

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Filing at a Glance

Company: Beazley Insurance Company, Inc.

Product Name: Critical Illness

SERFF Tr Num: PERR-127088513 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed State Tr Num: 48355

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: BICI-GH-CI-AR-11-01-F State Status: Approved-Closed F

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Sandra Sedano, Neresa Torres, Olga E. Garcia, Addy Anggelico

Disposition Date: 04/11/2011

Date Submitted: 03/28/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 06/12/2011

Implementation Date:

State Filing Description:

General Information

Project Name: BICI-GH-CI-AR-11-01-F

Status of Filing in Domicile: Not Filed

Project Number: BICI-GH-CI-AR-11-01-F

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association

Overall Rate Impact:

Filing Status Changed: 04/11/2011

State Status Changed: 04/11/2011

Deemer Date:

Created By: Sandra Sedano

Submitted By: Addy Anggelico

Corresponding Filing Tracking Number:

Filing Description:

With this filing, Beazley Insurance Company, Inc. is introducing its new Group Critical Illness product. This is product will be marketed to employer and association groups, both small and large.

The following forms will be utilized with this product:

SERFF Tracking Number: PERR-127088513 State: Arkansas
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
Company Tracking Number: BICI-GH-CI-AR-11-01-F
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Filing Fees

Fee Required? Yes
Fee Amount: \$450.00
Retaliatory? No
Fee Explanation: \$50 x 9 forms = \$450
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beazley Insurance Company, Inc.	\$450.00	03/28/2011	46035535

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/30/2011	03/30/2011	Olga E. Garcia	04/07/2011	04/07/2011

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Variability Statement	Approved-Closed	Yes
Supporting Document	Memoranda	Approved-Closed	No
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Supporting Document	Response Letter 20110407	Approved-Closed	Yes
Form	APPLICATION FOR GROUP INSURANCE	Approved-Closed	Yes
Form (revised)	CERTIFICATE OF INSURANCE	Approved-Closed	Yes
Form	CERTIFICATE OF INSURANCE	Replaced	Yes
Form (revised)	NON-PARTICIPATING SPECIFIED DISEASE POLICY	Approved-Closed	Yes
Form	NON-PARTICIPATING SPECIFIED DISEASE POLICY	Replaced	Yes
Form	ENROLLMENT FORM (including Dependents)	Approved-Closed	Yes
Form	ENROLLMENT FORM	Approved-Closed	Yes
Form	ENROLLMENT FORM (including Dependents)	Approved-Closed	Yes
Form	ENROLLMENT FORM	Approved-Closed	Yes
Form	ENROLLMENT FORM - MEDICAL HISTORY (including dependents)	Approved-Closed	Yes
Form	ENROLLMENT FORM - MEDICAL HISTORY	Approved-Closed	Yes

SERFF Tracking Number: PERR-127088513 State: Arkansas
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
Company Tracking Number: BICI-GH-CI-AR-11-01-F
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/30/2011

Submitted Date 03/30/2011

Respond By Date

Dear Olga E. Garcia,

This will acknowledge receipt of the captioned filing.

Objection 1

- CERTIFICATE OF INSURANCE, AHCIC0001-AR 022011 Ed. (Form)
- NON-PARTICIPATING SPECIFIED DISEASE POLICY, AHCIM0001-AR 022011 Ed. (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: PERR-127088513 State: Arkansas
Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
Company Tracking Number: BICI-GH-CI-AR-11-01-F
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness
Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/07/2011
Submitted Date 04/07/2011

Dear Rosalind Minor,

Comments:

Thank you for the initial review of this filing and the correspondence dated March 30.

The Company responds as follows:

Response 1

Comments: We note the Department's position established in Bulletin 14-81, that while an insurer may request the insured to submit notice of incapacity of handicapped dependents, the insurer may not establish a time limit for providing such notice. In accordance with the Bulletin, we have amended the definition of Dependent Children as follows:

Please see attached letter.

Related Objection 1

Applies To:

- CERTIFICATE OF INSURANCE, AHCIC0001-AR 022011 Ed. (Form)
- NON-PARTICIPATING SPECIFIED DISEASE POLICY, AHCIM0001-AR 022011 Ed. (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter 20110407

Comment:

Form Schedule Item Changes

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
CERTIFICATE OF INSURANCE	AHCIC000 1-AR 022011 Ed.		Certificate	Initial		69.570	AR Certificate. pdf
Previous Version							
CERTIFICATE OF INSURANCE	AHCIC000 1-AR 022011 Ed.		Certificate	Initial		69.570	1 AR Certificate. pdf
NON-PARTICIPATING SPECIFIED DISEASE POLICY	AHCIM00 01-AR 022011 Ed.		Policy/Contract/Fraternal Certificate	Initial		68.780	AR Policy.pdf
Previous Version							
NON-PARTICIPATING SPECIFIED DISEASE POLICY	AHCIM00 01-AR 022011 Ed.		Policy/Contract/Fraternal Certificate	Initial		68.780	2 AR Policy.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Addy Angelico, Neresa Torres, Olga E. Garcia, Sandra Sedano

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Form Schedule

Lead Form Number: AHCIM0001-AR 022011 Ed.

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/11/2011 Ed.	AHILA0001 102010	Application/ Enrollment Form	APPLICATION FOR GROUP INSURANCE	Initial		54.820	DI CI Group Application FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIC000 1-AR	Certificate	CERTIFICATE OF INSURANCE	Initial		69.570	AR Certificate.pdf
Approved-Closed 04/11/2011 Ed.	AHCIM000 1-AR	Policy/Cont ract/Fraternal Certificate	NON-PARTICIPATING SPECIFIED DISEASE POLICY	Initial		68.780	AR Policy.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0002 112010	Application/ Enrollment Form	ENROLLMENT FORM (including Dependents)	Initial		62.030	CI_SI_GI_EE +Dep Enroll FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0003 112010	Application/ Enrollment Form	ENROLLMENT FORM	Initial		59.490	CI_SI_GI_EE Enroll FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0004 112010	Application/ Enrollment Form	ENROLLMENT FORM (including Dependents)	Initial		62.140	CI_GI_EE+Dep Enroll FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0005 112010	Application/ Enrollment Form	ENROLLMENT FORM	Initial		60.430	CI_GI_EE Enroll FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0006 112010	Application/ Enrollment Form	ENROLLMENT FORM - MEDICAL HISTORY (including dependents)	Initial		60.410	CI_EE+Dep Medical Hist FINAL.pdf
Approved-Closed 04/11/2011 Ed.	AHCIA0007 112010	Application/ Enrollment Form	ENROLLMENT FORM - MEDICAL HISTORY	Initial		56.820	CI_EE Medical Hist FINAL.pdf

<Beazley Name Logo>

Beazley Insurance Company, Inc.
Administrative Office
[Address here]

APPLICATION FOR GROUP INSURANCE

Please check the insurance coverage:

- Disability Income Insurance
- Critical Illness Insurance

A. GENERAL INFORMATION

Full Legal Name of [EMPLOYER, ASSOCIATION]:	Federal Tax ID #:
Street Address: _____ City: _____	County: _____ State: _____ Zip code: _____
Form of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	List of all Subsidiaries to be included:
Effective Date of Insurance: Month: _____ Date: _____ Year: _____ <i>The effective date of the insurance is subject to approval of this application by Beazley Insurance Company, Inc.</i>	

B. TYPE OF INSURANCE ELECTED

INSURANCE COVERAGE	YES	NO	# ELIGIBLE [EMPLOYEES]	[EMPLOYEE] CONTRIBUTION	BENEFIT SELECTIONS
Short Term Disability (Weekly Benefit)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	<input type="checkbox"/> Mental Illness Limited Benefit <input type="checkbox"/> Partial Disability Benefit <input type="checkbox"/> Residual Disability Benefit <input type="checkbox"/> Rehabilitation Program Services <input type="checkbox"/> Survivor Benefit <input type="checkbox"/> Disability occurring outside the United States or Territories of the United States <input type="checkbox"/> Portability <input type="checkbox"/> FICA Match Benefit
Short Duration Disability (Monthly Benefit)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	
Critical Illness:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	

C. ADDITIONAL INFORMATION

1. Deposit submitted with application [_____]. If the policy is issued, the deposit will apply towards the first month's premium
2. Will all or part of this policy replace similar coverage? Yes No
If yes, list Carrier(s), Policy Number(s), and Termination Date(s): _____.

D. AGREEMENT

The [Employer] and Beazley Insurance Company, Inc. ("We", "Us" or "Our") agree that:

THE APPLICATION should form the basis for and become part of any policy issued. PREMIUM RATES shall: (1) be subject to all provisions in that policy; and (2) be binding on both [Employer] and Us. LIABILITY OF THE COMPANY – We will have no liability until this request has been approved at Our Administrative Office. AUTHORITY OF AGENTS – No agent can change the terms of this request or any policy We issue. No agent can waive any of Our rights or requirements or extend the time for any premium payments. CHANGES AND CORRECTIONS – The acceptance of any policy issued on this request shall constitute ratification of any correction or amendment made by Us. Changes are an amendment to and form a part of the original request and any policy issued.

Please continue to read below for special notices required by state law.

[Employer] (full legal name): _____

Dated at _____ this _____ day of _____, _____.

Signature of Authorized person:	Print Name:	Print Title:
Signature of Licensed Resident Agent:	Print Name of Agent and License Number:	P.O. Box Address (including zip code)

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

INSURER NAME:	Beazley Insurance Company, Inc.
INSURER ADDRESS: ADMINISTRATIVE OFFICE	[30 Batterson Park Road Farmington, CT 06032]
INSURER ADDRESS: NOTICE OF CLAIM	[30 Batterson Park Road Farmington, CT 06032]

CERTIFICATE OF INSURANCE

Beazley Insurance Company, Inc. (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy. It becomes Your Certificate of Insurance only if: 1) You are eligible for the insurance; 2) You are Actively In Service on the date it is to take effect; and 3) You become insured and remain insured in accordance with the provisions of the Policy. The insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. No agent may change the Policy or waive any of its provisions.

IN WITNESS WHEREOF, We have caused this Certificate to take effect on the Effective Date.

[

Secretary
]

[

President
]

NON-PARTICIPATING SPECIFIED DISEASE CERTIFICATE

THIS IS A LIMITED CERTIFICATE. THIS CERTIFICATE PROVIDES BENEFITS FOR THE SPECIFIED DISEASES LISTED. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

[FIFTEEN DAY RIGHT TO EXAMINE CERTIFICATE

If You decide that You do not want this Certificate for any reason, You may return it to Us within fifteen (15) days after the date You receive it [.] [for a full refund of any premium paid.] When it is returned, it will be considered void as though it were never issued.]

The Policy is a contract between the Policyholder and the Company.

BENEFIT REDUCTION AT AGE 70

No benefits will be provided for Cancer diagnosed before the 30th day after the Effective Date.

READ YOUR CERTIFICATE CAREFULLY.

TABLE OF CONTENTS

Schedule of Benefits3
Definitions[5]
Eligibility and Effective Date[12]
Benefits.....[14]
Limitations [16]
Exclusions.....[17]
Termination of Insurance[18]
Premium Calculation and Payment[19]
Claim Provisions[20]
General Provisions.....[21]

SCHEDULE OF BENEFITS

INSURED [EMPLOYEE] NAME:		[Employee]	
[INSURED DEPENDENT NAME(S):]		[Spouse [or Domestic Partner]] [Dependent Child(ren)]	
CERTIFICATE NUMBER:	[XXXXXX]	CERTIFICATE EFFECTIVE DATE:	[10/15/2010]
POLICYHOLDER NAME:	[XYZ Company, Inc]	POLICYHOLDER NUMBER:	[XXXXXX]

ELIGIBILITY: [ALL [PERMANENT] [EMPLOYEES,] [BETWEEN THE AGES OF 18 AND 69,] [WORKING [25] HOURS OR MORE PER WEEK AND] ACTIVELY IN SERVICE [AND [SPOUSES [OR DOMESTIC PARTNERS]] [AND/OR] [DEPENDENT CHILD(REN)] OF ELIGIBLE [EMPLOYEES]]]

WAITING PERIOD:

Cancer	30 Days
Other Specified Disease	None

[PRE-EXISTING CONDITION PERIOD: [3 Months]]

SPECIFIED DISEASE MAXIMUM BENEFIT AMOUNT:

[Employee]	[\$100,000]
[[Employee's] Spouse [or Domestic Partner]	[\$100,000]]
[[Employee's] Dependent Child(ren)	[\$25,000]]

REDUCED BENEFIT SCHEDULE

Reduction Amount:	50%
Reduced Benefit Age:	70

SPECIFIED DISEASE

% PAYABLE

Cancer	100%
Heart Attack	100%
Stroke	100%
[Coma	100%]
[Coronary Artery Bypass	25%]
[Loss of Sight	100%]
[Occupational HIV	100%]
[Organ Transplant	100%]
[Paralysis	100%]
[Renal Failure	100%]
[Severe Burns	100%]

[ADDITIONAL OCCURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Occurrence Separation Period	[12 Months]]

[RECURRENCE BENEFIT

% of Specified Disease Benefit Amount
Recurrence Separation Period

**[100%]
[24 Months]**

[HEALTH SCREENING BENEFIT

[\$150]

[MAXIMUM PORTABILITY PERIOD:

[24 Months]

RATE GUARANTEE PERIOD:

[3 Years]

[[INITIAL] [MONTHLY] PREMIUM

[\$9.99]

DEFINITIONS

[ACTIVELY IN SERVICE means that You are:

- (1) performing in the usual manner, all of the Material and Substantial Duties of Your [employment] for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where You normally perform such duties or at some location to which Your [employment] sends You.

You will be said to be Actively in Service on a day that is not a scheduled work day only if You are able to perform in the usual manner all of the regular duties of Your [employment] if it were a scheduled work day.]

[ACTIVELY IN SERVICE means that You are not:

- (1) an in-patient in a hospital, skilled nursing facility, rehabilitation hospital, convalescent/personal care facility or receiving out-patient care and/or therapy that affects Your ability to perform Your regular duties on a scheduled basis;
- (2) confined at home under the care of a Physician for a treatment of a bodily injury or sickness; or
- (3) able to perform two or more of the Activities of Daily Living.

ACTIVITIES OF DAILY LIVING means the following basic daily tasks necessary to maintain a person's health and safety:

- (1) Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
 - (2) Continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for a catheter or colostomy bag).
 - (3) Dressing: putting on and taking off all items of clothing and any required braces, fasteners or artificial limbs.
 - (4) Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
 - (5) Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- (4) Transferring: moving into or out of a bed, chair or wheelchair.]

CANCER means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Excluded are Cancers such as:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;

-
- (3) Carcinoma in Situ (non-invasion);
 - (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
 - (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
 - (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
 - (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.

Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

CERTIFICATE means the individual Certificate issued to You. It describes Your coverage under the Policy.

CLINICAL DIAGNOSIS means a diagnosis of Cancer based on the study of symptoms.

[COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days. The condition must require intubation for respiratory assistance.]

[CORONARY ARTERY BYPASS means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, at the advice of a Physician board certified in cardiology. Coronary Artery Bypass excludes procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.]

DATE OF DIAGNOSIS means:

For Cancer: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

For Heart Attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For Stroke: The date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

[For Occupational HIV: The data of a positive antibody test for HIV subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.]

[For Organ Transplant or Coronary Artery Bypass: The date the surgery occurs for covered transplants or covered Coronary Artery Bypass surgery.]

[For Renal Failure: The date that a Physician recommends that an Insured begin renal dialysis.]

[For other Specified Diseases: The date the diagnosis, consistent with the definition of the Specified Disease, is established by a Physician based on clinical and/or laboratory findings as supported by the insured's medical records.]

[DEPENDENT CHILD(REN)] means all of Your children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company following the Child's 26th birthday.

Child(ren) means Your biological children, stepchildren, adopted children, foster children or any child for whom You are required by a court or administrative order to provide health coverage.]

[DOMESTIC PARTNER] means a person of the [same] [or] [opposite] sex who:

- [(1) is at least 18 years old and legally capable to enter into a contract][:;]
- [(2) is not related by blood to You more closely than is permissible for marriage in the state of residence][:;]
- [(3) is not married or legally separated][:;]
- [(4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage][:;]
- [(5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months][:;]
- [(6) occupies the same residence as You][:;]
- [(7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][:;] [and]
- [(8) has entered into a Domestic Partnership Agreement with You].]

[DOMESTIC PARTNERSHIP AGREEMENT] means an arrangement between You and another person of the [same] [or] [opposite] sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of Your life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of Your will;
- (6) designation of the Domestic Partner as holding power of attorney for health care; and

(7) shared household expenses.]

EFFECTIVE DATE means the date described in the Policy. The date shown in Your Certificate Schedule of Benefits will be the Effective Date of coverage. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

[EMPLOYEE] means a person who is Actively in Service as [an employee] of the Policyholder.

