable); and (3) the *Guide to Insurance for People with Medicare* (For applicants age 65 and older).

Signed At: \_\_\_\_\_  
(City/State)

Date: \_\_\_\_\_  
(Month/Day/Year)

Signature of Proposed Named Insured

Signature of Proposed Spouse (if applicable)

Agent's Signature

Date: \_\_\_\_\_  
(Month/Day/Year)

Agent's Printed Name

Agent Writing Number

Policy Mailing Preference:  Mail to Agent  Mail to Named Insured If unanswered, the policy will be mailed to Agent

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

**STERLING INVESTORS LIFE INSURANCE COMPANY**

Home Office: Rome, Georgia

Administrative Office: [P.O. Box 10846, Clearwater, Florida 33757-8846]

**SUPPLEMENTAL APPLICATION CANCER INDEMNITY INSURANCE**

**NAMED INSURED:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**DEPENDENT INFORMATION**

<b>DEPENDENT #1:</b>			<b>DEPENDENT #2:</b>		
Last Name	First Name	M.I.	Last Name	First Name	M.I.
Date of Birth (MM/DD/YYYY)	Social Security#		Date of Birth (MM/DD/YYYY)	Social Security#	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age	
Relationship:			Relationship:		
<b>DEPENDENT #3:</b>			<b>DEPENDENT #4:</b>		
Last Name	First Name	M.I.	Last Name	First Name	M.I.
Date of Birth (MM/DD/YYYY)	Social Security#		Date of Birth (MM/DD/YYYY)	Social Security#	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age	
Relationship:			Relationship:		

**MEDICAL QUESTIONS**

Please answer yes or no for each proposed insured applying for coverage.	Dependent #1		Dependent #2		Dependent #3		Dependent #4	
	YES	NO	YES	NO	YES	NO	YES	NO
1. In the past 10 years, has any person to be insured had, been diagnosed as having, been advised to seek treatment for, received medication for, or been treated by a medical practitioner for:								
a. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS or AIDS related conditions (ARC), or	<input type="checkbox"/>							
b. Leukemia, Hodgkins disease, malignant melanoma, sarcoma, lymphoma, or any internal cancer, or had radiation or chemotherapy for any of these conditions?	<input type="checkbox"/>							
2. In the past 24 months, has any person to be insured experienced any symptoms that would have caused a person to seek medical advice from a medical practitioner, or to have or schedule a diagnostic test for any of the conditions listed above?	<input type="checkbox"/>							

If yes to any of the above medical questions, please provide name of insured with details:

**PLEASE ANSWER THE FOLLOWING QUESTION IF APPLYING FOR THE DREAD DISEASE BENEFIT RIDER**

Have you or has anyone to be covered under this policy ever had Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Tetanus, Rabies, Tuberculosis, Osteomyelitis, Diphtheria, Epidemic Cerebrospinal Meningitis, Sickle Cell Anemia, Scarlet Fever, Undulant Fever, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia, Bubonic Plague, or Typhoid Fever?

Dependent #1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent #2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent #3 <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent #4 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any person(s) answering yes to the above medical question will not be covered under the Dread Disease Benefit Rider.

**AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Sterling Investors Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Sterling Investors Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Sterling Investors Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Cancer Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Sterling Investors Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Sterling Investors Life Insurance Company *will* result in the rejection of the Cancer Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Sterling Investors Life Insurance Company in writing at their Administrative Office: [P.O. Box 10846, Clearwater, Florida 33757-8846]. I understand that such revocation will not have any effect on actions Sterling Investors Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I, or my authorized representative are entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to me; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. I certify that I have read, or had read to me, the completed application, and I realize that policy issuance is base upon statements and answers provided herein, and that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

**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.**

I wish to apply for coverage under my Cancer Indemnity Insurance Policy for my dependent(s) listed on this application. I understand that the purchase of this policy is intended to supplement existing health coverage and is not intended to replace or be issued in lieu of that coverage. I acknowledge that all persons to be covered under this policy are not also covered by any Title XIX program (Medicaid, MediCal or any similar name).

Signed At: \_\_\_\_\_  
(City/State)

Date: \_\_\_\_\_  
(Month/Day/Year)

Dependent # 1 Signature  
(Spouse or Dependent Child Age 18 or older)

Dependent # 2 Signature  
(Spouse or Dependent Child Age 18 or older)

Dependent # 3 Signature  
(Spouse or Dependent Child Age 18 or older)

Dependent # 4 Signature  
(Spouse or Dependent Child Age 18 or older)

Signature of Named Insured (Required)

**STERLING INVESTORS LIFE INSURANCE COMPANY**

Home Office: ROME, GEORGIA  
Administrative Office  
[P.O. Box 10848  
Clearwater, Florida 33757-8848]

**ENDORSEMENT  
ADDITION OF DEPENDENT(S)**

NAMED INSURED: \_\_\_\_\_

POLICY #: \_\_\_\_\_

<b>NAME OF DEPENDENT</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>	<b>EFFECTIVE DATE OF COVERAGE</b>

[ SIGNATURE ]

[President]

**STERLING INVESTORS LIFE INSURANCE COMPANY**

Home Office: Rome, Georgia

Administrative Office: [P. O. Box 10846 Clearwater, Florida 33757-8846]

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!**

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

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Sterling Investors Life Insurance Company. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits present under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) You may wish to secure the advice of your present insurer or its agents regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

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

\_\_\_\_\_

Date

\_\_\_\_\_

Agent Name (Print)

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Agent's Signature

# STERLING INVESTORS LIFE INSURANCE COMPANY

Rome, Georgia 30161

877-604-5240

## OUTLINE OF COVERAGE SPECIFIED DISEASE COVERAGE

### CANCER INDEMNITY INSURANCE POLICY

Policy Form SICP2011AR

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

**THIS POLICY PROVIDES LIMITED BENEFITS.** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you already have this coverage. Persons covered under Medicaid should not purchase this coverage.

**SPECIFIED DISEASE COVERAGE – CANCER ONLY.** Policies of this category are designed to provide coverage for specific losses resulting from cancer. Coverage is **not** provided for basic hospital, basic medical surgical, major medical or comprehensive expenses.

**PLEASE READ YOUR POLICY CAREFULLY.** This Outline of Coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**DESCRIPTION OF BENEFITS PROVIDED UNDER THE POLICY.** All treatments for benefits listed below must be approved by the National Cancer Institute or Food and Drug Administration for the treatment of Cancer, as applicable.

**Inpatient Hospice Care Benefit:** The Policy pays an indemnity benefit of \$50 per day for inpatient hospice care as a direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer be receiving Definitive Treatment for Cancer. There is no lifetime limit for this benefit.

**Inpatient Drugs Benefit:** The Policy pays an indemnity benefit of \$25 per day for drugs and medicines administered to the Covered Person as the direct result of Cancer. Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital. Such drugs must be approved by the U.S. Food and Drug Administration. Benefits are not payable for drugs that are paid under the Radiation and Chemotherapy Benefit. There is no Lifetime Limit for this benefit.

**Attending Physician Benefit:** The Policy pays an indemnity benefit of \$25 for each day the Covered Person uses the services of an attending Physician while confined as an inpatient in a Hospital as the direct result of Cancer. The benefit is limited to the number of days for which the Covered Person receives benefits under the Hospital Confinement Benefit. 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. There is no lifetime maximum for this benefit.

**Private Duty Nurse Benefit:** The Policy pays an indemnity benefit of \$50 per day if the Covered Person requires and is charged for full-time private duty nurses and their services while confined as an inpatient in a Hospital for Definitive Cancer Treatment. Full-time means at least 8 hours attendance during any 24 hour period. Nursing services must be other than those regularly furnished by the Hospital and must be required and authorized by the attending Physician. This benefit is not payable for private duty nurses who are members of the Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. There is no lifetime maximum for this benefit.

**Ambulance Benefit:** The Policy pays an indemnity benefit of \$100 per confinement when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined for treatment of Cancer. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**Transportation Benefit:** The Policy pays an indemnity benefit of \$350 for a Covered Person's round trip plane, train or bus fare for travel within the U.S. if he or she must travel more than 100 miles one-way from his or her residence: (1) to receive Definitive Cancer Treatments prescribed by his or her local Physician not available within 100 miles one-way from Covered Person's residence; or (2) for consultation at a Comprehensive or Clinical Cancer Center as recognized by the National Cancer Institute. This benefit is limited to 4 trips per Calendar Year.

