

SERFF Tracking Number: AGDE-127211805 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 49196
 Company Tracking Number: S30623NUFIC (REV 07-09) ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Blanket Catastrophic Injury Insurance Policy/S30623NUFIC (Rev 07-09) et al

Filing at a Glance

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

Product Name: Speciality Markets SERFF Tr Num: AGDE-127211805 State: Arkansas
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 49196
 Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: S30623NUFIC (REV 07-09) ET AL State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Jane Ford, Penny Berry, Veronica Bullock Disposition Date: 07/13/2011
 Date Submitted: 06/30/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Blanket Catastrophic Injury Insurance Policy
 Project Number: S30623NUFIC (Rev 07-09) et al
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is deregulated.

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Blanket
 Filing Status Changed: 07/13/2011
 State Status Changed: 07/13/2011
 Created By: Penny Berry
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 June 29, 2011

Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:
 Deemer Date:
 Submitted By: Veronica Bullock

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Honorable Jay Bradford
Insurance Commissioner
Arkansas Insurance Department
Life/Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
S30623NUFIC (Rev 07-09) Blanket Catastrophic Injury Insurance Policy
S30624NUFIC-AR Master Participating Organization Application for Blanket Catastrophic Injury Insurance Policy
S30625NUFIC-AR Master Application for Blanket Catastrophic Injury Insurance
S30626NUFIC Participating Organization Endorsement
S30627NUFIC Blanket Catastrophic Injury Insurance Policy Amendment
Form Filing

Dear Commissioner:

Attached is the above-referenced form for your review and approval, pursuant to Arkansas statute 23-79-109. The form is new and does not replace any form previously approved in your state.

These forms will provide coverage for state high school associations, school districts or independent schools for losses resulting from bodily injuries to students while participating in a sponsored and/or supervised interscholastic activity under the jurisdiction of the State Athletic Activities Association, school district or independent school.

The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than required under your law.

We thank you in advance for your attention to this filing. Please do not hesitate to contact our office if you have any questions or require additional information.

Sincerely,

Penny L. Berry
Regulatory Analyst

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A&H Regulatory Affairs Department
 Phone: (888) 396-5369 x 31721
 Fax: (302) 830-4466
 penny.berry@chartisinsurance.com

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@chartisinsurance.com
 503 Carr Road 888-396-5369 [Phone] 31721 [Ext]
 3rd Floor 302-830-4466 [FAX]
 Wilmington, DE 19809

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms x \$50.00 each = \$200.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$200.00	06/30/2011	49287489
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	07/12/2011	49713467

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/13/2011	07/13/2011

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	07/12/2011	07/12/2011	Penny Berry	07/12/2011	07/12/2011

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Disposition

Disposition Date: 07/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Blanket Catastrophic Injury Insurance Policy	Approved-Closed	Yes
Form	Master Participating Organization Application for Blanket Catastrophic Injury Insurance Policy	Approved-Closed	Yes
Form	Master Application for Blanket Catastrophic Injury Insurance	Approved-Closed	Yes
Form	Participating Organization Endorsement	Approved-Closed	Yes
Form	Blanket Catastrophic Injury Insurance Policy Amendment	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/12/2011

Submitted Date 07/12/2011

Respond By Date

Dear Penny Berry,

This will acknowledge receipt of the captioned filing.

Objection 1

- Blanket Catastrophic Injury Insurance Policy, S30623NUFIC (Rev 07-09) (Form)
- Master Participating Organization Application for Blanket Catastrophic Injury Insurance Policy, S30624NUFIC-AR (Form)
- Master Application for Blanket Catastrophic Injury Insurance, S30625NUFIC-AR (Form)
- Participating Organization Endorsement, S30626NUFIC (Form)
- Blanket Catastrophic Injury Insurance Policy Amendment, S30627NUFIC (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit an additional \$50.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/12/2011
Submitted Date 07/12/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter regarding this filing.

Response 1

Comments: I have sent an additional \$50.00 for this filing.

Related Objection 1

Applies To:

- Blanket Catastrophic Injury Insurance Policy, S30623NUFIC (Rev 07-09) (Form)
- Master Participating Organization Application for Blanket Catastrophic Injury Insurance Policy, S30624NUFIC-AR (Form)
- Master Application for Blanket Catastrophic Injury Insurance, S30625NUFIC-AR (Form)
- Participating Organization Endorsement, S30626NUFIC (Form)
- Blanket Catastrophic Injury Insurance Policy Amendment, S30627NUFIC (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit an additional \$50.00 for this submission.

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

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: AGDE-127211805 *State:* Arkansas
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Project Name/Number: Blanket Catastrophic Injury Insurance Policy/S30623NUFIC (Rev 07-09) et al

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you in advance for your attention to this filing. Please contact me if you have any questions or require additional information.

Sincerely,

Penny L. Berry
Regulatory Analyst
A&H Regulatory Affairs Department
Phone: (888) 396-5369 x 31721
Fax: (302) 830-4466
penny.berry@chartisinsurance.com

Sincerely,

Jane Ford, Penny Berry, Veronica Bullock

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Form Schedule

Lead Form Number: S30623NUFIC (Rev 07-09)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/13/2011	S30623NUFIC (Rev 07-09)	Policy/Contract	Blanket Catastrophic Injury Insurance Policy Certificate	Initial		52.400	S30623NUFIC (Rev 07-09).pdf
Approved-Closed 07/13/2011	S30624NUFIC-AR	Application/Enrollment Form	Master Participating Organization Application for Blanket Catastrophic Injury Insurance Policy	Initial		0.000	S30624NUFIC-AR.pdf
Approved-Closed 07/13/2011	S30625NUFIC-AR	Application/Enrollment Form	Master Application for Blanket Catastrophic Injury Insurance	Initial		0.000	S30625NUFIC-AR.pdf
Approved-Closed 07/13/2011	S30626NUFIC	Policy/Contract	Participating Organization Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.700	S30626NUFIC.pdf
Approved-Closed 07/13/2011	S30627NUFIC	Policy/Contract	Blanket Catastrophic Injury Insurance Policy Amendment Certificate: Amendment, Insert Page,	Initial		50.600	S30627NUFIC.pdf

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Project Name/Number: Blanket Catastrophic Injury Insurance Policy/S30623NUFIC (Rev 07-09) et al
**Endorseme
nt or Rider**

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

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

Policyholder: [ABC Organization]

Policy Number: [XXXXXX]

BLANKET CATASTROPHIC INJURY INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons for whom premium is paid against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible are all persons described in the Classification of Eligible Persons section of the Master Application. This Policy provides accident insurance to Insureds while they are participating in Covered Activities.

This Policy is issued in consideration of payment of the required premium when due and the statements set forth in the signed Master Application [and Participating Organization Application]¹, which [is,are] attached to and made part of this Policy.

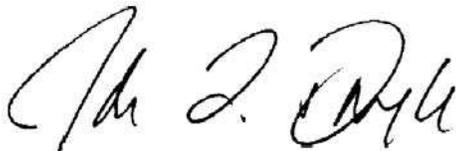
This Policy begins on the Policy Effective Date and will continue in effect [for the term stated on the Master Application]²[as long as premiums are paid when due]³, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance will end [on the date to which premiums have been paid subject to the grace period provided]⁴[on the date specified on the written notice of termination. Unearned premium, if any, will be refunded on a pro rata basis.]⁵

[RENEWAL]⁶

[If, at the end of the Policy term, the Policyholder desires to continue coverage, the Company may issue a new Policy for a new Policy term or issue a renewal amendment to the existing Policy, subject to the current underwriting requirements.]⁷

This Policy is governed by the laws of the state in which it is delivered.

