

SERFF Tracking Number: ANTX-127357722 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: VERSATILE PLAN FORMS SERFF Tr Num: ANTX-127357722 State: Arkansas
 TOI: H08G Group Health - Intensive Care - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 49491
 Sub-TOI: H08G.000 Health - Intensive Care - Limited Benefit Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: Sherry Wiegman Disposition Date: 08/10/2011
 Date Submitted: 08/08/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: VERSATILE PLAN FORMS Status of Filing in Domicile: Authorized
 Project Number: VERSATILE PLAN FORMS 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 Overall Rate Impact:
 Filing Status Changed: 08/10/2011 Deemer Date:
 State Status Changed: 08/10/2011 Submitted By: Sherry Wiegman
 Created By: Sherry Wiegman
 Corresponding Filing Tracking Number:
 Filing Description:
 Enclosed for your review and consideration is a new group employer limited benefit fixed indemnity product with related forms and rate information. This is a new submission that has not been previously reviewed and does not replace any other forms. We are requesting approval of the forms as submitted based on A.C.A. § 23-79-109 (d) and A.C.A. § 23-79-111.

The group policy will be issued to employers of all sizes through licensed agents. The benefit and amounts are chosen by the employer and offered to their eligible employees (ages 18 – 74) and eligible dependents. Each covered

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employee will be provided a certificate of coverage.

This limited benefit/fixed indemnity product is not being marketed as a major or comprehensive policy and is not a substitute for such coverage. The policy is a non-coordinated, excepted benefits product that:

- 1) Is provided under a separate policy, certificate or contract of insurance;
- 2) Does not coordinate between the provisions of this plan and any exclusions under any other separate employer product or other health insurance which the covered person may have; and
- 3) Provides benefits without regard to whether benefits are provided under any other health plan maintained by the employer or other health insurance which the covered person may have.

The standard NAIC "Guide to Health Insurance for People with Medicare" will be provided for any Medicare eligible applicants at the time of solicitation as well as the statutorily worded Medicare Duplication Notice (form number MSDN06) and Replacement of Insurance Notice (form number SL-REPLNOT) (when applicable).

The variable material reflects the benefits and amounts chosen by the employer for employee selection. The Schedule of Benefits will list the benefit and amounts chosen for the policy and the certificate. The variable language or amounts in the printed forms will be no more restrictive than that which is reflected in the enclosed documents. The variables are described in the Statement of Variability attached under the Supporting Documentation Tab.

We trust this information is complete and look forward to receiving your favorable reply. Please contact me at the address or numbers listed if you feel additional information is needed or if I can be of assistance.

Company and Contact

Filing Contact Information

Sherry Wiegman, Sr. Compliance Analyst sherry.wiegman@anico.com
 One Moody Plaza, SSH MP, Ste. 200 281-538-4842 [Phone]
 Galveston, TX 77550 409-766-2950 [FAX]

Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
 One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance
 Galveston, TX 77550 Group Name: State ID Number:
 (281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

Filing Fees

SERFF Tracking Number: ANTX-127357722 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$50.00	08/08/2011	50441890
Standard Life and Accident Insurance Company	\$200.00	08/08/2011	50449816

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/10/2011	08/10/2011

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	08/09/2011	08/09/2011	Sherry Wiegman	08/09/2011	08/09/2011
Pending Industry Response	Rosalind Minor	08/08/2011	08/08/2011	Sherry Wiegman	08/08/2011	08/08/2011

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Disposition

Disposition Date: 08/10/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Standard Life and Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Duplication Notice, Replacement Notice	Approved-Closed	Yes
Supporting Document	STATEMENT OF VARIABILITY	Approved-Closed	Yes
Supporting Document	Important Notice To Arkansas Residents	Approved-Closed	Yes
Form (revised)	Group Employer Policy	Approved-Closed	Yes
Form	Group Employer Policy	Replaced	Yes
Form (revised)	Group Employee Certificate	Approved-Closed	Yes
Form	Group Employee Certificate	Replaced	Yes
Form	Group Employer Application	Approved-Closed	Yes
Form	Group Employee Enroll Form	Approved-Closed	Yes
Form	Optional Endorsement	Approved-Closed	Yes
Rate	GROUP EMPLOYER FIXED INDEMNITY	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/09/2011
Submitted Date 08/09/2011
Respond By Date

Dear Sherry Wiegman,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Objection 2

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)

Comment: With respect to coverage provided for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: ANTX-127357722 State: Arkansas
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 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/09/2011
 Submitted Date 08/09/2011

Dear Rosalind Minor,

Comments:

We have completed the review of your objection letter.

Response 1

Comments: We have revised the newborn infants to comply with ACA 23-79-129.

Related Objection 1

Applies To:

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Employer Policy	SL-VERSEP-AR		Policy/Contract/Fraternal Certificate	Initial		50.200	AR SLAICO Versatile Group Policy -

SERFF Tracking Number: ANTX-127357722 State: Arkansas
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 Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

SL-
 VERSEP-
 AR
 Nonmkd.p
 df

Previous Version

Group Employer Policy	SL- VERSEP- AR	Policy/Contract/Fraternal Certificate	Initial	50.200	AR SLAICO Versatile Group Policy - SL- VERSEP- AR Nonmkd.p df
Group Employee Certificate	SL- VERSEC- AR	Certificate	Initial	50.200	AR SLAICO Versatile Group Certificate - SL- VERSEC- AR Nonmkd.p df

Previous Version

Group Employee Certificate	SL- VERSEC- AR	Certificate	Initial	50.200	AR SLAICO Versatile Group Certificate - SL- VERSEC- AR
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Nonmkd.p
df

No Rate/Rule Schedule items changed.

Response 2

Comments: We have revised the adopted children provision to comply with ACA 23-79-137.

Related Objection 1

Applies To:

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)

Comment:

With respect to coverage provided for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Employer Policy	SL-VERSEP-AR		Policy/Contract/Fraternal Certificate	Initial		50.200	AR SLAICO Versatile Group Policy - SL- VERSEP- AR Nonmkd.p df

Previous Version

<i>SERFF Tracking Number:</i>	ANTX-127357722	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Standard Life and Accident Insurance Company	<i>State Tracking Number:</i>	49491
<i>Company Tracking Number:</i>			
<i>TOI:</i>	H08G Group Health - Intensive Care - Limited Benefit	<i>Sub-TOI:</i>	H08G.000 Health - Intensive Care - Limited Benefit
<i>Product Name:</i>	VERSATILE PLAN FORMS		
<i>Project Name/Number:</i>	VERSATILE PLAN FORMS/VERSATILE PLAN FORMS		
Group Employer Policy	SL- VERSEP- AR	Policy/Contract/Fraternal Certificate	Initial 50.200 AR SLAICO Versatile Group Policy - SL- VERSEP- AR Nonmkd.p df
Group Employee Certificate	SL- VERSEC- AR	Certificate	Initial 50.200 AR SLAICO Versatile Group Certificate - SL- VERSEC- AR Nonmkd.p df
Previous Version			
Group Employee Certificate	SL- VERSEC- AR	Certificate	Initial 50.200 AR SLAICO Versatile Group Certificate - SL- VERSEC- AR Nonmkd.p df

No Rate/Rule Schedule items changed.

We trust this information is complete and look forward to receiving your favorable reply. Thank you for your continued review.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/08/2011
Submitted Date 08/08/2011

Respond By Date

Dear Sherry Wiegman,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)
- Group Employer Application, SLLBE (Form)
- Group Employee Enroll Form, SLLBGRPAR (Form)
- Optional Endorsement, SL-VERSEND1 (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 \$200.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/08/2011
Submitted Date 08/08/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional fee of \$200 has been submitted as requested. Thank you.

Related Objection 1

Applies To:

- Group Employer Policy, SL-VERSEP-AR (Form)
- Group Employee Certificate, SL-VERSEC-AR (Form)
- Group Employer Application, SLLBE (Form)
- Group Employee Enroll Form, SLLBGRPAR (Form)
- Optional Endorsement, SL-VERSEND1 (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 \$200.00 for this submission.

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Form Schedule

Lead Form Number: SL-VERSEP-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/10/2011	SL-VERSEP-AR	Policy/Cont ract/Fratern al Certificate	Group Employer Policy	Initial		50.200	AR SLAICO Versatile Group Policy - SL-VERSEP-AR Nonmkd.pdf
Approved-Closed 08/10/2011	SL-VERSEC-AR	Certificate	Group Employee Certificate	Initial		50.200	AR SLAICO Versatile Group Certificate - SL-VERSEC-AR Nonmkd.pdf
Approved-Closed 08/10/2011	SLLBE	Application/ Enrollment Form	Group Employer Application	Initial		50.200	GENERIC SLAICO Versatile Employer Application - SLLBE.pdf
Approved-Closed 08/10/2011	SLLBGRPAR	Application/ Enrollment Form	Group Employee Enroll Form	Initial		50.200	AR VERS EMPLOYEE ENROLL FORM - SLLBGRPAR.pdf
Approved-Closed 08/10/2011	SL-VERSEND 1	Policy/Cont ract/Fratern al Certificate: Amendmen	Optional Endorsement	Initial		50.200	SLAICO Versatile Group Credit End Generic - SL-

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Endorseme
nt or Rider

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as “Standard Life”, “We”, “Us”, “Our” or “the Company”)

**GROUP LIMITED BENEFIT
ACCIDENT AND SICKNESS INSURANCE POLICY**

GROUP POLICY NUMBER:	[123456789]
EMPLOYER:	[ABC Employer, Inc.]
POLICY EFFECTIVE DATE:	[June 1, 2011]
ANNIVERSARY DATE:	[June 1 st]
STATE OF ISSUE:	Arkansas

This Policy is a legal contract between the Employer and the Company. The Company agrees to insure eligible Employees of the Employer against loss covered by this Policy subject to its provisions, limitations, and exclusions. This Policy is non-participating.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Policy Application, which is attached to and made part of this Policy. This Policy will take effect as of 12:01 am on the Policy effective date and continues in effect as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. The Policy Anniversary Date will be the date shown in each subsequent year.

PREMIUMS. Premiums may be changed and are due as stated the Premiums section.

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

The Policy is governed by the laws of the state in which this Policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

<p>NOTICE TO BUYER:</p> <p>THIS POLICY PROVIDES LIMITED BENEFIT COVERAGE.</p> <p>IT IS NOT DESIGNED TO COVER ALL MEDICAL EXPENSES AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY.</p> <p>PLEASE READ CAREFULLY!</p> <p>NO BENEFITS ARE PAYABLE FOR SICKNESS DURING THE FIRST 30 DAYS FOLLOWING A COVERED PERSON’S CERTIFICATE EFFECTIVE DATE.</p>
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THE INSURANCE POLICY IS NOT A POLICY OF WORKERS’ COMPENSATION INSURANCE.

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POLICY SCHEDULE OF BENEFITS

EMPLOYER: [ABC Employer Inc.]

POLICY NUMBER: [SLA012345]

POLICY DATE: [June 1, 2011]

STATE OF ISSUE: Arkansas

CLASSES OF ELIGIBLE PERSONS TO BE COVERED UNDER THIS POLICY:

Employees and dependents who meet the eligibility requirements as set forth under this Policy.

[Class 1: All [full time/part time/temporary] Employees of the Employer working a minimum of [20-40] hours per week.]

[Class 2: All [full time/part time/temporary] Employees of the Employer working a minimum of [20-40] hours per week.]

[May include additional Classes]

[EMPLOYEE CONTRIBUTIONS:

[Employee contributions [are][are not] required for Employee coverage hereunder.]

[Employer pays [0 – 100%] of premiums for Employees.]

Employee contributions [are][are not] required for Dependent coverage hereunder.]

[Employer pays [0 – 100%] of premiums for Dependents.]

[PARTICIPATION REQUIREMENTS:

[At least ____[%] of the Employer’s eligible Employees must be insured to keep this Policy in force.]

[At least ____[%] of the Employer’s eligible Employees must be insured in to keep the premiums from changing .]]

[EMPLOYER WAITING PERIOD:

Initial Employees: [___None] [___Month(s)] [___Days]

New Employees: [___None] [___Month(s)] [___Days]

[BENEFIT AMOUNTS AVAILABLE UNDER THIS POLICY ARE CHOSEN BY THE EMPLOYEE IN THE ENROLLMENT FORM AND SHOWN IN THE EMPLOYEE’S CERTIFICATE OF COVERAGE.]

[PLAN

[OPTION 1][OPTION 2][OPTION 3][LEVEL 1][LEVEL 2][LEVEL 3][CLASS 1][CLASS 2][CLASS 3]]

[HOSPITAL BENEFIT:

[Hospital Admission Benefit:[\$10 – \$10,000]]

[Hospital Confinement Benefit:

[Elimination Period

Sickness.....[0 – 7 Days]]

Daily Hospital Confinement Benefit.....[\$10 - \$2,000 Per Day]

Maximum Hospital Confinement Benefit Period[10 - 365 Days]]

Intensive Care Unit Benefit:

Daily Intensive Care Unit Benefit[\$10 – \$4,000 Per Day]
Maximum Intensive Care Unit Benefit Period[1 - 30 Days]]

[AMBULATORY SURGICAL CENTER BENEFIT:

Ambulatory Surgical Benefit.....[\$10 - \$2,000 Per Visit]]

[AMBULANCE BENEFIT:

Ground Ambulance Benefit.....[\$10 - \$5,000 Per Trip]
Maximum Number of Trips (Ground).....[1 – 4 Per Calendar Year]]
Air Ambulance Benefit.....[\$10 - \$5,000 Per Trip]
Maximum Number of Trips (Air).....[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM ACCIDENT BENEFIT:

Emergency Room Accident Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM SICKNESS BENEFIT:

Emergency Room Sickness Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[CONTINUOUS CARE BENEFIT:

Daily Benefit.....[\$10 – \$1,000 Per Day]
Maximum Continuous Care Benefit Period.....[the length of the preceding Period of Confinement in a Hospital not to exceed [1 - 30 days of care]]]

[SURGICAL AND ANESTHESIA BENEFIT:

Surgery Benefit:[50-500]% of [2011] RBRVS
Anesthesia Benefit:.....[10% – 50%] of the amount paid for the Surgery Benefit]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[INPATIENT SUBSTANCE ABUSE BENEFIT:

[Elimination Period.....[0 – 7 Days]]

Inpatient Benefit.....[\$10 - \$2,000 Per Day]
 Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
 Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[OUTPATIENT PHYSICIAN’S OFFICE VISIT BENEFIT:

Physician’s Office Visit Benefit.....[\$10 – \$250 Per Visit]
 Maximum Number of Visits.....[1 – 10 Per Calendar Year]]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT:

Outpatient Diagnostic, X-Ray and Laboratory Procedures Benefit.....[\$10 – \$1,000 Per Test Day]
 Maximum Number of Test Days [0 – 6 Per Calendar Year]]

[WELLNESS AND PREVENTIVE CARE BENEFIT:

Benefit Amount.....[\$10 – \$500 Per Visit]
 Maximum Number of Visits [1 – 6 Per Calendar Year]]

[ACCIDENTAL DEATH BENEFIT:

Accidental Death Benefit[\$1,000 - \$1,000,000]

[COMMON CARRIER BENEFIT:

Common Carrier Benefit[Two – Five] times the amount of the
 Accidental Death Benefit]

[ACCIDENTAL DISMEMBERMENT BENEFIT:

Dismemberment Category (See Medical Terms for Definitions)	Benefit Amount
Loss of Two or More Hands or Feet.....	[\$0 - \$1,000,000]
Loss of Sight of Both Eyes.....	[\$0 - \$1,000,000]
Loss of Speech and Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Sight in One Eye.....	[\$0 - \$1,000,000]
Severance and Reattachment of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Speech.....	[\$0 - \$1,000,000]
Loss of Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of Thumb and Index Finger of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all Four Fingers of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all the Toes of the Same Foot.....	[\$0 - \$1,000,000]]

[PARALYSIS BENEFIT:

Paralysis Category (See Medical Terms for Definitions)	Benefit Amount
Quadriplegia.....	[\$0 - \$1,000,000]

Paraplegia.....	[\$0 - \$1,000,000]
Hemiplegia.....	[\$0 - \$1,000,000]
Uniplegia.....	[\$0 - \$1,000,000]

[PROSTHESIS BENEFIT :

Prosthesis Benefit.....	[\$10 - \$1,000]
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[COMA BENEFIT:

Coma Benefit.....	[\$10 - \$1,000,000]
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[FRACTURE BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Cheekbone.....	[\$0 - \$1,000,000]
Collarbone	[\$0 - \$1,000,000]
Foot (other than toes).....	[\$0 - \$1,000,000]
Hand (other than fingers).....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Kneecap	[\$0 - \$1,000,000]
Lower Arm.....	[\$0 - \$1,000,000]
Lower Jaw	[\$0 - \$1,000,000]
Lower Leg.....	[\$0 - \$1,000,000]
Neck.....	[\$0 - \$1,000,000]
Pelvis	[\$0 - \$1,000,000]
Shoulder Blade.....	[\$0 - \$1,000,000]
Skull	[\$0 - \$1,000,000]
Sternum.....	[\$0 - \$1,000,000]
Tailbone.....	[\$0 - \$1,000,000]
Upper Arm.....	[\$0 - \$1,000,000]
Upper Jaw.....	[\$0 - \$1,000,000]
Upper Leg/Femur.....	[\$0 - \$1,000,000]
Wrist	[\$0 - \$1,000,000]

[DISLOCATION BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Ankle.....	[\$0 - \$1,000,000]
Collarbone.....	[\$0 - \$1,000,000]
Elbow.....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Jaw.....	[\$0 - \$1,000,000]
Knee.....	[\$0 - \$1,000,000]
Shoulder.....	[\$0 - \$1,000,000]
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Wrist.....	[\$0 - \$1,000,000]

[BURN BENEFIT:

Burn Category	Benefit Amount
27% or more of the body surface below neck.....	[\$0 - \$1,000,000]
18% or more of the body surface below neck.....	[\$0 - \$1,000,000]
9% or more of the body surface below neck.....	[\$0 - \$1,000,000]
5% or more of the body surface below neck.....	[\$0 - \$1,000,000]

50% or more of face, neck or head.....[\$0 - \$1,000,000]
25% or more of face, neck or head.....[\$0 - \$1,000,000]
10% or more of face, neck or head.....[\$0 - \$1,000,000]

[CRITICAL ILLNESS BENEFIT:

Benefit Amount.....[\$0 - \$1,000,000]

[TRANSPORTATION BENEFIT:

Transportation Benefit.....[\$10 - \$1,000 Per Round Trip]

Maximum Transportation Benefit.....[1 – 6 Round Trips Per Calendar Year]]

[LODGING BENEFIT:

Lodging Benefit.....[\$10 - \$100 Per Day]

Maximum Lodging Benefit.....[1 – 30 Days Per Calendar Year]]

PREMIUM RATES:

Premium rates are shown in the Employee’s Certificate Schedule of Benefits.

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DEFINITIONS - GENERAL

Accident or Accidental means an act or event which is unforeseen, unexpected and unanticipated, definite as to time and place, which:

1. causes Injury to one or more Covered Persons; and
2. occurs while the insurance is in force for the Covered Person.

Actively At Work or Active Service means an Employee who is [present for [20 – 30 hours per week]] [a full-time Employee] at his/her usual place of employment for the Employer or at another location as assigned or directed by the Employer, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed.

On any day that is not an Employee's regularly scheduled work day (vacation, personal days, and weekends/holidays) the Employee will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his/her last regularly scheduled work day.

An Employee who usually performs the regular duties of his/her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Employer's usual place of employment if required to do so.

Age means a Covered Person's Age as of his/her last birthday.

[Ambulatory Surgical Center means a facility, licensed as such, that provides outpatient surgical services. It does not include a Physician's or dentist's office, a clinic, or any other such location.]

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

Certificate Effective Date is the date coverage begins for each Covered Person under the Policy. It will be different for a Covered Person added to the Policy after the original date of issue or when a change in coverage for any Covered Person occurs. Each Covered Person's Certificate Effective Date is shown in the Employee's Certificate of Coverage Schedule of Benefits.

[Common Carrier means a vehicle that is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a common-carrier vehicle.]

[Complications of Pregnancy means:

1. conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but does not include false labor, pre-term or premature labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

Covered Person means an Employee, an Employee's spouse or Dependent children, listed as a Covered Person in the Certificate Schedule of Benefits and for whom premium has been paid.

Dependent means an Employee's family as follows:

1. The lawful Spouse[*], if not legally separated or divorced;
2. Unmarried children (whether natural, adopted or stepchildren) under the limiting age of 26; or
3. Unmarried children for whom the Employee is required to provide insurance under a medical support order or an order enforceable by a court.

[*The term "Spouse" as used throughout the Policy will also mean the Employee's legal Domestic Partner.]

[Domestic Partner means an opposite or same sex person with whom an Employee maintains a committed relationship and shares a familial relationship characterized by mutual caring and the sharing of a mutual residence and who has registered under the state law as domestic partners. Each partner must:

1. Be at least 18 years old and competent to contract;
2. Be the sole domestic partner of the other person; and
3. Not be married.]