**Skilled Nursing Facility Benefit:** The Policy pays an indemnity benefit of \$50 for each day a Covered Person is confined on Physician's orders to a Skilled Nursing or Extended Care Facility due to Cancer. Such confinement must occur within 14 days after being discharged from a Hospital as a direct result of Cancer. Benefits payable are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement, which immediately preceded the Skilled Nursing Facility confinement. This benefit is subject to the lifetime maximum of 90 days.

**Home Health Care Benefit:** The Policy pays an indemnity benefit of \$50 for each day the Covered Person receives Home Health Care Benefits, up to the number of days that benefits were received under the Hospital Confinement Benefit, but not to exceed 10 visits for each Hospital Confinement. Home Health Care must begin within 7 days of release from the Hospital. The maximum number of visits per Calendar Year is 30 visits. This benefit is not payable if these services are furnished under the Hospice Benefit. This benefit will not be payable unless the attending Physician prescribes such services be performed in the home of the Covered Person. Home health care services must be performed by a person, other than a member of Your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**Anti-Nausea Drug Benefit:** The Policy pays an indemnity benefit of \$100 each Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation or Chemotherapy for the treatment of Cancer. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred.

**Blood and Plasma Benefit:** The Policy pays an indemnity benefit of \$50 for each unit of whole blood, plasma, red cells, packed cells or platelets a Covered Person receives for the treatment of Internal Cancer. This includes processing, administration, storage, laboratory charges or blood components replaced by donors. This benefit does not pay for immunoglobulins, immunotherapy, anti-hemophilia factors or colony stimulating factors.

**Surgical Procedure Benefit:** The Policy pays an indemnity benefit for inpatient or outpatient surgery performed (including breast reconstruction) on a Covered Person by a Physician that definitively diagnoses or treats Cancer. The benefit is based on a Surgical Schedule not to exceed \$2,000. If the Covered Person has more than one surgical procedure performed at the same time through the same incision, We will only pay for the one surgical procedure performed for which the largest benefit amount shown in The Policy Surgical Schedule is payable. If a surgical procedure is performed other than those listed, We will pay a comparably reasonable benefit for such operation, but in no case shall the benefit exceed \$2,000.

**Anesthesia Benefit:** The Policy pays an indemnity benefit amount equal to thirty percent (30%) of the Surgical Procedure Benefit for the surgical procedure performed for the administration of anesthesia during a covered surgical operation.

**Second and Third Surgical Opinion Benefit:** The Policy pays an indemnity benefit of \$100 for a second surgical opinion if surgery is recommended due to a positive diagnosis of Cancer and the Covered Person chooses to obtain the opinion of a second Physician. If the second opinion fails to confirm the need for surgery, We will pay for a third Physician's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for a diagnosis of Nonmelanoma Skin Cancer.

**Breast Prosthesis Surgical Benefit:** The Policy pays an indemnity benefit of \$1,500 for each surgically implanted breast prosthesis. All prostheses must be prescribed by a Physician and must be obtained within three years of the date of the Cancer surgery or treatment for which a benefit was paid under The Policy.

**Non-Surgically Implanted Prosthesis Benefit:** The Policy pays an indemnity benefit of \$500 for non-surgically implanted prosthetic devices, including non-surgically implanted breast prostheses, when required and prescribed by a Physician. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

**Physical, Occupational or Speech Therapies:** The Policy pays an indemnity benefit of \$25 for each day of physical, occupational or speech therapy a Covered Person receives as a result of Cancer. The therapy must be prescribed by a Physician. This benefit is subject to a five hundred dollar (\$500) lifetime maximum.

**Rental or Purchase of Medical Equipment Benefit:** If, as a result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, The Policy pays an indemnity benefit of \$500 per Calendar Year for the rental or purchase of such medical equipment. Covered medical equipment is limited to wheelchair, oxygen equipment, respirator, braces, crutches or hospital bed.

**The following are non-optional policy benefits. The number of units selected at the time of application determines benefit amount. There is a per unit minimum of one unit and a maximum of five units. The Named Insured will choose the number of units for the Policy.**

**Hospital Confinement Benefit:** The Policy pays the following daily indemnity benefit per unit when a Covered Person is confined to a Hospital for Definitive Cancer Treatment. For each of the first 90 days the Covered Person is confined as an inpatient to a hospital due to Cancer, the Policy will pay \$100 per day. Beginning with the 91<sup>st</sup> consecutive day of confinement, the daily benefit will be \$250. A “day” means a 24-hour period. This benefit will be calculated based on the number of days the Hospital charges You for room and board. Separate confinements within 30 days of each other are considered the same period of confinement. A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

**Cancer Lump Sum Benefit:** The Policy pays an indemnity benefit of \$1,000 per unit when a Covered Person is diagnosed as having Internal Cancer, even when the Cancer is not diagnosed until after death. This benefit is payable only once. This benefit is not payable if the Covered Person was diagnosed or treated for internal cancer before his or her effective date of coverage or prior to satisfying the 30 day eligibility requirement. This benefit is not payable for Nonmelanoma Skin Cancer.

**Radiation and Chemotherapy Benefit:** The Policy pays the following benefits per unit for radiation and chemotherapy treatments are prescribed by a Physician for Definitive Cancer Treatment:

- Radiation Received or Chemotherapy Injected by Medical Personnel Benefit pays an indemnity benefit of \$100 for per unit for each day a Covered Person receives radiation therapy and chemotherapy injected by medical personnel as part of his or her Definitive Cancer Treatment.
- Self-Administered Medications For self-injected medications and medications dispensed by pump or implant, the benefit pays an indemnity benefit of \$100 per unit per filled prescription with a Calendar Month maximum of \$500.
- Oral Chemotherapy Benefit pays an indemnity benefit of \$100 per unit per filled prescription with a monthly maximum of \$500. Oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled.

**LIMITATIONS AND EXCLUSIONS:** Subject to the 30 day waiting period, this Policy only provides benefits for loss due to Cancer and Definitive Cancer Treatment while this Policy is in force. Proof must be submitted to support each claim. Benefits are **not** payable for:

1. any other disease, sickness, incapacity, even if the disease or condition was caused, complicated or aggravated by Cancer or Cancer treatment;
2. pre-malignant conditions or conditions with malignant potential;
3. experimental treatment;
4. drugs, treatment, or procedures received outside the United States; or
5. services rendered by a member of the Covered Person’s Immediate Family.

The Policy contains a 30 day waiting period. If a Covered Person receives a Positive Medical Diagnosis of Cancer within 30 days after the Policy Effective date, or, if applicable, within 30 days after the effective date of the endorsement, benefits for treatment of that Cancer will apply only to treatment occurring after twelve (12) months from the Effective Date of such person’s coverage. Should a Positive Medical Diagnosis of Cancer be made during this 30 day waiting period, at your option, you may elect to void the coverage and receive a full refund of premium less any claims paid. Once voided, the Policy and any riders attached to it will be treated as if they never existed.

**RENEWABILITY OF THIS POLICY:** The Policy is guaranteed renewable during Named Insured’s lifetime as long as premiums are paid when due or within the grace period.

**PREMIUM:** The Company may change the established premium rate, but only if the rate is changed for all policies in the same premium class with the same policy form number in the state where the Policy was issued. The Company will give you at least 30 days written notice before it changes your premiums.

**OPTIONAL BENEFIT RIDERS:**

The Named Insured may select only one Return of Premium Benefit Rider.

**Return of Premium Upon Death Benefit Rider:** Not available for issue ages over age 79. This rider provides a return of premium benefit upon death after the 10th policy anniversary. The actual amount of premium that will be returned, if any, will be equal to:

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

**Return of Premium Benefit Rider:** Not available for issue ages over age 79. This rider provides a return of premium benefit if The Policy lapses for any reason after the 10th policy anniversary. The actual amount of premium that will be returned, if any, will be equal to:

- 1. 80% of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force;
- 2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefits while this Policy was in force.