[HEALTH SCREENING TEST means any of the following performed by a Physician:

- (1) Stress test on a bicycle or treadmill;
- (2) Biopsy for skin Cancer;
- (3) Fasting blood glucose test;
- (4) Blood test for triglycerides;
- (5) Serum cholesterol test to determine level of HDL and LDL;
- (6) Bone marrow testing;
- (7) Breast ultrasound;
- (8) Carotid Doppler;
- (9) CA 15-3 (blood test for breast cancer);
- (10) CA 125 (blood test for ovarian cancer);
- (11) CEA (blood test for colon cancer);
- (12) Chest X-ray;
- (13) Colonoscopy;
- (14) Electrocardiogram (EKG);
- (15) Flexible sigmoidoscopy;
- (16) Hemocult stool analysis;
- (17) Mammography;
- (18) Pap smear, including ThinPrep Pap Test;
- (19) PSA (prostate specific antigen - blood test for prostate cancer);
- (20) Serum Protein Electrophoresis (blood test for myeloma);
- (21) Thermography.]

HEART ATTACK means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

INJURY means bodily injury solely due to an accident. It includes all complications of and all

Injuries from the same accident. The accident must occur and any Specified Disease resulting from the Injury must begin while Your coverage is in force and after any applicable Waiting Period.

INSURED(S) means You [and] [,] [Your Spouse [or Domestic Partner]] [and/or Your Dependent Child(ren)] as indicated in the Certificate Schedule.

[LOSS OF SIGHT] means the irreversible loss of sight in both eyes. The diagnosis of Loss of Sight must:

- (1) be made by a Physician, and
- (2) indicate the corrected visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes.]

MATERIAL AND SUBSTANTIAL DUTIES means the duties that are:

- (1) are normally required for the performance of Your [employment]; and
- (2) cannot be reasonably omitted or modified.

[OCCUPATIONAL HIV] means a diagnosis of Human Immunodeficiency Virus infection resulting from an Injury which exposed the Insured to HIV-contaminated body fluids. The Injury must have occurred during the performance the Material and Substantial Duties of the Insured's employment. Occupational HIV excludes HIV infection:

- (1) as a result of IV drug use;
- (2) as result of sexual transmission; or
- (3) determined to have not been accidental.]

[ORGAN TRANSPLANT] means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[PARALYSIS] means complete and permanent loss of function of two or more limbs for a continuous period of at least 90 days. Paralysis excludes loss of function following a Stroke.]

PATHOLOGICAL DIAGNOSIS means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

PATHOLOGIST means a Physician who is licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

POLICY means the Policy issued to the Policyholder that covers the Insured.

POLICYHOLDER means the employer, association or other organization who holds the Policy.

PRE-EXISTING CONDITION means any sickness, disease or physical condition for which the Insured has:

- (a) had Treatment; or
- (b) received a diagnosis or advice from a Physician,
during the Pre-Existing Condition Period indicated in the Schedule of Benefits, immediately before the Effective Date of coverage.

[RENAL FAILURE means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.]

SCHEDULE OF BENEFITS (or Schedule) means the benefit schedule set forth in the Policy or Certificate.

[SEVERE BURNS means third degree burns covering at least 20% of the surface area of the body.]

SPECIFIED DISEASE means the conditions shown in the Schedule and as defined in this Policy.

[SPOUSE means the person recognized as Your spouse under the laws of the state in which You reside.]

STROKE means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Verterbrobasilar Ischemia.

TREATMENT means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

YOU, YOUR means the insured [Employee] as shown in the Certificate Schedule of Benefits.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All [Employees] who:

- (1) meet the definition of Actively in Service;
- (2) qualify as eligible Insureds as defined in the Policyholder's application; and
- (3) meet the definition of Eligibility as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to the Company may be required.

[ELIGIBILITY OF DEPENDENTS]

An eligible [Employee] may enroll his or her [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]. [An individual cannot be covered as [an Employee] and a [Spouse [or Domestic Partner]] at the same time.] [A Dependent Child may only be covered by one [Employee] if both parents are [Employees] and covered separately under the Policy.]

EFFECTIVE DATE

The Effective Date for [an Employee] is as follows:

- (1) [An Employee's] coverage will be effective on the date shown on the Certificate Schedule provided the [Employee] is then Actively in Service.
- (2) If [an Employee] is not Actively in Service on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such [Employee] is first thereafter Actively in Service.

[The Effective Date for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] is the date shown on the Certificate Schedule subject to the following:

- (1) The date the [Employee's] coverage is effective for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] who [is] [are] eligible on that date; for whom coverage is applied for and premium paid; and who [is] [are] not hospital confined.
- (2) At 12:00 a.m. Standard Time, on the day a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [is] [are] no longer hospital confined if the [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [was] [were] otherwise eligible for coverage on the date the [Employee's] coverage became effective.
- (3) For a dependent eligible on or first acquired after Your Effective Date, the Effective Date will be:
 - [(a) For newborn children and newborn adopted children, the Effective Date is the moment of birth. The Company must receive notification of birth within 60 days after the date of birth for coverage to continue for the newborn beyond the 60 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.]
 - [(b) For other adopted children and foster children, the Effective Date is the date of

placement in Your home. For adopted children, a decree of adoption must be entered, and You must continue to have custody pursuant to the decree of the court. The Company must receive notification of newly adopted children and foster children within 60 days from the date of placement into the [Employee's] home for coverage to continue for the adopted children and foster children beyond the 60 day period.]

- [(c) For a [Spouse [or Domestic Partner]] or any other dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date is the date we assign after approving that application for his or her coverage.]]

BENEFITS

SPECIFIED DISEASE BENEFIT

The Company will pay this benefit if an Insured is diagnosed with one of the Specified Diseases shown on the Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while the Certificate is in force; and
3. It is not excluded by name or specific description in the Certificate.

If the Date of Diagnosis of Specified Disease occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.

The Maximum Benefit Amount is shown in the Schedule. The benefit amount paid for a Specified Disease will be calculated by multiplying the Maximum Benefit Amount by the % Payable listed on the Schedule for the Specified Disease with which the Insured is diagnosed. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.

Benefits for Specified Disease will be paid in the order the events occur. If more than one Specified Disease is diagnosed at the same time, only one benefit amount will be paid. [No benefits are payable for a subsequent Specified Disease after the first Specified Disease has been diagnosed.]

[ADDITIONAL OCCURRENCE BENEFIT

No benefits are payable for a subsequent, different Specified Disease after the first Specified Disease has been diagnosed unless its Date of Diagnosis is separated from the Date of Diagnosis of the prior Specified Disease by at least the Occurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent, different Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Additional Occurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[RECURRENCE BENEFIT

Once benefits have been paid for a Specified Disease, no additional benefits are payable for a subsequent diagnosis of that same Specified Disease unless the Dates of Diagnosis are separated by at least at least the Recurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent diagnosis of the same Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Recurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the

Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[HEALTH SCREENING BENEFIT

The Company will pay this Benefit for Health Screening Tests performed while this Policy is in force. The Company will pay up to the amount shown in the Certificate Schedule for the Health Screening Tests once per 12 month period for each Insured. There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Policy is in force.

Payment of this benefit will not reduce the Maximum Benefit Amount shown in the Schedule. The Company will pay this benefit regardless of the results of the test.]

[PORTABILITY

This Policy provides portability for up to the Maximum Portability Period listed in the Schedule, when Your coverage under the Policy terminates because Your [employment] with the Policyholder ends. You must have been covered under the Policy [, for at least 12 months in a row,] at the date [employment] ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group Specified Disease policy this Policy replaces.]

Portability is not available to You if coverage terminates because the Policy is terminated by the Policyholder or Us.

To continue coverage under the Portability provision, written application and the first premium payment must be made within 31 days of the date coverage ends under the Policy.

The coverage continued under the Portability provision is the coverage in effect on the date Your [employment] ends[.][,] [including coverage for Your [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]] then in effect.] [Continued coverage may not be increased.] [You may request decreased continued coverage at any time during the continuation period by completing a request form supplied by Us.]

Coverage under the Portability provision will cease on the earliest of:

- [(1) the date the Policy terminates;]
- (2) the end of the last period for which premium has been paid;
- (3) the date coverage under this Portability provision has been continued for the Maximum Portability Period listed in the Schedule; and
- (4) the date You reach age 70.

Premiums for continued coverage under the Portability provision shall be derived solely from Your contribution. For Portability coverage to become effective and remain in effect, You shall make premium payment for Your continued coverage directly to Us, on or before each premium due date. We will send You a billing statement in advance of each premium due date. You are responsible for paying all premiums as they become due.

The required premium for the continued coverage will equal the premium in effect when Your [employment] ended [plus a direct billing fee based on premium frequency].]

LIMITATIONS

WAITING PERIOD

No benefits are payable for any Insured who has been diagnosed with a Specified Disease before their coverage has been in force for the number of days listed as the Waiting Period in the Schedule of Benefits. If an Insured is first diagnosed with a Specified Disease within the Waiting Period, they may elect to terminate coverage retroactive to the Effective Date and a full refund of premium will be provided.

[PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for any Specified Disease diagnosed within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

[If the Insured was covered under a prior carrier's group specified disease policy at the date of change in coverage to a group specified disease policy provided by the Company and was not subject to a Pre-Existing Condition limitation under the prior carrier's policy, there shall be no Pre-Existing Condition limitation under the Company's policy. However, if the Insured was subject to a Pre-Existing Condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition limitation of the Company's policy for that period of time that the Insured was continuously covered under the prior carrier's policy.]

A claim for benefits for a Specified Disease diagnosed after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.]

EXCLUSIONS

This Policy does not provide benefits for Specified Disease that results from:

- (1) Intentionally self inflicted Injury or suicide attempt while sane or insane;
- (2) an act of war, declared or undeclared
- (3) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- (4) committing a felony;
- (5) air travel, except as a fare-paying passenger on a commercial airline;
- (6) drug addiction or dependence upon any controlled substance; or
- (7) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician.

TERMINATION OF INSURANCE

Your coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid;
- (3) on the date You cease to be Actively in Service as defined in the Policy;
- (4) on the date You no longer meet the requirements for eligibility; or
- (5) on the date all available benefits under the Certificate have been paid.

[Coverage for an insured [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date Your coverage is terminated;
- (3) the end of the last period for which premium has been paid;
- (4) the premium due date following the date the [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)] ceases to meet the definition of [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)];
- (5) the premium due date following the date the We receive Your written request to terminate coverage for Your [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)].]

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

We or the Policyholder may end the Policy on any date by written notice mailed or delivered. If We end the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after We mail or deliver the written notice of such termination. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder ends the Policy, the termination becomes effective on the later of the date stated in the notice or the date We receive the written notice of such termination. If the Policy is ended, We will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify You of such termination.

PREMIUM CALCULATION AND PAYMENT

Premiums will be computed in accordance with the rates in effect on the Premium due date. [The portion of the premium that You are responsible for contributing is shown on the Certificate Schedule of Benefits.] The total premium for the Policy is the sum of premiums for all Insureds.

The first premium is due on the Effective Date of the Policy. Premiums after the first are due at the end of the period for which the preceding premium was paid. [The due date for any additional premium for a dependent eligible on or first acquired after Your Effective Date will be 60 days after coverage for that dependent is required to begin.]

The Policyholder is responsible for paying all premiums. However, the premiums may be paid by any other party according to a mutual agreement among the other party, the Policyholder and Us.

Premiums may be paid to:

- (1) Our Home Office; or
- (2) Our authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in that effect for that period.

The rates may be changed once the Rate Guarantee Period listed in the Schedule has elapsed after the Effective Date of the Policy or on any Premium due date after that. [If, after 3 years, the Disability Benefits incurred by Us under the Policy represent less than [50%] of the premiums earned under the Policy over the same time period, We will not change the rate until [5 years] after the Effective Date of the Policy.] Any subsequent rate changes will not be made more frequently than once every [6 months]. No such change in premium will be made unless [30 days] prior notice is given to the Policyholder.

The rates may change prior to the time frames outlined above, however, for reasons that affect the insured risk, which include:

- (1) a change in benefits;
- (2) a new law or change in any existing law that affects the Policy; or
- (3) a material change in the composition or size of the Insureds covered under the Policy.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us at the address listed on the first page of the Policy, or to Our designee. Such notice should be made within 30 days after any claim covered by the Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

PROOF OF LOSS: Proof of loss must be given to Us within 180 days after the loss. Late proof may be accepted if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits payable under the Policy will be paid immediately upon receipt of acceptable Proof of Loss.

PAYMENT OF CLAIMS: All benefits will be payable in a lump sum to You unless assigned by You or by operation of law. Any accrued benefit unpaid at Your death may be paid to Your estate.

PHYSICAL EXAMINATION: We have the right to have the Insured examined as often as is reasonably necessary while a claim is pending. We will pay for such examination. In the case of death, We may also have an autopsy done, at Our expense, unless prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) Your application, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

CERTIFICATES: An individual Certificate will be issued for delivery to You . The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to You , only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

ADDITIONAL COVERAGE WITH THE COMPANY: If an Insured is covered by more than one of the Company's Specified Disease Policies or Certificates, the Company will only pay benefits for a covered Specified Disease under one Specified Disease Certificate. An Insured may choose which Certificate they wish to keep in force by sending the Company written notice of their choice. The Company will return the premiums paid for any of its other Specified Disease Certificates during the period there was more than one Policy or Certificate in force.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

TIME LIMIT ON CERTAIN DEFENSES: Except in the case of fraud, after two years from the Effective Date of the Insured's coverage, no statements made in the application can be used to:

- (1) void the coverage; or
- (2) deny a claim for loss incurred commencing after the expiration of such two-year period.

INCONTESTABILITY: All statements made by the Policyholder to obtain the Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of the Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Effective Date, no such statement will cause this Policy to be contested except for fraud.

All statements made by an Insured are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her applicable representative shall be given a copy.

After two years from a Insured's Effective Date of coverage, or from the Effective Date of increased benefits, no such statement will cause the coverage or the increased benefits to be contested except for fraud.

CLERICAL ERROR: A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

CONFORMITY WITH STATE LAWS: A provision of the Policy that conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law.

NEW ENTRANTS: New [Employees] of the Policyholder [and their dependents] will be added to the applicable class originally insured under the Policy provided they apply for such coverage and meet the requirements for eligibility as stated in the Policy.

IMPORTANT NOTICE: For questions regarding this Policy, please contact Us at the administrative office listed on first page of this Policy. We may also be contacted by telephone at [1-866-623-2953].

If discussions with Us have failed to produce a satisfactory resolution to a problem, the Arkansas Department of Insurance may be contacted at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494

<Beazley Name Logo>

POLICYHOLDER NAME: [XYZ Company, Inc.]	
POLICYHOLDER ADDRESS: [123 Main Street Small Town, FL 33321]	
INSURER NAME: Beazley Insurance Company, Inc.	
INSURER ADDRESS: ADMINISTRATIVE OFFICE [30 Batterson Park Road Farmington, CT 06032]	
INSURER ADDRESS: NOTICE OF CLAIM [30 Batterson Park Road Farmington, CT 06032]	
POLICY NUMBER: [1234567]	EFFECTIVE DATE: [January 1, 2011]
DATE OF ISSUE: [January 30, 2011]	ANNIVERSARY DATE: [January 1]

In consideration of the Policyholder's application and the timely payment of premiums, Beazley Insurance Company, Inc. (herein called the Company) agrees to pay the benefits of this Policy, subject to all of its terms and conditions.

This Policy is executed by Beazley Insurance Company, Inc. as of its Date of Issue. This Policy will take effect on the Effective Date shown above, 12:01 a.m. Standard Time at the address of the Policyholder.

[

] *Secretary*

[

] *President*

NON-PARTICIPATING SPECIFIED DISEASE POLICY

THIS IS A LIMITED POLICY. THIS POLICY PROVIDES BENEFITS FOR THE SPECIFIED DISEASES LISTED. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

This Policy is a contract between the Policyholder and the Company.

BENEFIT REDUCTION AT AGE 70

No benefits will be provided for Cancer diagnosed before the 30th day after the Effective Date.

READ YOUR POLICY CAREFULLY.

TABLE OF CONTENTS

Schedule of Benefits3
Definitions4
Eligibility and Effective Date[11]
Benefits.....[13]
Limitations [15]
Exclusions.....[16]
Termination of Insurance[17]
Premium Calculation and Payment[18]
Claim Provisions[19]
General Provisions.....[20]

SCHEDULE OF BENEFITS

ELIGIBILITY: [ALL [PERMANENT] [EMPLOYEES,] [BETWEEN THE AGES OF 18 AND 69,] [WORKING [25] HOURS OR MORE PER WEEK AND] ACTIVELY IN SERVICE [AND [SPOUSES [OR DOMESTIC PARTNERS]] [AND/OR] [DEPENDENT CHILD(REN)] OF ELIGIBLE [EMPLOYEES]]]

WAITING PERIOD:

Cancer	30 Days
Other Specified Disease	None

[PRE-EXISTING CONDITION PERIOD:[3 Months]]

SPECIFIED DISEASE MAXIMUM BENEFIT AMOUNT:

[Employee]	as listed in Certificate
[[Employee's] Spouse [or Domestic Partner]	as listed in Certificate]
[[Employee's] Dependent Child(ren)	as listed in Certificate]

REDUCED BENEFIT SCHEDULE

Reduction Amount:	50%
Reduced Benefit Age:	70

SPECIFIED DISEASE

% PAYABLE

Cancer	100%
Heart Attack	100%
Stroke	100%
[Coma	100%]
[Coronary Artery Bypass	25%]
[Loss of Sight	100%]
[Occupational HIV	100%]
[Organ Transplant	100%]
[Paralysis	100%]
[Renal Failure	100%]
[Severe Burns	100%]

[ADDITIONAL OCCURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Occurrence Separation Period	[12 Months]]

[RECURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Recurrence Separation Period	[24 Months]]

[HEALTH SCREENING BENEFIT

[\$150]]

[MAXIMUM PORTABILITY PERIOD:

[24 Months]]

RATE GUARANTEE PERIOD:

[3 Years]

DEFINITIONS

[ACTIVELY IN SERVICE] means that the [Employee] is:

- (1) performing in the usual manner, all of the Material and Substantial Duties of his or her [employment] for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where the [Employee] normally performs such duties or at some location to which the [Employee's] [employment] sends him or her.