[Elimination Period means the consecutive number of days the Covered Person is confined as an Inpatient before a benefit is payable.]

[Emergency Treatment means covered services provided in a Hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the individual's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could:

1. place the individual's health in serious jeopardy;
2. result in serious impairment to bodily functions;
3. result in serious dysfunction of a bodily organ or part;
4. result in serious disfigurement; or
5. for a pregnant woman, result in serious jeopardy to the health of the fetus.]

Employee means the Employee designated in the Enrollment Form [who is [Actively at Work and] listed in an eligible class of Employees in the Employer's application]. The Employee must be listed as a Covered Person in the Certificate Schedule of Benefits and appropriate premium paid in order to be covered under the Policy. [An Employee does not include seasonal or temporary Employees.]

Employer means the entity or plan sponsor to whom the Group Policy is issued and shall include any affiliated entities or subsidiaries approved by the Company.

Enrollment Form means the form(s) that the Employee (and Employee's spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that the Employee uses to change coverage under the Policy.

[Home Health Care means a program of professional, paraprofessional or skilled care for medical services provided through a Home Health Care Agency to a Covered Person in his/her home. This includes any of the following services:

1. Nursing services provided by a:
 - (a) registered nurse;
 - (b) licensed practical nurse;
 - (c) licensed vocational nurse; or
 - (d) a licensed public health nurse;
2. Physical therapy;
3. Speech therapy;
4. Respiratory therapy; or
5. Occupational therapy.]

[Home Health Care Agency means an agency or organization which provides Home Health Care services, and:

1. Is licensed or certified, if required by the jurisdiction in which it is located; or accredited by:
 - (a) the National Home Caring Council, a Division of the Foundation for Hospice and Home Care;
 - (b) the Joint Commission Accreditation of Health Care Organizations; or
 - (c) the National League for Nursing;
2. Is supervised by a qualified professional such as a registered nurse or a licensed social worker;
3. Whose Employees receive appropriate specialized training; and
4. Keeps clinical records, including Physician's orders where appropriate, on all patients.]

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

[Hospital means an institution licensed to operate as a Hospital pursuant to the law of the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and

medical records on the premises. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a Skilled Nursing Facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.]

Immediate Family Member means a person who is related to the Covered Person 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Injury or Injuries means Accidental bodily Injury sustained by a Covered Person in an Accident that:

1. is the direct cause of the condition for which benefits are provided,
2. is independent of disease or bodily infirmity or any other cause, and
3. occurs while the insurance is in force.

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

[Inpatient or Confined means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. Confined or Inpatient does not include a Covered Person's treatment in an Ambulatory Surgical Center, emergency room, or an observation room. The confinement must be Medically Necessary.]

[Intensive Care Unit (ICU) means a specifically designated unit of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

Medically Necessary means that, based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider;
2. it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. it is experimental or investigational.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder means any disorder, regardless of its cause or medical origin, that is classified as a mental disorder by the International Classification of Diseases. Diagnoses include, but are not limited to: neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disease, bipolar affective disorder or autism. Diagnoses do not include those that are classified as Substance Abuse, substance dependency or mental disorders induced by Substance Abuse.

Outpatient means the Covered Person is not confined as Inpatient in a Hospital.

[Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or Sickness or the confinements are separated by [30-180] days.]

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license who is not:

1. the Covered Person; or
2. an Immediate Family Member.

[Preexisting Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within [6 – 12] months before the Covered Person's Certificate Effective Date; or
2. that would have caused a reasonably prudent person to seek medical diagnosis or treatment within [6 – 12] months

before the Covered Person's Certificate Effective Date.

A pregnancy that was conceived prior to the Certificate Effective Date is also considered a Pre-existing Condition.]

[Psychiatric Hospital means an institution licensed by the state which is primarily engaged in providing Inpatient care for psychiatric services, by or under the supervision of a Physician, for the diagnosis and treatment of Mental or Nervous Disorders.]

[Rehabilitation Facility means an institution licensed by the state where it's primary purpose is to provide restorative therapy to disabled persons. Such facility must be licensed as such in the state in which it operates. "Rehabilitation Facility" does not include places for custodial care or places for confinement of drug addicts or alcoholics.]

[Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.]

[Resource Based Relative Value System (RBRVS) means the methodology used by the federal government to determine benefits payable under Medicare.]

Sickness means illness or disease which begins while coverage is in force under the Policy for the Covered Person. [Sickness does not include normal pregnancy but does include Complications of Pregnancy.] [Sickness includes pregnancy.] All related conditions and recurring symptoms of Sickness will be considered one Sickness.

[Skilled Nursing Facility means a lawfully operating institution or a distinct part thereof. Such facility must be engaged mainly in providing skilled nursing care and treatment for people convalescing from an Injury or Sickness. It must: 1) have organized facilities for medical services; 2) provide 24 hour a day nursing services under the full-time supervision of a Physician or a registered nurse; 3) have available the services of a Physician at all times; 4) maintain daily clinical records on each patient; and 5) provide appropriate methods for dispensing and administering drugs and medicines.

A Skilled Nursing Facility will include the following facilities that are operating within the scope of their lawful licenses: 1) a rehabilitation center; 2) a transitional care unit; 3) an intermediate nursing facility; 4) an extended care facility; and 5) a nursing home.

A Skilled Nursing Facility does not mean a home or facility, or part of home or facility, that is used primarily for: 1) rest; 2) the aged; 3) alcoholics or drug addicts; 4) mental illness or disorders; 5) custodial care; or 6) educational care.]

Substance Abuse means psychological or physical dependence on, or addiction to, alcohol, drugs or any other controlled substances characterized by:

1. impairments in social and/or occupational functioning;
2. debilitating physical condition;
3. inability to abstain from or reduce consumption of the substance; or
4. the need for daily substance use to maintain adequate functioning.

Substance abuse includes alcohol and drugs but excludes caffeine and tobacco.

[Substance Abuse Treatment Center means a facility which provides a program for treatment of Substance Abuse pursuant to a written treatment plan approved and monitored by a Doctor and which facility is also: (1) affiliated with a Hospital under a contractual agreement with an established system for patient referral; or (2) accredited as such a facility by the Joint Commission on Accreditation of Hospitals; or (3) licensed, certified, or approved as a chemical dependency treatment program or center by a state agency having legal authority to so license, certify, or approve.]

Waiting Period means a consecutive 30 day period of time starting with the Certificate Effective Date for each Covered Person during which no benefits are payable for a Sickness [, a Mental or Nervous Disorder or Substance Abuse].

[DEFINITIONS - MEDICAL TERMS

[Ankle means the distal fibula, tibia, navicular, and calcaneous bones.]

[Bone Degeneration Disease means any disease causing bone loss or deterioration of bone structure including but not limited to the following diagnosis: Osteoporosis, Paget's disease, osteogenesis imperfecta, bone malignancies, osteonecrosis, and metabolic bone disease.]

[Collarbone means the clavicle bones.]

[Coccyx means four fused vertebrae at the bottom of the spine.]

[Coma -- means a profound state of unconsciousness that lasts for a period of at least 96 hours and from which the Covered Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. This does not include medically induced comas.]

[Dislocation means displacement or disarrangement of the normal anatomical relation of the bones in a joint in which there is loss of contact between articular surfaces.]

[Finger means the digits of the hand consisting of the proximal, middle and distal phalangeal bones that comprise the four fingers and the thumb.]

[Feet or Foot means the part of the lower extremity consisting of the calcaneous bone, cuboid bone, cuneiform bones, metatarsal bones, navicular bones, phalanges, and the bones which form the ankle. For Fracture or Dislocation purposes, the Toes are not covered.]

[Fracture means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.]

[Green Stick Fracture means a fracture in a soft bone in which the bone bends and partially breaks.]

[Hairline Fracture means a break that appears as a narrow crack along the surface of the bone.]

[Hand means a portion of the upper Limb consisting of the wrist, palm, four fingers and thumb. For Fracture or Dislocation purposes, the Toes and Fingers are not covered.]

[Hip means the femoral neck.]

[Kneecap means the patella.]

[Leg means the tibia and fibula and femur/thigh.]

[Limb means entire arm or entire leg.]

[Loss of finger or toe means complete severance through or above the metacarpophalangeal joint of a Finger or metatarsophalangeal joint of a Toe.]

[Loss of hand or foot means permanent severance of an arm distal to the ulna and radius; or distal to the tibia and fibula of the leg respectively.]

[Loss of hearing means total and irrecoverable loss of the ability to perceive sound.]

[Loss of sight means a total, permanent and irrecoverable loss of perception to light.]

[Loss of speech means total and irrecoverable loss of the ability to speak.]

[Lower Arm means the radius and ulna.]

[Lower Jaw means the mandible.]

[Lower Leg means the tibia or fibula.]

[Neck means the seven cervical vertebrae.]

[Osteoporosis means a reduction in bone mass and loss of normal bone leading to increased susceptibility to fractures.]

[Paralysis/Paralyzed means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Accident causing Paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible Paralysis of both upper and lower Limbs. "Paraplegia" means the

complete and irreversible Paralysis of both lower Limbs. "Hemiplegia" means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one Limb.]

[Pathological Fracture means any Fracture in an area where pre-existing disease has caused weakening of the bone.]

[Pelvis means the area formed by the pubic bone, ilium, and ischium.]

[Reduction means manipulative or surgical restoration procedures of a dislocated body part to its normal anatomical relation.]

[Second Degree Burn means a burn marked by pain, blistering and superficial destruction of the dermis.]

[Shoulder Blade means scapula.]

[Skull means the bones of the head collectively.]

[Spine/Vertebral Column means 7 cervical, 12 thoracic, 5 sacral, and 4 coccygeal bones.]

[Sternum means the breastbone located in the center of the chest. This does not include ribs.]

[Tailbone means the four coccygeal vertebrae.]

[Third Degree Burn means a burn that causes damage to subcutaneous tissue.]

[Toe means the digits of the foot consisting of the phalangeal bones that comprise the 5 toes.]

[Upper Arm means the humerus.]

[Upper Jaw means the maxilla.]

[Upper Leg means the femur/thigh.]

[Wrist means the proximal segment of the hand consisting of the carpal bones.]]

ELIGIBILITY AND EFFECTIVE DATES

The Policy Effective Date is shown on the cover page of this Policy and in the Policy Schedule.

[PARTICIPATION REQUIREMENTS

All eligible Employees within a current eligible class listed in the group Application must be offered coverage under the group Policy.

The Company may require a specific participation of Employees in order to continue coverage under the Policy.

[If for any reason an Employer' group participation levels fall below the percentage Participation Requirements stated in the Policy Schedule of Benefits, the Employer has a [3 – 6 month] period, beginning on the premium due date that coincides with or next follows the date the event occurs, to reestablish and continue the minimum percentage Participation Requirements. If the minimum Participation Requirements are not reestablished within such time period, all insurance under the Policy for the Employer and Covered Persons will terminate.]

The Company's participation requirements (if any) are shown in the Policy Schedule of Benefits.]

EMPLOYEE ELIGIBILITY

An Employee is eligible to apply for coverage under this Policy if the Employee:

1. Is in Active Service;
2. Has completed the Employer's Waiting Period shown in the Employer's Application;
3. Is part of an eligible class of Employees listed in the Employer's Application; and
4. The required premium contribution has been received by the Company.

The Employer 's Waiting Period is the time between the first day of employment in an eligible class of Employees and the first day that the Employee is eligible to apply for coverage under the Policy. The Employer's Waiting Period is chosen by the Employer and shown in the Policy Schedule of Benefits. The Employer's Waiting Period may differ for current Employees and new Employees. An Employee in an eligible class must enroll for coverage by submitting a completed Enrollment Form with the appropriate payroll deduction authorization within 31 days of completion of the Employer's Waiting Period.

No Employee may be eligible for insurance under the Policy as both an Employee and as a Spouse or Dependent Child at the same time. If an Employee and Spouse are both eligible to be covered as an Employee, one but not both, is eligible to cover the Dependent Children. The other Spouse may elect single coverage only.

EMPLOYEE'S EFFECTIVE DATE

An Employee's coverage will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
3. the date the Employee's Enrollment Form is approved by the Company.

If the Employee is not Actively at Work on his/her Certificate Effective Date, such Certificate Effective Date will be delayed until the date the Employee returns to Active Service.

DEPENDENT ELIGIBILITY

An Employee is eligible to enroll eligible Dependents on the later of:

1. The date the Employee is eligible to be insured; or
2. The date the Employee first acquires an eligible Dependent.

The date acquired for eligible Dependents is as follows:

1. A spouse is deemed acquired on the date of marriage;
2. A natural child is deemed acquired on his/her date of birth;
3. A stepchild is deemed acquired on the date of marriage to the Employee's legal spouse;
4. An adopted child is deemed acquired on the date of placement for the purpose of adoption or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
5. The date of a court order requiring the Employee to cover eligible Dependents.

An Employee may enroll Dependents for coverage by submitting a completed Enrollment Form within 31 days of first acquiring a Dependent along with the appropriate payroll deduction authorization in accordance with Company policies.

DEPENDENT'S EFFECTIVE DATE

An eligible Dependent's coverage under the Policy will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Employee's effective date of insurance;
3. the date the Employee elects dependent coverage under the Policy; or
4. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
5. the date the Company approves the Employee's Enrollment Form for dependent coverage.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the Certificate Effective Date, the Dependent's Certificate Effective Date will be delayed until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

LATE ENTRANTS

If an Employee or eligible Dependent is not enrolled within 31 days after first becoming eligible, he/she will be considered a Late Entrant and may have to meet additional Evidence of Insurability requirements. Late Entrants are subject to approval by the Company.

If the Company approves the Enrollment Form, the date that insurance takes effect will be assigned by the Company and shown in the Certificate Schedule of Benefits.

EVIDENCE OF INSURABILITY REQUIREMENTS

Evidence of insurability is required for Employees and his/her eligible Dependents, at the Employee's cost, if he/she:

1. applies for coverage more than 31 days after the Employee or Dependent first become eligible;
2. voluntarily canceled insurance and reapplies;
3. is applying after coverage ended due to non-payment of premium;
4. is requesting additional coverage under the Policy; or
5. upon request by the Company.

EFFECTIVE DATE OF CHANGES

Any change in coverage will take effect on the date approved by the Company.

If the Employee is not Actively at Work on his/her last scheduled work day coincident with or preceding the date that an approved increase in his/her coverage is to take effect, such increase will be effective on the date the Employee returns to Active Service.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the date an approved increase in his/her insurance would otherwise become effective, such increase will not be effective until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

NEWBORN CHILDREN

The Employee's newborn child is automatically covered from the moment of birth for up to 90 days. Coverage for newborns will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within the greater of 90 days or the next premium due date of such birth and pay the required additional premium (if any), in order for coverage for the newborn child to continue beyond such 90 day period.

ADOPTED CHILDREN

An adopted child is automatically covered for up to 60 days after filing petition for adoption. Coverage will begin from the moment of birth if the petition for adoption and application for coverage is received within 60 days after the birth of the minor. Coverage for such child will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 60 days after the filing of the petition for adoption and pay additional premium (if any), in order for coverage of the adopted child to continue beyond such 60 day period.

The coverage will terminate upon the dismissal or denial of a petition for adoption.

COURT ORDERED CUSTODY

We will not restrict or deny coverage due to the fact that: 1) a Dependent child does not reside with the noncustodial

parent; or 2) the parent-child relationship was established through a paternity action; or 3) the minor child is covered through the state-administered Medicaid program; or 4) the minor child is not claimed as a dependent on the noncustodial parent's federal or state income tax return.

TERMINATION AND CONTINUATION

POLICY TERMINATION

The Company or the Employer can terminate or non-renew coverage under the Policy under any of the following conditions:

1. the Company or the Employer requests termination of the Policy;
2. the Employer has failed to pay premiums in accordance with the terms of the Policy or We have not received timely premium payments;
3. the Employer has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in applying for coverage or under the terms of the Policy, subject to the provision titled Time Limit on Certain Defenses[.]; or]
4. [the Employer fails to maintain the minimum Participation Requirements stated in the Policy Schedule.]

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

COVERED PERSON'S TERMINATION

Coverage under the Policy for a Covered Person ends on the earliest of:

1. the date the Policy is terminated by the Company or the Employer;
2. the premium due date if premiums are not paid when due, subject to the Grace Period;
3. the date a Covered Person performs an act or practice that constitutes fraud;
4. the date the Employee requests, in writing, that the coverage be terminated;
5. the date the Employee ceases to be in an eligible class of Employees; or
6. the date the Dependent does not meet the definition of an eligible Dependent.

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

CONTINUATION OF COVERAGE FOR AN INCAPACITATED CHILD

Coverage for a mentally or physically handicapped Dependent child that is covered under the Policy and who became incapacitated prior to their 26th birthday will not end when scheduled if the child depends on the Employee for primary support and maintenance. Proof of the incapacity or dependency must be furnished to Us upon our request and at Our expense. The premium for such child's continued coverage will remain at the child rate until the child is no longer dependent or incapacitated. The Employee must notify Us if the incapacity or dependency is removed or terminated.

[CONTINUATION UPON EMPLOYEE'S DEATH

Upon the death of the Employee, a Spouse who is covered under the Policy may continue this coverage under the Policy. Such continued coverage may include all Dependent children who were covered at the time of the Employee's death.

In the event of the Employee's death when there is not a covered Spouse, coverage ends for all Covered Persons on the date of the Employee's death.

To continue insurance under the Policy, the Spouse must:

1. submit a request to Us within 31 days after the date of death of the Employee; and
2. timely pay in advance the required premium contribution to the Employer.

If the Spouse does not elect to continue insurance within 31 days after the coverage ends, coverage may not be elected under this provision at a later date.

Coverage under this provision will end in accordance with the Termination provision and in addition, coverage will terminate on the date the covered Spouse remarries.]

[CONTINUATION OF COVERAGE

If a Covered Person's coverage terminates for any reason except for: 1) non-payment of premium; 2) fraud; or 3) termination of the Policy, such Covered Person may elect to continue coverage under the Policy. To elect continued coverage, the Covered Person must make the election within 31 days of termination and timely pay all required premiums for the continued coverage to the Employer.

Continued coverage is subject to all of the provisions and limitations of the Policy. Coverage continued under this provision will end when the Policy terminates or the last period for which premium is paid, whichever comes first.]

CONTINUATION - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

Federal law requires that if an Employee's insurance would otherwise end because he/she enters into active military duty or inactive military duty for training, the Employee may elect to continue insurance (including Dependent's insurance) in accordance with the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). The Employer is responsible for meeting all of the obligations under USERRA, including notifying all Employees and Dependents of their rights under USERRA.

CONTINUATION - FAMILY AND MEDICAL LEAVE ACT (FMLA)

(Applies to Employers with 50 or more Employees)

Federal law requires that if an Employee's insurance would otherwise end because of family and medical reasons, he/she may be entitled to continue insurance (including Dependent's insurance) in accordance with the Family and Medical Leave Act of 1993 (FMLA). The Employer is responsible for meeting all of the obligations under FMLA, including notifying all Employees and Dependents of their rights under FMLA.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT ("COBRA")

Applies to Employers with 20 or more Employees

Applicability: Federal law requires that Employers of 20 or more Employees for at least 50% of the preceding year, offer a temporary extension of health coverage to Qualified Beneficiaries when coverage would otherwise end because of the occurrence of one or more of Qualifying Events listed below. Under COBRA, a Qualified Beneficiary is any individual who, on the day before a Qualifying Event, is covered under the Policy and is not (1) already covered under the Policy by reason of another individual's election of COBRA, or (2) entitled to Medicare benefits under Title XVIII of the Social Security Act.

Qualifying Event: For purposes of coverage under COBRA, the term "Qualifying Event" means, with respect to any Covered Person, any of the following events which, but for the continuation coverage required under this part, would result in the loss of coverage for a Qualified Beneficiary.

<u>Qualifying Events</u>	<u>Duration of Continued Coverage</u>
• death of an Insured	36 months
• termination of employment for any reason except gross misconduct, or the reduction in hours that would result in loss of coverage	18 months*
• divorce or legal separation	36 months
• Insured becomes eligible for Medicare	Dependents & spouse allowed 36 months
• Insured Dependent no longer meets Insured Dependent eligibility requirements	36 months

*Coverage may be continued an additional 11 months if the Qualified Beneficiary:

- is determined disabled for Social Security purposes at the time of the Qualifying Event or within 60 days after continuation coverage begins; and
- notifies the plan administrator within 60 days from determination (but before the 18 month continuation period ends).

Beneficiaries may be covered by more than one Qualifying Event. However, in no event may the total continuation period

exceed 36 months for all Qualifying Events.

Notice and Election: Covered Persons are responsible for notifying the Employer in the case of a divorce, legal separation, cessation of dependency or determination of disability by the Social Security Administration. The Employer must notify the plan administrator of the Qualifying Event. The Employer must notify the Qualified Beneficiaries of their COBRA election rights. The period during which the Qualified Beneficiary must elect or decline continuation of coverage under COBRA ends not earlier than 60 days after the later of:

- the date on which coverage terminates under the Policy by reason of a Qualifying Event, or
- the date the Qualified Beneficiary receives notice of their COBRA election rights from the plan administrator.