**Dread Disease Benefit Rider:** If selected, all persons covered under the Policy are covered. This rider pays a one time lump-sum benefit of \$1,000 per unit upon the first occurrence for the positive diagnosis of one of the following diseases. Also, this rider pays an indemnity benefit of \$100 per day per unit for each day confined to a hospital as a result of one of the following diseases, up to a maximum of 365 days. The diseases covered are as follows:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| 1. Muscular Dystrophy                 | 11. Sickle Cell Anemia           |
| 2. Poliomyelitis                      | 12. Scarlet Fever                |
| 3. Multiple Sclerosis                 | 13. Undulant Fever               |
| 4. Encephalitis                       | 14. Rocky Mountain Spotted Fever |
| 5. Tetanus                            | 15. Smallpox                     |
| 6. Rabies                             | 16. Addison's Disease            |
| 7. Tuberculosis                       | 17. Hansen's Disease             |
| 8. Osteomyelitis                      | 18. Tularemia                    |
| 9. Diphtheria                         | 19. Bubonic Plague               |
| 10. Epidemic Cerebrospinal Meningitis | 20. Typhoid Fever                |

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

**PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.**

SERFF Tracking Number: IASL-127110705 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 48404  
 Company Tracking Number: SI CANCER  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 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):
Sterling Investors Life Insurance Company	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: IASL-127110705 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 48404  
 Company Tracking Number: SI CANCER  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b>            Certification of Compliance.pdf            Readability Certification.pdf</p>	Approved-Closed	04/19/2011
<p><b>Satisfied - Item:</b> Application</p> <p><b>Comments:</b>            Application is attached to the Form Schedule tab.</p>	Approved-Closed	04/19/2011
<p><b>Satisfied - Item:</b> Outline of Coverage</p> <p><b>Comments:</b>            Outline of Coverage is attached to the Form Schedule tab.</p>	Approved-Closed	04/19/2011
<p><b>Satisfied - Item:</b> Third Party Authorization Letter</p> <p><b>Comments:</b></p> <p><b>Attachment:</b>            2011 01 SILIC IAS Authorization.pdf</p>	Approved-Closed	04/19/2011

# CERTIFICATION OF COMPLIANCE

**Name and Address of Insurer:**

**Sterling Investors Life Insurance Company  
210 East Second Avenue, Suite 105  
Rome, Georgia 30161**

I hereby certify that the forms below meet all of the applicable requirements of Arkansas Rule and Regulation 19.

<b>TYPE/TITLE OF FORM</b>	<b>FORM NUMBERS</b>
Cancer Indemnity Policy	SICP2011AR
Return of Premium Benefit Rider	SIROP2011
Return of Premium Upon Death Benefit Rider	SIROPD2011
Dread Disease Benefit Rider	SIDD2011
Application	SICDDAPPGN
Supplemental Application	SICDDSUPPAPP



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Elwood Whitacre  
Name

\_\_\_\_\_  
Secretary and Treasurer  
Title

\_\_\_\_\_  
April 4, 2011  
Date

# READABILITY CERTIFICATION

**Name and Address of Insurer:**

**Sterling Investors Life Insurance Company  
210 East Second Avenue, Suite 105  
Rome, Georgia 30161**

I hereby certify that the forms referenced below have achieved a Flesch Reading Ease Score as indicated and comply with the requirements of Arkansas Stat. Ann. Section 66-3251 through 66-3258.

<b>TYPE/TITLE OF FORM</b>	<b>FORM NUMBERS</b>	<b>FLESCH SCORE</b>
Cancer Indemnity Policy	SICP2011AR	40.8
Return of Premium Benefit Rider	SIROP2011	47.2
Return of Premium Upon Death Benefit Rider	SIROPD2011	49.3
Dread Disease Benefit Rider	SIDD2011	47.4
Application	SICDDAPPGN	Scored as a part of the policy.
Supplemental Application	SICDDSUPPAPP	Scored as a part of the policy.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Elwood Whitacre  
Name

\_\_\_\_\_  
Secretary and Treasurer  
Title

\_\_\_\_\_  
April 4, 2011  
Date

SERFF Tracking Number: IASL-127110705 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 48404  
 Company Tracking Number: SI CANCER  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Sterling Investors Life Insurance Company Cancer Indemnity Policy Filing  
 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)
04/04/2011	Form	Cancer Indemnity Limited Benefit Insurance Policy	04/18/2011	SICP2011AR.pdf (Superseded)
04/04/2011	Form	Outline of Coverage	04/18/2011	SICPOC.pdf (Superseded)

**STERLING INVESTORS LIFE INSURANCE COMPANY**  
**Rome, Georgia 30161**

For assistance or information about this Policy, call [877-604-5240]

**CANCER INDEMNITY LIMITED BENEFIT INSURANCE POLICY**

This Is A Specified Disease Policy Only, Read It Carefully.  
It Pays Benefits For Cancer Treatment Only.  
No Benefits Are Payable For Loss From Any Other Cause.

In this Policy, "You" or "Your" means the Named Insured shown on the Policy Schedule or otherwise referred to as Policyowner. "We", "Our", "Us", "Company", or "Sterling" means Sterling Investors Life Insurance Company.

**THIS IS A LEGAL CONTRACT BETWEEN YOU AND US**

**IMPORTANT NOTICE: Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at [P. O. Box 10848, Clearwater, Florida 33757-8848] within ten (10) days if any information is not correct or complete. The application is a part of this Policy and this Policy was issued on the basis the answers to all questions and the information shown on the application is correct and complete. If any of the answers are incorrect, We may have the right to deny benefits or rescind Your Policy.**

**POLICY EFFECTIVE DATE AND CONSIDERATION**

We have issued this Policy in consideration of the payment of premium and the statements made on the application. Your application is attached to and made a part of this Policy. The term of this Policy begins at twelve (12:01) o'clock a.m. Standard Time at the place where You reside on the Effective Date shown on the Policy Schedule. It ends at twelve (12:00) o'clock midnight Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule. This Policy has a thirty-one (31) day grace period. This provision means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following Grace Period. During the Grace Period, the Policy will stay in force.

**YOUR RIGHT TO EXAMINE AND RETURN POLICY**

Please read Your Policy carefully. If, for any reason, You are not satisfied with Your Policy, You may return Your Policy to Us within thirty (30) days after receiving it, the Policy will be void from its beginning and any premium paid will be refunded. If You are returning Your Policy, please return it to the address below.

[P. O. Box 10848]  
[Clearwater, Florida 33757-8848]

**GUARANTEED RENEWABLE FOR THE NAMED INSURED'S LIFETIME  
PREMIUMS SUBJECT TO CHANGE**

This Policy is guaranteed renewable during Your lifetime. The Policy is guaranteed renewable for life as long as premiums are paid when due or within the grace period. We may change the established premium rate, but only if the rate is changed for all policies in the same premium class with the same policy form number in the state where the Policy was issued. While this Policy is in force, no change will be made in Your class because of the age or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in Your state that are then in force. We will give You at least thirty (30) days written notice before We change Your premiums.

**THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY**

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

**THIS IS A NON PARTICIPATING POLICY**

**CAUTION – No benefits are provided during the waiting period, as defined in the Limitations and Exclusions section of this Policy.**

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## **POLICYHOLDER INFORMATION**

For support and information regarding policy terms, premium payments, claims processing and payment, contact Us at:

[P. O. Box 10848]  
[Clearwater, Florida 33757-8848]  
[1-877-604-5240]

For Your information, the following is the name, address and telephone number of Your agent:

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department  
Consumer Services  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
1-501-371-2640

Toll Free Consumer Information Telephone Number  
1-800-852-5494



## DEFINITIONS

**AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

**BONE MARROW TRANSPLANTATION:** harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. It does not include Stem Cell Transplantation.

**CALENDAR MONTH:** The period beginning on the first day of the month and ending on the last day of the same month.

**CALENDAR WEEK:** Sunday through Saturday of the same week.

**CALENDAR YEAR:** January 1 through December 31 of the same year.

**CANCER:** disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes, but is not limited to, leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis. Cancer does not include carcinoma in situ, pre-malignant conditions, conditions with malignant potential, or pre-leukemic conditions.

**CHEMOTHERAPY:** medications taken intravenously or orally, including continuous infusion by pump or patch, that treat cancer by means of chemicals that have a specific toxic result that selectively destroy cancerous tissue.

**COVERED PERSON:** a person who is eligible for coverage under this Policy; is approved by Us; and for whom insurance is in force.

**DEFINITIVE CANCER TREATMENT:** proven medical techniques that destroy Cancer or slow or stop the spread of Cancer. We consider a technique to be proven which at the time of treatment is:

1. fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or
2. a generally accepted medical or surgical technique as determined by an Oncologist chosen by the Company.