The [Employee] will be said to be Actively in Service on a day that is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of the [Employee's] [employment] if it were a scheduled work day.]

[ACTIVELY IN SERVICE] means that the [Employee] is not:

- (1) an in-patient in a hospital, skilled nursing facility, rehabilitation hospital, convalescent/personal care facility or receiving out-patient care and/or therapy that affects the Employee's ability to perform his regular duties on a scheduled basis;
- (2) confined at home under the care of a Physician for a treatment of a bodily injury or sickness; or
- (3) able to perform two or more of the Activities of Daily Living.

ACTIVITIES OF DAILY LIVING means the following basic daily tasks necessary to maintain a person's health and safety:

- (1) Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- (2) Continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for a catheter or colostomy bag).
- (3) Dressing: putting on and taking off all items of clothing and any required braces, fasteners or artificial limbs.
- (4) Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- (5) Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- (6) Transferring: moving into or out of a bed, chair or wheelchair.]

CANCER means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Excluded are Cancers such as:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;

-
- (3) Carcinoma in Situ (non-invasion);
 - (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
 - (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
 - (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
 - (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.

Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

CERTIFICATE means the individual Certificate issued to the insured [Employee]. It describes the Insured's coverage under the Policy.

CLINICAL DIAGNOSIS means a diagnosis of Cancer based on the study of symptoms.

[COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days. The condition must require intubation for respiratory assistance.]

[CORONARY ARTERY BYPASS means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, at the advice of a Physician board certified in cardiology. Coronary Artery Bypass excludes procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.]

DATE OF DIAGNOSIS means:

For Cancer: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

For Heart Attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For Stroke: The date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

[For Occupational HIV: The data of a positive antibody test for HIV subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.]

[For Organ Transplant or Coronary Artery Bypass: The date the surgery occurs for covered transplants or covered Coronary Artery Bypass surgery.]

[For Renal Failure: The date that a Physician recommends that an Insured begin renal dialysis.]

[For other Specified Diseases: The date the diagnosis, consistent with the definition of the Specified Disease, is established by a Physician based on clinical and/or laboratory findings as supported by the insured's medical records.]

[DEPENDENT CHILD(REN)] means all of [an Employee's] children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company following the Child's 26th birthday.

Child(ren) means the [Employee's] biological children, stepchildren, adopted children, foster children or any child for whom the [Employee] is required by a court or administrative order to provide health coverage.]

[DOMESTIC PARTNER] means a person of the [same] [or] [opposite] sex who:

- [(1) is at least 18 years old and legally capable to enter into a contract][;]
- [(2) is not related by blood to the [Employee] more closely than is permissible for marriage in the state of residence][;]
- [(3) is not married or legally separated][;]
- [(4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage][;]
- [(5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months][;]
- [(6) occupies the same residence as the [Employee]][;]
- [(7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][;] [and]
- [(8) has entered into a Domestic Partnership Agreement with the [Employee]].]

[DOMESTIC PARTNERSHIP AGREEMENT] means an arrangement between the [Employee] and another person of the [same] [or] [opposite] sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of the [Employee's] life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of the [Employee's] will;

-
- (6) designation of the Domestic Partner as holding power of attorney for health care; and
 - (7) shared household expenses.]

EFFECTIVE DATE means the date described in the Policy. The date shown in the insured [Employee's] individual Certificate will be the Effective Date of coverage. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

[EMPLOYEE] means a person who is Actively in Service as [an employee] of the Policyholder.

[HEALTH SCREENING TEST means any of the following performed by a Physician:

- (1) Stress test on a bicycle or treadmill;
- (2) Biopsy for skin Cancer;
- (3) Fasting blood glucose test;
- (4) Blood test for triglycerides;
- (5) Serum cholesterol test to determine level of HDL and LDL;
- (6) Bone marrow testing;
- (7) Breast ultrasound;
- (8) Carotid Doppler;
- (9) CA 15-3 (blood test for breast cancer);
- (10) CA 125 (blood test for ovarian cancer);
- (11) CEA (blood test for colon cancer);
- (12) Chest X-ray;
- (13) Colonoscopy;
- (14) Electrocardiogram (EKG);
- (15) Flexible sigmoidoscopy;
- (16) Hemocult stool analysis;
- (17) Mammography;
- (18) Pap smear, including ThinPrep Pap Test;
- (19) PSA (prostate specific antigen - blood test for prostate cancer);
- (20) Serum Protein Electrophoresis (blood test for myeloma);
- (21) Thermography.]

HEART ATTACK means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

INJURY means bodily injury solely due to an accident. It includes all complications of and all Injuries from the same accident. The accident must occur and any Specified Disease resulting from the Injury must begin while the Insured's coverage is in force and after any applicable Waiting Period.

INSURED(S) means the [Employee] [and] [,] [the Spouse [or Domestic Partner]] of [an Employee]] [and the Dependent Child(ren) of the [Employee]] as indicated in the Certificate Schedule.

[LOSS OF SIGHT means the irreversible loss of sight in both eyes. The diagnosis of Loss of Sight must:

- (1) be made by a Physician, and
- (2) indicate the corrected visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes.]

MATERIAL AND SUBSTANTIAL DUTIES means the duties that are:

- (1) are normally required for the performance of the [Employee's] [employment]; and
- (2) cannot be reasonably omitted or modified.

[OCCUPATIONAL HIV means a diagnosis of Human Immunodeficiency Virus infection resulting from an Injury which exposed the Insured to HIV-contaminated body fluids. The Injury must have occurred during the performance the Material and Substantial Duties of the Insured's employment. Occupational HIV excludes HIV infection:

- (1) as a result of IV drug use;
- (2) as result of sexual transmission; or
- (3) determined to have not been accidental.]

[ORGAN TRANSPLANT means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[PARALYSIS means complete and permanent loss of function of two or more limbs for a continuous period of at least 90 days. Paralysis excludes loss of function following a Stroke.]

PATHOLOGICAL DIAGNOSIS means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

PATHOLOGIST means a Physician who is licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is

certified by the Osteopathic Board of Pathology.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

POLICY means the Policy issued to the Policyholder that covers the Insured.

POLICYHOLDER means the employer, association or other organization who holds the Policy.

PRE-EXISTING CONDITION means any sickness, disease or physical condition for which the Insured has:

- (a) had Treatment; or
 - (b) received a diagnosis or advice from a Physician,
- during the Pre-Existing Condition Period indicated in the Schedule of Benefits, immediately before the Effective Date of coverage.

[RENAL FAILURE means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.]

SCHEDULE OF BENEFITS (or Schedule) means the benefit schedule set forth in the Policy or Certificate.

[SEVERE BURNS means third degree burns covering at least 20% of the surface area of the body.]

SPECIFIED DISEASE means the conditions shown in the Schedule and as defined in this Policy.

[SPOUSE means the person recognized as the [Employee's] spouse under the laws of the state in which the [Employee] resides.]

STROKE means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Verterbrobasilar Ischemia.

TREATMENT means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All [Employees] who:

- (1) meet the definition of Actively in Service;
- (2) qualify as eligible Insureds as defined in the Policyholder's application; and
- (3) meet the definition of Eligibility as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to the Company may be required.

[ELIGIBILITY OF DEPENDENTS]

An eligible [Employee] may enroll his or her [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]. [An individual cannot be covered as [an Employee] and a [Spouse [or Domestic Partner]] at the same time.] [A Dependent Child may only be covered by one [Employee] if both parents are [Employees] and covered separately under the Policy.]

EFFECTIVE DATE

The Effective Date for [an Employee] is as follows:

- (1) [An Employee's] coverage will be effective on the date shown on the Certificate Schedule provided the [Employee] is then Actively in Service.
- (2) If [an Employee] is not Actively in Service on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such [Employee] is first thereafter Actively in Service.

[The Effective Date for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] is the date shown on the Certificate Schedule subject to the following:

- (1) The date the [Employee's] coverage is effective for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] who [is] [are] eligible on that date; for whom coverage is applied for and premium paid; and who [is] [are] not hospital confined.
- (2) At 12:00 a.m. Standard Time, on the day a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [is] [are] no longer hospital confined if the [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [was] [were] otherwise eligible for coverage on the date the [Employee's] coverage became effective.
- (3) For a dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date will be:

[(a) For newborn children and newborn adopted children, the Effective Date is the moment of birth. The Company must receive notification of birth within 60 days after the date of birth for coverage to continue for the newborn beyond the 60 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.]

[(b) For other adopted children and foster children, the Effective Date is the date of

placement in the [Employee's] home. For adopted children, a decree of adoption must be entered, and the [Employee] must continue to have custody pursuant to the decree of the court. The Company must receive notification of newly adopted children and foster children within 60 days from the date of placement into the [Employee's] home for coverage to continue for the adopted children and foster children beyond the 60 day period.]

- [(c) For a [Spouse [or Domestic Partner]] or any other dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date is the date we assign after approving that application for his or her coverage.]]

BENEFITS

SPECIFIED DISEASE BENEFIT

The Company will pay this benefit if an Insured is diagnosed with one of the Specified Diseases shown on the Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while the Certificate is in force; and
3. It is not excluded by name or specific description in the Certificate.

If the Date of Diagnosis of Specified Disease occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.

The Maximum Benefit Amount is shown in the Schedule. The benefit amount paid for a Specified Disease will be calculated by multiplying the Maximum Benefit Amount by the % Payable listed on the Schedule for the Specified Disease with which the Insured is diagnosed. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.

Benefits for Specified Disease will be paid in the order the events occur. If more than one Specified Disease is diagnosed at the same time, only one benefit amount will be paid. [No benefits are payable for a subsequent Specified Disease after the first Specified Disease has been diagnosed.]

[ADDITIONAL OCCURRENCE BENEFIT

No benefits are payable for a subsequent, different Specified Disease after the first Specified Disease has been diagnosed unless its Date of Diagnosis is separated from the Date of Diagnosis of the prior Specified Disease by at least the Occurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent, different Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Additional Occurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[RECURRENCE BENEFIT

Once benefits have been paid for a Specified Disease, no additional benefits are payable for a subsequent diagnosis of that same Specified Disease unless the Dates of Diagnosis are separated by at least at least the Recurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent diagnosis of the same Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Recurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the

Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[HEALTH SCREENING BENEFIT

The Company will pay this Benefit for Health Screening Tests performed while this Policy is in force. The Company will pay up to the amount shown in the Certificate Schedule for the Health Screening Tests once per 12 month period for each Insured. There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Policy is in force.

Payment of this benefit will not reduce the Maximum Benefit Amount shown in the Schedule. The Company will pay this benefit regardless of the results of the test.]

[PORTABILITY

This Policy provides portability for up to the Maximum Portability Period listed in the Schedule, when [an Employee's] coverage under the Policy terminates because his or her [employment] with the Policyholder ends. [An Employee] must have been covered under the Policy [, for at least 12 months in a row,] at the date [employment] ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group Specified Disease policy this Policy replaces.]

Portability is not available to [an Employee] whose coverage terminates because the Policy is terminated by the Policyholder or the Company.

To continue coverage under the Portability provision, written application and the first premium payment must be made within 31 days of the date coverage ends under this Policy.

The coverage continued under the Portability provision is the coverage in effect on the date the [Employee's] [employment] ends[.],[,] [including coverage for the [Employee's] [Spouse] [or Domestic Partner] [and/or] [Dependent Child(ren)] then in effect.] [Continued coverage may not be increased.] [The [Employee] may request decreased continued coverage at any time during the continuation period by completing a request form supplied by the Company.]

Coverage under the Portability provision will cease on the earliest of:

- [(1) the date the Policy terminates;]
- (2) the end of the last period for which premium has been paid;
- (3) the date coverage under this Portability provision has been continued for the Maximum Portability Period listed in the Schedule; and
- (4) the date the [Employee] reaches age 70.

Premiums for continued coverage under the Portability provision shall be derived solely from the [Employee's] contribution. For Portability coverage to become effective and remain in effect, each [Employee] shall make premium payment for his or her continued coverage directly to the Company, on or before each premium due date. The Company will send each [Employee] a billing statement in advance of each premium due date. The [Employee] is responsible for paying all premiums as they become due.

The required premium for the continued coverage will equal the premium in effect when the [Employee's] [employment] ended [plus a direct billing fee based on premium frequency].]

LIMITATIONS

WAITING PERIOD

No benefits are payable for any Insured who has been diagnosed with a Specified Disease before their coverage has been in force for the number of days listed as the Waiting Period in the Schedule of Benefits. If an Insured is first diagnosed with a Specified Disease within the Waiting Period, they may elect to terminate coverage retroactive to the Effective Date and a full refund of premium will be provided.

[PRE-EXISTING CONDITION LIMITATION

The Company will not pay benefits for any Specified Disease diagnosed within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

[If the Insured was covered under the prior carrier's group specified disease policy at the date of change in coverage to a group specified disease policy provided by the Company, and was not subject to a Pre-Existing Condition limitation under the prior carrier's policy, there shall be no Pre-Existing Condition limitation under the Company's policy. However, if the Insured was subject to a Pre-Existing Condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition limitation of the Company's policy for that period of time that the Insured was continuously covered under the prior carrier's policy.]

A claim for benefits for a Specified Disease diagnosed after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.]

EXCLUSIONS

This Policy does not provide benefits for Specified Disease that results from:

- (1) Intentionally self inflicted Injury or suicide attempt while sane or insane;
- (2) an act of war, declared or undeclared
- (3) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- (4) committing a felony;
- (5) air travel, except as a fare-paying passenger on a commercial airline;
- (6) drug addiction or dependence upon any controlled substance; or
- (7) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician.

TERMINATION OF INSURANCE

[An Employee's] coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid;
- (3) on the date he or she ceases to be Actively in Service as defined in the Policy;
- (4) on the date he or she no longer meets the requirements for eligibility; or
- (5) on the date all available benefits under the Certificate have been paid.

[Coverage for an insured [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date the [Employee's] coverage is terminated;
- (3) the end of the last period for which premium has been paid;
- (4) the premium due date following the date the [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)] ceases to meet the definition of [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)];
- (5) the premium due date following the date the Company receives the [Employee's] written request to terminate coverage for his or her [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)].]

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

The Company or the Policyholder may end the Policy on any date by written notice mailed or delivered. If the Company ends the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after the Company mails or delivers the written notice of such termination. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder ends the Policy, the termination becomes effective on the later of the date stated in the notice or the date the Company receives the written notice of such termination. If the Policy is ended, the Company will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify [Employees] of such termination.

PREMIUM CALCULATION AND PAYMENT

Premiums will be computed in accordance with the rates in effect on the Premium due date. [The portion of the premium that the [Employee] is responsible for contributing is shown on the Certificate Schedule of Benefits.] The total premium for the Policy is the sum of premiums for all Insureds.

The first premium is due on the Effective Date of this Policy. Premiums after the first are due at the end of the period for which the preceding premium was paid. [The due date for any additional premium for a dependent eligible on or first acquired after the insured [Employee's] Effective Date will be 60 days after coverage for that dependent is required to begin.]

The Policyholder is responsible for paying all premiums. However, the premiums may be paid by any other party according to a mutual agreement among the other party, the Policyholder and the Company.

Premiums may be paid to:

- (1) the Company's Home Office; or
- (2) the Company's authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in that effect for that period.

The rates may be changed once the Rate Guarantee Period listed in the Schedule has elapsed after the Effective Date of the Policy or on any Premium due date after that. [If, after 3 years, the Disability Benefits incurred by the Company under the Policy represent less than [50%] of the premiums earned under the Policy over the same time period, the Company will not change the rate until [5 years] after the Effective Date of the Policy.] Any subsequent rate changes will not be made more frequently than once every [6 months]. No such change in premium will be made unless [30 days] prior notice is given to the Policyholder.

The rates may change prior to the time frames outlined above, however, for reasons that affect the insured risk, which include:

- (1) a change in benefits;
- (2) a new law or change in any existing law that affects the Policy; or
- (3) a material change in the composition or size of the Insureds covered under the Policy.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to the Company at the address listed on the first page of this Policy, or to the Company's designee. Such notice should be made within 30 days after any claim covered by the Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

PROOF OF LOSS: Proof of loss must be given to the Company within 180 days after the loss. Late proof may be accepted if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid immediately upon receipt of acceptable Proof of Loss.

PAYMENT OF CLAIMS: All benefits will be payable in a lump sum to the [Employee] unless assigned by them or by operation of law. Any accrued benefit unpaid at the [Employee's] death may be paid to their estate.