Premium Payment: The Qualified Beneficiary must pay to the Employer or the COBRA Administrator the required monthly premium. Any Grace Period applying to the Employer will also apply to the Qualified Beneficiary, except the first premium payment. Payment of premium for coverage under the period preceding the election must be made within 45 days of the date of election.

COBRA Termination occurs at the earlier of:

- the premium for continued coverage is not paid within 31 days from being due;
- the Qualified Beneficiary becomes covered under another group health plan, if that plan does not contain any exclusion or limitation on any Pre-existing Conditions of the Qualified Beneficiary;
- the Qualified Beneficiary becomes eligible for Medicare;
- the Qualified Beneficiary, who is divorced from an Insured Employee, remarries and is covered under the new spouse's medical plan; or
- the Employer no longer provides medical benefits of any kind.

BENEFITS AND COVERAGES

Benefits described below are payable as stated in the Employee's Certificate Schedule of Benefits when a Covered Person receives Medically Necessary treatment while coverage is in force, subject to any applicable terms, exclusions or limitations. Benefits for Sickness are subject to the Waiting Period.

[HOSPITAL BENEFITS

Hospital Admission Benefit:

If a Covered Person is admitted as an Inpatient in a Hospital for treatment of Sickness or an Injury, the Company will pay the Hospital Admission Benefit shown in the Certificate Schedule of Benefits.

The Hospital Admission Benefit is payable once during each Period of Confinement.]

[Hospital Confinement Benefit:

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury in a private or semi-private room, the Company will pay the Daily Hospital Confinement Benefit shown in the Certificate Schedule of Benefits for each day that a Covered Person is Confined.

The Daily Hospital Confinement Benefit is payable subject to the Maximum Hospital Confinement Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.

This benefit is not payable if the Covered Person is receiving Intensive Care Unit Benefits under the Policy.

This benefit is not payable if the Covered Person is Confined for the treatment of a Mental or Nervous Disorder or Substance Abuse.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

No benefits are payable for treatment received in an emergency room, any Outpatient setting, skilled nursing facility, rehabilitation facility, rehabilitation Unit, hospice or any other facility other than a Hospital.]

Intensive Care Unit Benefit:

When a Covered Person is confined to an Intensive Care Unit, the Company will pay the Daily Intensive Care Unit Benefit shown in the Certificate Schedule of Benefits for each day a Covered Person is confined in and charged for an Intensive Care Unit.

This benefit is paid in lieu of and not in addition to the Daily Hospital Confinement Benefit under the Policy.

The Daily Intensive Care Unit Benefit is payable for subject to the Maximum Intensive Care Unit Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.]

[AMBULATORY SURGICAL CENTER BENEFIT

If a Covered Person receives surgery for the treatment of Sickness or an Injury in an Ambulatory Surgical Center, We will pay the Ambulatory Surgical Center Benefit listed in the Certificate Schedule of Benefits.]

[AMBULANCE BENEFIT

If a Covered Person requires ground or air ambulance transportation to a Hospital or other medical facility for Emergency Treatment of Sickness or an Injury, the Company will pay the Ground Ambulance Benefit or the Air Ambulance Benefit, subject to the Maximum Number of Trips shown in the Certificate Schedule of Benefits.

A licensed professional ambulance company must provide the ambulance service.]

[EMERGENCY ROOM ACCIDENT BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Injury resulting from a covered Accident, the Company will pay the Emergency Room Accident Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[EMERGENCY ROOM SICKNESS BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Sickness, the Company will pay the Emergency Room Sickness Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[CONTINUOUS CARE BENEFIT

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury and upon discharge requires Continuous Care, We will pay the Daily Benefit for each day subject to the Maximum Continuous Care Benefit Period shown in the Certificate Schedule of Benefits.

Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care in connection with the condition for which he or she was hospitalized.

The following conditions must be met before Continuous Care benefits are payable:

1. Continuous Care must begin within 7 days following discharge from Inpatient care in a Hospital;
2. Continuous Care must be for the same Accident or Sickness for which the Covered Person was hospitalized;
3. The Continuous Care must be prescribed by a Physician and must be Medically Necessary for the care and treatment of the Covered Person's condition;
4. Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Covered Person or by the Covered Person's Immediate Family Member;
5. Hospice care services require: (a) a written statement from the attending Physician that the Covered Person has a life expectancy of six (6) months or less, and (b) a written statement from the Hospice certifying the days that services were provided.

The Daily Benefit is payable once per day regardless of how many Continuous Care services are provided on that day.

No benefits are payable if the Covered Person is Hospital Confined.]

[SURGICAL AND ANESTHESIA BENEFITS

Surgery Benefit:

If a Covered Person undergoes a surgical procedure for treatment of Sickness or Injury, the Company will pay a Surgery Benefit based upon the percentage indicated in the Certificate Schedule of Benefits of the RBRVS allowable amount.

The surgical procedure must be performed by a Physician in a Hospital or an Ambulatory Surgical Center.

Two or more surgical procedures performed during the same operative session, even if caused by more than one Accident or Sickness, will be considered one surgical procedure, and benefits will be based upon the procedure with the highest dollar value.

Anesthesia Benefit:

The Company will pay the Anesthesia Benefit shown in the Certificate Schedule of Benefits for the administration of anesthesia during a surgical procedure covered under the Policy.

Services must be administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Psychiatric Hospital for the treatment of a Mental or Nervous Disorder, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Outpatient services for the treatment of a Mental or Nervous Disorder, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to a Mental or Nervous Disorder will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[INPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Substance Abuse Treatment Center for the treatment of Substance Abuse, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Outpatient services for the treatment of Substance Abuse, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to Substance Abuse will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT

If a Covered Person visits a Physician's office for treatment of Sickness or an Injury, the Company will pay the Physician's Office Visit Benefit for each visit subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.

The benefits under this provision will include visits for treatment of Sickness or an Injury in an urgent care clinic.

No benefits are payable under this provision for Mental or Nervous Disorders or Substance Abuse.]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT

If a Covered Person receives outpatient diagnostic, x-ray or laboratory procedures for the treatment of Sickness or an Injury, the Company will pay the Outpatient Diagnostic, X-ray and Laboratory Procedures Benefit for each day subject to the Maximum Number of Test Days shown in the Certificate Schedule of Benefits.

One Test Day includes all outpatient diagnostic, x-ray and laboratory procedures performed in one calendar day.]

[WELLNESS AND PREVENTIVE CARE BENEFIT

We will pay the Benefit Amount shown in the Certificate Schedule of Benefits when a Covered Person receives Wellness and Preventive Care. The Wellness and Preventive Care must be under the supervision of a Physician and a charge rendered for the service.

Wellness and Preventive Care (care for reasons other than to diagnose or treat a suspected or identified Sickness or Injury) means an office visit and related procedures for the following: 1) a routine history and physical examination; 2) cervical cytological screening (pap test), colorectal cancer screening, prostate cancer screening, routine mammography screening, or bone density screening; or 3) childhood immunizations as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.

The Benefit Amount is payable for the combined services listed under Wellness and Preventive Care received during one visit. The Benefit Amount is payable subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[ACCIDENTAL DEATH BENEFIT

If a Covered Person suffers an Injury that results in the Covered Person's Death within [90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Accidental Death Benefit listed in the Certificate Schedule of Benefits when the Company receives proof that the Covered Person's death:

1. resulted directly and independently of all other causes from the Accident;
2. occurs while the coverage is in force.

[This benefit is not payable if the Common Carrier Benefit is eligible to be paid.]]

[COMMON CARRIER BENEFIT

If a Covered Person suffers an Injury that results in death and the Accident causing death occurs while riding in or on a Common Carrier, the Company will pay the Common Carrier Benefit listed in the Certificate Schedule of Benefits. This benefit is paid in lieu of the Accidental Death Benefit.

This benefit will also apply if the Accident occurs while entering or exiting, getting in or out of, or on or off of, the Common Carrier. A Taxi is not a Common Carrier.]

[ACCIDENTAL DISMEMBERMENT BENEFITS

If a Covered Person suffers an Injury that results in a Dismemberment specified in the Certificate Schedule of Benefits within [10][20][30][60][90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

If a Covered Person suffers one or more losses from the same Accident for which amounts are payable under more than one benefit category, the amount payable will be limited to only one of the covered losses, the largest to which the Covered Person is entitled.]

[PARALYSIS BENEFIT

If a Covered Person is Paralyzed due to Sickness or an Injury, the Company will pay the applicable Benefit Amount shown in the Certificate Schedule of Benefits for that type of Paralysis.

If the Covered Person suffers more than one type of Paralysis as a result of the same Sickness or Accident, only one amount, the largest, will be paid.]

[PROSTHESIS BENEFIT

If a Covered Person suffers a Sickness or an Injury that requires initial placement of an external Prosthesis, the Company will pay the Prosthesis Benefit shown in the Certificate Schedule of Benefits.

Prosthesis means a device which replaces all or part of an external body part or replaces all or part of the function of a permanently inoperative or malfunctioning external body part. Prosthesis does not mean a device or appliance surgically inserted into the body and does not include:

- dental aids, including false teeth,
- eyeglasses,
- cosmetic prosthesis such as hair wigs,
- other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,
- any experimental prosthesis,
- any auditory prosthesis (a device that substitute for or enhances ability to hear).

No benefits are payable for any charges associated with replacement of external prosthetic devices.]

[COMA BENEFIT

If a Covered Person suffers a Sickness or an Injury that results in a Coma, the Company will pay the Coma Benefit shown in the Certificate Schedule of Benefits.

This benefit is payable once during each Period of Confinement.

No benefits are payable for medically induced comas.]

[FRACTURE BENEFIT

If a Covered Person suffers an Injury that results in the diagnosis and treatment by a Physician for a Fracture specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

In the event of multiple Fractures during the same Accident, only one covered Fracture Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

The Fracture must require Reduction of the bone under anesthesia to be covered under this provision.

No benefits are payable for:

1. Pathological Fracture;
2. Hairline Fracture or Green Stick Fracture;
3. Fractures to the Toes or Fingers; or
4. Fractures when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Fracture, the first Fracture will be covered under the regular terms of the Policy. However, after the first, all further Fractures of any area payable under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[DISLOCATION BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Dislocation specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Dislocation must require Reduction of the joint or bone to a normal position under anesthesia to be covered under this provision.

In the event of multiple Dislocations during the same Accident, only one covered Dislocation Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

No benefits are payable for:

1. Dislocations of the Toes or Fingers;
2. Subsequent Dislocations of the hip, shoulder or knees after the first Dislocation; or
3. Dislocations when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Dislocation, the first Dislocation will be covered under the regular terms of the Policy. However, after the first, all further Dislocations of any area covered under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[BURN BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Second Degree Burn or Third Degree Burn listed in the Certificate Schedule of Benefits, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Company has a right, at Our own expense, to have the Physician's determination verified by a Physician of the Company's choice.

In the event of multiple Burns during the same Accident, only one covered Burn Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.]

[CRITICAL ILLNESS BENEFIT

When a Covered Person is diagnosed with a Critical Illness that First Occurs after the Covered Person's Certificate Effective Date, We will pay the Benefit Amount shown in the Certificate Schedule of Benefits.

This benefit is payable only once for each Covered Person while the coverage is in force, regardless of the number of Critical Illnesses diagnosed. Critical Illness benefits are not payable during the first 30 days following a Covered Person's Certificate Effective Date.

Critical Illness means: 1) Invasive Cancer; 2) Stroke (Cerebrovascular Accident); 3) Heart Attack (Acute Myocardial Infarction); or 4) End-Stage Renal Failure.

As used in this benefit provision:

End-Stage Renal Failure means the chronic and irreversible failure of both of a Covered Person's kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The diagnosis must be made by a Physician.

First Occurs means the occurrence, diagnosis, or procedure is the first time ever in the Covered Person's lifetime that he/she has experienced such Critical Illness or been diagnosed with that specific condition included as a Critical Illness.

Heart Attack means an acute myocardial infarction resulting in:

1. the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries; and
2. resulting in the loss of the normal function of the heart.

The diagnosis must be made by a Physician and based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack.

Established (old) myocardial infarction or Heart Attack occurring during any surgical procedure is excluded.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue through the basement membrane or capsule. "Invasive Cancer" includes, but shall not be limited to any form of:

1. Leukemia;

2. Lymphoma; or
3. Multiple Myeloma

The following are not "Invasive Cancer":

1. pre-malignant lesions (such as intraepithelial neoplasia); or
2. benign tumors or polyps; or
3. early prostate cancer Diagnosed as T1N0M0 or equivalent staging; or
4. cancer in situ; or
5. any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed by a by a Physician, board-certified as a pathologist pursuant to a pathological or clinical diagnosis when a pathological diagnosis is not available.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a Physician.]

[TRANSPORTATION BENEFIT

If a Covered Person requires transportation by private automobile, aircraft, railroad, or bus between his/her residence to a Hospital for treatment of Sickness or an Injury, the Company will pay the Transportation Benefit subject to the Maximum Transportation Benefit amount shown in the Certificate Schedule of Benefits per round trip.

This benefit will be paid for the Covered Person for whom the treatment is prescribed by a Physician and, except for transportation by private automobile, one adult Immediate Family Member of the Covered Person.

No benefits are payable for transportation to any Hospital located within a 100 mile radius of the residence of the Covered Person or for transportation by ambulance.]

[LODGING BENEFIT

If a Covered Person requires treatment of Sickness or an Injury at a Hospital located more than 100 miles from his/her residence and is charged for lodging for the Covered Person or any one of his/her adult Immediate Family Members, the Company will pay the Lodging Benefit shown in the Certificate Schedule of Benefits for room charges at a motel, hotel or other Company approved facility.

We will pay benefits subject to the Maximum Lodging Benefit shown in the Certificate Schedule of Benefits.

This benefit does not apply to private residences. No benefits are payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.]

EXCLUSIONS AND LIMITATIONS

WAITING PERIOD LIMITATION:

Loss caused by or relating to Sickness [, a Mental or Nervous Disorder or Substance Abuse] will not be covered for the first 30 days after the Certificate Effective Date of each Covered Person.

[PREEXISTING CONDITION LIMITATION:

Loss caused by or relating to a Preexisting Condition is not covered for the first [6 – 12] months after the Certificate Effective Date of each Covered Person.]

EXCLUSIONS:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism, while sane or insane;
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. Declared or undeclared war, or any act of declared or undeclared war;
4. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
6. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;
7. The Covered Person's commission of or attempt to commit a felony;
8. The Covered Person being engaged in an illegal occupation;
9. Services and supplies which are not Medically Necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
10. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
11. Services and supplies which are received outside of the United States of America, its possessions and territories;
12. Dental care or treatment unless due to an Injury to a sound and natural tooth;
13. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To repair a birth defect of a child born to the Employee and continuously covered under the Policy from birth; or
 - b) For reconstructive surgery following a covered mastectomy.

14. Any covered loss that is covered under any state or federal Worker's Compensation , Employer's Liability law or similar law;
15. [Any Mental or Nervous Disorder][or][Substance Abuse;]
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. [Pregnancy or maternity. Complications of Pregnancy are not excluded;]
18. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompany others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
19. A custodial institution, domiciliary care or rest cures;
20. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
21. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PREMIUMS

PREMIUM DUE DATE The initial premium is for the term shown on the [Enrollment Form][Application][Certificate Schedule of Benefits]. The renewal premium for later periods of coverage is due on the first day of the next term. The coverage will end (lapse) if the renewal premium in effect is not paid before the end of the Grace Period.

If payroll deduction facilities are available to the Employee, the premium will be deducted from the Employee's pay and remitted to Us by the Employer.

PREMIUM ADJUSTMENT

The Company may change the premium rates from time to time with at least sixty (60) days advance written notice to the Employer. [No change in premium will take effect before the first Policy Anniversary unless the terms of the coverage change.]

The Company reserves the right to change rates at any time if any of the following events take place:

1. the terms of the Policy change;
2. [the Participation Requirements stated in the Policy Schedule of Benefits are not met;] or
3. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

The Company will not extend retroactive coverage, or termination, to Employees or Dependents due to clerical errors by the Employer, for a time period greater than sixty (60) days.

GRACE PERIOD

A Grace Period may apply to any premium payments made in any mode other than a single premium. Premium payments after the initial premium payment may be paid within the Grace Period. The Grace Period will last for 31 days after the due date of the premium payment. During the Grace Period, the coverage will remain in force. However, the Company is not obligated to pay any claims incurred during the Grace Period until the premium due is received. If premium payments are not made by the end of the Grace Period, the coverage will immediately cease to be in force.

No Grace Period will be provided if the Company receives notice to terminate the Covered Person's coverage prior to a premium due date.

UNPAID PREMIUM

Any due and unpaid premium may be deducted from any benefits then payable.

PREMIUM REFUND AT DEATH

If a Covered Person's coverage terminates due to death, the Company will refund the pro rata unearned portion of any premium paid for such Covered Person.

MISSTATEMENT OF AGE

If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be an adjustment of premiums based on his/her true age. If the benefits for which the Covered Person is eligible are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his/her true age. The Company may require satisfactory proof of age before paying any claim.

[REINSTATEMENT

The Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Employer satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.]

CLAIM PROVISIONS

NOTICE OF CLAIM

The Employee must give the Company written notice of a claim. It should be given within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by the Employee or on behalf of the Employee to Us at our Home Office, or to any authorized agent of the Company, with information sufficient to identify the Covered Person, will be deemed notice to the Company.

CLAIM FORMS

The Company will send the Employee a claim form when a notice of claim is received. If the form is not furnished within 15 days from the time the Employee gives notice, the Employee may fulfill the proof of loss requirements by sending written proof covering the occurrence, the character and the extent of the loss for which claim is made within the time set in Proof of Loss.

PROOF OF LOSS

The Employee must give the Company written proof of loss within 90 days after such loss. If it is not reasonably possible to do so, the Company will not reduce or deny the Employee's claim for being late if proof is given as soon as reasonably possible. It must, however, be given within 15 months from the date of loss, unless the Employee is not legally capable.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Employee. Any other accrued indemnities unpaid at the Employee's death may, at Our option, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Employee.

If any benefit is payable to the estate of the Employee, or to an Employee or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Employee or Beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

ASSIGNMENT

An Employee may assign all of his/her rights, privileges and benefits under the Policy without the consent of his/her designated Beneficiary. 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 the Policy.

CHANGE OF BENEFICIARY

The right to change a Beneficiary is reserved for the Employee, and the consent of the Beneficiary or beneficiaries is not required for the surrender or assignment of the benefits, for any change of Beneficiary or beneficiaries, or for any other changes in the coverage.

PHYSICAL EXAMINATIONS AND AUTOPSY

The Company may have a Covered Person examined at its own expense as often as it may reasonably require while their claim is pending under the Policy 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 shall be brought to recover under the Policy for at least 60 days after the Employee has given the Company written proof of loss in accordance with the requirements of the Policy. The Employee

cannot start such action more than 3 years after the date proof of loss is required to be furnished.

RIGHT OF RECOVERY

When an overpayment has been made by Us, We will have the right to: a) recover that overpayment from the person to whom or on whose behalf it was made; or b) offset the amount of that overpayment from a future claim payment.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The Policy, the Application(s), the Riders (if any), and any attached papers make up the entire contract between the Employer and the Company.

In the absence of fraud, all statements made by the Employer will be considered representations and not warranties. No written statement made by the Employer will be used in any contest unless a copy of the statement is furnished to the Employer or his/her Beneficiary or personal representative.

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

The Company may amend or change this Policy by written agreement with the Employer. We may amend or change the Certificate at any time, without the consent of the Employer, the Employee, any Covered Person or beneficiary, if required by law. Any amendment will be without prejudice to any charge incurred prior to the effective date of the change.

TIME LIMIT ON CERTAIN DEFENSES

After 3 years from the Policy effective date, no misstatements, except fraudulent misstatements, made by the Employer in the Application for coverage will be used to void the Policy after the expiration of the three-year period.

A claim for loss incurred beginning [6-12] months after a Covered Person's Certificate Effective Date will not be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed before the Certificate Effective Date of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Employer is located is hereby amended to conform to the minimum requirements of those statutes.

WORKERS' COMPENSATION

This Policy is not in lieu of, is not in any way subject to, and does not affect any requirement for coverage by Workers' Compensation insurance.

CERTIFICATES OF COVERAGE

A Certificate of Coverage will be delivered to each Employee, or to the Employer for delivery to the Employee. The Certificate of Coverage will describe insurance coverage to which that person is entitled, to whom the insurance benefits are payable and a statement of the Employee's dependent's coverage. The benefits and coverage terms described in the Certificate of Coverage are controlled by the provisions of the Policy and are subject to any changes in the Policy.

POLICY CHANGES

We may agree with the Employer to modify a plan of benefits without the Employee's or Dependent's consent.

EXAMINATION OF THE POLICY

This Policy will be available for inspection at the Employer's office during regular business hours.

EXAMINATION OF RECORDS

We will be permitted to examine all of the Employer's records relating to this Policy. Examination may occur at any reasonable time while the Group Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Group Policy; or, if later,
2. upon the final adjustment and settlement of all Group Policy claims.

The Employer is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Employer will not be considered Our actions.