**DEPENDENT CHILDREN:** Your natural children, stepchildren, or legally adopted children who are: (1) unmarried; (2) under age twenty-five (25); and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Grandchildren are not eligible dependents. Coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age twenty-five (25). Proof of continued incapacity and dependency must be furnished at Our request, but not more frequently than annually.

**EFFECTIVE DATE:** the date coverage begins as shown in the Policy Schedule. The Effective Date of this Policy is not the date You signed the application for coverage.

**EXTENDED CARE FACILITY:** a facility operated pursuant to the law, primarily engaged in providing skilled nursing care under the supervision of a licensed Physician in addition to room and board accommodations. The facility must provide continuous twenty-four (24) hour a day nursing services by or under the supervision of a registered nurse and maintain daily medical records on each patient. An extended care facility cannot include any home, facility, or part thereof used primarily for the care and treatment of the disabled, aged, drug addiction, alcoholism, mental disease or disorders or for custodial care, educational or hospice care.

**HOSPICE:** licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

## DEFINITIONS Continued

**HOSPITAL:** legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" also includes Ambulatory Surgical Centers. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

**IMMEDIATE FAMILY:** anyone related to You in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father or mother-in-law; and spouses, as applicable.

**IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Cancer to stimulate or restore the ability of the immune system to fight infection and disease.

**INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

**NAMED INSURED:** the person shown as the "Named Insured" on the Policy Schedule is the policyowner.

**NATIONAL CANCER INSTITUTE CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute designation.

**NONMELANOMA SKIN CANCER:** a Cancer other than a melanoma that begins in the upper part of the skin (epidermis) such as basal cell carcinoma and squamous cell carcinoma.

**ONCOLOGIST:** a Physician, other than You or a member of Your Immediate Family, certified to practice in the field of oncology.

**PHYSICIAN:** a person legally qualified to practice medicine, other than You or a member of Your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

**PATHOLOGIST:** a Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

**POLICY ANNIVERSARY DATE:** is the same month and day as the Effective Date for each succeeding year this Policy remains in force.

**POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

A clinical diagnosis of Cancer will be accepted as evidence that Cancer exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Cancer and the Covered Person receives treatment for Cancer. A positive pathological report or, if applicable, clinical diagnosis must be submitted to Sterling for benefits to be payable.

**RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.

## DEFINITIONS Continued

**SKILLED NURSING FACILITY:** an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include:

1. a rest home;
2. a home or facility for the aged;
3. a home or facility for the care of drug addicts or alcoholics; or
4. a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial care or educational care.

**STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. It does not include the Bone Marrow Transplantation.

**TERMINALLY ILL:** a medical condition, which is expected to result in the Covered Person's death within six (6) months from the date of the medical certification and from which there is no reasonable prospect of recovery.

**TYPE OF COVERAGE:** see Your Policy Schedule to determine the Type of Coverage issued: Individual or Family.

1. Individual: coverage for You (the Named Insured shown in the Policy Schedule).
2. Family: coverage for You (the Named Insured), Your spouse, if applicable, and all of Your Dependent Children (or those of Your spouse if applicable).

If You wish any other person to be covered after the Effective Date of the Policy, You must apply for such coverage, and that person must be added by endorsement. If Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

A newborn will qualify automatically if written notification is received within sixty (60) days of their birth. An adopted child will qualify automatically if written notification is received within sixty (60) days from the date of the filing of the petition.

For Family coverage only, persons added as family members by endorsement will be covered for Cancer diagnosed on or after the sixtieth (60<sup>th</sup>) day following the Effective Date of their endorsement.

For Family coverage only, this coverage shall terminate for the adopted child upon the dismissal or denial of a petition for adoption.

For Individual coverage, upon written notification sent to Us within sixty (60) days of the event of the birth of Your newborn or filing of the petition for adoption of Your adopted child (ren) We will convert this Policy to Family coverage and advise You of the additional premium due.

The insurance on any Dependent Child will terminate on the Policy Anniversary date following the Dependent Child's twenty-fifth (25<sup>th</sup>) birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first (for continuation of coverage information, see Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this Policy.

You must notify Us, in writing, of any changes that will affect the Type of Coverage. After such notice, Sterling will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any Family policy will continue to include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated before he or she reached age twenty-five (25.) Proof of continued incapacity and dependency must be furnished at Our request, but not more frequently than annually.

## LIMITATIONS AND EXCLUSIONS

Subject to the sixty (60) day waiting period, this Policy only provides benefits for loss due to Cancer and Definitive Cancer Treatment while this Policy is in force. Proof must be submitted to support each claim.

Benefits are not payable for:

1. any other disease, sickness, incapacity, even if the disease or condition was caused, complicated or aggravated by Cancer or Cancer treatment;
2. pre-malignant conditions or conditions with malignant potential;
3. experimental treatment;
4. drugs, treatment, or procedures received outside the United States; or
5. services rendered by a member of the Covered Person's Immediate Family.

This Policy contains a sixty (60) day waiting period. If a Covered Person receives a Positive Medical Diagnosis of Cancer within sixty (60) days after the Policy Effective date, or, if applicable, within sixty (60) days after the effective date of the endorsement, benefits for treatment of that Cancer will apply only to treatment occurring after twelve (12) months from the Effective Date of such person's coverage. Should a Positive Medical Diagnosis of Cancer be made during this sixty (60) day waiting period, at Your option, You may elect to void the coverage and receive a full refund of premium less any claims paid. Once voided, the Policy and any riders attached to it will be treated as if they never existed.

## DIAGNOSIS AND ELIGIBILITY FOR BENEFITS

**DIAGNOSIS:** For benefits to be payable, Cancer must be diagnosed in one of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue or blood samples. A Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists must make this type of diagnosis. A pathological diagnosis of Cancer can be made before or after death.
2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to Your health, when there is medical evidence to support the diagnosis, and when a Doctor is treating You for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatopathology. In the case of lung Cancer, We accept a cytology report in lieu of a pathology report.

**ELIGIBILITY:** A Covered Person will be eligible for benefits under this Policy if:

1. The Covered Person has not been diagnosed with or treated for any Cancer during the first sixty (60) days after the Effective Date of this Policy; or, if applicable, during the first sixty (60) days after the effective date of the endorsement.
2. Cancer is first diagnosed while the Covered Person is covered by this Policy;
3. The Covered Person incurs a loss due to Cancer while covered by this Policy; and
4. The loss is not excluded by name or specific description in this Policy.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You. If Cancer is first diagnosed while the Covered Person is hospitalized, the Covered Person will be eligible for benefits retroactively to the date he or she was admitted to the Hospital, but not for more than forty-five (45) days prior to the date of diagnosis.

**EXCEPTION:** If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. If Cancer is not diagnosed until after the Covered Person dies, benefits will begin on the date of admission for a period of continuous Hospital confinement ending in death, but not for more than ninety (90) days prior to the date of death. We will not pay benefits for Hospital confinements, which begin during the first sixty (60) days after the Effective Date of coverage under this Policy.

## BENEFITS

All treatments for the benefits listed below must be approved by the National Cancer Institute or the Food and Drug Administration for the treatment of Cancer. Subject to the terms, limitations and exclusions of this Policy, We will pay the following benefits for a loss due to Cancer or Definitive Cancer Treatment.

**HOSPITAL CONFINEMENT BENEFIT** (including U.S. Government Hospital): We will pay the following daily indemnity benefit per unit when a Covered Person is confined to a Hospital for Definitive Cancer Treatment. For each of the first ninety (90) days a Covered Person is confined as an inpatient in a Hospital due to Cancer, We will pay one hundred dollars (\$100) per day. Beginning with the ninety-first (91<sup>st</sup>) consecutive day of Hospital confinement, the daily benefit will be two hundred fifty dollars (\$250). A "day" means a twenty-four (24) hour period. This benefit will be calculated based on the number of days the Hospital charges You for room and board. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**EXCEPTION:** A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

**INPATIENT HOSPICE BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) per day for inpatient Hospice care as a direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer be receiving Definitive Cancer Treatment. For this benefit to be payable, We must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill and (2) a written statement from the Hospice certifying the days services were provided. There is no lifetime maximum for this benefit.

**INPATIENT DRUGS BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) each day for drugs and medicines administered to the Covered Person as the direct result of Cancer while they are confined as an inpatient in a Hospital. Benefits are limited to the number of days the Covered Person is confined as an inpatient in a Hospital. Such drugs must be approved by the U.S. Food and Drug Administration. Benefits are not payable for drugs that are paid under the Radiation and Chemotherapy Benefit. There is no lifetime maximum for this benefit.