In witness whereof, the Company has caused this Policy to be signed by its President and Secretary.



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.
Non-Participating Policy

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DEFINITIONS

Catastrophic Disability/Catastrophically Disabled means due to an Injury an Insured has suffered one of the following losses, which the attending Physician determines to be permanent:

1. the severely diminished mental capacity due to brain Injury or other neurological Injury which results in the inability of the Insured to perform normal daily functions, including cognitive and behavioral disorders; or
2. the severely diminished physical capacity due to spinal cord Injury which results in the inability of the Insured to perform normal daily living and ambulatory functions.

Catastrophic Disability will be deemed to occur on the date the Catastrophic Disability first manifested as determined by a Physician specializing in the appropriate medical discipline.

Catastrophic Injury means an Injury suffered by an Insured which results in the exhaustion of the Immediate Medical Expense Benefit and which does not result in a Catastrophic Disability.

Covered Accident Medical Service(s) means any of the following services:

1. professional ambulance services for transportation to and from a Hospital;
2. services of a Physician for care and treatment;
3. Hospital inpatient services, including room and board (not exceeding the semi-private room rate for each day of confinement, unless a private room is Medically Necessary);
4. Hospital ancillary services and supplies, including intensive care services and daily Hospital charges for personal services (including television, radio, telephone, barber, and beauty services up to a maximum of [\$300]¹ per month);
5. outpatient and emergency room care and treatment;
6. Spinal Subluxation, up to the Spinal Subluxation Maximums (per calendar year) shown in the Schedule of Benefits;
7. prescribed therapy, prescription drugs, and other medical supplies commonly used for therapeutic or diagnostic services which are Medically Necessary;
8. [treatment of Mental or Nervous Disorders]²; and
9. [Home Health Care;]³.

Medical expenses shall not include charges in excess of the Usual and Customary Charges, or for Experimental or Investigative Treatment unless authorized by the Company prior to treatment.

Covered Activity means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Custodial Care means the services and treatment provided to an Insured, designed to help the patient with daily living activities, which can be reasonably performed and safely provided by a person who is not medically skilled. Custodial Care includes:

1. personal care, including but not limited to help with: walking, getting in and out of bed, bathing, eating, exercising, dressing, or other like activities of daily living;
2. homemaking, such as preparing meals or special diets;
3. moving the patient;
4. acting as a companion or sitter, and
5. supervising medication which could otherwise be self-administered.

Dental Services means repair or replacement necessary as a result of Injury to sound, natural teeth.

Experimental or Investigative Treatment means:

1. any medical device, equipment, drug or medicine that is under investigation or is limited to research by the United States Food and Drug Administration; or
2. any medical or surgical treatment, equipment, drug or medicine:
 - a. restricted to use in a facility involving clinical research and scientific study;
 - b. which does not exhibit consistent, reproducible therapeutic benefit;
 - c. whose medical efficacy has yet to be established for the treatment of the specific illness or injury.

Heart and/or Circulatory Malfunction(s) means coronary thrombosis, angina pectoris, cerebral vascular accident, or myocardial infarction resulting directly from participation in a Covered Activity.⁴

Home Health Care means: (1) Custodial Care; (2) Medically Necessary nursing care and treatment; and (3) physical, speech, and occupational therapy, when initiated in conjunction with discharge placement through a Rehabilitation Facility and approved by the attending Physician; provided to an Insured in his or her home as part of an overall extended treatment plan. Nursing care and treatment must be provided by a Hospital or Home Health Care Agency certified to provide Home Health Care services. The overall extended treatment plan must be established and approved in writing by a Physician, including certification in writing by the attending Physician that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care.

Home Health Care services must commence within seven (7) days of discharge from a Hospital or extended care facility and be preceded by confinement in such facility for at least five (5) consecutive days prior to discharge.⁵

Hospital means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24-hour nursing service by registered nurses (R.N.), on duty or on call; and (4) is supervised by one or more Physicians. Hospital does not include; (1) a nursing, convalescent, or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home, home for the aged, or a facility for the treatment of alcohol or drug abuse; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

Immediate Medical Expense Benefit Deductible means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services or Dental Services that must be incurred by the Insured for treatment of an Injury within [24]⁶ consecutive months following the date of the accident causing Injury, for which no benefits are payable under this Policy. Any expense in excess of Usual and Customary Charges, or any expense for which benefits are not payable under this Policy may not be used to satisfy the Immediate Medical Expense Deductible. This deductible shall be equal to [the greater of: (1) the amount that is paid or payable by all other valid and collectible group insurance (See the Other Insurance - Excess Nature Of Policy provision); or (2)]⁷ the deductible amount shown in the Schedule of Benefits]⁸ [the sum of (1) the amount that is paid or payable all other valid and collectible group insurance (See the Other Insurance - Excess Nature Of Policy provision); and (2) the deductible amount shown in the Schedule of Benefits]⁹.

Immediate Family Member - means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparents (includes stepgrandparent); brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury means a bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently from all other causes in a covered loss.

Insured means a person: (1) who is a member of an Eligible Class of persons as described in the Classification of Eligible Persons section of the Master[Participating Organization]¹⁰ Application while participating in a Covered Activity; (2) for whom premium is paid; (3) while covered under this Policy .

Medically Necessary means that a Covered Accident Medical Service or Dental Service: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

[Mental or Nervous Disorder means any condition: (a) identified as a psychiatric disease in the Diagnostic and Statistical manual of the American Psychiatric Association; and (b) which occurs as the result of an Injury.]¹¹

Physician means a licensed practitioner of the healing arts who is acting within the scope of his or her license who is not: (1) the Insured; or (2) an Immediate Family Member.

Rehabilitation Facility means a legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care and duly licensed by the appropriate government agency to provide such services.

Secondary Illness means an illness of an Insured which is first diagnosed by a Physician during the period the Insured is receiving benefits under the Extended Injury Benefit, and which results in a complication to the Insured's Catastrophic Disability.

Secondary Injury means a bodily Injury caused by an accident which occurs during the period the Insured is receiving benefits under the Extended Injury Benefit, which results in a complication to the Insured's Catastrophic Disability.

Spinal Subluxation means dislocation of the spine or treatment for the general purpose of correction of nerve interference and its effects by manual or mechanical means when such interference results from or is related to misalignment of the vertebral column.

[Total Disability/Totally Disabled means Catastrophic Disability which renders the Insured unable to perform the material and substantial duties of his or her occupation for a period of twelve months; and thereafter, unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, training, or experience. However, with respect to an Insured for whom an occupational definition of Total Disability/Totally Disabled is not appropriate, Total Disability/Totally Disabled means the Insured's inability to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.]¹²

[Total Disability/Totally Disabled means Catastrophic Disability which renders the Insured unable to fully engage in any gainful occupation or employment for compensation or profit for which he or she is or may become reasonably fitted by education, training, or experience.]¹³

Usual and Customary Charge(s) means a charge that: (1) is made for a Covered Accident Medical or Dental Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown on the Master Application at 12:01 a.m. at the address of the Policyholder where this Policy is delivered.