ERISA

The Employer has established and maintains an employee welfare benefit plan as defined in the Employee Retirement Security Act of 1974, as amended, to provide the benefits described in this Policy to its Employees and their Dependents. These benefits are insured by Us under the Policy, which the Employer endorses. The Employer is the Plan Administrator,

Plan Sponsor, named fiduciary, and, if applicable, Plan Trustee, for the Plan. ERISA does not apply to certain plans, such as government plans and church plans.

Standard  **Life**
AND ACCIDENT
INSURANCE COMPANY
A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as “Standard Life”, “We”, “Us”, “Our” or “the Company”)

**GROUP LIMITED BENEFIT
ACCIDENT AND SICKNESS INSURANCE CERTIFICATE OF COVERAGE**

This is the Employee’s Certificate of Coverage (hereafter Certificate) while employed under the Group Policy (hereafter Policy). This Certificate replaces any prior Certificate for the benefits described inside. This is not a contract nor does it modify or amend the Policy. It explains the rights and benefits that are determined by the Policy. A copy of the Policy is kept at the principal office of the Employer. The Policy is non-participating. A Covered Person may inspect it during regular business hours. **READ THE CERTIFICATE CAREFULLY!**

CONSIDERATION. This Certificate is issued in consideration of the statements made in the Enrollment Form and payment of the Initial Premium. Coverage is not provided until the first full premium is paid. The first premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 a.m. on the Certificate Effective Date shown on the Certificate Schedule of Benefits.

TERMINATION. The coverage may be terminated by the Company for reasons stated in the Termination provision.

PREMIUMS. Premiums may be changed and are due as stated in the **Premiums** provision.

[30 DAY RIGHT TO EXAMINE CERTIFICATE. Within 30 days after the Employee receives the Certificate, it may be returned in person or by regular mail to the Company, its agency office or the agent who sold it to the Employee for any reason. The Company will return the premium to the payee. Then the Employee and the Company will be in the same position as if a Certificate had never been issued.]

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

Signed for Us on the Certificate Effective Date.



Secretary



President

**NOTICE TO BUYER:
THE POLICY PROVIDES LIMITED BENEFIT COVERAGE.
IT IS NOT DESIGNED TO COVER ALL OF YOUR MEDICAL EXPENSES AND IT IS
NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY.
PLEASE READ CAREFULLY!**

**NO BENEFITS ARE PAYABLE FOR SICKNESS DURING THE FIRST 30 DAYS
FOLLOWING A COVERED PERSON’S CERTIFICATE EFFECTIVE DATE.**

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF
WORKERS’ COMPENSATION INSURANCE.**

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CERTIFICATE SCHEDULE OF BENEFITS

EMPLOYER: [ABC Employer]

STATE OF ISSUE: Arkansas

EMPLOYEE: [John Doe]

[CERTIFICATE NUMBER: [SLA012345]

TYPE: [FAMILY]

COVERED PERSON(S):

[John Doe]

[Baby Doe]

CERTIFICATE EFFECTIVE DATE:

[July 1, 2011]

[July 1, 2011]

[COVERED PERSON INFORMATION CAN BE FOUND ON THE IDENTIFICATION CARD ISSUED TO THE EMPLOYEE.]

[PLAN:

[OPTION 1][OPTION 2][OPTION 3][LEVEL 1][LEVEL 2][LEVEL 3][CLASS 1][CLASS 2][CLASS 3]

[HOSPITAL BENEFIT:

[Hospital Admission Benefit:[\$10 – \$10,000]]

[Hospital Confinement Benefit:

[Elimination Period

Sickness.....[0 – 7 Days]]

Daily Hospital Confinement Benefit.....[\$10 - \$2,000 Per Day]

Maximum Hospital Confinement Benefit Period[10 - 365 Days]]

Intensive Care Unit Benefit:

Daily Intensive Care Unit Benefit[\$10 – \$4,000 Per Day]

Maximum Intensive Care Unit Benefit Period[1 - 30 Days]]]

[AMBULATORY SURGICAL CENTER BENEFIT:

Ambulatory Surgical Benefit.....[\$10 - \$2,000 Per Visit]]

[AMBULANCE BENEFIT:

Ground Ambulance Benefit.....[\$10 - \$5,000 Per Trip]

Maximum Number of Trips (Ground).....[1 – 4 Per Calendar Year]]

Air Ambulance Benefit.....[\$10 - \$5,000 Per Trip]

Maximum Number of Trips (Air).....[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM ACCIDENT BENEFIT:

Emergency Room Accident Benefit[\$10 - \$1,000 Per Visit]

Maximum Number of Visits[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM SICKNESS BENEFIT:

Emergency Room Sickness Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[CONTINUOUS CARE BENEFIT:

Daily Benefit.....[\$10 – \$1,000 Per Day]
Maximum Continuous Care Benefit Period.....[the length of the preceding Period of Confinement in a Hospital not to exceed [1 - 30 days of care]]]

[SURGICAL AND ANESTHESIA BENEFIT:

Surgery Benefit:[50-500]% of [2011] RBRVS
Anesthesia Benefit:.....[10% – 50%] of the amount paid for the Surgery Benefit]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[INPATIENT SUBSTANCE ABUSE BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT:

Physician's Office Visit Benefit.....[\$10 – \$250 Per Visit]
Maximum Number of Visits.....[1 – 10 Per Calendar Year]]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT:

Outpatient Diagnostic, X-Ray and Laboratory Procedures Benefit.....[\$10 – \$1,000 Per Test Day]
Maximum Number of Test Days [0 – 6 Per Calendar Year]]

[WELLNESS AND PREVENTIVE CARE BENEFIT:

Benefit Amount.....[\$10 – \$500 Per Visit]

Maximum Number of Visits [1 – 6 Per Calendar Year]

[ACCIDENTAL DEATH BENEFIT:

Accidental Death Benefit[\$1,000 - \$1,000,000]

[COMMON CARRIER BENEFIT:

Common Carrier Benefit[Two – Five] times the amount of the
Accidental Death Benefit]

[ACCIDENTAL DISMEMBERMENT BENEFIT:

Dismemberment Category (See Medical Terms for Definitions)	Benefit Amount
Loss of Two or More Hands or Feet.....	[\$0 - \$1,000,000]
Loss of Sight of Both Eyes.....	[\$0 - \$1,000,000]
Loss of Speech and Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Sight in One Eye.....	[\$0 - \$1,000,000]
Severance and Reattachment of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Speech.....	[\$0 - \$1,000,000]
Loss of Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of Thumb and Index Finger of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all Four Fingers of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all the Toes of the Same Foot.....	[\$0 - \$1,000,000]

[PARALYSIS BENEFIT:

Paralysis Category (See Medical Terms for Definitions)	Benefit Amount
Quadriplegia.....	[\$0 - \$1,000,000]
Paraplegia.....	[\$0 - \$1,000,000]
Hemiplegia.....	[\$0 - \$1,000,000]
Uniplegia.....	[\$0 - \$1,000,000]

[PROSTHESIS BENEFIT :

Prosthesis Benefit.....[\$10 - \$1,000]

[COMA BENEFIT:

Coma Benefit.....[\$10 - \$1,000,000]

[FRACTURE BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Cheekbone.....	[\$0 - \$1,000,000]
Collarbone	[\$0 - \$1,000,000]
Foot (other than toes).....	[\$0 - \$1,000,000]
Hand (other than fingers).....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Kneecap	[\$0 - \$1,000,000]
Lower Arm.....	[\$0 - \$1,000,000]
Lower Jaw	[\$0 - \$1,000,000]
Lower Leg.....	[\$0 - \$1,000,000]
Neck.....	[\$0 - \$1,000,000]

Pelvis	[\$0 - \$1,000,000]
Shoulder Blade.....	[\$0 - \$1,000,000]
Skull	[\$0 - \$1,000,000]
Sternum.....	[\$0 - \$1,000,000]
Tailbone.....	[\$0 - \$1,000,000]
Upper Arm.....	[\$0 - \$1,000,000]
Upper Jaw.....	[\$0 - \$1,000,000]
Upper Leg/Femur.....	[\$0 - \$1,000,000]
Wrist	[\$0 - \$1,000,000]

[DISLOCATION BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Ankle.....	[\$0 - \$1,000,000]
Collarbone.....	[\$0 - \$1,000,000]
Elbow.....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Jaw.....	[\$0 - \$1,000,000]
Knee.....	[\$0 - \$1,000,000]
Shoulder.....	[\$0 - \$1,000,000]
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Wrist.....	[\$0 - \$1,000,000]

[BURN BENEFIT:

Burn Category	Benefit Amount
27% or more of the body surface below neck.....	[\$0 - \$1,000,000]
18% or more of the body surface below neck.....	[\$0 - \$1,000,000]
9% or more of the body surface below neck.....	[\$0 - \$1,000,000]
5% or more of the body surface below neck.....	[\$0 - \$1,000,000]
50% or more of face, neck or head.....	[\$0 - \$1,000,000]
25% or more of face, neck or head.....	[\$0 - \$1,000,000]
10% or more of face, neck or head.....	[\$0 - \$1,000,000]

[CRITICAL ILLNESS BENEFIT:

Benefit Amount.....[\$0 - \$1,000,000]

[TRANSPORTATION BENEFIT:

Transportation Benefit.....[\$10 - \$1,000 Per Round Trip]
Maximum Transportation Benefit.....[1 – 6 Round Trips Per Calendar Year]

[LODGING BENEFIT:

Lodging Benefit.....[\$10 - \$100 Per Day]
Maximum Lodging Benefit.....[1 – 30 Days Per Calendar Year]

PREMIUM RATES:

Total Annual Premium:.....[\$xxx.00]
Initial Term:..... [Monthly, Semi-Monthly, Bi-Weekly, Weekly Draft][Other]
Initial Premium.....[\$xxx.00]

Beneficiaries are chosen by the Employee in the Enrollment Form.

[INTENTIONALLY LEFT BLANK]

DEFINITIONS - GENERAL

Accident or Accidental means an act or event which is unforeseen, unexpected and unanticipated, definite as to time and place, which:

1. causes Injury to one or more Covered Persons; and
2. occurs while the insurance is in force for the Covered Person.

Actively At Work or Active Service means an Employee who is [present for at least [20-30] hours per week]] [a full-time Employee] at his/her usual place of employment for the Employer or at another location as assigned or directed by the Employer, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed.

On any day that is not an Employee's regularly scheduled work day (vacation, personal days, and weekends/holidays) the Employee will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his/her last regularly scheduled work day.

An Employee who usually performs the regular duties of his/her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Employer's usual place of employment if required to do so.

Age means a Covered Person's Age as of his/her last birthday.

[Ambulatory Surgical Center means a facility, licensed as such, that provides outpatient surgical services. It does not include a Physician's or dentist's office, a clinic, or any other such location.]

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

Certificate Effective Date is the date coverage begins for each Covered Person under the Policy. It will be different for a Covered Person added to the Policy after the original date of issue or when a change in coverage for any Covered Person occurs. Each Covered Person's Certificate Effective Date is shown in the Employee's Certificate of Coverage Schedule of Benefits.

[Common Carrier means a vehicle that is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a common-carrier vehicle.]

[Complications of Pregnancy means:

1. conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but does not include false labor, pre-term or premature labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

Covered Person means an Employee, an Employee's spouse or Dependent children, listed as a Covered Person in the Certificate Schedule of Benefits and for whom premium has been paid.

Dependent means an Employee's family as follows:

1. The lawful Spouse[*], if not legally separated or divorced;
2. Unmarried children (whether natural, adopted or stepchildren) under the limiting age of 26; or
3. Unmarried children for whom the Employee is required to provide insurance under a medical support order or an order enforceable by a court.

[*The term "Spouse" as used throughout the Policy will also mean the Employee's legal Domestic Partner.]

[Domestic Partner means an opposite or same sex person with whom an Employee maintains a committed relationship and shares a familial relationship characterized by mutual caring and the sharing of a mutual residence and who has registered under the state law as domestic partners. Each partner must:

1. Be at least 18 years old and competent to contract;

2. Be the sole domestic partner of the other person; and
3. Not be married.]

[Elimination Period means the consecutive number of days the Covered Person is confined as an Inpatient before a benefit is payable.]

[Emergency Treatment means covered services provided in a Hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the individual's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could:

1. place the individual's health in serious jeopardy;
2. result in serious impairment to bodily functions;
3. result in serious dysfunction of a bodily organ or part;
4. result in serious disfigurement; or
5. for a pregnant woman, result in serious jeopardy to the health of the fetus.]

Employee means the Employee designated in the Enrollment Form [who is [Actively at Work and] listed in an eligible class of Employees in the Employer's application]. The Employee must be listed as a Covered Person in the Certificate Schedule of Benefits and appropriate premium paid in order to be covered under the Policy. [An Employee does not include seasonal or temporary Employees.]

Employer means the entity or plan sponsor to whom the Group Policy is issued and shall include any affiliated entities or subsidiaries approved by the Company.

Enrollment Form means the form(s) that You (and Your spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that You use to change coverage under the Policy.

[Home Health Care means a program of professional, paraprofessional or skilled care for medical services provided through a Home Health Care Agency to a Covered Person in his/her home. This includes any of the following services:

1. Nursing services provided by a:
 - (a) registered nurse;
 - (b) licensed practical nurse;
 - (c) licensed vocational nurse; or
 - (d) a licensed public health nurse;
2. Physical therapy;
3. Speech therapy;
4. Respiratory therapy; or
5. Occupational therapy.]

[Home Health Care Agency means an agency or organization which provides Home Health Care services, and:

1. Is licensed or certified, if required by the jurisdiction in which it is located; or accredited by:
 - (a) the National Home Caring Council, a Division of the Foundation for Hospice and Home Care;
 - (b) the Joint Commission Accreditation of Health Care Organizations; or
 - (c) the National League for Nursing;
2. Is supervised by a qualified professional such as a registered nurse or a licensed social worker;
3. Whose Employees receive appropriate specialized training; and
4. Keeps clinical records, including Physician's orders where appropriate, on all patients.]

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

[Hospital means an institution licensed to operate as a Hospital pursuant to the law of the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a Skilled Nursing Facility; or a facility primarily

affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.]

Immediate Family Member means a person who is related to the Covered Person 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Injury or Injuries means Accidental bodily Injury sustained by a Covered Person in an Accident that:

1. is the direct cause of the condition for which benefits are provided,
2. is independent of disease or bodily infirmity or any other cause, and
3. occurs while the insurance is in force.

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

[Inpatient or Confined means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. Confined or Inpatient does not include a Covered Person's treatment in an Ambulatory Surgical Center, emergency room, or an observation room. The confinement must be Medically Necessary.]

[Intensive Care Unit (ICU) means a specifically designated unit of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

Medically Necessary means that, based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider;
2. it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. it is experimental or investigational.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder means any disorder, regardless of its cause or medical origin, that is classified as a mental disorder by the International Classification of Diseases. Diagnoses include, but are not limited to: neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disease, bipolar affective disorder or autism. Diagnoses do not include those that are classified as Substance Abuse, substance dependency or mental disorders induced by Substance Abuse.

Outpatient means the Covered Person is not confined as Inpatient in a Hospital.

[Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or Sickness or the confinements are separated by [30-180] days.]

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license who is not:

1. the Covered Person; or
2. an Immediate Family Member.

[Preexisting Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within [6 – 12] months before the Certificate Effective Date; or
2. that would have caused a reasonably prudent person to seek medical diagnosis or treatment within [6 – 12] months before the Certificate Effective Date.

A pregnancy that was conceived prior to the Certificate Effective Date is also considered a Pre-existing Condition.]

[Psychiatric Hospital means an institution licensed by the state which is primarily engaged in providing Inpatient care

for psychiatric services, by or under the supervision of a Physician, for the diagnosis and treatment of Mental or Nervous Disorders.]

[Rehabilitation Facility means an institution licensed by the state where it's primary purpose is to provide restorative therapy to disabled persons. Such facility must be licensed as such in the state in which it operates. "Rehabilitation Facility" does not include places for custodial care or places for confinement of drug addicts or alcoholics.]

[Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.]

[Resource Based Relative Value System (RBRVS) means the methodology used by the federal government to determine benefits payable under Medicare.]

Sickness means illness or disease which begins while coverage is in force under the Policy for the Covered Person. [Sickness does not include normal pregnancy but does include Complications of Pregnancy.] [Sickness includes pregnancy.] All related conditions and recurring symptoms of Sickness will be considered one Sickness.

[Skilled Nursing Facility means a lawfully operating institution or a distinct part thereof. Such facility must be engaged mainly in providing skilled nursing care and treatment for people convalescing from an Injury or Sickness. It must: 1) have organized facilities for medical services; 2) provide 24 hour a day nursing services under the full-time supervision of a Physician or a registered nurse; 3) have available the services of a Physician at all times; 4) maintain daily clinical records on each patient; and 5) provide appropriate methods for dispensing and administering drugs and medicines.

A Skilled Nursing Facility will include the following facilities that are operating within the scope of their lawful licenses: 1) a rehabilitation center; 2) a transitional care unit; 3) an intermediate nursing facility; 4) an extended care facility; and 5) a nursing home.

A Skilled Nursing Facility does not mean a home or facility, or part of home or facility, that is used primarily for: 1) rest; 2) the aged; 3) alcoholics or drug addicts; 4) mental illness or disorders; 5) custodial care; or 6) educational care.]

Substance Abuse means psychological or physical dependence on, or addiction to, alcohol, drugs or any other controlled substances characterized by:

1. impairments in social and/or occupational functioning;
2. debilitating physical condition;
3. inability to abstain from or reduce consumption of the substance; or
4. the need for daily substance use to maintain adequate functioning.

Substance abuse includes alcohol and drugs but excludes caffeine and tobacco.

[Substance Abuse Treatment Center means a facility which provides a program for treatment of Substance Abuse pursuant to a written treatment plan approved and monitored by a Doctor and which facility is also: (1) affiliated with a Hospital under a contractual agreement with an established system for patient referral; or (2) accredited as such a facility by the Joint Commission on Accreditation of Hospitals; or (3) licensed, certified, or approved as a chemical dependency treatment program or center by a state agency having legal authority to so license, certify, or approve.]

Waiting Period means a consecutive 30 day period of time starting with the Certificate Effective Date for each Covered Person during which no benefits are payable for a Sickness [, a Mental or Nervous Disorder or Substance Abuse].

You, Your or Yours means the Employee named on the Certificate Schedule of Benefits.

[DEFINITIONS - MEDICAL TERMS

[Ankle means the distal fibula, tibia, navicular, and calcaneous bones.]

[Bone Degeneration Disease means any disease causing bone loss or deterioration of bone structure including but not limited to the following diagnosis: Osteoporosis, Paget's disease, osteogenesis imperfecta, bone malignancies, osteonecrosis, and metabolic bone disease.]

[Collarbone means the clavicle bones.]

[Coccyx means four fused vertebrae at the bottom of the spine.]

[Coma -- means a profound state of unconsciousness that lasts for a period of at least 96 hours and from which the Covered Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. This does not include medically induced comas.]

[Dislocation means displacement or disarrangement of the normal anatomical relation of the bones in a joint in which there is loss of contact between articular surfaces.]

[Finger means the digits of the hand consisting of the proximal, middle and distal phalangeal bones that comprise the four fingers and the thumb.]

[Feet or Foot means the part of the lower extremity consisting of the calcaneous bone, cuboid bone, cuneiform bones, metatarsal bones, navicular bones, phalanges, and the bones which form the ankle. For Fracture or Dislocation purposes, the Toes are not covered.]

[Fracture means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.]

[Green Stick Fracture means a fracture in a soft bone in which the bone bends and partially breaks.]

[Hairline Fracture means a break that appears as a narrow crack along the surface of the bone.]

[Hand means a portion of the upper Limb consisting of the wrist, palm, four fingers and thumb. For Fracture or Dislocation purposes, the Toes and Fingers are not covered.]

[Hip means the femoral neck.]

[Kneecap means the patella.]

[Leg means the tibia and fibula and femur/thigh.]

[Limb means entire arm or entire leg.]

[Loss of finger or toe means complete severance through or above the metacarpophalangeal joint of a Finger or metatarsophalangeal joint of a Toe.]

[Loss of hand or foot means permanent severance of an arm distal to the ulna and radius; or distal to the tibia and fibula of the leg respectively.]

[Loss of hearing means total and irrecoverable loss of the ability to perceive sound.]

[Loss of sight means a total, permanent and irrecoverable loss of perception to light.]

[Loss of speech means total and irrecoverable loss of the ability to speak.]

[Lower Arm means the radius and ulna.]

[Lower Jaw means the mandible.]

[Lower Leg means the tibia or fibula.]

[Neck means the seven cervical vertebrae.]

[Osteoporosis means a reduction in bone mass and loss of normal bone leading to increased susceptibility to fractures.]

[Paralysis/Paralyzed means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Accident causing Paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible Paralysis of both upper and lower Limbs. "Paraplegia" means the complete and irreversible Paralysis of both lower Limbs. "Hemiplegia" means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one Limb.]

[Pathological Fracture means any Fracture in an area where pre-existing disease has caused weakening of the bone.]

[Pelvis means the area formed by the pubic bone, ilium, and ischium.]