PHYSICAL EXAMINATION: The Company has the right to have the Insured examined as often as is reasonably necessary while a claim is pending. The Company will pay for such examination. In the case of death, the Company may also have an autopsy done, at the Company's expense, unless prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) the insured [Employee's] application, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

CERTIFICATES: An individual Certificate will be issued for delivery to the insured [Employee]. The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to the insured [Employee], only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

ADDITIONAL COVERAGE WITH THE COMPANY: If an Insured is covered by more than one of the Company's Specified Disease Policies or Certificates, the Company will only pay benefits for a covered Specified Disease under one Specified Disease Certificate. An Insured may choose which Certificate they wish to keep in force by sending the Company written notice of their choice. The Company will return the premiums paid for any of its other Specified Disease Certificates during the period there was more than one Policy or Certificate in force.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

TIME LIMIT ON CERTAIN DEFENSES: Except in the case of fraud, after two years from the Effective Date of the Insured's coverage, no statements made in the application can be used to:

- (1) void the coverage; or
- (2) deny a claim for loss incurred commencing after the expiration of such two-year period.

INCONTESTABILITY: All statements made by the Policyholder to obtain this Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Effective Date, no such statement will cause this Policy to be contested except for fraud.

All statements made by an Insured are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her applicable representative shall be given a copy.

After two years from a Insured's Effective Date of coverage, or from the Effective Date of increased benefits, no such statement will cause the coverage or the increased benefits to be contested except for fraud.

CLERICAL ERROR: A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

CONFORMITY WITH STATE LAWS: A provision of the Policy that conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law.

NEW ENTRANTS: New [Employees] of the Policyholder [and their dependents] will be added to the applicable class originally insured under the Policy provided they apply for such coverage and meet the requirements for eligibility as stated in the Policy.

IMPORTANT NOTICE: For questions regarding this Policy, please contact the Company at the administrative office listed on first page of this Policy. The Company may also be contacted by telephone at [1-866-623-2953].

If discussions with the Company have failed to produce a satisfactory resolution to a problem, the Arkansas Department of Insurance may be contacted at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.

Administrative Office

[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM (including Dependents)
Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION					
Last Name	First Name	M.I.	Social Security #	Date of Birth	
Street Address	Apt. No.	City		State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]			
Insurance Requested: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Status Change: (Family status / Address / Name / Other) Date:					
Are you currently Actively at Work and able to perform the duties of your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many hours are you regularly working per week with your current employer? _____ Hours per week		
[Have you used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]			[Has your spouse [or domestic partner] used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]		

REQUESTED BENEFIT AMOUNTS	
<input type="checkbox"/> [Employee/Member] \$ _____ amount Options: [increments of \$5,000 up to \$100,000] [MAXIMUM AMOUNT OF INSURANCE AVAILABLE WITHOUT REQUIRING MEDICAL HISTORY IS [\$40,000]; <i>If you are applying for an amount over [\$40,000], you must complete the Medical History section for the additional amount.]</i>	
<input type="checkbox"/> Spouse [or Domestic Partner] % [_____] of [Employee/Member] amount Options: [25%, 50%, 100%]	<input type="checkbox"/> Child(ren) % [_____] of [Employee/Member] amount Options: [10%, 25%]
Will the coverage applied for with this enrollment application <i>replace</i> existing critical illness or specified disease coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 125: <input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION FOR DEPENDENT COVERAGE						
Last Name	First Name	M.I.	Relationship	Date of Birth	Age	Sex
1.						<input type="checkbox"/> M <input type="checkbox"/> F
2.						<input type="checkbox"/> M <input type="checkbox"/> F
3.						<input type="checkbox"/> M <input type="checkbox"/> F
4.						<input type="checkbox"/> M <input type="checkbox"/> F

MEDICAL HISTORY**[COMPLETE THIS SECTION IF [EMPLOYEE/MEMBER] IS APPLYING FOR A BENEFIT AMOUNT OVER [\$40,000].]**

The health questions below pertain to you, the applicant. They also apply to your spouse [or domestic partner] if you apply for Dependent Insurance. If "Yes" is answered to any question, or if your height/weight profile is beyond acceptable underwriting parameters, the person to whom the answer applies will not be eligible for insurance under the Policy. In any case, the applicant must qualify for insurance in order for his spouse [or domestic partner] and/or dependent child(ren) to be eligible for insurance.

Health Questions	[Employee /Member]	Spouse [or Domestic Partner]
1. Height/Weight of [Employee/Member] and Spouse [or Domestic Partner] (if applying): Height of [Employee/Member]: ____ ft. ____ in. Height of Spouse [or Domestic Partner] (if applying): ____ ft. ____ in. Weight of [Employee/Member]: ____ lbs. Weight of Spouse [or Domestic Partner] (if applying): ____ lbs.		
2. Have you or your spouse [or domestic partner] (if applying) tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 7 years, have you or your spouse [or domestic partner] (if applying) been diagnosed, or sought treatment including surgery, or taken medication for any of the following: Abnormal Heart Catheterization; Alcohol or Substance Abuse/Dependency; Angina; Atrial Fibrillation; Brain Tumor; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Congestive Heart Failure; Coronary Artery Disease; Cancer or any malignancy (other than basal cell or squamous cell carcinoma of the skin); Chronic Lung Disease (other than asthma); Cirrhosis or Chronic Liver Disease of any cause; Disease or Disorder of the Heart or Blood Vessels; Diabetes; Emphysema (excluding asthma); Glaucoma, Macular Degeneration or Optic Neuritis; Heart Attack; Hepatitis B with Chronic Active Hepatitis; Hepatitis C; Kidney Disease except stones; Neurological Disease or Disorder; Paralysis other than Bell's Palsy; Organ Transplant; Retinitis Pigmentosa; Stroke/including Transient Ischemic Attack (TIA); Surgery on the Heart or Heart Valve(s); or Systemic Lupus (SLE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge and belief, were any of your or your spouse's [or domestic partner's] (if applying) natural parents or natural siblings (sisters or brothers) diagnosed with any of the following diseases before age 60: Heart attack, Stroke, Kidney disease, Diabetes, or Cancer (excluding basal cell carcinoma, squamous cell carcinoma and Clark's Level I or II melanoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE (This form must be signed)**AUTHORIZATION AND ACKNOWLEDGMENT**

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.] [I further understand that a specified disease, which results from a pre-existing condition, will not be covered if the specified disease begins within 12 months after the effective date of insurance.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of

misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.
Administrative Office
[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM
Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION

Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]		
Insurance Requested: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Status Change: (Family status / Address / Name / Other) Date:				
Are you currently Actively at Work and able to perform the duties of your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours are you regularly working per week with your current employer? _____ Hours per week		
[Have you used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]				

REQUESTED BENEFIT AMOUNT

<input type="checkbox"/> [Employee/Member] \$ _____ amount Options: [increments of \$5,000 up to \$100,000] [MAXIMUM AMOUNT OF INSURANCE AVAILABLE WITHOUT REQUIRING MEDICAL HISTORY IS [\$40,000]; <i>If you are applying for an amount over [\$40,000], you must complete the Medical History section for the additional amount.]</i>	
Will the coverage applied for with this enrollment application <i>replace</i> existing critical illness or specified disease coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 125: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL HISTORY

[COMPLETE THIS SECTION IF [EMPLOYEE/MEMBER] IS APPLYING FOR A BENEFIT AMOUNT OVER [\$40,000].]

The health questions below pertain to you, the applicant. If "Yes" is answered to any question, or if your height/weight profile is beyond acceptable underwriting parameters, you will not be eligible for insurance under the Policy.

Health Questions	[Employee/Member]
1. Height/Weight of [Employee/Member] : Height of [Employee/Member]: _____ ft. _____ in. Weight of [Employee/Member]: _____ lbs.	
2. Have you tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health Questions, continued	[Employee/ Member]
3. In the past 7 years, have you been diagnosed, or sought treatment including surgery, or taken medication for any of the following: Abnormal Heart Catheterization; Alcohol or Substance Abuse/Dependency; Angina; Atrial Fibrillation; Brain Tumor; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Congestive Heart Failure; Coronary Artery Disease; Cancer or any malignancy (other than basal cell or squamous cell carcinoma of the skin); Chronic Lung Disease (other than asthma); Cirrhosis or Chronic Liver Disease of any cause; Disease or Disorder of the Heart or Blood Vessels; Diabetes; Emphysema (excluding asthma); Glaucoma, Macular Degeneration or Optic Neuritis; Heart Attack; Hepatitis B with Chronic Active Hepatitis; Hepatitis C; Kidney Disease except stones; Neurological Disease or Disorder; Paralysis other than Bell's Palsy; Organ Transplant; Retinitis Pigmentosa; Stroke/including Transient Ischemic Attack (TIA); Surgery on the Heart or Heart Valve(s); or Systemic Lupus (SLE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge and belief, were any of your natural parents or natural siblings (sisters or brothers) diagnosed with any of the following diseases before age 60: Heart attack, Stroke, Kidney disease, Diabetes, or Cancer (excluding basal cell carcinoma, squamous cell carcinoma and Clark's Level I or II melanoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE (This form must be signed)

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.] [I further understand that a specified disease, which results from a pre-existing condition, will not be covered if the specified disease begins within 12 months after the effective date of insurance.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.
Administrative Office
[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM (including Dependents)
Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION

Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]		
Insurance Requested: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Status Change: (Family status / Address / Name / Other) Date:				
Are you currently Actively at Work and able to perform the duties of your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours are you regularly working per week with your current employer? _____ Hours per week		
[Have you used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]		[Has your spouse [or domestic partner] used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]		

REQUESTED BENEFIT AMOUNTS

<input type="checkbox"/> [Employee/Member] \$ _____ amount Options: [increments of \$5,000 up to \$40,000]	
<input type="checkbox"/> Spouse [or Domestic Partner] % [_____] of [Employee/Member] amount Options: [25%, 50%, 100%]	<input type="checkbox"/> Child(ren) % [_____] of [Employee/Member] amount Options: [10%, 25%]
Will the coverage applied for with this enrollment application <i>replace</i> existing critical illness or specified disease coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 125: <input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION FOR DEPENDENT COVERAGE

Last Name	First Name	M.I.	Relationship	Date of Birth	Age	Sex
1.						<input type="checkbox"/> M <input type="checkbox"/> F
2.						<input type="checkbox"/> M <input type="checkbox"/> F
3.						<input type="checkbox"/> M <input type="checkbox"/> F
4.						<input type="checkbox"/> M <input type="checkbox"/> F

SIGNATURE (This form must be signed)

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months

from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.] [I further understand that a specified disease, which results from a pre-existing condition, will not be covered if the specified disease begins within 12 months after the effective date of insurance.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.
Administrative Office
[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM
Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION				
Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]		
Insurance Requested: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Status Change: (Family status / Address / Name / Other) Date:				
Are you currently Actively at Work and able to perform the duties of your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many hours are you regularly working per week with your current employer? _____ Hours per week		
[Have you used any form of tobacco product in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No]				

REQUESTED BENEFIT AMOUNT	
<input type="checkbox"/> [Employee/Member] \$ _____ amount Options: [increments of \$5,000 up to \$40,000]	
Will the coverage applied for with this enrollment application <i>replace</i> existing critical illness or specified disease coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 125: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE (This form must be signed)

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.] [I further understand that a specified disease, which results from a pre-existing condition, will not be covered if the specified disease begins within 12 months after the effective date of insurance.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of

misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.

Administrative Office

[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM – MEDICAL HISTORY (including dependents)

Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION

Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]		

MEDICAL HISTORY

The health questions below pertain to you, the applicant. They also apply to your spouse [or domestic partner] if you apply for Dependent Insurance. If "Yes" is answered to any question, or if your height/weight profile is beyond acceptable underwriting parameters, the person to whom the answer applies will not be eligible for insurance under the Policy. In any case, the applicant must qualify for insurance in order for his spouse [or domestic partner] and/or dependent child(ren) to be eligible for insurance.

Health Questions	[Employee /Member]	Spouse [or Domestic Partner]
1. Height/Weight of [Employee/Member] and Spouse [or Domestic Partner] (if applying): Height of [Employee/Member]: ____ ft. ____ in. Height of Spouse [or Domestic Partner] (if applying): ____ ft. ____ in. Weight of [Employee/Member]: ____ lbs. Weight of Spouse [or Domestic Partner] (if applying): ____ lbs.		
2. Have you or your spouse [or domestic partner] (if applying) tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 7 years, have you or your spouse [or domestic partner] (if applying) been diagnosed, or sought treatment including surgery, or taken medication for any of the following: Abnormal Heart Catheterization; Alcohol or Substance Abuse/Dependency; Angina; Atrial Fibrillation; Brain Tumor; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Congestive Heart Failure; Coronary Artery Disease; Cancer or any malignancy (other than basal cell or squamous cell carcinoma of the skin); Chronic Lung Disease (other than asthma); Cirrhosis or Chronic Liver Disease of any cause; Disease or Disorder of the Heart or Blood Vessels; Diabetes; Emphysema (excluding asthma); Glaucoma, Macular Degeneration or Optic Neuritis; Heart Attack; Hepatitis B with Chronic Active Hepatitis; Hepatitis C; Kidney Disease except stones; Neurological Disease or Disorder; Paralysis other than Bell's Palsy; Organ Transplant; Retinitis Pigmentosa; Stroke/including Transient Ischemic Attack (TIA); Surgery on the Heart or Heart Valve(s); or Systemic Lupus (SLE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge and belief, were any of your or your spouse's [or domestic partner's] (if applying) natural parents or natural siblings (sisters or brothers) diagnosed with any of the following diseases before age 60: Heart attack, Stroke, Kidney disease, Diabetes, or Cancer (excluding basal cell carcinoma, squamous cell carcinoma and Clark's Level I or II melanoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

<Beazley Name Logo>

Use this form to apply or make changes to the coverage listed below. **Late applicants are subject to full medical underwriting.**

Beazley Insurance Company, Inc.
Administrative Office
[Address Here]

[EMPLOYEE / MEMBER] ENROLLMENT FORM – MEDICAL HISTORY
Group Critical Illness Application

[EMPLOYEE / MEMBER] INFORMATION

Last Name	First Name	M.I.	Social Security #	Date of Birth
Street Address	Apt. No.	City	State	Zip Code
Home Phone: ()	Work Phone: ()	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
[Employer or Group/Association] Name:	[Division]:	[Job Title / Employment Date:]		

MEDICAL HISTORY

The health questions below pertain to you, the applicant. If “Yes” is answered to any question, or if your height/weight profile is beyond acceptable underwriting parameters, you will not be eligible for insurance under the Policy.

Health Questions	[Employee/Member]
1. Height/Weight of [Employee/Member] : Height of [Employee/Member]: ____ ft. ____ in. Weight of [Employee/Member]: ____ lbs.	
2. Have you tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 7 years, have you been diagnosed, or sought treatment including surgery, or taken medication for any of the following: Abnormal Heart Catheterization; Alcohol or Substance Abuse/Dependency; Angina; Atrial Fibrillation; Brain Tumor; Cardiomyopathy; Chronic Obstructive Pulmonary Disease (COPD); Congestive Heart Failure; Coronary Artery Disease; Cancer or any malignancy (other than basal cell or squamous cell carcinoma of the skin); Chronic Lung Disease (other than asthma); Cirrhosis or Chronic Liver Disease of any cause; Disease or Disorder of the Heart or Blood Vessels; Diabetes; Emphysema (excluding asthma); Glaucoma, Macular Degeneration or Optic Neuritis; Heart Attack; Hepatitis B with Chronic Active Hepatitis; Hepatitis C; Kidney Disease except stones; Neurological Disease or Disorder; Paralysis other than Bell’s Palsy; Organ Transplant; Retinitis Pigmentosa; Stroke/including Transient Ischemic Attack (TIA); Surgery on the Heart or Heart Valve(s); or Systemic Lupus (SLE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. To the best of your knowledge and belief, were any of your natural parents or natural siblings (sisters or brothers) diagnosed with any of the following diseases before age 60: Heart attack, Stroke, Kidney disease, Diabetes, or Cancer (excluding basal cell carcinoma, squamous cell carcinoma and Clark’s Level I or II melanoma)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby declare that all the statements made above and on the reverse side are, to the best of my knowledge and belief, true and complete and that I understand they are the basis on which insurance requested by me may be issued.

All statements made by me are representations and not warranties. No statement made by me will be used to contest the insurance provided by the Policy, unless: 1) it is contained in a written statement signed by me; and 2) a copy of the statement is furnished to me. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 24 months from the date signed. I also understand that I, or the person authorized to act on my behalf, is entitled to receive a copy of this authorization form.

[I understand that by signing this form I am authorizing the necessary premium deductions from my salary or wages for the coverage I have selected.]

Please continue to read below for special notices required by state law.

X _____
Signature of Proposed Insured

Date Signed

FRAUD WARNING

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.]

[Arkansas, Louisiana, West Virginia – 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.]

[Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]

[Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.]

[Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.]

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

[New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico - 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 civil fines and criminal penalties.]

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

[Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Rhode Island - 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.]

[Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

CERTIFICATE OF READABILITY Arkansas

FORM NAME	FORM NUMBER	FLESCH SCORE
APPLICATION FOR GROUP INSURANCE	AHILA0001 102010 Ed.	54.82
CERTIFICATE OF INSURANCE	AHCIC0001-AR 022011 Ed.	69.57
NON-PARTICIPATING SPECIFIED DISEASE POLICY	AHCIM0001-AR 022011 Ed.	68.78
ENROLLMENT FORM (including Dependents)	AHCIA0002 112010 Ed.	62.03
ENROLLMENT FORM	AHCIA0003 112010 Ed.	59.49
ENROLLMENT FORM (including Dependents)	AHCIA0004 112010 Ed.	62.14
ENROLLMENT FORM - MEDICAL HISTORY	AHCIA0005 112010 Ed.	60.43
CERTIFICATE OF INSURANCE	AHCIA0006 112010 Ed.	60.41
NON-PARTICIPATING SPECIFIED DISEASE POLICY	AHCIA0007 112010 Ed.	56.82

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.

Laura M. Morgan
(Signature of Company Officer)

860-677-3746
(Officer's Contact Information)

Beazley Insurance Company, Inc.
Critical Illness Certificate (AHCIC0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
1		Insurer Address (Administrative Office)	Information may vary based on where policy is serviced.
1		Insurer Address (Notice of Claim)	Information may vary based on where claims are handled.
1		15 Day Right to Examine	This provision may be included based on policyholder specifics.
2	Table of Contents	Page Numbers	Page numbers may change to accommodate modifications due to variability changes.
3	Schedule of Benefits	Insured Employee Name	Information will vary by Insured. "Employee" will be changed to "Member" for association policyholders.
3		Insured Dependent Name(s)	This section of the table will only be included if dependents are insured. The information will vary by Certificate.
3		Certificate Number	Information will vary by Certificate.
3		Certificate Effective Date	Information will vary by Certificate.
3		Policyholder Name	Information will vary by Policyholder.
3		Policyholder Number	Information will vary by Policyholder.
3		Eligibility	The term "permanent" may be used to reflect policyholder specifics. "Employees" will be changed to "Members" for association policyholders. The age limitations will vary by Policyholder. Minimum weekly working hours will be 10 to 30, if included. If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be included in the second section of this item. If none are eligible, the second section will be deleted.
3		Pre-Existing Condition Period	The pre-existing condition period will be shown here. The pre-existing condition period options are 3, 6 or 12 months. If there is no pre-existing condition limitation, this line will be deleted.
3		Specified Disease Maximum Benefit Amount	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be included in this section. "Employee" will be changed to "Member" for association policyholders. The amounts of coverage will vary from \$3,000 to \$100,000 for the Employee, \$750 to \$100,000 for Spouses and Domestic Partners, and \$300 to \$25,000 for Dependent Children.
3	Specified Disease	Cancer, Heart Attack and Stroke are always covered conditions under the policy. The remaining listed covered conditions are optional and will be included if covered for the Policyholder.	

Beazley Insurance Company, Inc.
Critical Illness Certificate (AHCIC0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
3		Additional Occurrence Benefit	If additional occurrences are covered, this section will be included. Valid options for the % benefit are 25%, 50% and 100%. Valid options for the occurrence separation period are 6 and 12 months.
4		Recurrence Benefit	If recurrences are covered, this section will be included. Valid options for the % benefit are 25%, 50% and 100%. Valid options for the recurrence period are 12 and 24 months.
4		Health Screening Benefit	If the Health Screen Benefit is not provided, this line is deleted. Valid options for the benefit amount are \$25, \$50, \$75, \$100, \$125 and \$150.
4		Maximum Portability Period	This line will be deleted if the Portability option benefit is not provided. If Portability is included, the length of the maximum portability period will be 12 or 24 months.
4		Rate Guarantee Period	The bracketed portion of this provision can vary between 1 and 3 years.
4		Initial Premium	This line will be deleted if the Policyholder is paying 100% of the premium. The frequency of payment options are variable and include weekly, monthly, quarterly, semi-annually and annually. The premium listed will vary by Certificate.
5		Definitions	Actively in Service
6	Coma		If Coma is not a covered condition, this definition is not needed and will be deleted.
6	Coronary Artery ByPass		If Coronary Artery ByPass is not a covered condition, this definition is not needed and will be deleted.
6/7	Date of Diagnosis		The bracketed sections of the definition will be deleted if the subject specified diseases are not covered.
7	Dependent Child(ren)		If coverage is not being provided to dependent children, this definition will be deleted.
7	Domestic Partner		If coverage is not being provided to domestic partners, this definition will be deleted. The specific definition of domestic partner may vary by specific policyholder.
7/8	Domestic Partnership Agreement		If coverage is not being provided to domestic partners, this definition will be deleted.
8	Employee		“Employee” will be changed to “Member” for association policyholders.

Beazley Insurance Company, Inc.
Critical Illness Certificate (AHCIC0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
8		Health Screening Test	If the Health Screen Benefit is not being provided, this definition will be deleted.
9		Insured	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be included in this section.
9		Loss of Sight	If Loss of Sight is not a covered condition, this definition is not needed and will be deleted.
9		Material and Substantial Duties	"Employment" will be changed to "Membership" for association policyholders.
9		Occupational HIV	If Occupational HIV is not a covered condition, this definition is not needed and will be deleted.
9		Organ Transplant	If Organ Transplant is not a covered condition, this definition is not needed and will be deleted.
9		Paralysis	If Paralysis is not a covered condition, this definition is not needed and will be deleted.
10		Renal Failure	If Renal Failure is not a covered condition, this definition is not needed and will be deleted.
10		Severe Burns	If Severe Burns is not a covered condition, this definition is not needed and will be deleted.
10		Spouse	If coverage is not being provided to spouses, this definition will be deleted.
11		You, Your	"Employee" will be changed to "Member" for association policyholders.
12		Eligibility and Effective Date	Eligibility
12	Eligibility of Dependents		If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, this provision will be included. The last two sentences may be deleted based on case specifics. "Employee" will be changed to "Member" for association policyholders.
12/13	Effective Date		If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, the bracketed provision will be included. The items in this section to be included will depend specifically on which type of dependents are covered. "Employee" will be changed to "Member" for association policyholders.
14	Benefits	Specified Disease Benefit	The last sentence will be included if recurrence and additional occurrence benefits are not provided.
14		Additional Occurrence Benefit	If additional occurrences are not covered, this provision is not needed and will be deleted.
14/15		Recurrence Benefit	If recurrences are not covered, this provision is not needed and will be deleted.

Beazley Insurance Company, Inc.
Critical Illness Certificate (AHCIC0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
15		Health Screening Benefit	If a health screening benefit is not provided, this provision is not needed and will be deleted.
15		Portability	If portability is not being provided as a benefit, this section will be deleted. A minimum time period of continuous coverage may be required prior to porting. If not, the associated language will be deleted. "Employment" will be changed to "Membership" for association policyholders. If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be referenced in the provision. Language regarding increasing and decreasing coverage after it is ported may be deleted depending on policyholder specifics. If the ported certificate will be allowed to continue past the termination of the Master Policy, the first reason for termination will be deleted. Language regarding billing fees may be deleted if not applicable for a particular policyholder.
16	Limitations	Pre-Existing Condition Limitation	If no Pre-Existing condition applies, this entire provision is deleted. Language regarding waiving/modifying or specifically not waiving the pre-existing condition for prior coverage may be deleted on a policyholder specific basis.
18	Termination of Insurance	Termination of Insurance	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, the bracketed paragraph will be included. The items in this section to be included will depend specifically on which type of dependents are covered.
19	Premium Calculation and Payment	Premium Calculation and Payment	If the Policyholder is responsible for 100% of the premium the statement that premium is listed on the Schedule of Benefits will be deleted. The statement regarding the due date for newly acquired dependents will be deleted if dependent coverage is not provided. Additional rate guarantees for the 4 th and 5 th year may be provided if the loss ratio in the first 3 years is less than or equal to a specified target loss ratio. If the additional rate guarantees are not provided, this language will be deleted. After the initial rate guarantee period, subsequent rate changes may not be implemented more frequently than every 6 months or longer. The number of days notice for changes in premium may vary between 30 and 90 days.
22	General Provisions	New Entrants	"Employee" will be changed to "Member" for association policyholders. The bracketed reference to dependents will be removed if dependents are not eligible for coverage.

Beazley Insurance Company, Inc.
Critical Illness Master Policy (AHCIM0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
1	Policy Face Page	Policyholder Name	Information will vary by Policyholder.
1		Policyholder Address	Information will vary by Policyholder.
1		Insurer Address (Administrative Office)	Information may vary based on where policy is serviced.
1		Insurer Address (Notice of Claim)	Information may vary based on where claims are handled.
1		Policy Number	Information will vary by Policyholder.
1		Date of Issue	Information will vary by Policyholder.
1		Effective Date	Information will vary by Policyholder.
1		Anniversary Date	Information will vary by Policyholder.
2		Table of Contents	Page Numbers
3	Schedule of Benefits	Eligibility	The term “permanent” may be used to reflect policyholder specifics. “Employees” will be changed to “Members” for association policyholders. The age limitations will vary by Policyholder. Minimum weekly working hours will be 10 to 30, if included. If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be included in the second section of this item. If none are eligible, the second section will be deleted.
3		Pre-Existing Condition Period	The pre-existing condition period will be shown here. The pre-existing condition period options are 3, 6 or 12 months. If there is no pre-existing condition limitation, this line will be deleted.
3		Specified Disease Maximum Benefit Amount	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be included in this section. “Employee” will be changed to “Member” for association policyholders.
3		Specified Disease	Cancer, Heart Attack and Stroke are always covered conditions under the policy. The remaining listed covered conditions are optional and will be included if covered for the Policyholder.
3		Additional Occurrence Benefit	If additional occurrences are covered, this section will be included. Valid options for the % benefit are 25%, 50% and 100%. Valid options for the occurrence separation period are 6 and 12 months.
3		Recurrence Benefit	If recurrences are covered, this section will be included. Valid options for the % benefit are 25%, 50% and 100%. Valid options for the recurrence period are 12 and 24 months.

Beazley Insurance Company, Inc.
Critical Illness Master Policy (AHCIM0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
3		Health Screening Benefit	If the Health Screen Benefit is not provided, this line is deleted. Valid options for the benefit amount are \$25, \$50, \$75, \$100, \$125 and \$150.
3		Maximum Portability Period	This line will be deleted if the Portability option benefit is not provided. If Portability is included, the length of the maximum portability period will be 12 or 24 months.
3		Rate Guarantee Period	The bracketed portion of this provision can vary between 1 and 3 years.
4	Definitions	Actively in Service	“Employee” and “employment” will be changed to “Member” and “membership” for association policyholders. If eligibility requires a minimum number of hours of work per week, the first definition of Actively in Service will be used. If eligibility is not contingent on a minimum number of hours of work per week, the second definition of Actively in Service, along with the definition of Activities of Daily Living, will be used.
5		Certificate	“Employee” will be changed to “Member” for association policyholders.
5		Coma	If Coma is not a covered condition, this definition is not needed and will be deleted.
5		Coronary Artery ByPass	If Coronary Artery ByPass is not a covered condition, this definition is not needed and will be deleted.
5/6		Date of Diagnosis	The bracketed sections of the definition will be deleted if the subject specified diseases are not covered.
6		Dependent Child(ren)	If coverage is not being provided to dependent children, this definition will be deleted. “Employee” will be changed to “Member” for association policyholders.
6		Domestic Partner	If coverage is not being provided to domestic partners, this definition will be deleted. The specific definition of domestic partner may vary by specific policyholder. “Employee” will be changed to “Member” for association policyholders.
6/7		Domestic Partnership Agreement	If coverage is not being provided to domestic partners, this definition will be deleted. “Employee” will be changed to “Member” for association policyholders.
7		Effective Date	“Employee” will be changed to “Member” for association policyholders.
7		Employee	“Employee” will be changed to “Member” for association policyholders.
7		Health Screening Test	If the Health Screen Benefit is not being provided, this definition will be deleted.
8		Insured	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be

Beazley Insurance Company, Inc.
Critical Illness Master Policy (AHCIM0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
	[Redacted]		included in this section. "Employee" will be changed to "Member" for association policyholders.
8		Loss of Sight	If Loss of Sight is not a covered condition, this definition is not needed and will be deleted.
8		Material and Substantial Duties	"Employee" and "employment" will be changed to "Member" and "membership" for association policyholders.
8		Occupational HIV	If Occupational HIV is not a covered condition, this definition is not needed and will be deleted.
8		Organ Transplant	If Organ Transplant is not a covered condition, this definition is not needed and will be deleted.
8		Paralysis	If Paralysis is not a covered condition, this definition is not needed and will be deleted.
9		Renal Failure	If Renal Failure is not a covered condition, this definition is not needed and will be deleted.
9		Severe Burns	If Severe Burns is not a covered condition, this definition is not needed and will be deleted.
9		Spouse	If coverage is not being provided to spouses, this definition will be deleted. "Employee" will be changed to "Member" for association policyholders.
11		Eligibility and Effective Date	Eligibility
11	Eligibility of Dependents		If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, this provision will be included. The last two sentences may be deleted based on case specifics. "Employee" will be changed to "Member" for association policyholders.
11/12	Effective Date		If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, the bracketed provision will be included. The items in this section to be included will depend specifically on which type of dependents are covered. "Employee" will be changed to "Member" for association policyholders.
13	Benefits	Specified Disease Benefit	The last sentence will be included if recurrence and additional occurrence benefits are not provided.
13		Additional Occurrence Benefit	If additional occurrences are not covered, this provision is not needed and will be deleted.
13/14		Recurrence Benefit	If recurrences are not covered, this provision is not needed and will be deleted.
14		Health Screening Benefit	If a health screening benefit is not provided, this provision is not needed and will be deleted.
14		Portability	If portability is not being provided as a benefit, this section will be deleted. A minimum time period of continuous coverage may be required prior to porting. If not, the associated language will be

Beazley Insurance Company, Inc.
Critical Illness Master Policy (AHCIM0001 022011 Ed.)
Statement of Variability

Page #	Section of Policy	Bracketed Section (Variables)	Description of Variability
			deleted. "Employee" will be changed to "Member" for association policyholders. If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, they will be referenced in the provision. Language regarding increasing and decreasing coverage after it is ported may be deleted depending on policyholder specifics. If the ported certificate will be allowed to continue past the termination of the Master Policy, the first reason for termination will be deleted. Language regarding billing fees may be deleted if not applicable for a particular policyholder.
15	Limitations	Pre-Existing Condition Limitation	If no Pre-Existing condition applies, this entire provision is deleted. Language regarding waiving/modifying or specifically not waiving the pre-existing condition for prior coverage may be deleted on a policyholder specific basis.
17	Termination of Insurance	Termination of Insurance	If Spouses, Domestic Partners and/or Dependent Children are eligible for coverage, the bracketed paragraph will be included. The items in this section to be included will depend specifically on which type of dependents are covered. "Employee" will be changed to "Member" for association policyholders.
18	Premium Calculation and Payment	Premium Calculation and Payment	"Employee" will be changed to "Member" for association policyholders. If the Policyholder is responsible for 100% of the premium the statement that premium is listed on the Schedule of Benefits will be deleted. The statement regarding the due date for newly acquired dependents will be deleted if dependent coverage is not provided. Additional rate guarantees for the 4 th and 5 th year may be provided if the loss ratio in the first 3 years is less than or equal to a specified target loss ratio. If the additional rate guarantees are not provided, this language will be deleted. After the initial rate guarantee period, subsequent rate changes may not be implemented more frequently than every 6 months or longer. The number of days notice for changes in premium may vary between 30 and 90 days.
20	General Provisions	Entire Contract-Changes	"Employee" will be changed to "Member" for association policyholders.
20		Certificates	"Employee" will be changed to "Member" for association policyholders.
21		New Entrants	"Employee" will be changed to "Member" for association policyholders. The bracketed reference to dependents will be removed if dependents are not eligible for coverage.

SERFF Tracking Number: PERR-127088513
Filing Company: Beazley Insurance Company, Inc.
State Tracking Number: 48355
Company Tracking Number: BICI-GH-CI-AR-11-01-F

Dear Ms. Minor,

We note the Department's position established in Bulletin 14-81, that while an insurer may request the insured to submit notice of incapacity of handicapped dependents, the insurer may not establish a time limit for providing such notice. In accordance with the Bulletin, we have amended the definition of Dependent Children as follows:

[DEPENDENT CHILD(REN)] means all of [an Employee's] children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company ~~within 31 days~~ following the Child's 26th birthday. ~~, and not more frequently than annually from then forward.~~

Child(ren) means the [Employee's] biological children, stepchildren, adopted children, foster children or any child for whom the [Employee] is required by a court or administrative order to provide health coverage.]

SERFF Tracking Number: PERR-127088513 State: Arkansas
 Filing Company: Beazley Insurance Company, Inc. State Tracking Number: 48355
 Company Tracking Number: BICI-GH-CI-AR-11-01-F
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness
 Project Name/Number: BICI-GH-CI-AR-11-01-F/BICI-GH-CI-AR-11-01-F

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/18/2011	Form	CERTIFICATE OF INSURANCE	04/07/2011	1 AR Certificate.pdf (Superseded)
03/18/2011	Form	NON-PARTICIPATING SPECIFIED DISEASE POLICY	04/07/2011	2 AR Policy.pdf (Superseded)

<Beazley Name Logo>

INSURER NAME:	Beazley Insurance Company, Inc.
INSURER ADDRESS: ADMINISTRATIVE OFFICE	[30 Batterson Park Road Farmington, CT 06032]
INSURER ADDRESS: NOTICE OF CLAIM	[30 Batterson Park Road Farmington, CT 06032]

CERTIFICATE OF INSURANCE

Beazley Insurance Company, Inc. (We, Us, Our) hereby certifies that it has issued and delivered to the Policyholder a group Policy, described on the Schedule of Benefits page. The group Policy covers certain eligible persons as described in the Policy.