Termination Date. The Company may not terminate this Policy prior to [the Policy Termination Date shown in the Master Application]¹[the first Policy anniversary of the Effective Date of this Policy shown in the Master Application]². However, the Company may terminate this Policy by giving [31 days]³ advance written notice to the Policyholder if the Policyholder fails to: (1) meet continued underwriting standards, if any; or (2) pay premiums when due. The Policyholder may terminate this Policy by giving [31 days]³ advance written notice to the Company. This Policy may, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the Policy Termination Date.

Termination takes effect at 12:01 a.m. Standard Time at the Policyholder's address on the date of termination. Termination of coverage will not affect a claim for a covered loss that occurred prior to the effective date of the termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

A change in an Insured's coverage under this Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: (1) the date the change in his or her eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) [the premium due date next following the date this Policy is terminated]¹[the Policy Termination Date, unless renewed]²; (2) the premium due date if premiums are not paid when due, subject to the Grace Period, except as the result of Clerical Error; or (3) the premium due date next following the date the Insured ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any premium due date by giving the Policyholder at least [31 days]¹ advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy.

Grace Period. A Grace Period of [31 days]¹ will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

SCHEDULE OF BENEFITS

[PLAN A]¹

IMMEDIATE MEDICAL EXPENSE BENEFIT

Immediate Medical Expense Benefit Deductible.....	[\$25,000]
Incurral Period.....	[104 Weeks]
Immediate Medical Expense Benefit Maximum.....	[\$100,000]
Immediate Medical Expense Benefit Period.....	[60 Months]
Spinal Subluxation Maximum (per calendar year).....	[\$2,000] [less any amount payable under the Extended Injury Benefit] ²

[EXTENDED INJURY BENEFITS

[Lifetime] ⁴ Aggregate Maximum (per Insured).....	[\$5,000,000]
[Extended Injury Benefit Period.....	[6 years] ⁵
Spinal Subluxation Maximum (per calendar year).....	[\$2,000] [less any amount payable under the Immediate Medical Expense Benefit] ^{6,3}

[ANCILLARY BENEFITS

[Family Adjustment Benefit [Lifetime] ⁴ Maximum.....	[\$50,000]
Family Travel Expense Benefit Maximum (per calendar year).....	[\$10,000]
Loss of Earnings Benefit Maximum.....	[\$15,000]
Family Training Benefit Maximum.....	[\$5,000] ⁸
[Special Expense Benefit [Lifetime] ⁴ Maximum.....	[\$100,000] ⁹
[Monthly Total Disability Benefit Maximum.....	[\$2,000] ¹⁰
[Secondary Illness or Secondary Injury Benefit [Lifetime] ⁴ Maximum.....	[\$100,000]
Deductible (per calendar year).....	[\$2,000] ¹¹
[Education Expense Benefit [Lifetime] ⁴ Maximum.....	[\$30,000] ¹²
[Home Health Care Benefit [Lifetime] ⁴ Maximum.....	[\$1,000,000] ¹³
[Mental and Nervous Disorder Benefits Maximums	
Outpatient Maximum (per visit).....	[\$90]
Outpatient Visits Maximum (per calendar year).....	[50 visits]
Inpatient Maximum (per calendar year).....	[45 days] ¹⁴
[Vocational Rehabilitation Benefit Maximums	
Maximum Charge (per hour).....	[\$100]
[Lifetime] ⁴ Maximum.....	[\$20,000] ^{15,7}

[DEATH BENEFIT

Principal Sum.....	[\$10,000] ¹⁶
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[HEART AND/OR CIRCULATORY MALFUNCTION(S) BENEFIT

Maximum Amount.....	[\$X,XXXX] ¹⁷
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[POST-INCIDENT CRISIS MANAGEMENT BENEFIT

Post-Incident Crisis Management Benefit [Lifetime] ⁴ Maximum.....	[\$10,000] ¹⁸
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[PLAN B]¹⁹

IMMEDIATE MEDICAL EXPENSE BENEFIT

Immediate Medical Expense Benefit Deductible..... [\$25,000]
Incurral Period..... [104 Weeks]
Immediate Medical Expense Benefit Maximum..... [\$100,000]
Immediate Medical Expense Benefit Period [60 Months]

Spinal Subluxation Maximum (per calendar year) [\$2,000] less any amount payable
under the Extended Injury Benefit²

EXTENDED INJURY BENEFITS

[Lifetime]⁴Aggregate Maximum (per Insured)..... [\$2,000,000]

[Extended Injury Benefit Period..... [6 years]]⁵

Spinal Subluxation Maximum (per calendar year) [\$2,000] less any amount payable
under the Immediate
Medical Expense Benefit^{6,3}

ANCILLARY BENEFITS

[Family Adjustment Benefit [Lifetime]⁴Maximum [\$25,000]
Family Travel Expense Benefit Maximum (per calendar year)..... [\$5,000]
Loss of Earnings Benefit Maximum..... [\$7,500]
Family Training Benefit Maximum..... [\$2,500]]⁸

[Special Expense Benefit [Lifetime]⁴Maximum..... [\$50,000]]⁹

[Monthly Total Disability Benefit Maximum [\$1,000]]¹⁰

[Secondary Illness or Secondary Injury Benefit [Lifetime]⁴Maximum [\$100,000]
Deductible (per calendar year)..... [\$2,000]]¹¹

[Education Expense Benefit [Lifetime]⁴Maximum [\$30,000]]¹²

[Home Health Care Benefit [Lifetime]⁴Maximum..... [\$500,000]]¹³

[Mental and Nervous Disorder Benefits Maximums
Outpatient Maximum (per visit) [\$90]
Outpatient Visit Maximum (per calendar year)..... [50 visits]
Inpatient Maximum (per calendar year) [45 days]]¹⁴

[Vocational Rehabilitation Benefit Maximums
Maximum Charge (per hour) [\$100]
[Lifetime]⁴Maximum [\$20,000]]^{15,7}

DEATH BENEFIT

Principal Sum..... [\$10,000]]¹⁶

HEART AND/OR CIRCULATORY MALFUNCTION(S) BENEFIT

Maximum Amount..... [\$X,XXXX]]¹⁷

POST-INCIDENT CRISIS MANAGEMENT BENEFIT

Post-Incident Crisis Management Benefit [Lifetime]⁴Maximum [\$10,000]]¹⁸

BENEFITS

IMMEDIATE MEDICAL EXPENSE BENEFIT

If an Insured suffers an Injury that requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services or Dental Services received due to that Injury. After satisfaction of the Immediate Medical Expense Benefit Deductible, benefits shall be payable up to the Immediate Medical Expense Benefit Maximum shown in the Schedule of Benefits for all Injuries sustained by any one person as the result of any one occurrence, provided charges for such services are incurred within the Immediate Medical Expense Benefit Period. The Immediate Medical Expense Benefit Period shall begin on the date of the accident that caused the Injury.

Covered expenses must exceed the Immediate Medical Expense Benefit Deductible within the Incurral Period shown in the Schedule of Benefits. The Incurral Period starts on the date of the accident that caused the Injury.