[Reduction means manipulative or surgical restoration procedures of a dislocated body part to its normal anatomical relation.]

[Second Degree Burn means a burn marked by pain, blistering and superficial destruction of the dermis.]

[Shoulder Blade means scapula.]

[Skull means the bones of the head collectively.]

[Spine/Vertebral Column means 7 cervical, 12 thoracic, 5 sacral, and 4 coccygeal bones.]

[Sternum means the breastbone located in the center of the chest. This does not include ribs.]

[Tailbone means the four coccygeal vertebrae.]

[Third Degree Burn means a burn that causes damage to subcutaneous tissue.]

[Toe means the digits of the foot consisting of the phalangeal bones that comprise the 5 toes.]

[Upper Arm means the humerus.]

[Upper Jaw means the maxilla.]

[Upper Leg means the femur/thigh.]

[Wrist means the proximal segment of the hand consisting of the carpal bones.]]

ELIGIBILITY AND EFFECTIVE DATES

This plan is offered to You as an Employee of the Employer.

EMPLOYEE ELIGIBILITY

An Employee is eligible to apply for coverage under the Policy if the Employee:

1. Is in Active Service;
2. Is part of an eligible class of Employees listed in the Employer's Application;
3. Has completed the Employer's Waiting Period shown in the Employer's Application; and
4. The required premium contribution has been received by the Company.

The Employer's Waiting Period is the time between the first day of employment in an eligible class of Employees and the first day that the Employee is eligible to apply for coverage under the Policy. The Employer's Waiting Period is chosen by the Employer and shown in the Policy Schedule of Benefits. The Employer's Waiting Period may differ for current Employees and new Employees. An Employee in an eligible class must enroll for coverage by submitting a completed Enrollment Form with the appropriate payroll deduction authorization within 31 days of completion of the Employer's Waiting Period.

No Employee may be eligible for insurance under the Policy as both an Employee and as a Spouse or Dependent Child at the same time. If an Employee and Spouse are both eligible to be covered as an Employee, one but not both, is eligible to cover the Dependent Children. The other Spouse may elect single coverage only.

EMPLOYEE'S EFFECTIVE DATE

An Employee's coverage will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
3. the date the Employee's Enrollment Form is approved by the Company.

If the Employee is not Actively at Work on his/her Certificate Effective Date, such Certificate Effective Date will be delayed until the date the Employee returns to Active Service.

DEPENDENT ELIGIBILITY

An Employee is eligible to enroll eligible Dependents on the later of:

1. The date the Employee is eligible to be insured; or
2. The date the Employee first acquires an eligible Dependent.

The first acquired date for eligible Dependents is as follows:

1. A spouse is deemed acquired on the date of marriage;
2. A natural child is deemed acquired on his/her date of birth;
3. A stepchild is deemed acquired on the date of marriage to Your legal spouse;
4. An adopted child is deemed acquired on the date of placement for the purpose of adoption or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
5. The date of a court order requiring the Employee to cover eligible Dependents.

An Employee may enroll Dependents for coverage by submitting a completed Enrollment Form within 31 days of first acquiring a Dependent along with the appropriate payroll deduction authorization in accordance with Company policies.

DEPENDENT'S EFFECTIVE DATE

An eligible Dependent's coverage under the Policy will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Employee's effective date of insurance;
3. the date the Employee elects dependent coverage under the Policy; or
4. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
5. the date the Company approves the Employee's Enrollment Form for dependent coverage.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the Certificate Effective Date, the Dependent's Certificate Effective Date will be delayed until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

LATE ENTRANTS

If an Employee or eligible Dependent is not enrolled within 31 days after first becoming eligible, he/she will be considered a Late Entrant and may have to meet additional Evidence of Insurability requirements. Late Entrants are subject to approval by the Company.

If the Company approves the Enrollment Form, the date that insurance takes effect will be assigned by the Company and shown in the Certificate Schedule of Benefits.

EVIDENCE OF INSURABILITY REQUIREMENTS

Evidence of insurability is required for Employees and his/her eligible Dependents, at the Employee's cost, if he/she:

1. applies for coverage more than 31 days after the Employee or Dependent first become eligible;
2. voluntarily canceled insurance and reapplies;
3. is applying after coverage ended due to non-payment of premium;
4. is requesting additional coverage under the Policy; or
5. upon request by the Company.

EFFECTIVE DATE OF CHANGES

Any change in coverage will take effect on the date approved by the Company.

If the Employee is not Actively at Work on his/her last scheduled work day coincident with or preceding the date that an approved increase in his/her coverage is to take effect, such increase will be effective on the date the Employee returns to Active Service.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the date an approved increase in his/her insurance would otherwise become effective, such increase will not be effective until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

NEWBORN CHILDREN

The Employee's newborn child is automatically covered from the moment of birth for up to 90 days. Coverage for newborns will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within the greater of 90 days or the next premium due date of such birth and pay the required additional premium (if any), in order for coverage for the newborn child to continue beyond such 90 day period.

ADOPTED CHILDREN

An adopted child is automatically covered for up to 60 days after filing petition for adoption. Coverage will begin from the moment of birth if the petition for adoption and application for coverage is received within 60 days after the birth of the minor. Coverage for such child will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 60 days after the filing of the petition for adoption and pay additional premium (if any), in order for coverage of the adopted child to continue beyond such 60 day period.

The coverage will terminate upon the dismissal or denial of a petition for adoption.

COURT ORDERED CUSTODY

We will not restrict or deny coverage due to the fact that: 1) a Dependent child does not reside with the noncustodial parent; or 2) the parent-child relationship was established through a paternity action; or 3) the minor child is covered through the state-administered Medicaid program; or 4) the minor child is not claimed as a dependent on the noncustodial parent's federal or state income tax return.

TERMINATION AND CONTINUATION

TERMINATION

Coverage under the Policy for a Covered Person ends on the earliest of:

1. the date the Policy is terminated by the Company or the Employer;
2. the premium due date if premiums are not paid when due, subject to the Grace Period;
3. the date a Covered Person performs an act or practice that constitutes fraud;
4. the date the Employee requests, in writing, that the coverage be terminated;
5. the date the Employee ceases to be in an eligible class of Employees; or
6. the date the Dependent does not meet the definition of an eligible Dependent.

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

CONTINUATION OF COVERAGE FOR AN INCAPACITATED CHILD

Coverage for a mentally or physically handicapped Dependent child that is covered under the Policy and who became incapacitated prior to their 26th birthday will not end when scheduled if the child depends on the Employee for primary support and maintenance. Proof of the incapacity or dependency must be furnished to Us upon our request and at Our expense. The premium for such child's continued coverage will remain at the child rate until the child is no longer dependent or incapacitated. The Employee must notify Us if the incapacity or dependency is removed or terminated.

[CONTINUATION UPON EMPLOYEE'S DEATH

Upon the death of the Employee, a Spouse who is covered under the Policy may continue this coverage under the Policy. Such continued coverage may include all Dependent children who were covered at the time of the Employee's death.

In the event of the Employee's death when there is not a covered Spouse, coverage ends for all Covered Persons on the date of the Employee's death.

To continue insurance under the Policy, the Spouse must:

1. submit a request to Us within 31 days after the date of death of the Employee; and
2. timely pay in advance the required premium contribution to the Employer.

If the Spouse does not elect to continue insurance within 31 days after the coverage ends, coverage may not be elected under this provision at a later date.

Coverage under this provision will end in accordance with the Termination provision and in addition, coverage will terminate on the date the covered Spouse remarries.]

[CONTINUATION OF COVERAGE

If a Covered Person's coverage terminates for any reason except for: 1) non-payment of premium; 2) fraud; or 3) termination of the Policy, such Covered Person may elect to continue coverage under the Policy. To elect continued coverage, the Covered Person must make the election within 31 days of termination and timely pay all required premiums for the continued coverage to the Employer.

Continued coverage is subject to all of the provisions and limitations of the Policy. Coverage continued under this provision will end when the Policy terminates or the last period for which premium is paid, whichever comes first.]

CONTINUATION - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

Federal law requires that if Your insurance would otherwise end because you enter into active military duty or inactive military duty for training, you may elect to continue insurance (including Dependent's insurance) in accordance with the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). The Employer is responsible for meeting all of the obligations under USERRA, including notifying all Employees and Dependents of their rights under USERRA. See Your Employer for further details on this continuation provision.

CONTINUATION - FAMILY AND MEDICAL LEAVE ACT (FMLA)

(Applies to Employers with 50 or more Employees)

Federal law requires that if Your insurance would otherwise end because of family and medical reasons, You may be entitled to continue insurance (including Dependent's insurance) in accordance with the Family and Medical Leave Act of 1993 (FMLA). The Employer is responsible for meeting all of the obligations under FMLA, including notifying all Employees and Dependents of their rights under FMLA. See Your Employer for further details on this continuation provision.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT ("COBRA")

Applies to Employers with 20 or more Employees

Applicability: Federal law requires that Employers of 20 or more Employees for at least 50% of the preceding year, offer a temporary extension of health coverage to Qualified Beneficiaries when coverage would otherwise end because of the occurrence of one or more of Qualifying Events listed below. Under COBRA, a Qualified Beneficiary is any individual who, on the day before a Qualifying Event, is covered under the Policy and is not (1) already covered under the Policy by reason of another individual's election of COBRA, or (2) entitled to Medicare benefits under Title XVIII of the Social Security Act.

Qualifying Event: For purposes of coverage under COBRA, the term "Qualifying Event" means, with respect to any Covered Person, any of the following events which, but for the continuation coverage required under this part, would result in the loss of coverage for a Qualified Beneficiary.

<u>Qualifying Events</u>	<u>Duration of Continued Coverage</u>
• death of an Insured	36 months
• termination of employment for any reason except gross misconduct, or the reduction in hours that would result in loss of coverage	18 months*
• divorce or legal separation	36 months
• Insured becomes eligible for Medicare	Dependents & spouse allowed 36 months
• Insured Dependent no longer meets Insured Dependent eligibility requirements	36 months

*Coverage may be continued an additional 11 months if the Qualified Beneficiary:

- is determined disabled for Social Security purposes at the time of the Qualifying Event or within 60 days after continuation coverage begins; and
- notifies the plan administrator within 60 days from determination (but before the 18 month continuation period ends).

Beneficiaries may be covered by more than one Qualifying Event. However, in no event may the total continuation period exceed 36 months for all Qualifying Events.

Notice and Election: Covered Persons are responsible for notifying the Employer in the case of a divorce, legal separation, cessation of dependency or determination of disability by the Social Security Administration. The Employer must notify the plan administrator of the Qualifying Event. The Employer must notify the Qualified Beneficiaries of their COBRA election rights. The period during which the Qualified Beneficiary must elect or decline continuation of coverage under COBRA ends not earlier than 60 days after the later of:

- the date on which coverage terminates under the Policy by reason of a Qualifying Event, or
- the date the Qualified Beneficiary receives notice of their COBRA election rights from the plan administrator.

Premium Payment: The Qualified Beneficiary must pay to the Employer or the COBRA Administrator the required monthly premium. Any Grace Period applying to the Employer will also apply to the Qualified Beneficiary, except the first premium payment. Payment of premium for coverage under the period preceding the election must be made within 45 days of the date of election.

COBRA Termination occurs at the earlier of:

- the premium for continued coverage is not paid within 31 days from being due;
- the Qualified Beneficiary becomes covered under another group health plan, if that plan does not contain any exclusion or limitation on any Pre-existing Conditions of the Qualified Beneficiary;

- the Qualified Beneficiary becomes eligible for Medicare;
- the Qualified Beneficiary, who is divorced from an Insured Employee, remarries and is covered under the new spouse's medical plan; or
- the Employer no longer provides medical benefits of any kind.

BENEFITS AND COVERAGES

Benefits described below are payable as stated in the Employee's Certificate Schedule of Benefits when a Covered Person receives Medically Necessary treatment while coverage is in force, subject to any applicable terms, exclusions or limitations. Benefits for Sickness are subject to the Waiting Period.

[HOSPITAL BENEFITS

Hospital Admission Benefit:

If a Covered Person is admitted as an Inpatient in a Hospital for treatment of Sickness or an Injury, the Company will pay the Hospital Admission Benefit shown in the Certificate Schedule of Benefits.

The Hospital Admission Benefit is payable once during each Period of Confinement.]

[Hospital Confinement Benefit:

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury in a private or semi-private room, the Company will pay the Daily Hospital Confinement Benefit shown in the Certificate Schedule of Benefits for each day that a Covered Person is Confined.

The Daily Hospital Confinement Benefit is payable subject to the Maximum Hospital Confinement Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.

This benefit is not payable if the Covered Person is receiving Intensive Care Unit Benefits under the Policy.

This benefit is not payable if the Covered Person is Confined for the treatment of a Mental or Nervous Disorder or Substance Abuse.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

No benefits are payable for treatment received in an emergency room, any Outpatient setting, skilled nursing facility, rehabilitation facility, rehabilitation Unit, hospice or any other facility other than a Hospital.]

Intensive Care Unit Benefit:

When a Covered Person is confined to an Intensive Care Unit, the Company will pay the Daily Intensive Care Unit Benefit shown in the Certificate Schedule of Benefits for each day a Covered Person is confined in and charged for an Intensive Care Unit.

This benefit is paid in lieu of and not in addition to the Daily Hospital Confinement Benefit under the Policy.

The Daily Intensive Care Unit Benefit is payable subject to the Maximum Intensive Care Unit Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.]

[AMBULATORY SURGICAL CENTER BENEFIT

If a Covered Person receives surgery for the treatment of Sickness or an Injury in an Ambulatory Surgical Center, We will pay the Ambulatory Surgical Center Benefit listed in the Certificate Schedule of Benefits.]

[AMBULANCE BENEFIT

If a Covered Person requires ground or air ambulance transportation to a Hospital or other medical facility for Emergency Treatment of Sickness or an Injury, the Company will pay the Ground Ambulance Benefit or the Air Ambulance Benefit, subject to the Maximum Number of Trips shown in the Certificate Schedule of Benefits.

A licensed professional ambulance company must provide the ambulance service.]

[EMERGENCY ROOM ACCIDENT BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Injury resulting from a covered Accident, the Company will pay the Emergency Room Accident Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[EMERGENCY ROOM SICKNESS BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Sickness, the Company will pay the Emergency Room Sickness Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[CONTINUOUS CARE BENEFIT

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury and upon discharge requires Continuous Care, We will pay the Daily Benefit for each day subject to the Maximum Continuous Care Benefit Period shown in the Certificate Schedule of Benefits.

Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care in connection with the condition for which he or she was hospitalized.

The following conditions must be met before Continuous Care benefits are payable:

1. Continuous Care must begin within 7 days following discharge from Inpatient care in a Hospital;
2. Continuous Care must be for the same Accident or Sickness for which the Covered Person was hospitalized;
3. The Continuous Care must be prescribed by a Physician and must be Medically Necessary for the care and treatment of the Covered Person's condition;
4. Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Covered Person or by the Covered Person's Immediate Family Member;
5. Hospice care services require: (a) a written statement from the attending Physician that the Covered Person has a life expectancy of six (6) months or less, and (b) a written statement from the Hospice certifying the days that services were provided.

The Daily Benefit is payable once per day regardless of how many Continuous Care services are provided on that day.

No benefits are payable if the Covered Person is Hospital Confined.]

[SURGICAL AND ANESTHESIA BENEFITS

Surgery Benefit:

If a Covered Person undergoes a surgical procedure for treatment of Sickness or Injury, the Company will pay a Surgery Benefit based upon the percentage indicated in the Certificate Schedule of Benefits of the RBRVS allowable amount.

The surgical procedure must be performed by a Physician in a Hospital or an Ambulatory Surgical Center.

Two or more surgical procedures performed during the same operative session, even if caused by more than one Accident or Sickness, will be considered one surgical procedure, and benefits will be based upon the procedure with the highest dollar value.

Anesthesia Benefit:

The Company will pay the Anesthesia Benefit shown in the Certificate Schedule of Benefits for the administration of anesthesia during a surgical procedure covered under the Policy.

Services must be administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Psychiatric Hospital for the treatment of a Mental or Nervous Disorder, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting

as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Outpatient services for the treatment of a Mental or Nervous Disorder, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to a Mental or Nervous Disorder will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[INPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Substance Abuse Treatment Center for the treatment of Substance Abuse, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Outpatient services for the treatment of Substance Abuse, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to Substance Abuse will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT

If a Covered Person visits a Physician's office for treatment of Sickness or an Injury, the Company will pay the Physician's Office Visit Benefit for each visit subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.

The benefits under this provision will include visits for treatment of Sickness or an Injury in an urgent care clinic.

No benefits are payable under this provision for Mental or Nervous Disorders or Substance Abuse.]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT

If a Covered Person receives outpatient diagnostic, x-ray or laboratory procedures for the treatment of Sickness or an

Injury, the Company will pay the Outpatient Diagnostic, X-ray and Laboratory Procedures Benefit for each day subject to the Maximum Number of Test Days shown in the Certificate Schedule of Benefits.

One Test Day includes all outpatient diagnostic, x-ray and laboratory procedures performed in one calendar day.]

[WELLNESS AND PREVENTIVE CARE BENEFIT

We will pay the Benefit Amount shown in the Certificate Schedule of Benefits when a Covered Person receives Wellness and Preventive Care. The Wellness and Preventive Care must be under the supervision of a Physician and a charge rendered for the service.

Wellness and Preventive Care (care for reasons other than to diagnose or treat a suspected or identified Sickness or Injury) means an office visit and related procedures for the following: 1) a routine history and physical examination; 2) cervical cytological screening (pap test), colorectal cancer screening, prostate cancer screening, routine mammography screening, or bone density screening; or 3) childhood immunizations as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.

The Benefit Amount is payable for the combined services listed under Wellness and Preventive Care received during one visit. The Benefit Amount is payable subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[ACCIDENTAL DEATH BENEFIT

If a Covered Person suffers an Injury that results in the Covered Person's Death within [90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Accidental Death Benefit listed in the Certificate Schedule of Benefits when the Company receives proof that the Covered Person's death:

1. resulted directly and independently of all other causes from the Accident;
2. occurs while the coverage is in force.

[This benefit is not payable if the Common Carrier Benefit is eligible to be paid.]]

[COMMON CARRIER BENEFIT

If a Covered Person suffers an Injury that results in death and the Accident causing death occurs while riding in or on a Common Carrier, the Company will pay the Common Carrier Benefit listed in the Certificate Schedule of Benefits. This benefit is paid in lieu of the Accidental Death Benefit.

This benefit will also apply if the Accident occurs while entering or exiting, getting in or out of, or on or off of, the Common Carrier. A Taxi is not a Common Carrier.]

[ACCIDENTAL DISMEMBERMENT BENEFITS

If a Covered Person suffers an Injury that results in a Dismemberment specified in the Certificate Schedule of Benefits within [10][20][30][60][90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

If a Covered Person suffers one or more losses from the same Accident for which amounts are payable under more than one benefit category, the amount payable will be limited to only one of the covered losses, the largest to which the Covered Person is entitled.]

[PARALYSIS BENEFIT

If a Covered Person is Paralyzed due to Sickness or an Injury, the Company will pay the applicable Benefit Amount shown in the Certificate Schedule of Benefits for that type of Paralysis.

If the Covered Person suffers more than one type of Paralysis as a result of the same Sickness or Accident, only one amount, the largest, will be paid.]

[PROSTHESIS BENEFIT

If a Covered Person suffers a Sickness or an Injury that requires initial placement of an external Prosthesis, the Company will pay the Prosthesis Benefit shown in the Certificate Schedule of Benefits.

Prosthesis means a device which replaces all or part of an external body part or replaces all or part of the function of a permanently inoperative or malfunctioning external body part. Prosthesis does not mean a device or appliance surgically inserted into the body and does not include:

- dental aids, including false teeth,
- eyeglasses,
- cosmetic prosthesis such as hair wigs,
- other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,
- any experimental prosthesis,
- any auditory prosthesis (a device that substitute for or enhances ability to hear).

No benefits are payable for any charges associated with replacement of external prosthetic devices.]

[COMA BENEFIT

If a Covered Person suffers a Sickness or an Injury that results in a Coma, the Company will pay the Coma Benefit shown in the Certificate Schedule of Benefits.

This benefit is payable once during each Period of Confinement.

No benefits are payable for medically induced comas.]

[FRACTURE BENEFIT

If a Covered Person suffers an Injury that results in the diagnosis and treatment by a Physician for a Fracture specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

In the event of multiple Fractures during the same Accident, only one covered Fracture Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

The Fracture must require Reduction of the bone under anesthesia to be covered under this provision.

No benefits are payable for:

1. Pathological Fracture;
2. Hairline Fracture or Green Stick Fracture;
3. Fractures to the Toes or Fingers; or
4. Fractures when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Fracture, the first Fracture will be covered under the regular terms of the Policy. However, after the first, all further Fractures of any area payable under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[DISLOCATION BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Dislocation specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Dislocation must require Reduction of the joint or bone to a normal position under anesthesia to be covered under this provision.