This Certificate describes the benefits and provisions of the group Policy. It becomes Your Certificate of Insurance only if: 1) You are eligible for the insurance; 2) You are Actively In Service on the date it is to take effect; and 3) You become insured and remain insured in accordance with the provisions of the Policy. The insurance is to be effective only if the required premium payments are made by You or on Your behalf to Us. No agent may change the Policy or waive any of its provisions.

IN WITNESS WHEREOF, We have caused this Certificate to take effect on the Effective Date.

[

Secretary
]

[

President
]

NON-PARTICIPATING SPECIFIED DISEASE CERTIFICATE

THIS IS A LIMITED CERTIFICATE. THIS CERTIFICATE PROVIDES BENEFITS FOR THE SPECIFIED DISEASES LISTED. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

[FIFTEEN DAY RIGHT TO EXAMINE CERTIFICATE

If You decide that You do not want this Certificate for any reason, You may return it to Us within fifteen (15) days after the date You receive it [.] [for a full refund of any premium paid.] When it is returned, it will be considered void as though it were never issued.]

The Policy is a contract between the Policyholder and the Company.

BENEFIT REDUCTION AT AGE 70

No benefits will be provided for Cancer diagnosed before the 30th day after the Effective Date.

READ YOUR CERTIFICATE CAREFULLY.

TABLE OF CONTENTS

Schedule of Benefits 3

Definitions [5]

Eligibility and Effective Date..... [12]

Benefits [14]

Limitations [16]

Exclusions [17]

Termination of Insurance [18]

Premium Calculation and Payment..... [19]

Claim Provisions [20]

General Provisions..... [21]

SCHEDULE OF BENEFITS

INSURED [EMPLOYEE] NAME:		[Employee]	
[INSURED DEPENDENT NAME(S):]		[Spouse [or Domestic Partner]] [Dependent Child(ren)]	
CERTIFICATE NUMBER:	[XXXXXX]	CERTIFICATE EFFECTIVE DATE:	[10/15/2010]
POLICYHOLDER NAME:	[XYZ Company, Inc]	POLICYHOLDER NUMBER:	[XXXXXX]

ELIGIBILITY: [ALL [PERMANENT] [EMPLOYEES,] [BETWEEN THE AGES OF 18 AND 69,] [WORKING [25] HOURS OR MORE PER WEEK AND] ACTIVELY IN SERVICE [AND [SPOUSES [OR DOMESTIC PARTNERS]] [AND/OR] [DEPENDENT CHILD(REN)] OF ELIGIBLE [EMPLOYEES]]]

WAITING PERIOD:

Cancer	30 Days
Other Specified Disease	None

[PRE-EXISTING CONDITION PERIOD:

[3 Months]]

SPECIFIED DISEASE MAXIMUM BENEFIT AMOUNT:

[Employee]	[\$100,000]
[[Employee's] Spouse [or Domestic Partner]	[\$100,000]]
[[Employee's] Dependent Child(ren)	[\$25,000]]

REDUCED BENEFIT SCHEDULE

Reduction Amount:	50%
Reduced Benefit Age:	70

SPECIFIED DISEASE

% PAYABLE

Cancer	100%
Heart Attack	100%
Stroke	100%
[Coma	100%]
[Coronary Artery Bypass	25%]
[Loss of Sight	100%]
[Occupational HIV	100%]
[Organ Transplant	100%]
[Paralysis	100%]
[Renal Failure	100%]
[Severe Burns	100%]

[ADDITIONAL OCCURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Occurrence Separation Period	[12 Months]]

[RECURRENCE BENEFIT

% of Specified Disease Benefit Amount
Recurrence Separation Period

[100%]
[24 Months]

[HEALTH SCREENING BENEFIT

[\$150]

[MAXIMUM PORTABILITY PERIOD:

[24 Months]

RATE GUARANTEE PERIOD:

[3 Years]

[[INITIAL] [MONTHLY] PREMIUM

[\$9.99]

DEFINITIONS

[ACTIVELY IN SERVICE means that You are:

- (1) performing in the usual manner, all of the Material and Substantial Duties of Your [employment] for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where You normally perform such duties or at some location to which Your [employment] sends You.

You will be said to be Actively in Service on a day that is not a scheduled work day only if You are able to perform in the usual manner all of the regular duties of Your [employment] if it were a scheduled work day.]

[ACTIVELY IN SERVICE means that You are not:

- (1) an in-patient in a hospital, skilled nursing facility, rehabilitation hospital, convalescent/personal care facility or receiving out-patient care and/or therapy that affects Your ability to perform Your regular duties on a scheduled basis;
- (2) confined at home under the care of a Physician for a treatment of a bodily injury or sickness; or
- (3) able to perform two or more of the Activities of Daily Living.

ACTIVITIES OF DAILY LIVING means the following basic daily tasks necessary to maintain a person's health and safety:

- (1) Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
 - (2) Continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for a catheter or colostomy bag).
 - (3) Dressing: putting on and taking off all items of clothing and any required braces, fasteners or artificial limbs.
 - (4) Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
 - (5) Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- (4) Transferring: moving into or out of a bed, chair or wheelchair.]

CANCER means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Excluded are Cancers such as:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;

-
- (3) Carcinoma in Situ (non-invasion);
 - (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
 - (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
 - (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
 - (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.

Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

CERTIFICATE means the individual Certificate issued to You. It describes Your coverage under the Policy.

CLINICAL DIAGNOSIS means a diagnosis of Cancer based on the study of symptoms.

[COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days. The condition must require intubation for respiratory assistance.]

[CORONARY ARTERY BYPASS means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, at the advice of a Physician board certified in cardiology. Coronary Artery Bypass excludes procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.]

DATE OF DIAGNOSIS means:

For Cancer: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

For Heart Attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For Stroke: The date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

[For Occupational HIV: The data of a positive antibody test for HIV subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.]

[For Organ Transplant or Coronary Artery Bypass: The date the surgery occurs for covered transplants or covered Coronary Artery Bypass surgery.]

[For Renal Failure: The date that a Physician recommends that an Insured begin renal dialysis.]

[For other Specified Diseases: The date the diagnosis, consistent with the definition of the Specified Disease, is established by a Physician based on clinical and/or laboratory findings as supported by the insured's medical records.]

[DEPENDENT CHILD(REN)] means all of Your children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following the Child's 26th birthday, and not more frequently than annually from then forward.

Child(ren) means Your biological children, stepchildren, adopted children, foster children or any child for whom You are required by a court or administrative order to provide health coverage.]

[DOMESTIC PARTNER] means a person of the [same] [or] [opposite] sex who:

- [(1) is at least 18 years old and legally capable to enter into a contract][:];
- [(2) is not related by blood to You more closely than is permissible for marriage in the state of residence][:];
- [(3) is not married or legally separated][:];
- [(4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage][:];
- [(5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months][:];
- [(6) occupies the same residence as You][:];
- [(7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][:]; [and]
- [(8) has entered into a Domestic Partnership Agreement with You].]

[DOMESTIC PARTNERSHIP AGREEMENT] means an arrangement between You and another person of the [same] [or] [opposite] sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of Your life insurance or retirement benefits;
- (5) designation of the Domestic Partner as the beneficiary of Your will;

-
- (6) designation of the Domestic Partner as holding power of attorney for health care; and
 - (7) shared household expenses.]

EFFECTIVE DATE means the date described in the Policy. The date shown in Your Certificate Schedule of Benefits will be the Effective Date of coverage. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

[EMPLOYEE] means a person who is Actively in Service as [an employee] of the Policyholder.

[HEALTH SCREENING TEST means any of the following performed by a Physician:

- (1) Stress test on a bicycle or treadmill;
- (2) Biopsy for skin Cancer;
- (3) Fasting blood glucose test;
- (4) Blood test for triglycerides;
- (5) Serum cholesterol test to determine level of HDL and LDL;
- (6) Bone marrow testing;
- (7) Breast ultrasound;
- (8) Carotid Doppler;
- (9) CA 15-3 (blood test for breast cancer);
- (10) CA 125 (blood test for ovarian cancer);
- (11) CEA (blood test for colon cancer);
- (12) Chest X-ray;
- (13) Colonoscopy;
- (14) Electrocardiogram (EKG);
- (15) Flexible sigmoidoscopy;
- (16) Hemocult stool analysis;
- (17) Mammography;
- (18) Pap smear, including ThinPrep Pap Test;
- (19) PSA (prostate specific antigen - blood test for prostate cancer);
- (20) Serum Protein Electrophoresis (blood test for myeloma);
- (21) Thermography.]

HEART ATTACK means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

INJURY means bodily injury solely due to an accident. It includes all complications of and all Injuries from the same accident. The accident must occur and any Specified Disease resulting from the Injury must begin while Your coverage is in force and after any applicable Waiting Period.

INSURED(S) means You [and] [.] [Your Spouse [or Domestic Partner]] [and/or Your Dependent Child(ren)] as indicated in the Certificate Schedule.

[LOSS OF SIGHT means the irreversible loss of sight in both eyes. The diagnosis of Loss of Sight must:

- (1) be made by a Physician, and
- (2) indicate the corrected visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes.]

MATERIAL AND SUBSTANTIAL DUTIES means the duties that are:

- (1) are normally required for the performance of Your [employment]; and
- (2) cannot be reasonably omitted or modified.

[OCCUPATIONAL HIV means a diagnosis of Human Immunodeficiency Virus infection resulting from an Injury which exposed the Insured to HIV-contaminated body fluids. The Injury must have occurred during the performance the Material and Substantial Duties of the Insured's employment. Occupational HIV excludes HIV infection:

- (1) as a result of IV drug use;
- (2) as result of sexual transmission; or
- (3) determined to have not been accidental.]

[ORGAN TRANSPLANT means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[PARALYSIS means complete and permanent loss of function of two or more limbs for a continuous period of at least 90 days. Paralysis excludes loss of function following a Stroke.]

PATHOLOGICAL DIAGNOSIS means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

PATHOLOGIST means a Physician who is licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

POLICY means the Policy issued to the Policyholder that covers the Insured.

POLICYHOLDER means the employer, association or other organization who holds the Policy.

PRE-EXISTING CONDITION means any sickness, disease or physical condition for which the Insured has:

- (a) had Treatment; or
- (b) received a diagnosis or advice from a Physician,
during the Pre-Existing Condition Period indicated in the Schedule of Benefits, immediately before the Effective Date of coverage.

[RENAL FAILURE means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.]

SCHEDULE OF BENEFITS (or Schedule) means the benefit schedule set forth in the Policy or Certificate.

[SEVERE BURNS means third degree burns covering at least 20% of the surface area of the body.]

SPECIFIED DISEASE means the conditions shown in the Schedule and as defined in this Policy.

[SPOUSE means the person recognized as Your spouse under the laws of the state in which You reside.]

STROKE means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Verterbrobasilar Ischemia.

TREATMENT means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

YOU, YOUR means the insured [Employee] as shown in the Certificate Schedule of Benefits.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All [Employees] who:

- (1) meet the definition of Actively in Service;
- (2) qualify as eligible Insureds as defined in the Policyholder's application; and
- (3) meet the definition of Eligibility as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to the Company may be required.

[ELIGIBILITY OF DEPENDENTS

An eligible [Employee] may enroll his or her [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]. [An individual cannot be covered as [an Employee] and a [Spouse [or Domestic Partner]] at the same time.] [A Dependent Child may only be covered by one [Employee] if both parents are [Employees] and covered separately under the Policy.]]

EFFECTIVE DATE

The Effective Date for [an Employee] is as follows:

- (1) [An Employee's] coverage will be effective on the date shown on the Certificate Schedule provided the [Employee] is then Actively in Service.
- (2) If [an Employee] is not Actively in Service on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such [Employee] is first thereafter Actively in Service.

[The Effective Date for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] is the date shown on the Certificate Schedule subject to the following:

- (1) The date the [Employee's] coverage is effective for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] who [is] [are] eligible on that date; for whom coverage is applied for and premium paid; and who [is] [are] not hospital confined.
- (2) At 12:00 a.m. Standard Time, on the day a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [is] [are] no longer hospital confined if the [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [was] [were] otherwise eligible for coverage on the date the [Employee's] coverage became effective.
- (3) For a dependent eligible on or first acquired after Your Effective Date, the Effective Date will be:
 - [(a) For newborn children and newborn adopted children, the Effective Date is the moment of birth. The Company must receive notification of birth within 60 days after the date of birth for coverage to continue for the newborn beyond the 60 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.]
 - [(b) For other adopted children and foster children, the Effective Date is the date of

placement in Your home. For adopted children, a decree of adoption must be entered, and You must continue to have custody pursuant to the decree of the court. The Company must receive notification of newly adopted children and foster children within 60 days from the date of placement into the [Employee's] home for coverage to continue for the adopted children and foster children beyond the 60 day period.]

- [(c) For a [Spouse [or Domestic Partner]] or any other dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date is the date we assign after approving that application for his or her coverage.]]

BENEFITS

SPECIFIED DISEASE BENEFIT

The Company will pay this benefit if an Insured is diagnosed with one of the Specified Diseases shown on the Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while the Certificate is in force; and
3. It is not excluded by name or specific description in the Certificate.

If the Date of Diagnosis of Specified Disease occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.

The Maximum Benefit Amount is shown in the Schedule. The benefit amount paid for a Specified Disease will be calculated by multiplying the Maximum Benefit Amount by the % Payable listed on the Schedule for the Specified Disease with which the Insured is diagnosed. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.

Benefits for Specified Disease will be paid in the order the events occur. If more than one Specified Disease is diagnosed at the same time, only one benefit amount will be paid. [No benefits are payable for a subsequent Specified Disease after the first Specified Disease has been diagnosed.]

[ADDITIONAL OCCURRENCE BENEFIT

No benefits are payable for a subsequent, different Specified Disease after the first Specified Disease has been diagnosed unless its Date of Diagnosis is separated from the Date of Diagnosis of the prior Specified Disease by at least the Occurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent, different Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Additional Occurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[RECURRENCE BENEFIT

Once benefits have been paid for a Specified Disease, no additional benefits are payable for a subsequent diagnosis of that same Specified Disease unless the Dates of Diagnosis are separated by at least at least the Recurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent diagnosis of the same Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Recurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the

Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[HEALTH SCREENING BENEFIT

The Company will pay this Benefit for Health Screening Tests performed while this Policy is in force. The Company will pay up to the amount shown in the Certificate Schedule for the Health Screening Tests once per 12 month period for each Insured. There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Policy is in force.

Payment of this benefit will not reduce the Maximum Benefit Amount shown in the Schedule. The Company will pay this benefit regardless of the results of the test.]

[PORTABILITY

This Policy provides portability for up to the Maximum Portability Period listed in the Schedule, when Your coverage under the Policy terminates because Your [employment] with the Policyholder ends. You must have been covered under the Policy [, for at least 12 months in a row,] at the date [employment] ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group Specified Disease policy this Policy replaces.]

Portability is not available to You if coverage terminates because the Policy is terminated by the Policyholder or Us.

To continue coverage under the Portability provision, written application and the first premium payment must be made within 31 days of the date coverage ends under the Policy.

The coverage continued under the Portability provision is the coverage in effect on the date Your [employment] ends[.],[,] [including coverage for Your [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]] then in effect.] [Continued coverage may not be increased.] [You may request decreased continued coverage at any time during the continuation period by completing a request form supplied by Us.]

Coverage under the Portability provision will cease on the earliest of:

- [(1) the date the Policy terminates;]
- (2) the end of the last period for which premium has been paid;
- (3) the date coverage under this Portability provision has been continued for the Maximum Portability Period listed in the Schedule; and
- (4) the date You reach age 70.

Premiums for continued coverage under the Portability provision shall be derived solely from Your contribution. For Portability coverage to become effective and remain in effect, You shall make premium payment for Your continued coverage directly to Us, on or before each premium due date. We will send You a billing statement in advance of each premium due date. You are responsible for paying all premiums as they become due.

The required premium for the continued coverage will equal the premium in effect when Your [employment] ended [plus a direct billing fee based on premium frequency].]

LIMITATIONS

WAITING PERIOD

No benefits are payable for any Insured who has been diagnosed with a Specified Disease before their coverage has been in force for the number of days listed as the Waiting Period in the Schedule of Benefits. If an Insured is first diagnosed with a Specified Disease within the Waiting Period, they may elect to terminate coverage retroactive to the Effective Date and a full refund of premium will be provided.

[PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for any Specified Disease diagnosed within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

[If the Insured was covered under a prior carrier's group specified disease policy at the date of change in coverage to a group specified disease policy provided by the Company and was not subject to a Pre-Existing Condition limitation under the prior carrier's policy, there shall be no Pre-Existing Condition limitation under the Company's policy. However, if the Insured was subject to a Pre-Existing Condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition limitation of the Company's policy for that period of time that the Insured was continuously covered under the prior carrier's policy.]