[The Immediate Medical Expense Benefit Deductible will be waived for an Insured who is Catastrophically Disabled.]¹

EXTENDED INJURY BENEFITS

If, as the result of Injury, an Insured is determined to be Catastrophically Disabled, the Company will pay the following Extended Injury Benefits, up to the Extended Injury Benefits [Lifetime]² Aggregate Maximum [and within the Extended Injury Benefit Period]³ shown in the Schedule of Benefits. If, as the result of Injury, the Insured is determined to have suffered a Catastrophic Injury, only the Medical and Dental Services Benefit shall be payable under this section. [Extended Injury Benefits shall only be payable if the Immediate Medical Expense Benefit has been exhausted.]⁴ [Extended Injury Benefits begin on the date the Immediate Medical Expense Benefit has been exhausted. The Extended Injury Benefit period is [less any Benefit Period under the Immediate Medical Expense Benefit]⁵[in addition to any Benefit Period under the Immediate Medical Expense Benefit]⁶].⁷

Covered Accident Medical Services and Dental Services Benefit. If, as the result of Injury, an Insured is determined to be Catastrophically Disabled, or is determined to have suffered a Catastrophic Injury, benefits shall be payable for the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services and Dental Services received due to that Injury, up to the Extended Injury Benefits [Lifetime]² Aggregate Maximum [and within the Extended Injury Benefit Period]³ shown in the Schedule of Benefits. [Extended Injury Medical and Dental Services Benefits shall only be payable if the Immediate Medical Expense Benefit has been exhausted.]⁴ [Extended Injury Medical and Dental Services Benefits begin on the date the Immediate Medical Expense Benefit has been exhausted. The Extended Injury Benefit period is [less any Benefit Period under the Immediate Medical Expense Benefit]⁵[in addition to any Benefit Period under the Immediate Medical Expense Benefit]⁶].⁷¹

[ANCILLARY BENEFITS

The Ancillary Benefits [are/are not] subject to the exhaust of Immediate Medical Expense Benefits. [Family Adjustment Benefit, Special Expense Benefit, Monthly Total Disability Benefit, Education Benefit, Home Health Care Benefit, Mental and Nervous Disorder Benefit, Vocational Rehabilitation Benefit,]¹ starts on the date an Insured is determined to be Catastrophically Disabled due to an Injury, unless noted otherwise within the benefit. [For these benefits, the Extended Injury Benefit Period is not in addition to with the Immediate Medical Expense Benefit Period]².

[Family Adjustment Benefit. If, as the result of Injury, an Insured is determined to be Catastrophically Disabled, benefits shall be payable for the following expenses, subject to the Family Adjustment Benefit [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]² shown in the Schedule of Benefits:

1. Family counseling for the Immediate Family of the Insured during the [52,104,156] week period following the occurrence of the Insured's Catastrophic Disability, provided such counseling is: (a) Medically Necessary; and (b) furnished by a qualified and licensed practitioner specializing in the treatment of mental or nervous disorders.
2. Training of the Immediate Family to perform rehabilitation or Custodial Care for the Injury of the Insured, provided such training is: (a) received during the [12,24,36]-month period immediately following the date of the accident resulting in the Catastrophic Disability; and (b) for Medically Necessary services which are applicable to the Injury for which claim has been made. Benefits for such training shall not exceed the Family Training Benefit Maximum shown in the Schedule of Benefits.
3. Travel for the Immediate Family to visit the Insured at the Hospital or rehabilitation facility where the Insured is being treated for the Catastrophic Disability, provided such travel occur within [12,24,36] months immediately following the date of the accident resulting in the Catastrophic Disability. This benefit includes regular coach fares on a regularly scheduled airline, regularly scheduled train or bus, lodging, meals, and car rental not to exceed the Family Travel Expense Benefit Maximum (per calendar year) shown in the Schedule of Benefits. This benefit is limited to one round trip per family member during any period of six (6) consecutive months.
4. With respect to the legal spouse, or one parent or legal guardian of the Insured, up to 75% of the gross lost earnings due to time off from his or her regular occupation, not to exceed the Loss of Earnings Benefit Maximum shown in the Schedule of Benefits, provided such time off: (a) is necessary solely for the care of the Insured due to the Insured's Catastrophic Disability; and (b) occurs during the [24] consecutive months immediately following the date of the accident which caused the Catastrophic Disability. Gross earnings will be determined based on the average monthly gross earnings for the 12-month period immediately preceding the accident which caused the Catastrophic Disability.]³

[Special Expense Benefit

Benefits shall be payable for the Usual and Customary Charges incurred for Medically Necessary modification(s) to the Insured's home or automobile as required to facilitate his or her Catastrophic Disability, subject to the Special Expense Benefit [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]² shown in the Schedule of Benefits. If the Insured's then existing motor vehicle cannot be modified to accommodate his or her physical disability, benefits shall be payable for the purchase of a motor vehicle for the Insured. Benefits will be limited to those expenses reasonably necessary to provide a motor vehicle appropriate to accommodate the Insured's physical disability. Payment for any purchase or modifications will be limited only to such purchase and modifications which are approved by the Company.]⁵

[Monthly Total Disability Benefit

If the Insured's Catastrophic Disability results in continuous Total Disability, the Company will pay the Monthly Total Disability Benefit shown in the Schedule of Benefits. Such monthly benefits shall commence on the date that the Insured attains 21 years of age [and are payable for a maximum of [12-120 in 12 month

increments] consecutive months]⁷. [The Monthly Total Disability Benefit shall be reduced by an amount equal to 50% of any income earned by the Insured in excess of \$[1,000] per month.]]⁸⁶

[Secondary Illness or Secondary Injury Benefit

Benefits shall be payable for the Usual and Customary charges incurred for Medically Necessary Covered Accident Medical Services and Dental Services for the treatment of the Insured's Secondary Illness or Secondary Injury. Benefits are subject to the Secondary Illness or Secondary Injury Deductible (per calendar year), and the Secondary Illness or Injury Benefit [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]² shown in the Schedule of Benefits.]⁹

[Education Benefit

Benefits shall be payable for the Insured's attendance at an Institution of Higher Learning to obtain an undergraduate degree or vocational training certificate, provided the Insured must: (a) matriculate at the Institution of Higher Learning within five (5) years of the date of the Injury; (b) complete his or her course of study within ten (10) years of matriculation. Education Benefits shall be paid directly to the Institution of Higher Learning only after proof of enrollment is received by the Company. Education Benefits are subject to the Education Expense Benefit [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]² shown in the Schedule of Benefits.

As used in this benefit, Institution of Higher Learning includes any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.]¹⁰

[Home Health Care Benefit

Benefits shall be payable for Usual and Customary charges incurred for Home Health Care for the treatment of the Insured's Catastrophic Disability. However, no benefits shall be payable for Home Health Care services rendered by a member of the Insured's Immediate Family, or by any Insured who resides with the Insured suffering from the Catastrophic Disability, unless agreed upon in advance by the Company. Benefits are subject to the Home Health Care Expense Benefit [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]² shown in the Schedule of Benefits.]¹¹

[Mental and Nervous Disorder Benefit

Benefits shall be payable for Usual and Customary Charges incurred for the treatment of a Mental or Nervous Disorder occurring subsequent to the Insured's Catastrophic Disability. Outpatient care or treatment shall not exceed: (a) the Outpatient Maximum (per visit); or (b) the Outpatient Visits Maximum (per calendar year) [and within the Extended Injury Benefit Period]²; shown in the Schedule of Benefits respectively. Only one visit is allowable per day for outpatient treatment of Mental and Nervous Disorders.