In the event of multiple Dislocations during the same Accident, only one covered Dislocation Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

No benefits are payable for:

1. Dislocations of the Toes or Fingers;
2. Subsequent Dislocations of the hip, shoulder or knees after the first Dislocation; or
3. Dislocations when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Dislocation, the first Dislocation will be covered under the regular terms of the Policy. However, after the first, all further Dislocations of any area covered under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[BURN BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Second Degree Burn or Third Degree Burn listed in the Certificate Schedule of Benefits, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Company has a right, at Our own expense, to have the Physician's determination verified by a Physician of the Company's choice.

In the event of multiple Burns during the same Accident, only one covered Burn Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.]

[CRITICAL ILLNESS BENEFIT

When a Covered Person is diagnosed with a Critical Illness that First Occurs after the Covered Person's Certificate Effective Date, We will pay the Benefit Amount shown in the Certificate Schedule of Benefits.

This benefit is payable only once for each Covered Person while the coverage is in force, regardless of the number of Critical Illnesses diagnosed. Critical Illness benefits are not payable during the first 30 days following a Covered Person's Certificate Effective Date.

Critical Illness means: 1) Invasive Cancer; 2) Stroke (Cerebrovascular Accident); 3) Heart Attack (Acute Myocardial Infarction); or 4) End-Stage Renal Failure.

As used in this benefit provision:

End-Stage Renal Failure means the chronic and irreversible failure of both of a Covered Person's kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The diagnosis must be made by a Physician.

First Occurs means the occurrence, diagnosis, or procedure is the first time ever in the Covered Person's lifetime that he/she has experienced such Critical Illness or been diagnosed with that specific condition included as a Critical Illness.

Heart Attack means an acute myocardial infarction resulting in:

1. the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries; and
2. resulting in the loss of the normal function of the heart.

The diagnosis must be made by a Physician and based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack.

Established (old) myocardial infarction or Heart Attack occurring during any surgical procedure is excluded.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue through the basement membrane or capsule. "Invasive Cancer" includes, but shall not be limited to any form of:

1. Leukemia;
2. Lymphoma; or
3. Multiple Myeloma

The following are not "Invasive Cancer":

1. pre-malignant lesions (such as intraepithelial neoplasia); or
2. benign tumors or polyps; or

3. early prostate cancer Diagnosed as T1N0M0 or equivalent staging; or
4. cancer in situ; or
5. any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed by a by a Physician, board-certified as a pathologist pursuant to a pathological or clinical diagnosis when a pathological diagnosis is not available.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a Physician.]

[TRANSPORTATION BENEFIT

If a Covered Person requires transportation by private automobile, aircraft, railroad, or bus between his/her residence to a Hospital for treatment of Sickness or an Injury, the Company will pay the Transportation Benefit subject to the Maximum Transportation Benefit amount shown in the Certificate Schedule of Benefits per round trip.

This benefit will be paid for the Covered Person for whom the treatment is prescribed by a Physician and, except for transportation by private automobile, one adult Immediate Family Member of the Covered Person.

No benefits are payable for transportation to any Hospital located within a 100 mile radius of the residence of the Covered Person or for transportation by ambulance.]

[LODGING BENEFIT

If a Covered Person requires treatment of Sickness or an Injury at a Hospital located more than 100 miles from his/her residence and is charged for lodging for the Covered Person or any one of his/her adult Immediate Family Members, the Company will pay the Lodging Benefit shown in the Certificate Schedule of Benefits for room charges at a motel, hotel or other Company approved facility.

We will pay benefits subject to the Maximum Lodging Benefit shown in the Certificate Schedule of Benefits.

This benefit does not apply to private residences. No benefits are payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.]

EXCLUSIONS AND LIMITATIONS

WAITING PERIOD LIMITATION:

Loss caused by or relating to Sickness [, a Mental or Nervous Disorder or Substance Abuse] will not be covered for the first 30 days after the Certificate Effective Date of each Covered Person.

[PREEXISTING CONDITION LIMITATION:

Loss caused by or relating to a Preexisting Condition is not covered for the first [6 – 12] months after the Certificate Effective Date of each Covered Person.]

EXCLUSIONS:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism, while sane or insane;
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. Declared or undeclared war, or any act of declared or undeclared war;
4. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
6. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;
7. The Covered Person's commission of or attempt to commit a felony;
8. The Covered Person being engaged in an illegal occupation;
9. Services and supplies which are not Medically Necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
10. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
11. Services and supplies which are received outside of the United States of America, its possessions and territories;
12. Dental care or treatment unless due to an Injury to a sound and natural tooth;
13. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To repair a birth defect of a child born to the Employee and continuously covered under the Policy from birth; or
 - b) For reconstructive surgery following a covered mastectomy.

14. Any covered loss that is covered under any state or federal Worker's Compensation , Employer's Liability law or similar law;
15. [Any Mental or Nervous Disorder][or][Substance Abuse;]
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. [Pregnancy or maternity. Complications of Pregnancy are not excluded;]
18. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompany others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
19. A custodial institution, domiciliary care or rest cures;
20. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
21. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PREMIUMS

PREMIUM DUE DATE The initial premium is for the term shown on the [Employer's Application][Enrollment Form][Certificate Schedule of Benefits]. The renewal premium for later periods of coverage is due on the first day of the next term. This coverage will end (lapse) if the renewal premium in effect is not paid before the end of the Grace Period.

If payroll deduction facilities are available to You, the premium will be deducted from Your pay and remitted to Us by the Employer.

PREMIUM ADJUSTMENT

The Company may change the premium rates from time to time with at least sixty (60) days advance written notice to the Employer.

The Company reserves the right to change rates at any time if any of the following events take place:

1. the terms of the coverage changes;
2. [the Participation Requirements stated in the Policy Schedule of Benefits are not met;] or
3. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

The Employer may request in writing a change in the Policy at any time without Your consent or the consent of any other interested party. Any such change is subject to Our approval and requires the signature of the Employer and an Officer of the Company in order to be effective. We will provide notice of any such change to You in a timely manner.

The Company will not extend retroactive coverage, or termination, to Employees or Dependents due to clerical errors by the Employer, for a time period greater than sixty (60) days.

GRACE PERIOD

A Grace Period may apply to any premium payments made in any mode other than a single premium. Premium payments after the initial premium payment may be paid within the Grace Period. The Grace Period will last for 31 days after the due date of the premium payment. During the Grace Period, the coverage will remain in force. However, the Company is not obligated to pay any claims incurred during the Grace Period until the premium due is received. If premium payments are not made by the end of the Grace Period, the coverage will immediately cease to be in force.

No Grace Period will be provided if the Company receives notice to terminate the Covered Person's coverage prior to a premium due date.

UNPAID PREMIUM

Any due and unpaid premium may be deducted from any benefits then payable.

PREMIUM REFUND AT DEATH

If a Covered Person's coverage terminates due to death, the Company will refund the pro rata unearned portion of any premium paid for such Covered Person.

MISSTATEMENT OF AGE

If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be an adjustment of premiums based on his/her true age. If the benefits for which the Covered Person is eligible are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his/her true age. The Company may require satisfactory proof of age before paying any claim.

CLAIM PROVISIONS

NOTICE OF CLAIM

The Employee must give the Company written notice of a claim. It should be given within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by the Employee or on behalf of the Employee to Us at our Home Office, or to any authorized agent of the Company, with information sufficient to identify the Covered Person, will be deemed notice to the Company.

CLAIM FORMS

The Company will send the Employee a claim form when a notice of claim is received. If the form is not furnished within 15 days from the time the Employee gives notice, the Employee may fulfill the proof of loss requirements by sending written proof covering the occurrence, the character and the extent of the loss for which claim is made within the time set in Proof of Loss.

PROOF OF LOSS

The Employee must give the Company written proof of loss within 90 days after such loss. If it is not reasonably possible to do so, the Company will not reduce or deny the Employee's claim for being late if proof is given as soon as reasonably possible. It must, however, be given within 15 months from the date of loss, unless the Employee is not legally capable.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Employee. Any other accrued indemnities unpaid at the Employee's death may, at Our option, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Employee.

If any benefit is payable to the estate of the Employee, or to an Employee or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Employee or Beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

ASSIGNMENT

An Employee may assign all of his/her rights, privileges and benefits under the Policy without the consent of his/her designated Beneficiary. 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 the Policy.

CHANGE OF BENEFICIARY

The right to change a Beneficiary is reserved for the Employee, and the consent of the Beneficiary or beneficiaries is not required for the surrender or assignment of the benefits, for any change of Beneficiary or beneficiaries, or for any other changes in the coverage.

PHYSICAL EXAMINATIONS AND AUTOPSY

The Company may have a Covered Person examined at its own expense as often as it may reasonably require while their claim is pending under the Policy 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 shall be brought to recover under the Policy for at least 60 days after the Employee has given the Company written proof of loss in accordance with the requirements of the Policy. The Employee cannot start such action more than 3 years after the date proof of loss is required to be furnished.

RIGHT OF RECOVERY

When an overpayment has been made by Us, We will have the right to: a) recover that overpayment from the person to whom or on whose behalf it was made; or b) offset the amount of that overpayment from a future claim payment.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The Policy, the Application(s), the Riders (if any), and any attached papers make up the entire contract between the Employer and the Company.

In the absence of fraud, all statements made by the Employee will be considered representations and not warranties. No written statement made by the Employee will be used in any contest unless a copy of the statement is furnished to the Employee or his/her Beneficiary or personal representative.

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

The Company may amend or change the Policy by written agreement with the Employer. We may amend or change the Certificate at any time, without the consent of the Employer, the Employee, any Covered Person or beneficiary, if required by law. Any amendment will be without prejudice to any charge incurred prior to the effective date of the change.

TIME LIMIT ON CERTAIN DEFENSES

After 3 years from the Certificate Effective Date, no misstatements, except fraudulent misstatements, made by the Employee in the Enrollment Form for coverage will be used to void the coverage after the expiration of the three-year period.

A claim for loss incurred beginning [6-12] months after a Covered Person's Certificate Effective Date will not be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed before the Certificate Effective Date of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Employer is located is hereby amended to conform to the minimum requirements of those statutes.

WORKERS' COMPENSATION

This coverage is not in lieu of, is not in any way subject to, and does not affect any requirement for coverage by Workers' Compensation insurance.

ERISA

The Employer has established and maintains an employee welfare benefit plan as defined in the Employee Retirement Security Act of 1974, as amended, to provide the benefits described in the Policy to its Employees and their Dependents. These benefits are insured by Us under the Policy, which the Employer endorses. The Employer is the Plan Administrator, Plan Sponsor, named fiduciary, and, if applicable, Plan Trustee, for the Plan. For more information about the plan, consult the Policy. ERISA does not apply to certain plans, such as government plans and church plans.

Standard  **Life**
AND ACCIDENT
INSURANCE COMPANY
A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES



Standard Life and Accident Insurance Company
 Mailing Address: P.O. Box 696870, San Antonio, TX 78269
 888.350.1488

EMPLOYER APPLICATION FOR LIMITED BENEFIT ACCIDENT AND SICKNESS INSURANCE Please Print — Use Black Ink

Plan Sponsor/Employer _____ Group Number (obtain from the Home Office) _____
 Federal Tax ID Number _____ Requested Group Policy Effective Date _____ Billing Date: 1st 15th
 Address _____ City _____ State _____ Zip _____
 Billing Address (if different) _____ City _____ State _____ Zip _____
 Authorized Employer Representative _____ Phone (____) _____
 Email _____ Fax (____) _____
 List any other locations _____
 Type of business _____
 Class(es) of employees eligible for coverage _____

Will all classes have the same coverage? Yes No If "No", specify which benefit option per class. (indicate under BENEFITS APPLIED FOR grid below)
 Number of eligible Employees _____ Employee Waiting Period _____
 Who will pay the premiums for this insurance? Employee _____% Employer _____%
 Is there any other health plan now in effect? Yes No
 Will that coverage be replaced? Yes No Effective Date of existing coverage? _____

The policy applied for will not be effective until formal approval is given by Standard Life and Accident Insurance Company.

BENEFITS APPLIED FOR			
Plan Options	[XXXX]	[XXXX]	[XXXX]
Class of Employees			
Is maternity coverage to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No (if selected, must be included in all plans)			

EMPLOYER AGREEMENT

DECLARATION AND AGREEMENT — The Employer hereby applies to Standard Life and Accident Insurance Company for a group policy of Limited Benefit Insurance. The Employer represents that all answers contained herein are true and complete and form the basis of the group policy. Any material misstatements or failure to report information may result in revision in the terms and conditions or may cause rescission or termination of the Policy for the Employer and all Covered Persons. Coverage will not become effective under the Policy until written approval is received by the Company and the required premium is paid. The Company may decline acceptance of the request for coverage of any person for whom coverage is requested. No agent or producer can accept risks, modify policies, or waive any rights or requirements of the Company.

ACKNOWLEDGEMENT — The Employer understands that the coverage applied for provides limited benefits and is not a major medical or comprehensive medical benefit plan and is not a substitute for such coverage. The Policy is limited and is not designed to cover all medical expenses. The Employer understands that no benefits are payable for sickness during the first 30 days following a Certificate Effective Date and that pre-existing conditions are excluded for 12 months.

PREMIUMS — Premium rates quoted were based on the data submitted to the Company. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured. The Employer agrees to timely remit the total premiums due to Standard Life and Accident Insurance Company in accordance with the terms of the Policy.

WARNING — 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 may be guilty of a crime and may be subject to fines and confinement in prison.

THIS IS A LIMITED BENEFIT POLICY. Please review the Policy carefully.

 Dated at City, State

 Date

 Signature of Authorized Employer Representative

 Title (printed)

AGENT STATEMENT

I hereby certify that all information set forth in the Application is correct to the best of my knowledge, accurately recorded, and the answers did not conflict with my observations and knowledge of the Employer.

Agent's Signature

Print Agent Name

Agent's Writing Number



Standard Life and Accident Insurance Company
Mailing Address: P.O. Box 696870, San Antonio, TX 78269
888.350.1488



Standard Life and Accident Insurance Company
Mailing Address: P.O. Box 696870, San Antonio, TX 78269
888.350.1488



EMPLOYEE ENROLLMENT FORM FOR LIMITED BENEFIT ACCIDENT AND SICKNESS INSURANCE Please Print — Use Black Ink

[] New Policy [] Reinstatement [] Change

SECTION A

Employer _____ Group Number _____ Effective Date _____
Applicant (Employee) _____ Date of Birth _____ Age _____ Sex _____
Home Address _____ City _____ State _____ Zip _____
Phone (____) _____ Best time to call _____ [] a.m. [] p.m. Email _____
Social Security Number _____ Location _____ Date Hired _____
Occupation _____ Salary _____

Please print the full name of all other Eligible Dependents proposed for insurance (Use additional sheet and attach if needed).

Table with 5 columns: Last, First, Middle Initial; Relationship; Sex M/F; Date of Birth Month, Day, Year; Age. Includes a row for 'Spouse'.

BENEFIT AND PREMIUM DATA

Billable Premium

Plan: [] XXXX - [] XXXX [\$ _____]
Pay Period: [] Monthly [] Semi-Monthly [] Bi-Weekly [] Weekly [] Other _____

First Beneficiary (Name: last, first, middle initial) _____
Date of Birth _____ Relationship _____
Second Beneficiary (Name: last, first, middle initial) _____
Date of Birth _____ Relationship _____

SECTION B

Are you actively at work and have you worked at least 20 hours each week performing all of the regular duties of your occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy? [] Yes [] No
Will the insurance applied for replace or change any existing insurance? [] Yes [] No
If Yes, list company name and coverage. _____ company name _____ coverage

SECTION C - Complete Sections C & D if you are applying for Simplified Issue.

If any Employee or Eligible Dependent answers "Yes" to questions in Section C, that Employee or Eligible Dependent is not eligible for coverage.
In the past 2 years, has the Employee or any Eligible Dependent been informed by a physician of any abnormal test results or been advised to have any diagnostic/screening tests or procedures which have not yet been performed? [] Yes [] No
If Yes, list name of Employee or Eligible Dependent: _____

SECTION C (continued)

Within the past 5 years, has the Employee or any Eligible Dependent had abnormal test results, treatment or been recommended to have treatment for any of the following conditions? Yes No

If Yes, check all that apply and list name of the Employee or Eligible Dependent:

<input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) _____	<input type="checkbox"/> Heart Attack _____	<input type="checkbox"/> Myositis _____
<input type="checkbox"/> AIDS Related Complex (ARC) _____	<input type="checkbox"/> Heart Disease _____	<input type="checkbox"/> Organ Failure _____
<input type="checkbox"/> Alcohol or Drug Abuse _____	<input type="checkbox"/> Heart Surgery _____	<input type="checkbox"/> Organ Transplant _____
<input type="checkbox"/> Alzheimer's Disease _____	<input type="checkbox"/> Hepatitis _____	<input type="checkbox"/> Organic Brain Syndrome _____
<input type="checkbox"/> Arterial Disease _____	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) _____	<input type="checkbox"/> Osteoporosis with History of Bone Fracture _____
<input type="checkbox"/> Bone Disease _____	<input type="checkbox"/> Insulin Dependent Diabetes _____	<input type="checkbox"/> Paralysis (any Type of Degree) _____
<input type="checkbox"/> Cerebrovascular Accident (CVA) _____	<input type="checkbox"/> Internal Cancer _____	<input type="checkbox"/> Peripheral Vascular Disease _____
<input type="checkbox"/> Chronic Obstructive Lung Disease (COLD) _____	<input type="checkbox"/> Kidney Disease _____	<input type="checkbox"/> Rheumatoid Arthritis _____
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) _____	<input type="checkbox"/> Liver Disease _____	<input type="checkbox"/> Senile Dementia _____
<input type="checkbox"/> Cirrhosis _____	<input type="checkbox"/> Lou Gehrig's Disease (ALS) _____	<input type="checkbox"/> Stroke _____
<input type="checkbox"/> Crohn's Disease (Ileitis) _____	<input type="checkbox"/> Lupus Erythematosus _____	<input type="checkbox"/> Substance Abuse _____
<input type="checkbox"/> Emphysema _____	<input type="checkbox"/> Melanoma Cancer _____	<input type="checkbox"/> Transient Ischemic Attack (TIA) _____
<input type="checkbox"/> Fibromyalgia _____	<input type="checkbox"/> Multiple Sclerosis _____	<input type="checkbox"/> Ulcerative Colitis _____
	<input type="checkbox"/> Muscle Disease _____	
	<input type="checkbox"/> Muscular Dystrophy _____	

SECTION D

Is the Employee or any Eligible Dependent taking any prescription medications? Yes No

If Yes, provide name of Employee or Eligible Dependent and details. _____

Has the Employee or any Eligible Dependent been disabled or hospitalized in the last 6 months? Yes No

If Yes, provide name of Employee or Eligible Dependent and details. _____

SECTION E - Special Requests

SECTION F

DECLARATION AND AGREEMENT — I have personally completed and reviewed all of my answers to the questions in this Enrollment Form and represent that all information I have provided is true, complete, and correctly recorded and were answered to the best of my knowledge and belief. I understand that this information will be used to determine each person's eligibility for coverage under the Policy and any false statement or misrepresentation may result in loss of coverage or claim denial. The Employee (and Spouse or Dependent if coverage elected) must be eligible based on the Company's rules in effect on the date of enrollment and on the Certificate Effective Date. Policy coverage (or Change or Reinstatement of coverage), if issued and approved by the Company, will become effective on the date recorded in the Certificate Schedule of Benefits and not the date this Enrollment Form is signed. I understand that no agent or producer can accept risks, modify policies, or waive any rights or requirements of the Company. If this Enrollment Form is completed electronically, I agree that my electronic signature serves as my original signature.

ACKNOWLEDGEMENT — I understand that the coverage applied for provides limited benefits and is not a major medical or comprehensive medical benefit plan and is not a substitute for such coverage. The Policy is limited and is not designed to cover all medical expenses. I understand that no benefits are payable for sickness during the first 30 days following the Certificate Effective Date and that pre-existing conditions are excluded for 12 months. If eligible for Medicare, I have received the *Guide to Health Insurance for People with Medicare* and the Important Notice to Persons on Medicare.

PAYROLL DEDUCTION — I hereby request, authorize and direct my Employer to deduct the Billable Premium amount from my salary or wages, and any required premium thereafter, and forward that amount to Standard Life and Accident Insurance Company. This authorization will remain in effect until revoked by me in writing.

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

THIS IS A LIMITED BENEFIT POLICY. Please review the Policy carefully.

_____ Date

_____ Dated at City, State

_____ Applicant's Signature

_____ Spouse's Signature (if coverage is requested)



AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I/We hereby authorize any: physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, government agency, group policyholder, employer, benefit plan administrator, the Medical Information Bureau, the Department of Motor Vehicle Registration, and paramedical facility to provide to STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other Proposed Insured for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Applicant or any Proposed Insured. It is understood that STANDARD LIFE AND ACCIDENT INSURANCE COMPANY underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I/We understand that after this information is disclosed, the recipient may redisclose it, resulting in loss of protection by federal regulations.