A claim for benefits for a Specified Disease diagnosed after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.]

EXCLUSIONS

This Policy does not provide benefits for Specified Disease that results from:

- (1) Intentionally self inflicted Injury or suicide attempt while sane or insane;
- (2) an act of war, declared or undeclared
- (3) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- (4) committing a felony;
- (5) air travel, except as a fare-paying passenger on a commercial airline;
- (6) drug addiction or dependence upon any controlled substance; or
- (7) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician.

TERMINATION OF INSURANCE

Your coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid;
- (3) on the date You cease to be Actively in Service as defined in the Policy;
- (4) on the date You no longer meet the requirements for eligibility; or
- (5) on the date all available benefits under the Certificate have been paid.

[Coverage for an insured [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date Your coverage is terminated;
- (3) the end of the last period for which premium has been paid;
- (4) the premium due date following the date the [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)] ceases to meet the definition of [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)];
- (5) the premium due date following the date the We receive Your written request to terminate coverage for Your [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)].]

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

We or the Policyholder may end the Policy on any date by written notice mailed or delivered. If We end the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after We mail or deliver the written notice of such termination. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder ends the Policy, the termination becomes effective on the later of the date stated in the notice or the date We receive the written notice of such termination. If the Policy is ended, We will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify You of such termination.

PREMIUM CALCULATION AND PAYMENT

Premiums will be computed in accordance with the rates in effect on the Premium due date. [The portion of the premium that You are responsible for contributing is shown on the Certificate Schedule of Benefits.] The total premium for the Policy is the sum of premiums for all Insureds.

The first premium is due on the Effective Date of the Policy. Premiums after the first are due at the end of the period for which the preceding premium was paid. [The due date for any additional premium for a dependent eligible on or first acquired after Your Effective Date will be 60 days after coverage for that dependent is required to begin.]

The Policyholder is responsible for paying all premiums. However, the premiums may be paid by any other party according to a mutual agreement among the other party, the Policyholder and Us.

Premiums may be paid to:

- (1) Our Home Office; or
- (2) Our authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in that effect for that period.

The rates may be changed once the Rate Guarantee Period listed in the Schedule has elapsed after the Effective Date of the Policy or on any Premium due date after that. [If, after 3 years, the Disability Benefits incurred by Us under the Policy represent less than [50%] of the premiums earned under the Policy over the same time period, We will not change the rate until [5 years] after the Effective Date of the Policy.] Any subsequent rate changes will not be made more frequently than once every [6 months]. No such change in premium will be made unless [30 days] prior notice is given to the Policyholder.

The rates may change prior to the time frames outlined above, however, for reasons that affect the insured risk, which include:

- (1) a change in benefits;
- (2) a new law or change in any existing law that affects the Policy; or
- (3) a material change in the composition or size of the Insureds covered under the Policy.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us at the address listed on the first page of the Policy, or to Our designee. Such notice should be made within 30 days after any claim covered by the Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

PROOF OF LOSS: Proof of loss must be given to Us within 180 days after the loss. Late proof may be accepted if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits payable under the Policy will be paid immediately upon receipt of acceptable Proof of Loss.

PAYMENT OF CLAIMS: All benefits will be payable in a lump sum to You unless assigned by You or by operation of law. Any accrued benefit unpaid at Your death may be paid to Your estate.

PHYSICAL EXAMINATION: We have the right to have the Insured examined as often as is reasonably necessary while a claim is pending. We will pay for such examination. In the case of death, We may also have an autopsy done, at Our expense, unless prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) Your application, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

CERTIFICATES: An individual Certificate will be issued for delivery to You . The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to You , only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

ADDITIONAL COVERAGE WITH THE COMPANY: If an Insured is covered by more than one of the Company's Specified Disease Policies or Certificates, the Company will only pay benefits for a covered Specified Disease under one Specified Disease Certificate. An Insured may choose which Certificate they wish to keep in force by sending the Company written notice of their choice. The Company will return the premiums paid for any of its other Specified Disease Certificates during the period there was more than one Policy or Certificate in force.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

TIME LIMIT ON CERTAIN DEFENSES: Except in the case of fraud, after two years from the Effective Date of the Insured's coverage, no statements made in the application can be used to:

- (1) void the coverage; or
- (2) deny a claim for loss incurred commencing after the expiration of such two-year period.

INCONTESTABILITY: All statements made by the Policyholder to obtain the Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of the Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Effective Date, no such statement will cause this Policy to be contested except for fraud.

All statements made by an Insured are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her applicable representative shall be given a copy.

After two years from a Insured's Effective Date of coverage, or from the Effective Date of increased benefits, no such statement will cause the coverage or the increased benefits to be contested except for fraud.

CLERICAL ERROR: A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

CONFORMITY WITH STATE LAWS: A provision of the Policy that conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law.

NEW ENTRANTS: New [Employees] of the Policyholder [and their dependents] will be added to the applicable class originally insured under the Policy provided they apply for such coverage and meet the requirements for eligibility as stated in the Policy.

IMPORTANT NOTICE: For questions regarding this Policy, please contact Us at the administrative office listed on first page of this Policy. We may also be contacted by telephone at [1-866-623-2953].

If discussions with Us have failed to produce a satisfactory resolution to a problem, the Arkansas Department of Insurance may be contacted at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494

<Beazley Name Logo>

POLICYHOLDER NAME: [XYZ Company, Inc.]	
POLICYHOLDER ADDRESS: [123 Main Street Small Town, FL 33321]	
INSURER NAME: Beazley Insurance Company, Inc.	
INSURER ADDRESS: ADMINISTRATIVE OFFICE [30 Batterson Park Road Farmington, CT 06032]	
INSURER ADDRESS: NOTICE OF CLAIM [30 Batterson Park Road Farmington, CT 06032]	
POLICY NUMBER: [1234567]	EFFECTIVE DATE: [January 1, 2011]
DATE OF ISSUE: [January 30, 2011]	ANNIVERSARY DATE: [January 1]

In consideration of the Policyholder's application and the timely payment of premiums, Beazley Insurance Company, Inc. (herein called the Company) agrees to pay the benefits of this Policy, subject to all of its terms and conditions.

This Policy is executed by Beazley Insurance Company, Inc. as of its Date of Issue. This Policy will take effect on the Effective Date shown above, 12:01 a.m. Standard Time at the address of the Policyholder.

[
Secretary
]

[
President
]

NON-PARTICIPATING SPECIFIED DISEASE POLICY

THIS IS A LIMITED POLICY. THIS POLICY PROVIDES BENEFITS FOR THE SPECIFIED DISEASES LISTED. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.

This Policy is a contract between the Policyholder and the Company.

BENEFIT REDUCTION AT AGE 70

No benefits will be provided for Cancer diagnosed before the 30th day after the Effective Date.

READ YOUR POLICY CAREFULLY.

TABLE OF CONTENTS

Schedule of Benefits 3
Definitions 4
Eligibility and Effective Date..... [11]
Benefits [13]
Limitations [15]
Exclusions [16]
Termination of Insurance [17]
Premium Calculation and Payment..... [18]
Claim Provisions [19]
General Provisions..... [20]

SCHEDULE OF BENEFITS

ELIGIBILITY: [ALL [PERMANENT] [EMPLOYEES,] [BETWEEN THE AGES OF 18 AND 69,]
[WORKING [25] HOURS OR MORE PER WEEK AND] ACTIVELY IN
SERVICE [AND [SPOUSES [OR DOMESTIC PARTNERS]] [AND/OR]
[DEPENDENT CHILD(REN)] OF ELIGIBLE [EMPLOYEES]]]

WAITING PERIOD:

Cancer	30 Days
Other Specified Disease	None

[PRE-EXISTING CONDITION PERIOD:[3 Months]]

SPECIFIED DISEASE MAXIMUM BENEFIT AMOUNT:

[Employee]	as listed in Certificate
[[Employee's] Spouse [or Domestic Partner]	as listed in Certificate]
[[Employee's] Dependent Child(ren)	as listed in Certificate]

REDUCED BENEFIT SCHEDULE

Reduction Amount:	50%
Reduced Benefit Age:	70

SPECIFIED DISEASE

% PAYABLE

Cancer	100%
Heart Attack	100%
Stroke	100%
[Coma	100%]
[Coronary Artery Bypass	25%]
[Loss of Sight	100%]
[Occupational HIV	100%]
[Organ Transplant	100%]
[Paralysis	100%]
[Renal Failure	100%]
[Severe Burns	100%]

[ADDITIONAL OCCURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Occurrence Separation Period	[12 Months]]

[RECURRENCE BENEFIT

% of Specified Disease Benefit Amount	[100%]
Recurrence Separation Period	[24 Months]]

[HEALTH SCREENING BENEFIT

[\$150]]

[MAXIMUM PORTABILITY PERIOD:

[24 Months]]

RATE GUARANTEE PERIOD:

[3 Years]

DEFINITIONS

[ACTIVELY IN SERVICE] means that the [Employee] is:

- (1) performing in the usual manner, all of the Material and Substantial Duties of his or her [employment] for the regularly scheduled number of hours on a scheduled work day; and
- (2) the Material and Substantial Duties are being performed at one of the places of business where the [Employee] normally performs such duties or at some location to which the [Employee's] [employment] sends him or her.

The [Employee] will be said to be Actively in Service on a day that is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of the [Employee's] [employment] if it were a scheduled work day.]

[ACTIVELY IN SERVICE] means that the [Employee] is not:

- (1) an in-patient in a hospital, skilled nursing facility, rehabilitation hospital, convalescent/personal care facility or receiving out-patient care and/or therapy that affects the Employee's ability to perform his regular duties on a scheduled basis;
- (2) confined at home under the care of a Physician for a treatment of a bodily injury or sickness; or
- (3) able to perform two or more of the Activities of Daily Living.

ACTIVITIES OF DAILY LIVING means the following basic daily tasks necessary to maintain a person's health and safety:

- (1) Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- (2) Continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for a catheter or colostomy bag).
- (3) Dressing: putting on and taking off all items of clothing and any required braces, fasteners or artificial limbs.
- (4) Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
- (5) Toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- (6) Transferring: moving into or out of a bed, chair or wheelchair.]

CANCER means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes Leukemia and Lymphoma. Excluded are Cancers such as:

- (1) Benign tumors or polyps;
- (2) Pre-malignant tumors or polyps;

-
- (3) Carcinoma in Situ (non-invasion);
 - (4) Stage 1 Hodgkin's Disease and Stage A Prostate Cancer;
 - (5) Any skin cancers except invasive malignant melanoma or skin malignancies that have become metastatic;
 - (6) Basal cell carcinoma and squamous cell carcinoma of the skin; and
 - (7) Melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.77mm.

Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

Cancer must be diagnosed pursuant to a Pathological Diagnosis or a Clinical Diagnosis. A Clinical Diagnosis will be accepted as evidence that Cancer exists in an Insured only when:

- (1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
- (2) there is medical evidence to support the diagnosis; and
- (3) a Physician is treating the Insured for Cancer.

CERTIFICATE means the individual Certificate issued to the insured [Employee]. It describes the Insured's coverage under the Policy.

CLINICAL DIAGNOSIS means a diagnosis of Cancer based on the study of symptoms.

[COMA means a state of unconsciousness, where no reaction to external stimuli is seen and no reaction to internal needs are noted, that requires the use of life support systems. The Coma must be caused by severe brain trauma and the Coma must last for 14 consecutive days. The condition must require intubation for respiratory assistance.]

[CORONARY ARTERY BYPASS means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, at the advice of a Physician board certified in cardiology. Coronary Artery Bypass excludes procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.]

DATE OF DIAGNOSIS means:

For Cancer: The day the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of Cancer is based.

For Heart Attack: The date that the death (infarction) of a portion of the heart muscle occurred based on the criteria listed under the Heart Attack definition.

For Stroke: The date a Stroke occurred based on documented neurological deficits and neuroimaging studies.

[For Occupational HIV: The data of a positive antibody test for HIV subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.]

[For Organ Transplant or Coronary Artery Bypass: The date the surgery occurs for covered transplants or covered Coronary Artery Bypass surgery.]

[For Renal Failure: The date that a Physician recommends that an Insured begin renal dialysis.]

[For other Specified Diseases: The date the diagnosis, consistent with the definition of the Specified Disease, is established by a Physician based on clinical and/or laboratory findings as supported by the insured's medical records.]

[DEPENDENT CHILD(REN)] means all of [an Employee's] children who are unmarried and less than 26 years of age. However, if any Dependent Child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, such age limit of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following the Child's 26th birthday, and not more frequently than annually from then forward.

Child(ren) means the [Employee's] biological children, stepchildren, adopted children, foster children or any child for whom the [Employee] is required by a court or administrative order to provide health coverage.]

[DOMESTIC PARTNER] means a person of the [same] [or] [opposite] sex who:

- [(1) is at least 18 years old and legally capable to enter into a contract][:;]
- [(2) is not related by blood to the [Employee] more closely than is permissible for marriage in the state of residence][:;]
- [(3) is not married or legally separated][:;]
- [(4) has not been party to an action or proceeding for divorce or annulment within the last 6 months, or has been a party to such an action or proceeding and at least 6 months have elapsed since the date of the judgment terminating the marriage][:;]
- [(5) is not currently in a domestic partnership with a different domestic partner and has not been in such a relationship for at least 6 months][:;]
- [(6) occupies the same residence as the [Employee]][:;]
- [(7) has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][:;] [and]
- [(8) has entered into a Domestic Partnership Agreement with the [Employee]].]

[DOMESTIC PARTNERSHIP AGREEMENT] means an arrangement between the [Employee] and another person of the [same] [or] [opposite] sex that includes 3 of the following:

- (1) joint lease, mortgage or deed;
- (2) joint ownership of a vehicle;
- (3) joint ownership of a checking account or credit account;
- (4) designation of the Domestic Partner as the beneficiary of the [Employee's] life insurance or retirement benefits;

-
- (5) designation of the Domestic Partner as the beneficiary of the [Employee's] will;
 - (6) designation of the Domestic Partner as holding power of attorney for health care; and
 - (7) shared household expenses.]

EFFECTIVE DATE means the date described in the Policy. The date shown in the insured [Employee's] individual Certificate will be the Effective Date of coverage. The Effective Date will start at 12:01 a.m. at the main place of business of the Policyholder.

[EMPLOYEE] means a person who is Actively in Service as [an employee] of the Policyholder.

[HEALTH SCREENING TEST means any of the following performed by a Physician:

- (1) Stress test on a bicycle or treadmill;
- (2) Biopsy for skin Cancer;
- (3) Fasting blood glucose test;
- (4) Blood test for triglycerides;
- (5) Serum cholesterol test to determine level of HDL and LDL;
- (6) Bone marrow testing;
- (7) Breast ultrasound;
- (8) Carotid Doppler;
- (9) CA 15-3 (blood test for breast cancer);
- (10) CA 125 (blood test for ovarian cancer);
- (11) CEA (blood test for colon cancer);
- (12) Chest X-ray;
- (13) Colonoscopy;
- (14) Electrocardiogram (EKG);
- (15) Flexible sigmoidoscopy;
- (16) Hemocult stool analysis;
- (17) Mammography;
- (18) Pap smear, including ThinPrep Pap Test;
- (19) PSA (prostate specific antigen - blood test for prostate cancer);
- (20) Serum Protein Electrophoresis (blood test for myeloma);
- (21) Thermography.]

HEART ATTACK means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or Injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack. The diagnosis must include all of the following criteria:

- (1) New and serial Electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used;
- (3) Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms; and
- (4) Chest Pain.

INJURY means bodily injury solely due to an accident. It includes all complications of and all Injuries from the same accident. The accident must occur and any Specified Disease resulting from the Injury must begin while the Insured's coverage is in force and after any applicable Waiting Period.

INSURED(S) means the [Employee] [and] [,] [the Spouse [or Domestic Partner]] of [an Employee]] [and the Dependent Child(ren) of the [Employee]] as indicated in the Certificate Schedule.

[LOSS OF SIGHT means the irreversible loss of sight in both eyes. The diagnosis of Loss of Sight must:

- (1) be made by a Physician, and
- (2) indicate the corrected visual acuity is greater than 20/200 in both eyes or the field of vision is less than 200 degrees in both eyes.]

MATERIAL AND SUBSTANTIAL DUTIES means the duties that are:

- (1) are normally required for the performance of the [Employee's] [employment]; and
- (2) cannot be reasonably omitted or modified.

[OCCUPATIONAL HIV means a diagnosis of Human Immunodeficiency Virus infection resulting from an Injury which exposed the Insured to HIV-contaminated body fluids. The Injury must have occurred during the performance the Material and Substantial Duties of the Insured's employment. Occupational HIV excludes HIV infection:

- (1) as a result of IV drug use;
- (2) as result of sexual transmission; or
- (3) determined to have not been accidental.]

[ORGAN TRANSPLANT means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.]

[PARALYSIS means complete and permanent loss of function of two or more limbs for a continuous period of at least 90 days. Paralysis excludes loss of function following a Stroke.]

PATHOLOGICAL DIAGNOSIS means a diagnosis of Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a Pathologist whose diagnosis of malignancy conforms to the standards set by the American Board of Pathology.

PATHOLOGIST means a Physician who is licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

PHYSICIAN means a practitioner of the healing arts who:

- (1) is practicing within the scope of his or her license in the state where so licensed; and
- (2) is not related to the Insured.