Expenses for inpatient care in a Hospital or psychiatric hospital, are limited to the Inpatient Calendar Year Maximum and [within the Extended Injury Benefit Period,]² shown in the Schedule of Benefits [respectively].]¹²

[Vocational Rehabilitation Benefit

Benefits shall be payable for Usual and Customary charges incurred for services rendered through a vocational rehabilitation program or for vocational rehabilitation counseling services intended to enable the Insured to participate in a job search and find gainful employment. The Insured must initiate treatment within [2, 3, 4, 5, 6, 8,10] years following the date of Injury, and the length of continuous treatment must not exceed [2,3,4,5,6,8,10] years. Benefits shall not exceed: (a) the Maximum Charge (per hour); or (b) the [Lifetime]⁴ Maximum [and within the Extended Injury Benefit Period]²; shown in the Schedule of Benefits respectively.]¹³¹

[DEATH BENEFIT

If Injury to the Insured results in death within [365]² days of the date of accident that caused the Injury, the Company will pay the Principal Sum shown in the Schedule of Benefits.¹

[HEART AND/OR CIRCULATORY MALFUNCTION(S) BENEFIT

If an Insured suffers a Heart and/or Circulatory Malfunction [that results in death[, within [60-90] days following the date of the Heart and/or Circulatory Malfunction,³]² as a direct result of participating in a Covered Activity, the Company will pay the [Death Benefit]² [and]⁴ [Immediate Medical Expense Benefit Maximum]⁵ [the Heart and/or Circulatory Maximum Amount]⁶ shown in the Schedule of Benefits provided that[: (1)]⁷ the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within [12-72 hours] after such participation[, and (2) such Insured has not, [within the last [2-10 years]]⁹ prior to the date of such participation in the Covered Activity, been diagnosed with, or received any medication for any Heart and/or Circulatory Malfunction(s)[unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription]¹⁰]⁸.

[If the Heart and/or Circulatory Malfunction results in a Catastrophic Disability, benefits will be payable for the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that malfunction, up to the Extended Injury Benefits [Lifetime]¹² Aggregate Maximum [and within the Extended Injury Benefit Period]¹³ shown in the Schedule of Benefits.]¹¹

[POST-INCIDENT CRISIS MANAGEMENT BENEFIT

Benefits shall be payable for post-incident crisis management services rendered by a person who is: (a) trained in providing consulting and post-incident crisis management services in response to traumatic events; and (b) employed by an organization approved by the Company for rendering such services. This benefit shall only apply when initiated in response to an incident where there is a reasonable expectation, as determined by a Physician, and agreed to by the Company, that Injury to an Insured shall result in death or Catastrophic Disability. First response must occur within the first [forty-eight (48)]² hours following the notification of Injury for this coverage to apply. Benefits are subject to the Post-Incident Crisis Management Benefit [Lifetime]³ Maximum [and within the Extended Injury Benefit Period]⁴ shown in the Schedule of Benefits.¹

GENERAL EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide [while sane] or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury [while sane];
2. unless specifically provided by this Policy, sickness, disease or infections of any kind, except: bacterial infections due to an accidental [ingestion of contaminated substances or pyogenic infections which result from an Injury] [cut or wound; botulism or ptomaine poisoning];
3. the Insured's commission of or attempt to commit a felony;
- [4. declared or undeclared war, or any act of declared or undeclared war;]
- [[5]. the Insured's participation in any team sport or other athletic activity, except participation in a Covered Activity;]
- [[6]. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service);]
- [[7]. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is[:]
 - [a.]riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.]
 - [[b.]performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.]]
- [[8]. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law;]
- [[9]. the Insured being intoxicated, or being under the influence of drugs or narcotics unless used as prescribed by a Physician for a medical condition other than drug addiction. An Insured shall be presumed to be intoxicated if the level of alcohol in his or her blood is determined to exceed the level above which a person is held under the law of the location where the Injury occurred, to be intoxicated if operating a motor vehicle, regardless of whether the Insured is in fact operating a motor vehicle when the accident occurs.]

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within [60] days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at [American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701], with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within [15] days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within [90] days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

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

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Commutation of Losses. It is agreed that, at any time later than [five (5)] years from the date of any accident resulting in a claim under this Policy, the Company may advise the Insured of its desire to capitalize any such claim.

If so agreed by the Insured, the Company may appoint an actuary or appraiser to investigate, determine and capitalize the Insured's claim. Payment of the claim will be made in a manner agreed upon by the Insured and the Company. The payment made by the Company of the capitalized value of such claim will constitute a complete and final release of the Company with respect to such claim.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for [two]¹ year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of [60]¹ days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of [5]¹ years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable.[An Insured may not assign any of his or her rights, privileges or benefits under this Policy.]²[An Insured may assign all of his or her rights, privileges and benefits under this Policy. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.]²

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Effect of Actions of the Policyholder. In all matters regarding this Policy, the Policyholder or its authorized representative act for the Insured. Each agreement made by the Company with the Policyholder or its authorized representative will be binding on all parties. Each notice given by the Company will be deemed to have been given to all parties.

Information Required. The Policyholder shall furnish to the Company [or shall use its best efforts to cause a Participating Organization to furnish]³ all information which the Company may reasonably require with regard to matters pertaining to the insurance afforded by the Policy. All documents, books and records which may have a bearing on the insurance or premiums under the Policy shall be open for inspections during the term of the Policy and during the pendency of any claim hereunder.

[Other Insurance - Excess Nature Of Policy. Except as provided below, this insurance is excess over any Other Insurance available to the Insured for a covered loss under this Policy. If an Insured receives or is entitled to receive benefits or services from any Other Insurance for any benefit category of a covered loss for which he or she is entitled under this Policy, such benefit under this Policy will be in excess of the amount of such Other Insurance.

If an Insured is entitled to Other Insurance for a benefit category of a covered loss for which he or she has been paid benefits under this Policy, the Insured will reimburse the Company to the extent of such benefits paid under this Policy, not to exceed the amount of Other Insurance to which he or she is entitled.

For purposes of this Policy, an Insured's entitlement to Other Insurance will be determined as if this Policy did not exist and shall not depend upon whether timely application for Other Insurance is made by or on behalf of the Insured.

[However, if an Insured is covered under a policy issued by another insurance carrier which; (1) has coordination or excess benefit rules that require its benefits to be determined in excess of the benefits under this Policy; and (2) this Policy has covered the Insured longer than the other policy, any benefits payable under such policy will not be regarded as Other Insurance.