I/We understand that: **1.** such information will be used by STANDARD LIFE AND ACCIDENT INSURANCE COMPANY for underwriting and insurability determinations; **2.** I/We may refuse to sign this authorization and that my/our refusal to sign will affect my/our ability to obtain health insurance coverage; **3.** a picture copy or photocopy of this authorization shall be as valid as the original; and **4.** I/We, or my/our authorized representative, am/are entitled to receive a copy of this authorization upon request.

This authorization is valid from the date signed for a duration of 24 months. I/We understand I/we may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Health Underwriting Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, P.O. Box 1991, Galveston, Texas 77553. *I/We may inspect or copy any information used or disclosed under this authorization, if signed.* If this application is taken over the phone, I/we agree that my/our electronic signature serves as my/our original signature.

Date

Dated at City, State

Applicant's Signature

Spouse's Signature (if coverage is requested)

Witness

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: (circle one) power of attorney, guardian, guardian-in-fact, payee representative or other _____ .



AGENT STATEMENT

As Agent, do you have knowledge or reason to believe that replacement of existing insurance may be involved? **Yes** **No**

If yes, I have complied with all legal and company requirements and the Employee has read and signed the Notice To Applicant Regarding Replacement.

I hereby certify that: **1.** all information set forth in the Enrollment Form is complete and correct to the best of my knowledge and was accurately recorded; and **2.** the answers did not conflict with my observations and knowledge of the Employee or any Eligible Dependent.

I also certify that I advised the Employee: **1.** of the eligibility requirements; **2.** that the coverage provides limited benefits and is not a major medical or comprehensive medical plan and; **3.** of the coverage limitations and exclusions, including the waiting period for sickness and pre-existing condition limitation.

Agent's Name (please print)

Agent's Signature

Agent's Writing Number

Date Signed

Phone (_____) _____

Fax (_____) _____

Email _____

Premium Quoted: \$ _____

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston Texas 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

ENDORSEMENT

This Endorsement amends and modifies such insurance as is afforded by the provisions of:

Policy Number: _____

Policy Effective Date: _____

REPLACED PLAN

When this Policy replaces an Employer's health plan that terminated the day before this Policy's effective date, credit, either in whole or partial, for the time period covered under the Employer's prior health plan will be given to each covered Employee and their covered Dependents for satisfaction of the Pre-existing Condition limitation and Waiting Period limitation under this Policy.

Coverage of Employees and Dependents under the Employer's prior health plan must have terminated the day prior to this Policy effective date in order to receive this credit. This credit does not apply to any newly enrolled Employees who are added after the Employer's Policy effective date.

Except as stated in this Endorsement, nothing contained in this Endorsement will be held to change, waive or extend any provisions of the Policy. This Endorsement expires when coverage under the Policy expires.



Secretary

SERFF Tracking Number: ANTX-127357722 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Benefit Sub-TOI: H08G.000 Health - Intensive Care - Limited Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Rate Information

Rate data applies to filing.

Filing Method: Serff
 Rate Change Type: Decrease
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision: 07/12/2011
 Filing Method of Last Filing: New

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Standard Life and Accident Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ANTX-127357722 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/10/2011	GROUP EMPLOYER FIXED INDEMNITY	SL-VERSEP, SL- New VERSEC			VERSATILE - ACTUARIAL EXHIBIT 1 EE C NO MAT GENERIC.pdf VERSATILE - ACTUARIAL EXHIBIT 1 EE NO MAT GENERIC.pdf VERSATILE - ACTUARIAL EXHIBIT I EE S W MAT GENERIC.pdf VERSATILE - ACTUARIAL EXHIBIT I EE W MAT GENERIC.pdf VERSATILE - ACTUARIAL EXHIBIT I EE WF MAT GENERIC.pdf VERSATILE - ACTUARIAL EXHIBIT 1 EE S NO MAT

SERFF Tracking Number: ANTX-127357722 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
Company Tracking Number:
TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
Benefit Benefit
Product Name: VERSATILE PLAN FORMS
Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

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Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Children									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.347	0.490	0.541	0.633	0.726	0.963	1.535	1.999	0.473
\$10/Day, 0 Day EP, 30 Day Max	0.379	0.538	0.595	0.707	0.813	1.107	1.815	2.419	0.521
\$10/Day, 0 Day EP, 60 Day Max	0.381	0.541	0.597	0.712	0.819	1.117	1.835	2.451	0.524
\$10/Day, 0 Day EP, 90 Day Max	0.381	0.541	0.598	0.713	0.820	1.121	1.843	2.462	0.525
\$10/Day, 0 Day EP, 365 Day Max	0.382	0.541	0.598	0.714	0.821	1.122	1.845	2.465	0.525
\$10/Day, 3 Day EP, 10 Day Max	0.210	0.264	0.279	0.326	0.359	0.486	0.801	1.091	0.259
\$10/Day, 3 Day EP, 30 Day Max	0.235	0.297	0.315	0.376	0.417	0.583	0.985	1.366	0.295
\$10/Day, 3 Day EP, 60 Day Max	0.236	0.300	0.318	0.381	0.423	0.592	1.003	1.395	0.297
\$10/Day, 3 Day EP, 90 Day Max	0.236	0.300	0.319	0.383	0.424	0.595	1.009	1.405	0.297
\$10/Day, 3 Day EP, 365 Day Max	0.236	0.300	0.319	0.383	0.424	0.595	1.011	1.408	0.297
\$10/Day, 7 Day EP, 10 Day Max	0.164	0.186	0.188	0.212	0.222	0.290	0.469	0.643	0.184
\$10/Day, 7 Day EP, 30 Day Max	0.181	0.208	0.212	0.243	0.255	0.343	0.565	0.785	0.206
\$10/Day, 7 Day EP, 60 Day Max	0.184	0.211	0.215	0.246	0.259	0.351	0.581	0.809	0.209
\$10/Day, 7 Day EP, 90 Day Max	0.184	0.212	0.215	0.247	0.261	0.354	0.587	0.818	0.210
\$10/Day, 7 Day EP, 365 Day Max	0.184	0.212	0.215	0.247	0.261	0.354	0.588	0.821	0.210
Hospital Admission									
\$10 Benefit	0.106	0.150	0.165	0.183	0.209	0.260	0.386	0.473	0.142
Hospital ICU									
\$10/Day, 10 Day Max	0.037	0.053	0.057	0.064	0.073	0.091	0.135	0.165	0.049
\$10/Day, 20 Day Max	0.037	0.053	0.058	0.064	0.073	0.092	0.135	0.165	0.049
\$10/Day, 30 Day Max	0.037	0.053	0.058	0.064	0.073	0.092	0.135	0.165	0.049
Wellness									
\$10/Visit, 1 Visit/Year	1.224	1.405	1.361	1.307	1.203	1.125	1.275	1.275	1.287
\$10/Visit, 2 Visits/Year	2.167	2.488	2.410	2.315	2.130	1.994	2.259	2.259	2.281
\$10/Visit, 3 Visits/Year	2.954	3.393	3.285	3.156	2.905	2.718	3.080	3.080	3.109
\$10/Visit, 4 Visits/Year	3.612	4.148	4.017	3.859	3.552	3.324	3.766	3.766	3.803
\$10/Visit, 5 Visits/Year	4.160	4.777	4.626	4.444	4.090	3.827	4.337	4.337	4.378
\$10/Visit, 6 Visits/Year	4.542	5.216	5.052	4.853	4.466	4.179	4.735	4.735	4.782
Surgical									
10% of RBRVS	3.764	5.111	5.500	6.235	7.437	8.854	11.281	11.281	4.871
Anesthesia									
10% of Surgical	0.376	0.511	0.550	0.624	0.744	0.885	1.128	1.128	0.487
Physician Office Visit									
\$10/Visit, 1 Visit/Year	3.185	3.495	3.474	3.536	3.495	3.567	4.371	4.371	3.358
\$10/Visit, 2 Visits/Year	5.346	5.865	5.828	5.934	5.864	5.986	7.335	7.335	5.635
\$10/Visit, 3 Visits/Year	6.940	7.615	7.565	7.704	7.612	7.772	9.522	9.522	7.315
\$10/Visit, 4 Visits/Year	8.245	9.047	8.989	9.153	9.044	9.233	11.313	11.313	8.691
\$10/Visit, 5 Visits/Year	9.132	10.020	9.955	10.136	10.016	10.225	12.529	12.529	9.625
\$10/Visit, 6 Visits/Year	9.750	10.698	10.628	10.822	10.694	10.917	13.375	13.375	10.276
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.118	1.263	1.270	1.300	1.315	1.336	1.585	1.574	1.206
\$10/Test Day, 2 Test Days/Year	1.720	1.941	1.954	2.000	2.021	2.055	2.438	2.420	1.855
\$10/Test Day, 3 Test Days/Year	2.154	2.431	2.446	2.504	2.530	2.574	3.054	3.031	2.323
\$10/Test Day, 4 Test Days/Year	2.505	2.827	2.845	2.912	2.943	2.993	3.551	3.525	2.701
\$10/Test Day, 5 Test Days/Year	2.781	3.140	3.160	3.235	3.268	3.324	3.944	3.915	3.000
\$10/Test Day, 6 Test Days/Year	3.033	3.424	3.445	3.526	3.563	3.624	4.300	4.268	3.271
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.078	0.078	0.075	0.070	0.065	0.063	0.066	0.066	0.075
\$10/Visit, 2 Visits/Year	0.121	0.122	0.115	0.108	0.101	0.096	0.103	0.103	0.117
\$10/Visit, 3 Visits/Year	0.151	0.151	0.144	0.135	0.126	0.120	0.127	0.127	0.146
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.213	0.199	0.188	0.183	0.176	0.177	0.214	0.214	0.200
\$10/Visit, 2 Visits/Year	0.328	0.306	0.290	0.281	0.271	0.273	0.328	0.328	0.309
\$10/Visit, 3 Visits/Year	0.411	0.384	0.363	0.352	0.340	0.342	0.411	0.411	0.386
Continuous Care									
\$10/Day, 10 Day Max	0.012	0.018	0.019	0.021	0.026	0.038	0.052	0.075	0.017
\$10/Day, 30 Day Max	0.017	0.025	0.028	0.030	0.039	0.057	0.078	0.113	0.024
Ambulatory Surgical Center									
\$10/Visit	0.339	0.425	0.459	0.517	0.583	0.674	0.758	0.758	0.414
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.058	0.063	0.066	0.072	0.076	0.095	0.165	0.165	0.064
\$10/Visit, 2 Trips/Year	0.065	0.070	0.074	0.079	0.085	0.105	0.185	0.185	0.071

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Children									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.068	0.074	0.077	0.084	0.090	0.112	0.195	0.195	0.075
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.012	0.013	0.014	0.015	0.015	0.019	0.034	0.034	0.013
\$10/Visit, 2 Trips/Year	0.012	0.014	0.015	0.015	0.016	0.020	0.036	0.036	0.014
\$10/Visit, 3 Trips/Year	0.014	0.015	0.015	0.017	0.018	0.023	0.039	0.039	0.015
Common Carrier									
2X Accidental Death Benefit	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008
Coma									
\$1000 Benefit	0.350	0.365	0.344	0.319	0.290	0.275	0.320	0.366	0.345

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Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Children									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Dismemberment									
\$1000 Benefit	0.132	0.141	0.135	0.129	0.124	0.127	0.136	0.136	0.134
Burn									
\$1000 Benefit	0.005	0.005	0.005	0.005	0.004	0.004	0.005	0.005	0.005
Dislocations									
\$1000 Benefit	0.074	0.074	0.069	0.065	0.065	0.075	0.093	0.093	0.072
Fractures									
\$1000 Benefit	0.373	0.382	0.362	0.338	0.328	0.355	0.436	0.436	0.367
Prosthesis									
\$1000 Benefit	1.621	1.849	1.894	1.933	2.072	2.261	2.931	2.931	1.782
Transportation									
\$10/Visit, 1 Trip/Year	0.008	0.009	0.009	0.010	0.011	0.013	0.020	0.023	0.009
\$10/Visit, 3 Trips/Year	0.023	0.026	0.027	0.030	0.033	0.040	0.060	0.068	0.025
\$10/Visit, 6 Trips/Year	0.045	0.051	0.054	0.059	0.065	0.078	0.120	0.136	0.050
Lodging									
\$10/Day, 15 Day Max	0.088	0.106	0.111	0.118	0.127	0.153	0.229	0.265	0.103
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.798	0.916	0.879	0.767	0.652	0.521	0.514	0.514	0.818
\$10/Visit, 2 Visits/Year	1.338	1.535	1.474	1.286	1.093	0.874	0.862	0.862	1.372
\$10/Visit, 3 Visits/Year	1.738	1.994	1.913	1.670	1.419	1.135	1.118	1.118	1.781
\$10/Visit, 4 Visits/Year	2.065	2.369	2.274	1.985	1.686	1.348	1.329	1.329	2.116
\$10/Visit, 5 Visits/Year	2.286	2.624	2.516	2.198	1.867	1.493	1.471	1.471	2.344
\$10/Visit, 6 Visits/Year	2.442	2.802	2.688	2.347	1.994	1.594	1.572	1.572	2.502
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.031	0.034	0.030	0.024	0.020	0.017	0.017	0.017	0.030
\$10/Visit, 2 Visits/Year	0.051	0.055	0.049	0.040	0.033	0.027	0.028	0.028	0.049
\$10/Visit, 3 Visits/Year	0.067	0.072	0.065	0.053	0.043	0.036	0.037	0.037	0.065
\$10/Visit, 4 Visits/Year	0.079	0.085	0.076	0.062	0.050	0.044	0.044	0.044	0.075
\$10/Visit, 5 Visits/Year	0.088	0.095	0.085	0.068	0.056	0.048	0.049	0.049	0.085
\$10/Visit, 6 Visits/Year	0.094	0.101	0.090	0.073	0.060	0.052	0.052	0.052	0.089
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.098	0.105	0.098	0.093	0.085	0.078	0.085	0.085	0.098
\$10/Day, 0 Day EP, 30 Day Max	0.136	0.145	0.135	0.127	0.120	0.110	0.119	0.119	0.135
\$10/Day, 0 Day EP, 60 Day Max	0.140	0.148	0.140	0.131	0.123	0.113	0.123	0.123	0.139
\$10/Day, 0 Day EP, 90 Day Max	0.140	0.149	0.141	0.132	0.124	0.113	0.124	0.124	0.140
\$10/Day, 0 Day EP, 365 Day Max	0.140	0.149	0.141	0.132	0.124	0.113	0.124	0.124	0.140
\$10/Day, 3 Day EP, 10 Day Max	0.070	0.075	0.070	0.066	0.063	0.057	0.063	0.063	0.069
\$10/Day, 3 Day EP, 30 Day Max	0.095	0.100	0.095	0.088	0.084	0.077	0.085	0.085	0.094
\$10/Day, 3 Day EP, 60 Day Max	0.096	0.103	0.097	0.091	0.086	0.079	0.087	0.087	0.096
\$10/Day, 3 Day EP, 90 Day Max	0.096	0.103	0.097	0.091	0.086	0.079	0.087	0.087	0.096
\$10/Day, 3 Day EP, 365 Day Max	0.096	0.103	0.097	0.091	0.086	0.080	0.087	0.087	0.097
\$10/Day, 7 Day EP, 10 Day Max	0.044	0.047	0.045	0.042	0.040	0.036	0.041	0.041	0.044
\$10/Day, 7 Day EP, 30 Day Max	0.056	0.060	0.057	0.053	0.051	0.047	0.053	0.053	0.056
\$10/Day, 7 Day EP, 60 Day Max	0.057	0.062	0.058	0.055	0.053	0.048	0.054	0.054	0.057
\$10/Day, 7 Day EP, 90 Day Max	0.059	0.064	0.059	0.055	0.054	0.049	0.055	0.055	0.059
\$10/Day, 7 Day EP, 365 Day Max	0.059	0.064	0.060	0.055	0.054	0.049	0.055	0.055	0.059
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.039	0.045	0.041	0.039	0.035	0.029	0.024	0.024	0.040
\$10/Day, 0 Day EP, 30 Day Max	0.055	0.062	0.056	0.054	0.047	0.040	0.035	0.035	0.055
\$10/Day, 0 Day EP, 60 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 0 Day EP, 90 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 0 Day EP, 365 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 3 Day EP, 10 Day Max	0.027	0.032	0.029	0.027	0.024	0.021	0.018	0.018	0.028
\$10/Day, 3 Day EP, 30 Day Max	0.036	0.041	0.038	0.036	0.032	0.027	0.024	0.024	0.037
\$10/Day, 3 Day EP, 60 Day Max	0.037	0.043	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 3 Day EP, 90 Day Max	0.038	0.044	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 3 Day EP, 365 Day Max	0.038	0.044	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 7 Day EP, 10 Day Max	0.017	0.020	0.018	0.017	0.015	0.013	0.012	0.012	0.018
\$10/Day, 7 Day EP, 30 Day Max	0.022	0.025	0.023	0.022	0.019	0.016	0.015	0.015	0.022
\$10/Day, 7 Day EP, 60 Day Max	0.024	0.026	0.024	0.023	0.020	0.017	0.015	0.015	0.024
\$10/Day, 7 Day EP, 90 Day Max	0.024	0.026	0.025	0.023	0.020	0.017	0.015	0.015	0.024
\$10/Day, 7 Day EP, 365 Day Max	0.024	0.026	0.025	0.023	0.020	0.017	0.015	0.015	0.024
Critical Illness									

Exhibit I
 Standard Life and Accident Insurance Company
 Policy Form SL-VERSEP
 Monthly Attained Age Premium Rates
 Base Benefits, Based on 55% Loss Ratio
 Unisex, Voluntary, Without Maternity

Employee and Children

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$1000 Benefit	0.274	0.914	1.420	2.119	3.027	4.225	5.696	7.729	1.538
Paralysis \$1000 Benefit	0.055	0.045	0.040	0.036	0.033	0.032	0.035	0.035	0.047

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

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Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.140	0.265	0.335	0.445	0.552	0.771	1.334	1.795	0.360
\$10/Day, 0 Day EP, 30 Day Max	0.152	0.291	0.368	0.500	0.622	0.894	1.593	2.197	0.409
\$10/Day, 0 Day EP, 60 Day Max	0.153	0.293	0.370	0.505	0.626	0.903	1.613	2.227	0.413
\$10/Day, 0 Day EP, 90 Day Max	0.154	0.293	0.370	0.505	0.627	0.905	1.619	2.238	0.414
\$10/Day, 0 Day EP, 365 Day Max	0.154	0.293	0.371	0.505	0.628	0.906	1.622	2.243	0.414
\$10/Day, 3 Day EP, 10 Day Max	0.097	0.141	0.165	0.221	0.263	0.383	0.693	0.984	0.194
\$10/Day, 3 Day EP, 30 Day Max	0.108	0.159	0.186	0.258	0.308	0.465	0.862	1.246	0.227
\$10/Day, 3 Day EP, 60 Day Max	0.108	0.160	0.188	0.262	0.313	0.472	0.880	1.274	0.230
\$10/Day, 3 Day EP, 90 Day Max	0.108	0.161	0.189	0.263	0.314	0.475	0.885	1.283	0.231
\$10/Day, 3 Day EP, 365 Day Max	0.108	0.161	0.189	0.263	0.314	0.475	0.888	1.286	0.231
\$10/Day, 7 Day EP, 10 Day Max	0.084	0.098	0.105	0.135	0.153	0.219	0.393	0.567	0.128
\$10/Day, 7 Day EP, 30 Day Max	0.092	0.111	0.119	0.157	0.178	0.263	0.480	0.700	0.148
\$10/Day, 7 Day EP, 60 Day Max	0.093	0.112	0.121	0.160	0.181	0.270	0.495	0.724	0.150
\$10/Day, 7 Day EP, 90 Day Max	0.093	0.113	0.122	0.161	0.183	0.272	0.500	0.733	0.151
\$10/Day, 7 Day EP, 365 Day Max	0.093	0.113	0.122	0.162	0.183	0.273	0.502	0.735	0.152
Hospital Admission									
\$10 Benefit	0.044	0.081	0.103	0.125	0.156	0.204	0.324	0.408	0.101
Hospital ICU									
\$10/Day, 10 Day Max	0.015	0.028	0.035	0.044	0.055	0.071	0.113	0.143	0.035
\$10/Day, 20 Day Max	0.015	0.028	0.035	0.044	0.055	0.072	0.114	0.143	0.035
\$10/Day, 30 Day Max	0.015	0.028	0.035	0.044	0.055	0.072	0.114	0.143	0.035
Wellness									
\$10/Visit, 1 Visit/Year	0.224	0.331	0.383	0.424	0.435	0.438	0.417	0.417	0.320
\$10/Visit, 2 Visits/Year	0.396	0.586	0.678	0.751	0.769	0.776	0.739	0.739	0.567
\$10/Visit, 3 Visits/Year	0.540	0.800	0.924	1.024	1.049	1.059	1.008	1.008	0.774
\$10/Visit, 4 Visits/Year	0.660	0.978	1.129	1.251	1.282	1.295	1.232	1.232	0.945
\$10/Visit, 5 Visits/Year	0.760	1.126	1.301	1.441	1.476	1.491	1.418	1.418	1.089
\$10/Visit, 6 Visits/Year	0.831	1.230	1.420	1.574	1.613	1.628	1.549	1.549	1.189
Surgical									
10% of RBRVS	1.930	3.115	3.698	4.609	5.987	7.453	9.521	9.521	3.716
Anesthesia									
10% of Surgical	0.194	0.311	0.370	0.461	0.599	0.745	0.952	0.952	0.372
Physician Office Visit									
\$10/Visit, 1 Visit/Year	1.169	1.341	1.497	1.756	1.947	2.172	2.605	2.605	1.508
\$10/Visit, 2 Visits/Year	1.962	2.249	2.512	2.945	3.268	3.644	4.370	4.370	2.529
\$10/Visit, 3 Visits/Year	2.546	2.920	3.261	3.825	4.243	4.732	5.674	5.674	3.285
\$10/Visit, 4 Visits/Year	3.025	3.469	3.875	4.544	5.040	5.620	6.740	6.740	3.902
\$10/Visit, 5 Visits/Year	3.351	3.842	4.291	5.032	5.582	6.225	7.465	7.465	4.321
\$10/Visit, 6 Visits/Year	3.577	4.102	4.581	5.373	5.959	6.645	7.970	7.970	4.614
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	0.584	0.671	0.730	0.818	0.912	1.010	1.130	1.119	0.725
\$10/Test Day, 2 Test Days/Year	0.898	1.032	1.124	1.259	1.403	1.554	1.738	1.722	1.115
\$10/Test Day, 3 Test Days/Year	1.125	1.293	1.407	1.576	1.756	1.945	2.176	2.156	1.397
\$10/Test Day, 4 Test Days/Year	1.308	1.503	1.636	1.834	2.043	2.263	2.530	2.507	1.624
\$10/Test Day, 5 Test Days/Year	1.453	1.669	1.817	2.036	2.268	2.513	2.810	2.785	1.804
\$10/Test Day, 6 Test Days/Year	1.584	1.820	1.981	2.220	2.473	2.739	3.064	3.035	1.967
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.045	0.041	0.039	0.038	0.036	0.035	0.035	0.035	0.041
\$10/Visit, 2 Visits/Year	0.068	0.063	0.060	0.058	0.055	0.055	0.053	0.053	0.063
\$10/Visit, 3 Visits/Year	0.085	0.078	0.075	0.073	0.070	0.068	0.065	0.065	0.078
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.069	0.048	0.049	0.056	0.065	0.075	0.087	0.087	0.065
\$10/Visit, 2 Visits/Year	0.107	0.074	0.076	0.087	0.101	0.115	0.134	0.134	0.100
\$10/Visit, 3 Visits/Year	0.134	0.093	0.095	0.109	0.126	0.144	0.167	0.167	0.125
Continuous Care									
\$10/Day, 10 Day Max	0.005	0.010	0.012	0.014	0.021	0.034	0.045	0.073	0.014
\$10/Day, 30 Day Max	0.007	0.015	0.018	0.022	0.031	0.051	0.070	0.111	0.020
Ambulatory Surgical Center									
\$10/Visit	0.166	0.241	0.292	0.367	0.449	0.544	0.605	0.605	0.287
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.023	0.025	0.031	0.039	0.046	0.063	0.131	0.131	0.035
\$10/Visit, 2 Trips/Year	0.025	0.027	0.035	0.044	0.052	0.071	0.145	0.145	0.040