POLICY means the Policy issued to the Policyholder that covers the Insured.

POLICYHOLDER means the employer, association or other organization who holds the Policy.

PRE-EXISTING CONDITION means any sickness, disease or physical condition for which the Insured has:

- (a) had Treatment; or
- (b) received a diagnosis or advice from a Physician,
during the Pre-Existing Condition Period indicated in the Schedule of Benefits, immediately before the Effective Date of coverage.

[RENAL FAILURE means the end stage Renal Failure presenting as chronic, irreversible failure of both kidneys to function. The Renal Failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or result in kidney transplantation. Renal Failure caused by a traumatic event, including surgical traumas, is excluded from coverage.]

SCHEDULE OF BENEFITS (or Schedule) means the benefit schedule set forth in the Policy or Certificate.

[SEVERE BURNS means third degree burns covering at least 20% of the surface area of the body.]

SPECIFIED DISEASE means the conditions shown in the Schedule and as defined in this Policy.

[SPOUSE means the person recognized as the [Employee's] spouse under the laws of the state in which the [Employee] resides.]

STROKE means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident. Stroke does not include head injury, Transient Ischemic Attacks, chronic cerebrovascular insufficiency or attacks of Verterbrobasilar Ischemia.

TREATMENT means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

ELIGIBILITY AND EFFECTIVE DATE

ELIGIBILITY

All [Employees] who:

- (1) meet the definition of Actively in Service;
- (2) qualify as eligible Insureds as defined in the Policyholder's application; and
- (3) meet the definition of Eligibility as stated in the Schedule,

are eligible to be insured under the Policy. Evidence of insurability acceptable to the Company may be required.

[ELIGIBILITY OF DEPENDENTS

An eligible [Employee] may enroll his or her [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)]. [An individual cannot be covered as [an Employee] and a [Spouse [or Domestic Partner]] at the same time.] [A Dependent Child may only be covered by one [Employee] if both parents are [Employees] and covered separately under the Policy.]

EFFECTIVE DATE

The Effective Date for [an Employee] is as follows:

- (1) [An Employee's] coverage will be effective on the date shown on the Certificate Schedule provided the [Employee] is then Actively in Service.
- (2) If [an Employee] is not Actively in Service on the date coverage would otherwise become effective, the Effective Date of his coverage will be the date on which such [Employee] is first thereafter Actively in Service.

[The Effective Date for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] is the date shown on the Certificate Schedule subject to the following:

- (1) The date the [Employee's] coverage is effective for a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] who [is] [are] eligible on that date; for whom coverage is applied for and premium paid; and who [is] [are] not hospital confined.
- (2) At 12:00 a.m. Standard Time, on the day a [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [is] [are] no longer hospital confined if the [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] [was] [were] otherwise eligible for coverage on the date the [Employee's] coverage became effective.
- (3) For a dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date will be:
 - [(a) For newborn children and newborn adopted children, the Effective Date is the moment of birth. The Company must receive notification of birth within 60 days after the date of birth for coverage to continue for the newborn beyond the 60 day period. For newborn adopted children, a decree of adoption must be entered, unless extended by order of the court, and custody must continue pursuant to the decree of the court.]
 - [(b) For other adopted children and foster children, the Effective Date is the date of

placement in the [Employee's] home. For adopted children, a decree of adoption must be entered, and the [Employee] must continue to have custody pursuant to the decree of the court. The Company must receive notification of newly adopted children and foster children within 60 days from the date of placement into the [Employee's] home for coverage to continue for the adopted children and foster children beyond the 60 day period.]

- [(c) For a [Spouse [or Domestic Partner]] or any other dependent eligible on or first acquired after the [Employee's] Effective Date, the Effective Date is the date we assign after approving that application for his or her coverage.]]

BENEFITS

SPECIFIED DISEASE BENEFIT

The Company will pay this benefit if an Insured is diagnosed with one of the Specified Diseases shown on the Schedule if:

1. The Date of Diagnosis is after the Waiting Period;
2. The Date of Diagnosis is while the Certificate is in force; and
3. It is not excluded by name or specific description in the Certificate.

If the Date of Diagnosis of Specified Disease occurs during the Waiting Period, the Certificate may be returned for a full refund of premium.

The Maximum Benefit Amount is shown in the Schedule. The benefit amount paid for a Specified Disease will be calculated by multiplying the Maximum Benefit Amount by the % Payable listed on the Schedule for the Specified Disease with which the Insured is diagnosed. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.

Benefits for Specified Disease will be paid in the order the events occur. If more than one Specified Disease is diagnosed at the same time, only one benefit amount will be paid. [No benefits are payable for a subsequent Specified Disease after the first Specified Disease has been diagnosed.]

[ADDITIONAL OCCURRENCE BENEFIT

No benefits are payable for a subsequent, different Specified Disease after the first Specified Disease has been diagnosed unless its Date of Diagnosis is separated from the Date of Diagnosis of the prior Specified Disease by at least the Occurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent, different Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Additional Occurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[RECURRENCE BENEFIT

Once benefits have been paid for a Specified Disease, no additional benefits are payable for a subsequent diagnosis of that same Specified Disease unless the Dates of Diagnosis are separated by at least at least the Recurrence Separation Period listed in the Schedule.

The benefit amount paid for a subsequent diagnosis of the same Specified Disease will be calculated by multiplying the product of the Maximum Benefit Amount and the % Payable for the Specified Disease listed on the Schedule, by the % listed under the Recurrence Benefit on the Schedule. If, on the Date of Diagnosis, the Insured's age exceeds the age listed on the

Schedule under the Reduced Benefit Schedule, the benefit amount will be reduced by the Reduction Amount percentage listed under the Reduced Benefit Schedule. Benefits will be based on the Maximum Benefit Amount in effect on the Date of Diagnosis.]

[HEALTH SCREENING BENEFIT

The Company will pay this Benefit for Health Screening Tests performed while this Policy is in force. The Company will pay up to the amount shown in the Certificate Schedule for the Health Screening Tests once per 12 month period for each Insured. There is no limit to the number of years an Insured can receive benefits for Health Screening Tests, as long as this Policy is in force.

Payment of this benefit will not reduce the Maximum Benefit Amount shown in the Schedule. The Company will pay this benefit regardless of the results of the test.]

[PORTABILITY

This Policy provides portability for up to the Maximum Portability Period listed in the Schedule, when [an Employee's] coverage under the Policy terminates because his or her [employment] with the Policyholder ends. [An Employee] must have been covered under the Policy [, for at least 12 months in a row,] at the date [employment] ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group Specified Disease policy this Policy replaces.]

Portability is not available to [an Employee] whose coverage terminates because the Policy is terminated by the Policyholder or the Company.

To continue coverage under the Portability provision, written application and the first premium payment must be made within 31 days of the date coverage ends under this Policy.

The coverage continued under the Portability provision is the coverage in effect on the date the [Employee's] [employment] ends[.],[including coverage for the [Employee's] [Spouse] [or Domestic Partner] [and/or] [Dependent Child(ren)] then in effect.] [Continued coverage may not be increased.] [The [Employee] may request decreased continued coverage at any time during the continuation period by completing a request form supplied by the Company.]

Coverage under the Portability provision will cease on the earliest of:

- [(1) the date the Policy terminates;]
- (2) the end of the last period for which premium has been paid;
- (3) the date coverage under this Portability provision has been continued for the Maximum Portability Period listed in the Schedule; and
- (4) the date the [Employee] reaches age 70.

Premiums for continued coverage under the Portability provision shall be derived solely from the [Employee's] contribution. For Portability coverage to become effective and remain in effect, each [Employee] shall make premium payment for his or her continued coverage directly to the Company, on or before each premium due date. The Company will send each [Employee] a billing statement in advance of each premium due date. The [Employee] is responsible for paying all premiums as they become due.

The required premium for the continued coverage will equal the premium in effect when the [Employee's] [employment] ended [plus a direct billing fee based on premium frequency].]

LIMITATIONS

WAITING PERIOD

No benefits are payable for any Insured who has been diagnosed with a Specified Disease before their coverage has been in force for the number of days listed as the Waiting Period in the Schedule of Benefits. If an Insured is first diagnosed with a Specified Disease within the Waiting Period, they may elect to terminate coverage retroactive to the Effective Date and a full refund of premium will be provided.

[PRE-EXISTING CONDITION LIMITATION

The Company will not pay benefits for any Specified Disease diagnosed within 12 months of an Insured's Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition.

[If the Insured was covered under the prior carrier's group specified disease policy at the date of change in coverage to a group specified disease policy provided by the Company, and was not subject to a Pre-Existing Condition limitation under the prior carrier's policy, there shall be no Pre-Existing Condition limitation under the Company's policy. However, if the Insured was subject to a Pre-Existing Condition limitation under the prior carrier's policy, credit will be given toward satisfaction of the Pre-Existing Condition limitation of the Company's policy for that period of time that the Insured was continuously covered under the prior carrier's policy.]

A claim for benefits for a Specified Disease diagnosed after 12 months from an Insured's Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.]

EXCLUSIONS

This Policy does not provide benefits for Specified Disease that results from:

- (1) Intentionally self inflicted Injury or suicide attempt while sane or insane;
- (2) an act of war, declared or undeclared
- (3) active participation in a riot, civil commotion, civil disobedience or unlawful assembly;
- (4) committing a felony;
- (5) air travel, except as a fare-paying passenger on a commercial airline;
- (6) drug addiction or dependence upon any controlled substance; or
- (7) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician.

TERMINATION OF INSURANCE

[An Employee's] coverage will terminate on the earliest of:

- (1) the date the Policy is terminated;
- (2) the end of the last period for which premium has been paid;
- (3) on the date he or she ceases to be Actively in Service as defined in the Policy;
- (4) on the date he or she no longer meets the requirements for eligibility; or
- (5) on the date all available benefits under the Certificate have been paid.

[Coverage for an insured [Spouse [or Domestic Partner]] [and/or] [Dependent Child(ren)] will terminate the earliest of:

- (1) the date the Policy is terminated;
- (2) the date the [Employee's] coverage is terminated;
- (3) the end of the last period for which premium has been paid;
- (4) the premium due date following the date the [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)] ceases to meet the definition of [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)];
- (5) the premium due date following the date the Company receives the [Employee's] written request to terminate coverage for his or her [Spouse] [or Domestic Partner] [and/or Dependent Child(ren)].]

Termination of Insurance on any Insured shall be without prejudice to his rights as regarding any claim arising prior thereto.

The Company or the Policyholder may end the Policy on any date by written notice mailed or delivered. If the Company ends the Policy for a reason other than non-payment of premium, the termination becomes effective on the later of the date stated in the notice or 45 days after the Company mails or delivers the written notice of such termination. If any portion of the premium due is not paid, the Policy will terminate in accordance with the Grace Period provision. If the Policyholder ends the Policy, the termination becomes effective on the later of the date stated in the notice or the date the Company receives the written notice of such termination. If the Policy is ended, the Company will promptly refund any unearned premium, or the Policyholder will promptly pay any earned premium which has not yet been paid. Any unearned and earned premium will be calculated on a pro-rata basis.

Termination of the Policy will be without prejudice to the rights of any Insured as respects any claim arising during the period the Policy is in force.

The Policyholder has the sole responsibility to notify [Employees] of such termination.

PREMIUM CALCULATION AND PAYMENT

Premiums will be computed in accordance with the rates in effect on the Premium due date. [The portion of the premium that the [Employee] is responsible for contributing is shown on the Certificate Schedule of Benefits.] The total premium for the Policy is the sum of premiums for all Insureds.

The first premium is due on the Effective Date of this Policy. Premiums after the first are due at the end of the period for which the preceding premium was paid. [The due date for any additional premium for a dependent eligible on or first acquired after the insured [Employee's] Effective Date will be 60 days after coverage for that dependent is required to begin.]

The Policyholder is responsible for paying all premiums. However, the premiums may be paid by any other party according to a mutual agreement among the other party, the Policyholder and the Company.

Premiums may be paid to:

- (1) the Company's Home Office; or
- (2) the Company's authorized agent.

Payment of premium for a period before it is due will not guarantee that the coverage will remain in that effect for that period.

The rates may be changed once the Rate Guarantee Period listed in the Schedule has elapsed after the Effective Date of the Policy or on any Premium due date after that. [If, after 3 years, the Disability Benefits incurred by the Company under the Policy represent less than [50%] of the premiums earned under the Policy over the same time period, the Company will not change the rate until [5 years] after the Effective Date of the Policy.] Any subsequent rate changes will not be made more frequently than once every [6 months]. No such change in premium will be made unless [30 days] prior notice is given to the Policyholder.

The rates may change prior to the time frames outlined above, however, for reasons that affect the insured risk, which include:

- (1) a change in benefits;
- (2) a new law or change in any existing law that affects the Policy; or
- (3) a material change in the composition or size of the Insureds covered under the Policy.

GRACE PERIOD

A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will remain in effect during the grace period. The coverage under the Policy will terminate at the end of the grace period if the premium has not been paid. The Policyholder must still pay all unpaid premium. This includes the premium due for the grace period. No grace period is provided after the Policyholder has given notice of intent to end the Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to the Company at the address listed on the first page of this Policy, or to the Company's designee. Such notice should be made within 30 days after any claim covered by the Policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

CLAIM FORMS: Claim forms should be used for filing proof of loss. They will be sent to the Insured within 15 days of receipt of notice of claim. If claim forms are not supplied within 15 days, the Insured can give proof as follows:

- (1) in writing;
- (2) setting forth the nature and extent of the claim, including the Physician's diagnosis; and
- (3) within the time stated in the Proof of Loss Provision.

PROOF OF LOSS: Proof of loss must be given to the Company within 180 days after the loss. Late proof may be accepted if:

- (1) it was not reasonably possible to give proof in that time; and
- (2) the proof is given within one year from the date proof is otherwise required. This one year limit will not apply in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this Policy will be paid immediately upon receipt of acceptable Proof of Loss.

PAYMENT OF CLAIMS: All benefits will be payable in a lump sum to the [Employee] unless assigned by them or by operation of law. Any accrued benefit unpaid at the [Employee's] death may be paid to their estate.

PHYSICAL EXAMINATION: The Company has the right to have the Insured examined as often as is reasonably necessary while a claim is pending. The Company will pay for such examination. In the case of death, the Company may also have an autopsy done, at the Company's expense, unless prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT-CHANGES: The entire contract shall include:

- (1) the Policy;
- (2) the application of the Policyholder;
- (3) the Certificates;
- (4) the insured [Employee's] application, if any, attached to the Certificate; and
- (5) all riders, endorsements and amendments.

The terms of the Policy can be changed only by rider, endorsement or amendment signed by an executive officer of the Company. Any amendment that reduces or eliminates coverage must be requested in writing or signed by the Policyholder. No agent may change the Policy or waive its provisions.

CERTIFICATES: An individual Certificate will be issued for delivery to the insured [Employee]. The Certificate will describe:

- (1) the benefits under the Policy;
- (2) to whom benefits will be paid; and
- (3) the limitations and terms of the Policy.

If more than one Certificate is issued under the Policy to the insured [Employee], only the last one issued will be in effect.

If there is a conflict between the Policy and the Certificate, the Policy will control.

ADDITIONAL COVERAGE WITH THE COMPANY: If an Insured is covered by more than one of the Company's Specified Disease Policies or Certificates, the Company will only pay benefits for a covered Specified Disease under one Specified Disease Certificate. An Insured may choose which Certificate they wish to keep in force by sending the Company written notice of their choice. The Company will return the premiums paid for any of its other Specified Disease Certificates during the period there was more than one Policy or Certificate in force.

LEGAL ACTION: No legal action may be brought to recover under the Policy:

- (1) within 60 days after written Proof of Loss has been furnished as required; or
- (2) more than 3 years from the time written Proof of Loss is required to be furnished.

TIME LIMIT ON CERTAIN DEFENSES: Except in the case of fraud, after two years from the Effective Date of the Insured's coverage, no statements made in the application can be used to:

- (1) void the coverage; or
- (2) deny a claim for loss incurred commencing after the expiration of such two-year period.

INCONTESTABILITY: All statements made by the Policyholder to obtain this Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Effective Date, no such statement will cause this Policy to be contested except for fraud.

All statements made by an Insured are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the Insured. In the event of an Insured's death or incapacity, his or her applicable representative shall be given a copy.

After two years from a Insured's Effective Date of coverage, or from the Effective Date of increased benefits, no such statement will cause the coverage or the increased benefits to be contested except for fraud.

CLERICAL ERROR: A clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of such clerical error, a premium adjustment will be made.

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age.

CONFORMITY WITH STATE LAWS: A provision of the Policy that conflicts with a law of the state of issue is hereby changed to meet the minimum standards of that law.

NEW ENTRANTS: New [Employees] of the Policyholder [and their dependents] will be added to the applicable class originally insured under the Policy provided they apply for such coverage and meet the requirements for eligibility as stated in the Policy.

IMPORTANT NOTICE: For questions regarding this Policy, please contact the Company at the administrative office listed on first page of this Policy. The Company may also be contacted by telephone at [1-866-623-2953].

If discussions with the Company have failed to produce a satisfactory resolution to a problem, the Arkansas Department of Insurance may be contacted at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494