**ATTENDING PHYSICIAN BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) for each day the Covered Person uses the services of an attending Physician while confined as an inpatient in a Hospital as the direct result of Cancer. The benefit is limited to the number of days for which the Covered Person receives benefits under the Hospital Confinement Benefit. 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. There is no lifetime maximum for this benefit.

**PRIVATE DUTY NURSE BENEFIT:** If a Covered Person requires and is charged for private duty nurses and their services while confined in a Hospital for Definitive Cancer Treatment, We will pay an indemnity benefit of fifty dollars (\$50) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). Full-time means at least eight (8) hours attendance during any twenty-four (24) hour period. Nursing services must be other than those regularly furnished by the Hospital and must be required and must be authorized by the attending Physician. This benefit is not payable for private duty nurses who are members of the Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. There is no lifetime maximum for this benefit.

**AMBULANCE BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) per confinement when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined for treatment of Cancer. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**TRANSPORTATION BENEFIT:** We will pay this benefit if the Covered Person must travel within the U.S. (including Alaska, Hawaii and Puerto Rico) more than one hundred (100) miles one-way from his or her residence to:

1. receive Definitive Cancer Treatment prescribed by the local Physician that is not available within one hundred (100) miles one-way from the Covered Person's residence; or
2. seek consultation for Cancer at a Comprehensive or Clinical Cancer Center as recognized by the National Cancer Institute.

We will pay an indemnity benefit of three hundred fifty dollars (\$350) for the Covered Person's round trip plane, train or bus fare. This benefit is limited to four (4) trips per Calendar Year.

## BENEFITS Continued

**SKILLED NURSING FACILITY BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) per day for each day a Covered Person is confined on Physician's orders to a Skilled Nursing or Extended Care Facility due to Cancer. Such confinement must occur within fourteen (14) days after being discharged from a Hospital as a direct result of Cancer.

Benefits are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement, which immediately preceded the Skilled Nursing Facility confinement. This benefit is subject to a lifetime maximum of ninety (90) days.

**HOME HEALTH CARE BENEFIT:** We will pay an indemnity benefit of fifty dollars (\$50) for each day a Covered Person receives home health care benefits up to the number of days benefits were received under the Hospital Confinement Benefit, but not to exceed ten (10) visits for each Hospital Confinement. Home health care must begin within seven (7) days of release from the Hospital. This benefit is limited to thirty (30) visits per Calendar Year and is not payable if these services are furnished under the Hospice Benefit.

This benefit will not be payable unless the attending Physician prescribes that such services be performed in the home of the Covered Person.

Home health care services must be performed by a person, other than a member of Your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**CANCER LUMP SUM BENEFIT:** When a Covered Person is diagnosed as having Internal Cancer, We will pay a one-time indemnity benefit of one thousand dollars (\$1,000) per unit, even when Cancer is not diagnosed until after death. This benefit is not payable if the Covered Person was diagnosed or treated for internal cancer before his or her effective date of coverage or prior to satisfying the sixty (60) day eligibility requirement. This benefit is not payable for Nonmelanoma Skin Cancer.

**RADIATION AND CHEMOTHERAPY BENEFIT:** The following benefits are payable when a Physician prescribes Radiation or Chemotherapy for Definitive Cancer Treatment.

**Radiation Received or Chemotherapy Injected by Medical Personnel.** We will pay an indemnity benefit of one hundred dollars (\$100) per unit for each day a Covered Person receives Radiation Therapy or Chemotherapy injected by medical personnel as part of his or her Definitive Cancer Treatment.

**Self-Administered Medications.** For self-injected medications and medications dispensed by pump or implant, We will pay an indemnity benefit of one hundred dollars (\$100) per unit per filled prescription subject to a Calendar Month maximum of five hundred dollars (\$500).

**Oral Chemotherapy.** We will pay an indemnity benefit of one hundred dollars (\$100) per unit per filled prescription with a Calendar Month maximum of five hundred dollars (\$500). Oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled.

**ANTI-NAUSEA DRUG BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation or Chemotherapy for the treatment of Cancer. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred.

**BLOOD AND PLASMA BENEFIT:** We will pay fifty dollars (\$50) for each unit of whole blood, plasma, red cells, packed cells, or platelets a Covered Person receives treatment of Internal Cancer. This includes processing, administration, storage, laboratory charges or blood components replaced by donors. This benefit does not pay for immunoglobulins, immunotherapy, anti-hemophilia factors or colony stimulating factors.

## BENEFITS Continued

**SURGICAL PROCEDURE BENEFIT:** We will pay an indemnity benefit for inpatient or outpatient surgery performed (including breast reconstruction) on a Covered Person performed by a Physician that definitively diagnoses or treats Cancer. The benefit is based on the Surgical Schedule not to exceed two thousand dollars (\$2000). We will not pay for diagnostic or follow-up surgery, which does not definitively diagnose or treat Cancer.

If the Covered Person has more than one surgical procedure performed at the same time through the same incision, We will only pay for the one (1) surgical procedure performed for which the largest benefit amount shown in the Policy Surgical Schedule is payable. If a surgical procedure is performed other than those listed, We will pay a comparably reasonable benefit for such operation, but in no case shall the benefit exceed two thousand dollars (\$2,000).

**ANESTHESIA BENEFIT:** We will pay an indemnity benefit amount equal to thirty percent (30%) of the Surgical Procedure Benefit for the surgical procedure performed for the administration of anesthesia during a covered surgical operation.

**SECOND AND THIRD SURGICAL OPINION BENEFIT:** We will pay an indemnity benefit of one hundred dollars (\$100) if surgery is recommended due to a positive diagnosis of Cancer and the Covered Person chooses to obtain the opinion of a second Physician. If the second opinion fails to confirm the need for surgery, We will pay for a third Physician's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for a diagnosis of Nonmelanoma Skin Cancer.

**BREAST PROTHESIS SURGICAL BENEFIT:** We will pay an indemnity benefit of one thousand five hundred dollars (\$1,500) for each surgically implanted breast prosthesis. All prostheses must be prescribed by a Physician and must be obtained within three (3) years of the date of the Cancer surgery or treatment for which a benefit was paid under this Policy.

**NON-SURGICALLY IMPLANTED PROSTHESIS BENEFIT:** We will pay an indemnity benefit of five hundred dollars (\$500) for non-surgically implanted prosthetic devices, including non-surgically implanted breast prostheses, when required and prescribed by a Physician. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

**PHYSICAL, OCCUPATIONAL OR SPEECH THERAPIES BENEFIT:** We will pay an indemnity benefit of twenty-five dollars (\$25) a day for each day of physical, occupational or speech therapy a Covered Person receives as a result of Cancer. The therapy must be prescribed by a Physician. This benefit is subject to a five hundred dollar (\$500) lifetime maximum.

**RENTAL OR PURCHASE OF MEDICAL EQUIPMENT BENEFIT:** If, as a result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, We will pay an indemnity benefit of five hundred dollars (\$500) per Calendar Year for the rental or purchase of such medical equipment. Covered medical equipment is limited to wheelchair, oxygen equipment, respirator, braces, crutches and hospital bed.

## SURGICAL SCHEDULE

PROCEDURE	BENEFIT
<b>ABDOMEN</b>	
Abdominal paracentesis	\$ 100
Excision of intra-abdominal or retroperitoneal tumor	\$ 420
Staging celiotomy (Hodgkin's or Lymphoma)	\$ 660
<b>BLADDER</b>	
Cystotomy for excision of bladder tumor	\$ 328
Cystectomy, complete; with bilateral pelvic lymphadenectomy	\$ 1,125
Cystectomy, complete; with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	\$ 1,575
With bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 2,000
Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantation	\$ 1,680
Cystourethroscopy with biopsy	\$ 100
Cystourethroscopy, with fulguration and/or resection of medium tumor(s) (2.0 - 5.0 cm)	\$ 263
<b>BONE</b>	
Biopsy, bone, trocar or needle; superficial	\$ 135
Radical resection of sternum for tumor with mediastinal lymphadenectomy	\$ 1,918
<b>BRAIN</b>	
Craniectomy for tumor of skull	\$ 592
Excision brain tumor, supratentorial	\$ 767
Excision brain tumor, infratentorial or posterior fossa	\$ 854
Excision Cerebellopontine angle tumor	\$ 1,096
Excision Midline tumor at base of skull	\$ 1,645
Excision of craniopharyngioma	\$ 2,000
Hypophysectomy, intracranial approach	\$ 815
<b>BREAST</b>	
Biopsy of breast, incisional (separate procedure)	\$ 100
Excision of malignant tumor	\$ 150
Mastectomy, partial	\$ 180
Mastectomy, simple, complete	\$ 312
Mastectomy, radical including pectoral muscles, axillary and internal mammary lymph nodes	\$ 780
Mastectomy, modified radical, including axillary lymph nodes and pectoralis minor muscle, but excluding pectoralis major muscle	\$ 570
Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	\$ 1,438
<b>CHEST</b>	
Bronchoscopy with biopsy	\$ 174
Thoracentesis for biopsy	\$ 135
Biopsy, lung or mediastinum, percutaneous needle	\$ 135
Pneumonectomy, total	\$ 1,027
Lobectomy, total or segmental	\$ 810
Excision of mediastinal tumor	\$ 546