Benefits the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services and Dental Services are subject to this Other Insurance - Excess Nature Of Policy Provision and may be paid in excess of Other Insurance. When benefits for Covered Accident Medical Services or Dental Services under this Policy are excess, benefits will be reduced when the sum of:

1. the benefits payable for Usual and Customary Charges under this Policy in absence of the Other Insurance – Excess Nature Of Policy Provision; and
2. the benefits that would be payable for Usual and Customary Charges under Other Insurance in the absence of provisions with a purpose like that of coordination or excess benefits provision, whether or not a claim is made;

exceeds the amount of Usual and Customary Charges. In that case, this Policy's benefits will be reduced so that they and the Other Insurance's benefits do not total more than the amount of those Usual and Customary Charges.]

“Other Insurance” means any reimbursement for or recovery of any element of covered loss available from any other source whatsoever, except gifts and donations, but including without limitation:

1. any individual, group, blanket, or franchise policy or accident, disability, or health insurance.
2. any arrangement of benefits for members of a group, whether insured or uninsured;
3. any prepaid service arrangement such as Blue Cross or Blue Shield, individual or group practice plans, or health maintenance organizations;
4. any amount payable for hospital, medical, or other health services for accidental bodily injury, arising out of a motor vehicle accident to the extent that such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance Policy;
5. any amount payable for services for injuries or diseases related to the Insured's job to the extent that he or she actually receives benefits under a workers' compensation law. If the Insured enters into a settlement to give up his or her rights to recover future medical expenses under a workers' compensation law, this Policy will not pay those medical expenses that would have been payable except for that settlement;
6. Social Security Disability Benefits, except that Other Insurance shall not include any increase in Social Security Disability Benefits payable to an Insured after he or she becomes disabled while insured hereunder;
7. any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.]⁴

[Subrogation. To the extent the Company pays for losses incurred, the Company shall be deemed to have assumed all of the rights and remedies of the Policyholder relating to such loss. The Policyholder agrees to assist the Company in preserving those rights, including but not limited to, executing such documents as reasonably required and supplied by the Company.]

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

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

[MASTER][PARTICIPATING ORGANIZATION] APPLICATION FOR BLANKET CATASTROPHIC INJURY INSURANCE POLICY

Application is hereby made for a policy of Insurance on form [12345] based upon the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization
Address of Policyholder: 123 Main Street, City, State ZIP
Policy Number: XXXXXXXX]

[2]. Identification of Participating Organization:

Name of Participating Organization: XYZ Corporation
Address of Participating Organization: 567 Main Street, City, State ZIP]

[3]. Classification of Eligible Persons:

[Class	Description of Class	Number of Eligible Persons
1	All members of ABC Organization	TBD]

[4]. [Policy][Participating Organization] Coverage:

A. Covered Activities:

B. Benefit Schedule:

[Plan of Insurance (Check one): Plan A Plan B]

	<u>Plan A</u>	<u>Plan B</u>
Immediate Excess Medical Expense Benefit		
Immediate Excess Medical Expense Benefit Deductible	[\$25,000]	[\$25,000]
Incurral Period	[104 Weeks]	[104 Weeks]
Immediate Excess Medical Expense Benefit Maximum	[\$100,000]	[\$100,000]
Immediate Excess Medical Expense Benefit Period	[60 Months]	[60 Months]
Spinal Subluxation Maximum (per calendar year)	[\$2,000][less any amount payable under the Extended Injury Benefit]	[\$2,000][less any amount payable under the Extended Injury Benefit]
[Extended Injury Benefit		
[Lifetime]Aggregate Maximum (per Insured Person)	[\$5,000,000]	[\$2,000,000]
[Extended Injury Benefit Period	[6 years]	[6 years]
[Family Adjustment Benefit [Lifetime]Maximum	[\$50,000]	[\$25,000]
Family Travel Expense Benefit Maximum (per calendar year)	[\$10,000]	[\$5,000]

Loss of Earnings Benefit Maximum	[\$15,000]	[\$7,500]
Family Training Benefit Maximum	[\$5,000]	[\$2,500]
[Special Expense Benefit [Lifetime]Maximum	[\$100,000]	[\$50,000]
[Monthly Total Disability Benefit Maximum	[\$2,000]	[\$1,000]
[Secondary Illness or Secondary Injury Benefit [Lifetime]Maximum	[\$100,000]	[\$100,000]
Deductible (per calendar year)	[\$2,000]	[\$2,000]
[Education Expense Benefit [Lifetime]Maximum	[\$30,000]	[\$30,000]
Home Health Care Benefit [Lifetime]Maximum	[\$1,000,000]	[\$500,000]
Mental and Nervous Disorder Benefits Maximums:		
Outpatient Maximum (per visit)	[\$90]	[\$90]
Outpatient Visits Maximum (per calendar year)	[50 visits]	[50 visits]
Inpatient Maximum (per calendar year)	[45 days]	[45 days]
[Vocational Rehabilitation Benefit Maximums:		
Maximum Charge (per hour)	[\$100]	[\$100]
[Lifetime]Maximum	[\$20,000]	[\$20,000]
Spinal Subluxation Maximum (per calendar year)	[\$2,000][less any amount payable under the Immediate Excess Medical Expense Benefit]	[\$2,000] [less any amount payable under the Immediate Excess Medical Expense Benefit]
[Death Benefit		
Principal Sum	[\$10,000]	[\$10,000]
[Heart and/or Circulatory Malfunction(s) Benefit		
Maximum	[\$XXXXXX]	[\$XXXXXX]
[Post-Incident Crisis Management Benefit		
[Lifetime]Maximum	[\$10,000]	[\$10,000]

[5]. Premiums:

It is hereby agreed and understood that the composite premium rate per Insured shall be \$_____ per policy term, and that the premium for the policy term shall be computed by multiplying the applicable rate per person by the number of persons to be insured. Premium shall be payable in advance unless otherwise agreed to by the Company.

[6]. [Policy][Participating Organization] Effective Date: [Month XX, 19XX]

[Policy][Participating Organization] Termination Date: [Month XX, 19XX]

Signed for the [Policyholder][Participating Organization]

Signed by Licensed Resident Agent
(Where Required by Law)

Title

Date

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.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

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

**MASTER APPLICATION FOR
BLANKET CATASTROPHIC INJURY INSURANCE**

Application is hereby made to National Union Fire Insurance Company of Pittsburgh, PA.:

by: [_____]
(Policyholder)

of: [_____]
(Policyholder Address)

This application is attached to, and made part of, the Policy.

The Policy has been approved, and its terms accepted, by the Policyholder. This contract will be effective on [_____].

Dated at [_____] [____]

Signature of
Policyholder: [_____]

By [_____]

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.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

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

Policyholder: _____

Policy Number: _____

PARTICIPATING ORGANIZATION ENDORSEMENT

This Endorsement is attached to and made part of the Policy [] as of the Policy Effective Date shown in the Policy's Master Application. [] effective [Month Day, Year]. It applies only with respect to accidents that occur on or after that date. [] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

The following definition is added to the Definitions section of the Policy:

Participating Organization - means an organization: 1) which elects to offer coverage under the Policy by completing a Participation Organization Application that has been accepted by the Company; 2) which completes a participation agreement with the Policyholder; 3) which remits the required premium when due; if applicable, and 4) while coverage through the Participating Organization is available under the Policy.

The following section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

Effective Date. A Participating Organization's coverage under the Policy begins on the later of: 1) Participating Organization Effective Date shown in the Participating Organization Application at 12:01 AM Standard Time at the address of the Participating Organization shown in the Participating Organization Application; or 2) the Policy Effective Date shown in the Master Application.

Termination Date. The Participating Organization's coverage under this Policy may, at any time, be terminated by mutual written consent of the Company and the Participating Organization. Otherwise, the Participating Organization's coverage under this Policy will terminate at 12:01 a.m. Standard Time at the Participating Organization's address on:

1. the Participating Organization's Termination Date shown in the Participating Organization Application, unless renewed; or
2. the premium due date if premiums are not paid when due (subject to the Grace Period), if applicable; or
3. the date specified in the written notice of the Company's intent to terminate the Participating Organization's coverage under this Policy, which will be at least [31 days]¹ after the date the Company sends such notice to the Participating Organization's last known recorded address; or
4. the date specified in the written notice of the Participating Organization's intent to terminate coverage under this Policy, which will be at least [31 days]¹ after the date the Participating Organization sends such notice; or
5. the date the Policy terminates.

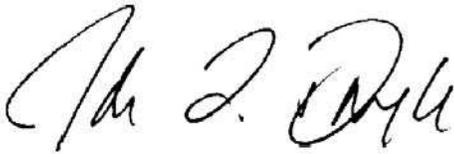
If the Policy terminates or if the Participating Organization requests termination, any unearned premium, if any, will be returned on a pro rata basis. Termination will not affect any claim for loss occurring prior to the effective date of termination.

The references in the Policy to "this Policy/coverage under this Policy" and "Policyholder" may also, where applicable, mean "a Participating Organization's coverage under this Policy" and "Participating Organization", respectively.

The following language applies to each Rider attached to the Policy:

Any Riders attached to the Policy apply only with respect to accidents that occur on or after the later of:
1) the effective date of each Rider; or 2) the effective date of the Participating Organization's coverage under each Rider. Each Rider applies with respect to a Participating Organization's coverage under the Policy only if the Participating Organization has elected the coverage described in each Rider as indicated in the Participating Organization Application.

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



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

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

Policyholder: _____

Policy Number: _____

BLANKET CATASTROPHIC INJURY INSURANCE

Policy Amendment [No. 1]

[THIS AMENDMENT FORM IS BEING FILED AS VARIABLE IN ITS ENTIRETY, BUT ONLY FOR THE PURPOSE OF AMENDING OR RENEWING THE CONTRACT WITHIN THE PARAMETERS OF FILED VARIABLES. THIS ILLUSTRATES A BENEFIT CHANGE AND CORRESPONDING PREMIUM CHANGE.]

This Policy Amendment is attached to and made part of the Policy effective [Month Day, Year] at 12:01 AM, Standard Time at the address of the Policyholder. [Any changes in coverage apply only with respect to accidents that occur on or after that date.][Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.]

[Policy XXXXX]

In consideration of timely payment of the required premium, the **Family Adjustment Benefit** provision of the Policy which read as follows:

Family counseling for the Immediate Family of the Insured during the 52 week period following the occurrence of the Insured's Catastrophic Disability, provided such counseling is: (a) Medically Necessary; and (b) furnished by a qualified and licensed practitioner specializing in the treatment of mental or nervous disorders.

has been amended to read as follows:

Family counseling for the Immediate Family of the Insured during the 104 week period following the occurrence of the Insured's Catastrophic Disability, provided such counseling is: (a) Medically Necessary; and (b) furnished by a qualified and licensed practitioner specializing in the treatment of mental or nervous disorders.

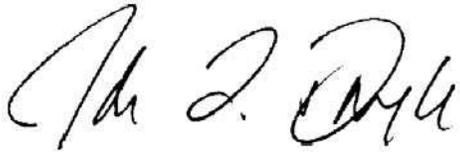
Master Application XXXXX

Item [3][4][5]. of the Master Application has been amended to read as follows:

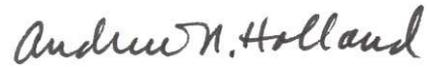
It is hereby agreed and understood that the composite premium rate per Insured shall be \$XXX per policy term, and that the premium for the policy term shall be computed by multiplying the applicable rate per person by the number of persons to be insured. Premium shall be payable in advance unless otherwise agreed to by the Company.¹

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

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

Handwritten signature of John J. Dylk in cursive script.

President

Handwritten signature of Andrew N. Holland in cursive script.

Secretary

SERFF Tracking Number: AGDE-127211805 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 49196
 Company Tracking Number: S30623NUFIC (REV 07-09) ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Blanket Catastrophic Injury Insurance Policy/S30623NUFIC (Rev 07-09) et al

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/13/2011
Comments:			
Attachment:			
AR Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	07/13/2011
Comments:			
The applications to be used with this filing are attached in the form schedule tab of this SERFF filing for approval			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/13/2011
Bypass Reason:	Not applicable as this is not a major medical filing		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	07/13/2011
Comments:			
Attachment:			
EOV S30623NUFIC (Rev 07-09).pdf			

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) S30623NUFIC (Rev 07-09); S30626NUFIC; S30627NUFIC achieved a Flesch Reading Ease score of 52.4; 50.7; 50.6 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in cursive script, reading "Susan E. Martin". The signature is written in black ink and is positioned above a horizontal line.

Susan E. Martin,
Assistant Vice President

Blanket Catastrophic Injury Insurance Policy (CAT) – S30623NUFIC (Rev 07-09)
Explanation of Variables

Blanket Catastrophic Injury Insurance Policy (S30623NUFIC (Rev 07-09)):

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the Policy are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.

Note that the above variables will not be explained everywhere they appear.

FACE PAGE.

1. This language will only be included when coverage is available through a participating organization.
2. This language will be included if the Policy is written for a specific term of insurance.
3. This language is included when #2 is not included.
4. This language will be included on a case-by-case basis. It will not be included when #6 is included.
5. This language will be included on a case-by-case basis. It will not be included when #4 is included.
6. The heading “Renewal” will only appear when the language in #7 below is included.
7. This language will be included on a case-by-case basis.

TABLE OF CONTENTS.

1. The reference to Extended Injury Benefit, Covered Accident Medical Services and Dental Services Benefit, Ancillary Benefits Family Adjustment Benefit, Special Expense Benefit, Monthly Total Disability Benefit, Secondary Illness or Secondary Injury Benefit, Education Benefit, Home Health Care Benefit, Mental and Nervous Disorder Benefit, Vocational Rehabilitation Benefit, Death Benefit, Heart and/or Circulatory Malfunction(s) Benefit and Post-Incident Crisis Management Benefit will only be included in the Table of Contents if available under the Policy.

DEFINITIONS.

1. The maximum amount of covered hospital ancillary services and supplies.
2. This will be included if the Mental or Nervous Disorders is included in the program.
3. This will be included if the Home Health Care is included in the program.
4. This will be included if the Heart and/or Circulatory Malfunction(s) is included in the program.
5. This language will be included if the cross reference 3 is included.
6. This time period will vary for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
7. This language will be used if using the corridor method and no deductible need to be met. This language will not be included if cross reference 9 is used or if Excess is not included in the program.
8. This language will be included if using the corridor method and the deductible must be met. This language will not be included if cross reference 9 is used or if Excess is not included in the program.
9. This language will be included if using the integrated method is used. This language will not be included cross language 7&8 is used or if Excess is not included in the program.
10. This language will only be included when coverage is available through a participating organization.
11. This language will be included if the cross reference 2 is included.