## SURGICAL SCHEDULE Continued

PROCEDURE	BENEFIT
<b>EAR</b>	
Excision, external ear, partial	\$ 180
Radical excision, external auditory canal lesion with neck dissection	\$ 705
Excision aural glomus tumor; transcanal	\$ 618
Transmastoid	\$ 1,058
Extended (extratemporal)	\$ 1,975
<b>ESOPHAGUS</b>	
Excision local lesion with primary repair; cervical approach	\$ 450
Thoracic approach	\$ 660
Wide excision of malignant lesion of cervical esophagus	\$ 720
With radical neck dissection	\$ 1,096
Esophagectomy (at upper two-thirds level) and gastric anastomosis with vagotomy	\$ 840
Esophagogastrectomy (lower third) and vagotomy, combined thoracoabdominal	\$ 1,041
<b>EYE</b>	
Enucleation of eye	\$ 375
Exenteration of orbit	\$ 600
Orbitotomy with removal of lesion	\$ 600
<b>HEART</b>	
Pericardiectomy	\$ 800
Excision intracardiac tumor, resection with bypass	\$ 2,000
<b>INTESTINES</b>	
Colectomy, partial; with anastomosis	\$ 555
With coloproctostomy	\$ 639
Colectomy, total, abdominal with ileostomy or ileoproctostomy	\$ 750
With rectal mucosectomy, ileoanal anastomosis	\$ 2,000
With proctectomy	\$ 1,027
Small intestine, enteroscopy beyond second portion of duodenum, with biopsy	\$ 156
Proctectomy, complete, combined abdominoperineal	\$ 840
Proctosigmoidoscopy with biopsy	\$ 135
Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy	\$ 225
<b>KIDNEY</b>	
Renal biopsy	
Percutaneous, by trocar or needle	\$ 135
By surgical exposure of kidney	\$ 240
Nephrectomy, radical, with regional lymphadenectomy	\$ 1,113
Nephrectomy, partial	\$ 720
<b>LIVER</b>	
Needle biopsy, percutaneous	\$ 135
Wedge biopsy (independent procedure)	\$ 300
Hepatectomy, partial lobectomy	\$ 870
<b>LYMPHATIC SYSTEM</b>	
Biopsy or excision of cervical lymph node; deep	\$ 135
Cervical lymphadenectomy (complete)	\$ 630

## SURGICAL SCHEDULE Continued

PROCEDURE	BENEFIT
<b>MOUTH</b>	
Excision of lip; transverse wedge excision with primary closure	\$ 225
Hemiglossectomy	\$ 330
Glossectomy	
Partial, with unilateral radical neck dissection	\$ 660
Total, with unilateral radical neck dissection	\$ 840
With resection, floor of mouth, mandibular resection and radical neck dissection (commando type)	\$ 1,027
Resection, palate	\$ 660
<b>OVARY</b>	
Wedge resection or bisection	\$ 330
<b>PANCREAS</b>	
Excisional biopsy (independent procedure)	\$ 450
Pancreatectomy with pancreaticoduodenectomy and pancreaticojejunostomy	\$ 1,438
<b>PAROTID</b>	
Excision parotid tumor, lateral lobe, without nerve dissection	\$ 186
Total, with unilateral radical neck dissection	\$ 840
<b>PELVIS</b>	
Radical resection for tumor	\$ 500
Innominate bone (total)	\$ 2,000
<b>PENIS</b>	
Amputation, partial	\$ 300
Complete	\$ 600
Radical with bilateral inguofemoral lymphadenectomy	\$ 840
<b>PROSTATE</b>	
Biopsy, needle or punch, single or multiple, any approach	\$ 135
Transurethral resection of prostate	\$ 600
Prostatectomy, retropubic radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 1,438
<b>SINUS</b>	
Maxillectomy with orbital exenteration	\$ 840
<b>SKIN</b>	
Excision of malignant lesion; diameter 1.1 - 2.0 CM	
On trunk, arms or legs	\$ 100
On scalp, neck, hands, feet or genitalia	\$ 100
On face, ears, eyelids, nose or lips	\$ 125
Destruction of malignant lesion; diameter 1.1 - 2.0 CM	
On trunk, arms or legs	\$ 100
On scalp, neck, hands, feet or genitalia	\$ 100
On face, ears, eyelids, nose or lips	\$ 100

## SURGICAL SCHEDULE Continued

PROCEDURE	BENEFIT
<b>SPINE</b>	
Resection tumor, radical, soft tissue of flank or back	\$ 328
Partial resection of vertebral component for cervical tumor	\$ 263
Biopsy of spinal cord, percutaneous needle	\$ 368
Laminectomy for biopsy/excision of intraspinal neoplasm;	
Extradural, cervical	\$ 1,400
Intradural, intramedullary, thoracic	\$ 2,000
<b>STOMACH</b>	
Gastric biopsy by laparotomy	\$ 405
Local excision of tumor	\$ 450
Total gastrectomy including intestinal anastomosis	\$ 840
Hemigastrectomy with vagotomy	\$ 690
<b>TESTIS</b>	
Biopsy, incisional (independent procedure)	\$ 135
Orchiectomy, radical, for tumor, inguinal approach	\$ 285
With abdominal exploration	\$ 375
<b>THROAT</b>	
Laryngectomy, total, without radical neck dissection	\$ 750
With radical neck dissection	\$ 1,479
Pharyngolaryngectomy with radical neck dissection	\$ 1,062
Laryngoscopy, direct, operative, with biopsy	\$ 180
<b>THYROID</b>	
Thyroidectomy for malignancy	\$ 780
With radical neck dissection	\$ 870
<b>UTERUS</b>	
Colposcopy with biopsy	\$ 100
Dilation and curettage with biopsy	\$ 100
Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	\$ 1,438
<b>URINARY</b>	
Ureterectomy, with bladder cuff (independent procedure)	\$ 600
Total, ectopic ureter; combination abdominal, vaginal and/or perineal approach	\$ 840
Ureteral endoscopy with biopsy	\$ 135
<b>VULVA</b>	
Vulvectomy, complete	\$ 465
Radical	\$ 660
With inguinofemoral, iliac, and pelvic lymphadenectomy	\$ 1,130

## RIGHT OF CONVERSION

No benefits will be payable under the conversion policy for any loss for which benefits are payable under this Policy. The Time Limit on Certain Defenses provision for the conversion policy will be figured from the Covered Person's Effective Date of coverage under this Policy. Any benefit amounts paid for a Covered Person under this Policy will be applied to the benefit limits under the converted Policy. The effective date of the converted policy will be the date coverage terminates under this Policy. If Return of Premium Benefits were paid under this Policy, the converted Policy Rider attached to the new Policy will require ten (10) years of premium payment from the Effective Date of the new Policy to qualify for Return of Premium Benefits under the new converted Policy.

**DISSOLUTION OF MARRIAGE:** If You and Your spouse dissolve Your marriage by a valid decree of dissolution and Your ex-spouse was covered under a Family policy, Your ex-spouse's coverage will terminate. Your ex-spouse may then apply for and receive, without evidence of insurability, a policy then being issued by Us providing coverage not greater than the terminated coverage. To obtain the policy, Your ex-spouse must make application to Us within sixty (60) days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this Policy.

If such dissolution of marriage occurs, the Named Insured under this Policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

**DEATH:** In the event of Your death, Your spouse, if alive and covered under this Policy, will become the Named Insured under a separate policy. Your spouse may apply for and receive, without evidence of insurability, a policy then being issued by Us providing coverage is not greater than the existing coverage. To obtain the policy, Your spouse must make application to Us within sixty (60) days of Your death. No waiting period is required except to the extent that such period has not been satisfied by that person under this Policy.

**TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may apply for and receive, without evidence of insurability and without interruption in coverage, a policy then being issued by Us providing coverage is not greater than the existing coverage. To obtain a policy, such person must make application to Us prior to thirty-one (31) days after the Policy Anniversary following the date he or she is no longer considered a Dependent Child. No waiting period is required except to the extent that such period has not been satisfied by that person under this Policy.

## CLAIM PROVISIONS

**NOTICE OF CLAIM:** We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Sterling Investors Life Insurance Company, Claims Processing Center, [P.O. Box 10844, Clearwater, Florida 33757-8844]. Notice shall include the Covered Person's name and the Policy number.

**CLAIM FORMS:** When We receive notice of claim, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated in the Proof or Loss provision.

**PROOF OF LOSS:** We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

**TIME OF PAYMENT OF CLAIMS:** Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

**PAYMENT OF CLAIMS:** All benefits are payable to You. Any benefits that have not been paid at the time of Your death will be paid to Your estate.

**ASSIGNMENT:** No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Sterling Investors Life Insurance Company, Claims Processing Center, [P.O. Box 10844, Clearwater, Florida 33757-8844.]

**UNPAID PREMIUM:** When benefits are paid for a claim under this Policy, any premium due and unpaid (for the applicable coverage period) may be deducted from the benefit payment.

**PHYSICAL EXAMINATIONS AND AUTOPSY:** At Our expense, We may have You examined as often as reasonably necessary while the claim is pending. We also have the right to have an autopsy done, at Our expense, unless prohibited by law.

## GENERAL PROVISIONS

**ENTIRE CONTRACT; CHANGES:** This Policy, including the application, endorsements, riders and attached documents, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After two (2) years from the Covered Person's Effective Date, no misstatements made in the application, except fraudulent misstatements, will be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the two (2) year period.

**GRACE PERIOD:** A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy.

## GENERAL PROVISIONS Continued

**REINSTATEMENT:** If any renewal premium is not paid when due or within the Grace Period, the Policy will lapse. Later acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement will reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issue a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application.

The reinstated policy will cover loss resulting only from hospitalization for and/or treatment of Cancer that is diagnosed more than ten (10) days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same as provided under the Policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement.

**REFUND OF UNEARNED PREMIUM:** Upon receipt of a copy of Your death certificate, We will refund pro-rata any premium paid beyond the date of death.

**LEGAL ACTION:** No legal action may be brought to recover on this Policy within sixty (60) days after written proof of loss is given as required by this Policy. No such action may be brought after the expiration of applicable statute of limitations from the time written proof of loss was required to be given.

**CLERICAL ERROR:** Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

**CONFORMITY WITH STATE LAWS:** Any provision of the Policy, which, on its Effective Date, is in conflict with the laws of the state in which You reside on such date, is hereby amended to conform to the minimum requirements of such statutes.

**CHANGE OF BENEFICIARY:** At any time during Your lifetime You may change the beneficiary by giving Us written notice. The consent of the beneficiary is not required for this or any other change in this Policy. The change will take effect as of the date the notice is signed, even if the You die before We receive it. Each change will be subject to any payment We made or other action We took before receiving the notice.

**MISSTATEMENT OF AGE:** If You misstated the age of any Covered Person on Your application, the benefits provided will be those that premiums paid would have purchased at the correct age. We will refund all premiums paid, less any claims paid, if the misstated age at the time of application was outside the issue age limits for this Policy.

**CANCELLATION BY NAMED INSURED:** You may cancel this Policy at any time by written notice delivered or mailed to Us, effective the date We receive Your signed request or on such later date as may be specified in such notice. In the event of cancellation, We will promptly make a pro-rata refund of any premium paid beyond the date of cancellation.

This Policy is signed for Sterling Investors Life Insurance Company by its [President].

[ SIGNATURE ]

[President]

# STERLING INVESTORS LIFE INSURANCE COMPANY

Rome, Georgia 30161

[877-604-5240]

## OUTLINE OF COVERAGE SPECIFIED DISEASE COVERAGE

### CANCER INDEMNITY INSURANCE POLICY

Policy Form SICP2011

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

**THIS POLICY PROVIDES LIMITED BENEFITS.** This coverage is designed only as a supplement to a comprehensive health insurance policy and should not be purchased unless you already have this coverage. Persons covered under Medicaid should not purchase this coverage.

**SPECIFIED DISEASE COVERAGE – CANCER ONLY.** Policies of this category are designed to provide coverage for specific losses resulting from cancer. Coverage is **not** provided for basic hospital, basic medical surgical, major medical or comprehensive expenses.

**PLEASE READ YOUR POLICY CAREFULLY.** This Outline of Coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**DESCRIPTION OF BENEFITS PROVIDED UNDER THE POLICY.** All treatments for benefits listed below must be approved by the National Cancer Institute or Food and Drug Administration for the treatment of Cancer, as applicable.

**Inpatient Hospice Care Benefit:** The Policy pays an indemnity benefit of \$50 per day for inpatient hospice care as a direct result of Cancer. The Covered Person must be diagnosed as Terminally Ill and no longer be receiving Definitive Treatment for Cancer. There is no lifetime limit for this benefit.

**Inpatient Drugs Benefit:** The Policy pays an indemnity benefit of \$25 per day for drugs and medicines administered to the Covered Person as the direct result of Cancer. Benefits for drugs and medicines are limited to the number of days the Covered Person is confined as an inpatient in a Hospital. Such drugs must be approved by the U.S. Food and Drug Administration. Benefits are not payable for drugs that are paid under the Radiation and Chemotherapy Benefit. There is no Lifetime Limit for this benefit.

**Attending Physician Benefit:** The Policy pays an indemnity benefit of \$25 for each day the Covered Person uses the services of an attending Physician while confined as an inpatient in a Hospital as the direct result of Cancer. The benefit is limited to the number of days for which the Covered Person receives benefits under the Hospital Confinement Benefit. 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. There is no lifetime maximum for this benefit.

**Private Duty Nurse Benefit:** The Policy pays an indemnity benefit of \$50 per day if the Covered Person requires and is charged for full-time private duty nurses and their services while confined as an inpatient in a Hospital for Definitive Cancer Treatment. Full-time means at least 8 hours attendance during any 24 hour period. Nursing services must be other than those regularly furnished by the Hospital and must be required and authorized by the attending Physician. This benefit is not payable for private duty nurses who are members of the Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. There is no lifetime maximum for this benefit.

**Ambulance Benefit:** The Policy pays an indemnity benefit of \$100 per confinement when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined for treatment of Cancer. Separate confinements within thirty (30) days of each other are considered the same period of confinement.

**Transportation Benefit:** The Policy pays an indemnity benefit of \$350 for a Covered Person's round trip plane, train or bus fare for travel within the U.S. if he or she must travel more than 100 miles one-way from his or her residence: (1) to receive Definitive Cancer Treatments prescribed by his or her local Physician not available within 100 miles one-way from Covered Person's residence; or (2) for consultation at a Comprehensive or Clinical Cancer Center as recognized by the National Cancer Institute. This benefit is limited to 4 trips per Calendar Year.

**Skilled Nursing Facility Benefit:** The Policy pays an indemnity benefit of \$50 for each day a Covered Person is confined on Physician's orders to a Skilled Nursing or Extended Care Facility due to Cancer. Such confinement must occur within 14 days after being discharged from a Hospital as a direct result of Cancer. Benefits payable are limited to the same number of days for which We paid the Hospital Confinement Benefit for the period of Hospital confinement, which immediately preceded the Skilled Nursing Facility confinement. This benefit is subject to the lifetime maximum of 90 days.

**Home Health Care Benefit:** The Policy pays an indemnity benefit of \$50 for each day the Covered Person receives Home Health Care Benefits, up to the number of days that benefits were received under the Hospital Confinement Benefit, but not to exceed 10 visits for each Hospital Confinement. Home Health Care must begin within 7 days of release from the Hospital. The maximum number of visits per Calendar Year is 30 visits. This benefit is not payable if these services are furnished under the Hospice Benefit. This benefit will not be payable unless the attending Physician prescribes such services be performed in the home of the Covered Person. Home health care services must be performed by a person, other than a member of Your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**Anti-Nausea Drug Benefit:** The Policy pays an indemnity benefit of \$100 each Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation or Chemotherapy for the treatment of Cancer. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred.

**Blood and Plasma Benefit:** The Policy pays an indemnity benefit of \$50 for each unit of whole blood, plasma, red cells, packed cells or platelets a Covered Person receives for the treatment of Internal Cancer. This includes processing, administration, storage, laboratory charges or blood components replaced by donors. This benefit does not pay for immunoglobulins, immunotherapy, anti-hemophilia factors or colony stimulating factors.

**Surgical Procedure Benefit:** The Policy pays an indemnity benefit for inpatient or outpatient surgery performed (including breast reconstruction) on a Covered Person by a Physician that definitively diagnoses or treats Cancer. The benefit is based on a Surgical Schedule not to exceed \$2,000. If the Covered Person has more than one surgical procedure performed at the same time through the same incision, We will only pay for the one surgical procedure performed for which the largest benefit amount shown in The Policy Surgical Schedule is payable. If a surgical procedure is performed other than those listed, We will pay a comparably reasonable benefit for such operation, but in no case shall the benefit exceed \$2,000.

**Second and Third Surgical Opinion Benefit:** The Policy pays an indemnity benefit of \$100 for a second surgical opinion if surgery is recommended due to a positive diagnosis of Cancer and the Covered Person chooses to obtain the opinion of a second Physician. If the second opinion fails to confirm the need for surgery, We will pay for a third Physician's opinion. The Covered Person is not required to obtain a second or third opinion in order to qualify for the surgical or other benefits under this Policy. Second or third opinions, if needed, must be rendered before surgery is performed. This benefit is not payable for a diagnosis of Nonmelanoma Skin Cancer.

**Breast Prosthesis Surgical Benefit:** The Policy pays an indemnity benefit of \$1,500 for each surgically implanted breast prosthesis. All prostheses must be prescribed by a Physician and must be obtained within three years of the date of the Cancer surgery or treatment for which a benefit was paid under The Policy.

**Non-Surgically Implanted Prosthesis Benefit:** The Policy pays an indemnity benefit of \$500 for non-surgically implanted prosthetic devices, including non-surgically implanted breast prostheses, when required and prescribed by a Physician. The cost for the replacement of a prosthetic device is not covered. Hairpieces or wigs are not covered under this benefit.

**Physical, Occupational or Speech Therapies:** The Policy pays an indemnity benefit of \$25 for each day of physical, occupational or speech therapy a Covered Person receives as a result of Cancer. The therapy must be prescribed by a Physician. This benefit is subject to a five hundred dollar (\$500) lifetime maximum.

**Rental or Purchase of Medical Equipment Benefit:** If, as a result of Cancer, the attending Physician prescribes covered medical equipment designed for home use, The Policy pays an indemnity benefit of \$500 per Calendar Year for the rental or purchase of such medical equipment. Covered medical equipment is limited to wheelchair, oxygen equipment, respirator, braces, crutches or hospital bed.

**The following are non-optional policy benefits. The number of units selected at the time of application determines benefit amount. There is a per unit minimum of one unit and a maximum of five units. The Named Insured will choose the number of units for the Policy.**

**Hospital Confinement Benefit:** The Policy pays the following daily indemnity benefit per unit when a Covered Person is confined to a Hospital for Definitive Cancer Treatment. For each of the first 90 days the Covered Person is confined as an inpatient to a hospital due to Cancer, the Policy will pay \$100 per day. Beginning with the 91<sup>st</sup> consecutive day of confinement, the daily benefit will be \$250. A “day” means a 24-hour period. This benefit will be calculated based on the number of days the Hospital charges You for room and board. Separate confinements within 30 days of each other are considered the same period of confinement. A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

**Cancer Lump Sum Benefit:** The Policy pays an indemnity benefit of \$1,000 per unit when a Covered Person is diagnosed as having Internal Cancer, even when the Cancer is not diagnosed until after death. This benefit is payable only once. This benefit is not payable if the Covered Person was diagnosed or treated for internal cancer before his or her effective date of coverage or prior to satisfying the 60 day eligibility requirement. This benefit is not payable for Nonmelanoma Skin Cancer.

**Radiation and Chemotherapy Benefit:** The Policy pays the following benefits per unit for radiation and chemotherapy treatments are prescribed by a Physician for Definitive Cancer Treatment:

- Radiation Received or Chemotherapy Injected by Medical Personnel Benefit pays an indemnity benefit of \$100 for per unit for each day a Covered Person receives radiation therapy and chemotherapy injected by medical personnel as part of his or her Definitive Cancer Treatment.
- Self-Administered Medications For self-injected medications and medications dispensed by pump or implant, the benefit pays an indemnity benefit of \$100 per unit per filled prescription with a Calendar Month maximum of \$500.
- Oral Chemotherapy Benefit pays an indemnity benefit of \$100 per unit per filled prescription with a monthly maximum of \$500. Oral chemotherapy taken on an outpatient basis is payable only once per prescription on the date filled.

**LIMITATIONS AND EXCLUSIONS:** Subject to the 60 day waiting period, this Policy only provides benefits for loss due to Cancer and Definitive Cancer Treatment while this Policy is in force. Proof must be submitted to support each claim. Benefits are **not** payable for:

1. any other disease, sickness, incapacity, even if the disease or condition was caused, complicated or aggravated by Cancer or Cancer treatment;
2. pre-malignant conditions or conditions with malignant potential;
3. experimental treatment;
4. drugs, treatment, or procedures received outside the United States; or
5. services rendered by a member of the Covered Person’s Immediate Family.

The Policy contains a 60 day waiting period. If a Covered Person receives a Positive Medical Diagnosis of Cancer within 60 days after the Policy Effective date, or, if applicable, within 60 days after the effective date of the endorsement, benefits for treatment of that Cancer will apply only to treatment occurring after twelve (12) months from the Effective Date of such person’s coverage. Should a Positive Medical Diagnosis of Cancer be made during this 60 day waiting period, at your option, you may elect to void the coverage and receive a full refund of premium less any claims paid. Once voided, the Policy and any riders attached to it will be treated as if they never existed.

**RENEWABILITY OF THIS POLICY:** The Policy is guaranteed renewable during Named Insured’s lifetime as long as premiums are paid when due or within the grace period.

**PREMIUM:** The Company may change the established premium rate, but only if the rate is changed for all policies in the same premium class with the same policy form number in the state where the Policy was issued. The Company will give you at least 30 days written notice before it changes your premiums.

**OPTIONAL BENEFIT RIDERS:**

The Named Insured may select only one Return of Premium Benefit Rider.

**Return of Premium Upon Death Benefit Rider:** Not available for issue ages over age 79. This rider provides a return of premium benefit upon death after the 10th policy anniversary. The actual amount of premium that will be returned, if any, will be equal to:

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

**Return of Premium Benefit Rider:** Not available for issue ages over age 79. This rider provides a return of premium benefit if The Policy lapses for any reason after the 10th policy anniversary. The actual amount of premium that will be returned, if any, will be equal to:

1. 80% of all premiums paid for the Policy, including premiums paid for this Rider and any other benefit rider(s) attached to the Policy while this Rider is in force;
2. Minus the sum of all benefits paid or then payable under the Policy, including benefits paid or then payable under any attached benefits while this Policy was in force.

**Dread Disease Benefit Rider:** If selected, all persons covered under the Policy are covered. This rider pays a one time lump-sum benefit of \$1,000 per unit upon the first occurrence for the positive diagnosis of one of the following diseases. Also, this rider pays an indemnity benefit of \$100 per day per unit for each day confined to a hospital as a result of one of the following diseases, up to a maximum of 365 days. The diseases covered are as follows:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| 1. Muscular Dystrophy                 | 11. Sickle Cell Anemia           |
| 2. Poliomyelitis                      | 12. Scarlet Fever                |
| 3. Multiple Sclerosis                 | 13. Undulant Fever               |
| 4. Encephalitis                       | 14. Rocky Mountain Spotted Fever |
| 5. Tetanus                            | 15. Smallpox                     |
| 6. Rabies                             | 16. Addison's Disease            |
| 7. Tuberculosis                       | 17. Hansen's Disease             |
| 8. Osteomyelitis                      | 18. Tularemia                    |
| 9. Diphtheria                         | 19. Bubonic Plague               |
| 10. Epidemic Cerebrospinal Meningitis | 20. Typhoid Fever                |

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

**PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.**