12. This definition of Total Disability/Totally Disabled will be included when the program is issued to non High School Students.
13. This definition of Total Disability/Totally Disabled will be included when the program is issued to High School Students

POLICY EFFECTIVE AND TERMINATION DATES.

1. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.
2. The reference to a Policy Anniversary Date will only be included if premium for the Policy is paid on other than a single premium basis.
3. The number of days for notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.

INSURED'S EFFECTIVE AND TERMINATION DATES.

1. The reference to a premium due date will only be included if premium for the Policy is paid on other than a single premium basis.
2. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.

PREMIUM.

1. The number of days for advanced written notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.

GRACE PERIOD.

1. The Grace Period may vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.

SCHEDULE OF BENEFITS.

1. This language will be included on a case-by-case basis if elected and if cross reference 19 is not included.
2. This language will be included if cross reference 3 is elected in the program.
3. This language will be included on a case-by case basis if Extended Injury Benefits is elected in the program.
4. This language will be included on a case-by case basis if Lifetime is elected in the program.
5. This language will be included if cross reference 3 is elected in the program.
6. This language will be included if the Extended Injury Benefits are to run concurrently with the Immediate Medical Expense Benefit as elected in the program.
7. These benefits will be included on a case-by case basis if elected in the program.
8. This language will be included on a case-by case basis if elected in the program.
9. This language will be included on a case-by case basis if elected in the program.
10. This language will be included on a case-by case basis if elected in the program.
11. This language will be included on a case-by case basis if elected in the program.
12. This language will be included on a case-by case basis if elected in the program.
13. This language will be included on a case-by case basis if elected in the program.
14. This language will be included on a case-by case basis if elected in the program.
15. This language will be included on a case-by case basis if elected in the program.
16. This language will be included on a case-by case basis if elected in the program.

17. This language will be included on a case-by case basis if elected in the program.
18. This language will be included on a case-by case basis if elected in the program.
19. This language will be included on a case-by-case basis if elected and if cross reference 1 is not included.

BENEFITS.

IMMEDIATE EXCESS MEDICAL EXPENSE BENEFIT.

1. This language will be included on a case-by-case basis.

EXTENDED INJURY BENEFITS.

1. This language will be included if Extended Injury Benefits is elected in the program.
2. This will only be included if this benefit is written for a Lifetime duration.
3. This language will be included if cross reference 1 is included and cross reference 2 is not included.
4. This language will be included if cross reference 1 is included and Extended Injury Benefits are payable after the Immediate Medical Expense Benefits period.
5. This language will be included if cross reference 1 is included and Extended Injury Benefits are payable after the Immediate Medical Expense Benefits period and runs concurrently with the Immediate Medical Expense Benefit period. This language will not be included if cross reference 4 language is included.
6. This language will be included if cross reference 1 is included and Extended Injury Benefits are payable after the Immediate Medical Expense Benefits period and runs after with the Immediate Medical Expense Benefit period. This language will not be included if cross reference 4 and 5 are included.
7. This language will not be included if cross reference 4 is included.

ANCILLARY BENEFITS

1. This language will be included if Ancillary Benefits are elected in the program and will vary on a case-by-case basis.
2. This language will be included if Extended Injury Benefit is elected in the program and will vary on a case-by-case basis.
3. The inclusion of the Family Adjustment Benefit will vary on a case-by-case basis.
4. This will only be included if this benefit is written for a Lifetime duration.
5. The inclusion of the Special Expense Benefit will vary on a case-by-case basis.
6. The inclusion of the Monthly Total Disability Benefit will vary on a case-by-case basis.
7. This language will not be included if cross reference 4 is included.
8. This language will not be included if the program is issued to High School students.
9. The inclusion of the Secondary Illness or Secondary Injury Benefit will vary on a case-by-case basis.
10. The inclusion of the Education Benefit will vary on a case-by-case basis.
11. The inclusion of the Home Health Care Benefit will vary on a case-by-case basis.
12. The inclusion of the Mental and Nervous Disorder Benefit will vary on a case-by-case basis.
13. The inclusion of the Vocational Rehabilitation Benefit will vary on a case-by-case basis.

DEATH BENEFIT.

1. The inclusion of the Death Benefit will vary on a case-by-case basis.

2. This time period will vary for compliance with the minimum statutory requirements of the state in which the Policy is delivered.

HEART AND/OR CIRCULATORY MALFUNCTION(S) BENEFIT

1. The inclusion of the Heart and/or Circulatory Malfunction(s) Benefit will vary on a case-by-case basis.
2. This language will be included if the Death Benefit is elected.
3. This language will be included if cross reference 2 is included and if a time frame is elected.
4. This language will be included if cross reference 2 is included.
5. This language will be included if cross reference 6 is not included.
6. This language will be included if cross reference 5 is not included.
7. This language will be included if cross reference 8 is included.
8. This language will be included if pre-existing conditions are elected.
9. This language will be included if a time frame is elected for cross reference 8.
10. This language will be included if elected.
11. This language will be included Extended Benefits is elected.
12. This will only be included if this benefit is written for a Lifetime duration.
13. This language will be included if cross reference 12 is not included.

POST-INCIDENT CRISIS MANAGEMENT BENEFIT.

1. The inclusion of the Post-Incident Crisis Management Benefit will vary on a case-by-case basis.
2. This time period will vary for compliance with the minimum statutory requirements of the state in which the Policy is delivered
3. This will only be included if this benefit is written for a Lifetime duration.
4. This language will only be included if an Extended Injury Benefit period is included under the Schedule in the Policy.

GENERAL EXCLUSIONS.

1. The deletion of these exclusions will vary on a case-by-case basis.

CLAIMS PROVISIONS.

1. These time periods will vary for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
2. The address is bracketed to allow for any future changes to this address without having to refile the forms.

GENERAL PROVISIONS.

1. These time periods will vary for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
2. The reference to whether or not an Insured may assign benefits under the Policy will vary on a case-by-case basis.
3. This language will only be included when coverage is available through a participating organization.
4. The "Other Insurance – Excess Nature of Policy" provision may or may not be included in the policy.

Master Application (S30624NUFIC, S30625NUFIC):

1. The Master Application is considered to be variable in its entirety. It contains sample language for filing purposes. All references to Participating Organization will be included only if coverage under the Policy is available through a Participating Organization.

Participating Organization Endorsement (S30626NUFIC):

1. The number of days for notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.

Policy Amendment (S30627NUFIC):

1. This Policy Amendment is to be used to make changes to the variable information or sections of the Policy, applications and/or Riders. Changes to the variable information will be made within the parameters set forth in this explanation of variables. The Policy Amendment is considered to be variable in its entirety. It contains sample language for filing purposes.

General Explanation of Variables in Each Rider:

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
- With regard to this first paragraph of each Rider, the description of the Rider's effective date will either be the Policy's effective date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
- Numeric variables within each Rider are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- Brackets around numbers or alphas in a listing and punctuation or words such as "and"/"or" in a listing will be included or deleted as needed in order to make the statement read correctly.

Note that the above variables will not be explained everywhere the