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.026	0.029	0.036	0.045	0.055	0.075	0.154	0.154	0.042
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.004	0.005	0.006	0.007	0.009	0.013	0.026	0.026	0.006
\$10/Visit, 2 Trips/Year	0.005	0.005	0.007	0.008	0.010	0.014	0.029	0.029	0.008
\$10/Visit, 3 Trips/Year	0.005	0.005	0.007	0.009	0.011	0.015	0.031	0.031	0.008
Common Carrier									
2X Accidental Death Benefit	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008
Coma									
\$1000 Benefit	0.079	0.067	0.065	0.063	0.062	0.063	0.065	0.109	0.072
Dismemberment									
\$1000 Benefit	0.054	0.053	0.051	0.048	0.047	0.046	0.051	0.051	0.051
Burn									
\$1000 Benefit	0.002	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.002
Dislocations									
\$1000 Benefit	0.031	0.027	0.026	0.026	0.031	0.043	0.054	0.054	0.032

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Fractures									
\$1000 Benefit	0.114	0.099	0.099	0.098	0.115	0.156	0.198	0.198	0.116
Prosthesis									
\$1000 Benefit	0.502	0.638	0.771	0.910	1.166	1.429	1.937	1.937	0.793
Transportation									
\$10/Visit, 1 Trip/Year	0.003	0.004	0.005	0.005	0.007	0.009	0.015	0.018	0.005
\$10/Visit, 3 Trips/Year	0.008	0.010	0.013	0.016	0.021	0.028	0.046	0.055	0.015
\$10/Visit, 6 Trips/Year	0.016	0.020	0.025	0.033	0.042	0.056	0.095	0.110	0.029
Lodging									
\$10/Day, 15 Day Max	0.034	0.046	0.056	0.067	0.082	0.105	0.175	0.212	0.058
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.347	0.437	0.446	0.382	0.323	0.236	0.135	0.135	0.350
\$10/Visit, 2 Visits/Year	0.583	0.734	0.750	0.641	0.542	0.395	0.227	0.227	0.587
\$10/Visit, 3 Visits/Year	0.756	0.953	0.974	0.832	0.704	0.514	0.295	0.295	0.761
\$10/Visit, 4 Visits/Year	0.898	1.131	1.156	0.988	0.836	0.610	0.350	0.350	0.905
\$10/Visit, 5 Visits/Year	0.995	1.253	1.280	1.095	0.925	0.675	0.387	0.387	1.002
\$10/Visit, 6 Visits/Year	1.062	1.338	1.367	1.169	0.988	0.722	0.415	0.415	1.070
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.018	0.017	0.014	0.009	0.006	0.005	0.002	0.002	0.014
\$10/Visit, 2 Visits/Year	0.030	0.029	0.024	0.015	0.011	0.006	0.005	0.005	0.022
\$10/Visit, 3 Visits/Year	0.039	0.037	0.031	0.021	0.014	0.008	0.005	0.005	0.030
\$10/Visit, 4 Visits/Year	0.045	0.045	0.036	0.025	0.016	0.010	0.006	0.006	0.035
\$10/Visit, 5 Visits/Year	0.051	0.049	0.040	0.027	0.018	0.011	0.007	0.007	0.038
\$10/Visit, 6 Visits/Year	0.055	0.053	0.043	0.029	0.020	0.012	0.007	0.007	0.042
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.041	0.042	0.041	0.042	0.042	0.041	0.036	0.036	0.041
\$10/Day, 0 Day EP, 30 Day Max	0.049	0.051	0.050	0.051	0.054	0.052	0.046	0.046	0.050
\$10/Day, 0 Day EP, 60 Day Max	0.049	0.051	0.051	0.052	0.055	0.052	0.046	0.046	0.050
\$10/Day, 0 Day EP, 90 Day Max	0.049	0.051	0.051	0.052	0.055	0.053	0.047	0.047	0.050
\$10/Day, 0 Day EP, 365 Day Max	0.049	0.051	0.051	0.052	0.055	0.053	0.047	0.047	0.050
\$10/Day, 3 Day EP, 10 Day Max	0.023	0.024	0.025	0.025	0.027	0.025	0.023	0.023	0.024
\$10/Day, 3 Day EP, 30 Day Max	0.028	0.029	0.030	0.031	0.034	0.033	0.029	0.029	0.030
\$10/Day, 3 Day EP, 60 Day Max	0.028	0.030	0.030	0.031	0.035	0.033	0.030	0.030	0.030
\$10/Day, 3 Day EP, 90 Day Max	0.028	0.030	0.030	0.031	0.035	0.033	0.030	0.030	0.030
\$10/Day, 3 Day EP, 365 Day Max	0.028	0.030	0.030	0.031	0.035	0.034	0.030	0.030	0.030
\$10/Day, 7 Day EP, 10 Day Max	0.011	0.012	0.012	0.013	0.015	0.015	0.013	0.013	0.012
\$10/Day, 7 Day EP, 30 Day Max	0.014	0.014	0.015	0.015	0.018	0.017	0.015	0.015	0.015
\$10/Day, 7 Day EP, 60 Day Max	0.014	0.015	0.015	0.015	0.019	0.017	0.015	0.015	0.015
\$10/Day, 7 Day EP, 90 Day Max	0.014	0.015	0.015	0.015	0.019	0.018	0.015	0.015	0.015
\$10/Day, 7 Day EP, 365 Day Max	0.014	0.015	0.015	0.015	0.019	0.018	0.015	0.015	0.015
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.025	0.027	0.025	0.023	0.019	0.013	0.007	0.007	0.022
\$10/Day, 0 Day EP, 30 Day Max	0.031	0.035	0.032	0.030	0.024	0.015	0.010	0.010	0.029
\$10/Day, 0 Day EP, 60 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 0 Day EP, 90 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 0 Day EP, 365 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 3 Day EP, 10 Day Max	0.015	0.018	0.015	0.015	0.012	0.008	0.005	0.005	0.014
\$10/Day, 3 Day EP, 30 Day Max	0.020	0.023	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 60 Day Max	0.020	0.023	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 90 Day Max	0.020	0.024	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 365 Day Max	0.020	0.024	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 7 Day EP, 10 Day Max	0.008	0.010	0.009	0.008	0.006	0.005	0.003	0.003	0.008
\$10/Day, 7 Day EP, 30 Day Max	0.011	0.012	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 60 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 90 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 365 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
Critical Illness									
\$1000 Benefit	0.195	0.826	1.339	2.045	2.963	4.165	5.624	7.656	1.462
Paralysis									
\$1000 Benefit	0.030	0.014	0.011	0.009	0.007	0.007	0.007	0.007	0.019

Exhibit I
 Standard Life and Accident Insurance Company
 Policy Form SL-VERSEP
 Monthly Attained Age Premium Rates
 Base Benefits, Based on 55% Loss Ratio
 Unisex, Voluntary, Without Maternity

Employee Only

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Spouse									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.909	0.609	0.684	0.893	1.122	1.587	2.698	3.625	0.985
\$10/Day, 0 Day EP, 30 Day Max	0.936	0.661	0.750	1.004	1.263	1.840	3.219	4.428	1.088
\$10/Day, 0 Day EP, 60 Day Max	0.937	0.664	0.755	1.011	1.273	1.858	3.259	4.490	1.095
\$10/Day, 0 Day EP, 90 Day Max	0.938	0.665	0.755	1.013	1.275	1.865	3.273	4.511	1.097
\$10/Day, 0 Day EP, 365 Day Max	0.939	0.665	0.756	1.014	1.276	1.866	3.276	4.519	1.098
\$10/Day, 3 Day EP, 10 Day Max	0.282	0.295	0.332	0.443	0.533	0.785	1.394	1.974	0.435
\$10/Day, 3 Day EP, 30 Day Max	0.303	0.332	0.376	0.517	0.625	0.954	1.734	2.497	0.505
\$10/Day, 3 Day EP, 60 Day Max	0.304	0.334	0.381	0.525	0.634	0.970	1.769	2.553	0.512
\$10/Day, 3 Day EP, 90 Day Max	0.304	0.335	0.383	0.526	0.635	0.975	1.781	2.572	0.514
\$10/Day, 3 Day EP, 365 Day Max	0.304	0.335	0.383	0.526	0.636	0.976	1.785	2.578	0.515
\$10/Day, 7 Day EP, 10 Day Max	0.178	0.198	0.214	0.272	0.309	0.448	0.787	1.135	0.265
\$10/Day, 7 Day EP, 30 Day Max	0.195	0.223	0.242	0.315	0.360	0.538	0.962	1.401	0.306
\$10/Day, 7 Day EP, 60 Day Max	0.195	0.225	0.245	0.322	0.366	0.552	0.992	1.448	0.311
\$10/Day, 7 Day EP, 90 Day Max	0.195	0.226	0.246	0.323	0.370	0.556	1.003	1.465	0.314
\$10/Day, 7 Day EP, 365 Day Max	0.195	0.226	0.246	0.324	0.370	0.558	1.006	1.471	0.314
Hospital Admission									
\$10 Benefit	0.314	0.188	0.207	0.253	0.317	0.420	0.660	0.833	0.294
Hospital ICU									
\$10/Day, 10 Day Max	0.030	0.056	0.070	0.088	0.111	0.145	0.231	0.291	0.076
\$10/Day, 20 Day Max	0.030	0.056	0.071	0.088	0.111	0.147	0.231	0.291	0.076
\$10/Day, 30 Day Max	0.030	0.056	0.071	0.088	0.111	0.147	0.231	0.291	0.076
Wellness									
\$10/Visit, 1 Visit/Year	0.465	0.663	0.742	0.816	0.826	0.820	0.791	0.791	0.675
\$10/Visit, 2 Visits/Year	0.825	1.174	1.315	1.445	1.464	1.453	1.401	1.401	1.194
\$10/Visit, 3 Visits/Year	1.123	1.600	1.792	1.972	1.995	1.981	1.911	1.911	1.626
\$10/Visit, 4 Visits/Year	1.373	1.955	2.190	2.410	2.440	2.422	2.335	2.335	1.989
\$10/Visit, 5 Visits/Year	1.581	2.253	2.522	2.775	2.810	2.788	2.689	2.689	2.291
\$10/Visit, 6 Visits/Year	1.726	2.460	2.755	3.031	3.068	3.045	2.936	2.936	2.502
Surgical									
10% of RBRVS	7.972	6.860	7.496	9.236	12.000	14.975	19.326	19.326	9.359
Anesthesia									
10% of Surgical	0.797	0.686	0.749	0.924	1.200	1.497	1.933	1.933	0.935
Physician Office Visit									
\$10/Visit, 1 Visit/Year	2.445	2.695	2.948	3.424	3.798	4.238	5.187	5.187	3.110
\$10/Visit, 2 Visits/Year	4.105	4.524	4.947	5.743	6.372	7.112	8.704	8.704	5.217
\$10/Visit, 3 Visits/Year	5.329	5.873	6.423	7.456	8.273	9.234	11.300	11.300	6.774
\$10/Visit, 4 Visits/Year	6.330	6.976	7.630	8.858	9.828	10.969	13.425	13.425	8.047
\$10/Visit, 5 Visits/Year	7.012	7.727	8.450	9.810	10.885	12.148	14.868	14.868	8.913
\$10/Visit, 6 Visits/Year	7.485	8.249	9.022	10.473	11.621	12.969	15.873	15.873	9.515
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.171	1.342	1.438	1.590	1.755	1.925	2.205	2.181	1.467
\$10/Test Day, 2 Test Days/Year	1.802	2.065	2.213	2.446	2.699	2.963	3.391	3.355	2.257
\$10/Test Day, 3 Test Days/Year	2.256	2.585	2.772	3.064	3.379	3.710	4.246	4.202	2.827
\$10/Test Day, 4 Test Days/Year	2.624	3.006	3.223	3.563	3.930	4.314	4.937	4.885	3.287
\$10/Test Day, 5 Test Days/Year	2.914	3.339	3.579	3.956	4.365	4.791	5.484	5.425	3.651
\$10/Test Day, 6 Test Days/Year	3.177	3.640	3.902	4.314	4.758	5.223	5.978	5.915	3.981
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.088	0.081	0.078	0.076	0.073	0.071	0.068	0.068	0.080
\$10/Visit, 2 Visits/Year	0.136	0.125	0.121	0.116	0.113	0.109	0.105	0.105	0.124
\$10/Visit, 3 Visits/Year	0.171	0.156	0.152	0.146	0.141	0.136	0.131	0.131	0.155
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.142	0.096	0.097	0.110	0.128	0.147	0.176	0.176	0.124
\$10/Visit, 2 Visits/Year	0.219	0.148	0.149	0.169	0.196	0.226	0.271	0.271	0.189
\$10/Visit, 3 Visits/Year	0.274	0.185	0.186	0.212	0.246	0.283	0.338	0.338	0.237
Continuous Care									
\$10/Day, 10 Day Max	0.010	0.020	0.024	0.028	0.042	0.065	0.091	0.136	0.028
\$10/Day, 30 Day Max	0.014	0.030	0.036	0.043	0.062	0.101	0.138	0.207	0.042
Ambulatory Surgical Center									
\$10/Visit	0.347	0.485	0.579	0.726	0.897	1.094	1.216	1.216	0.618
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.045	0.049	0.063	0.080	0.096	0.133	0.267	0.267	0.075
\$10/Visit, 2 Trips/Year	0.050	0.055	0.070	0.089	0.107	0.148	0.298	0.298	0.084

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Spouse

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.053	0.058	0.073	0.094	0.113	0.156	0.314	0.314	0.087
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.008	0.010	0.013	0.015	0.019	0.026	0.054	0.054	0.015
\$10/Visit, 2 Trips/Year	0.010	0.011	0.014	0.017	0.022	0.029	0.059	0.059	0.016
\$10/Visit, 3 Trips/Year	0.010	0.011	0.014	0.018	0.023	0.031	0.063	0.063	0.017
Common Carrier									
2X Accidental Death Benefit	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017
Coma									
\$1000 Benefit	0.155	0.134	0.131	0.128	0.125	0.126	0.133	0.225	0.139

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Spouse									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Dismemberment									
\$1000 Benefit	0.105	0.105	0.106	0.106	0.109	0.112	0.115	0.115	0.106
Burn									
\$1000 Benefit	0.003	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002
Dislocations									
\$1000 Benefit	0.062	0.055	0.054	0.054	0.062	0.085	0.108	0.108	0.062
Fractures									
\$1000 Benefit	0.227	0.198	0.198	0.196	0.231	0.314	0.396	0.396	0.227
Prosthesis									
\$1000 Benefit	1.009	1.275	1.535	1.815	2.325	2.840	3.830	3.830	1.655
Transportation									
\$10/Visit, 1 Trip/Year	0.006	0.007	0.009	0.011	0.014	0.018	0.032	0.036	0.010
\$10/Visit, 3 Trips/Year	0.016	0.021	0.025	0.034	0.042	0.057	0.094	0.110	0.030
\$10/Visit, 6 Trips/Year	0.033	0.041	0.052	0.066	0.085	0.113	0.189	0.222	0.061
Lodging									
\$10/Day, 15 Day Max	0.068	0.093	0.113	0.136	0.166	0.218	0.358	0.432	0.125
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.707	0.875	0.873	0.734	0.609	0.427	0.255	0.255	0.713
\$10/Visit, 2 Visits/Year	1.187	1.466	1.465	1.230	1.023	0.717	0.430	0.430	1.195
\$10/Visit, 3 Visits/Year	1.541	1.905	1.902	1.596	1.327	0.931	0.558	0.558	1.552
\$10/Visit, 4 Visits/Year	1.830	2.263	2.259	1.896	1.576	1.105	0.663	0.663	1.844
\$10/Visit, 5 Visits/Year	2.027	2.505	2.502	2.102	1.745	1.224	0.734	0.734	2.042
\$10/Visit, 6 Visits/Year	2.164	2.675	2.672	2.244	1.864	1.307	0.785	0.785	2.180
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.035	0.035	0.029	0.020	0.014	0.010	0.005	0.005	0.025
\$10/Visit, 2 Visits/Year	0.057	0.058	0.049	0.034	0.024	0.015	0.010	0.010	0.044
\$10/Visit, 3 Visits/Year	0.075	0.075	0.063	0.045	0.030	0.020	0.013	0.013	0.057
\$10/Visit, 4 Visits/Year	0.089	0.089	0.075	0.052	0.035	0.024	0.015	0.015	0.067
\$10/Visit, 5 Visits/Year	0.099	0.099	0.082	0.057	0.040	0.025	0.017	0.017	0.075
\$10/Visit, 6 Visits/Year	0.105	0.105	0.088	0.061	0.043	0.028	0.018	0.018	0.080
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.082	0.084	0.080	0.079	0.080	0.075	0.067	0.067	0.080
\$10/Day, 0 Day EP, 30 Day Max	0.099	0.101	0.097	0.096	0.102	0.096	0.085	0.085	0.098
\$10/Day, 0 Day EP, 60 Day Max	0.099	0.101	0.098	0.097	0.103	0.097	0.086	0.086	0.099
\$10/Day, 0 Day EP, 90 Day Max	0.100	0.102	0.099	0.097	0.104	0.097	0.087	0.087	0.100
\$10/Day, 0 Day EP, 365 Day Max	0.100	0.102	0.099	0.097	0.104	0.097	0.087	0.087	0.100
\$10/Day, 3 Day EP, 10 Day Max	0.046	0.048	0.046	0.046	0.051	0.048	0.043	0.043	0.047
\$10/Day, 3 Day EP, 30 Day Max	0.057	0.058	0.057	0.057	0.065	0.061	0.055	0.055	0.058
\$10/Day, 3 Day EP, 60 Day Max	0.057	0.059	0.057	0.057	0.065	0.061	0.055	0.055	0.059
\$10/Day, 3 Day EP, 90 Day Max	0.057	0.059	0.057	0.057	0.065	0.061	0.055	0.055	0.059
\$10/Day, 3 Day EP, 365 Day Max	0.057	0.059	0.057	0.057	0.065	0.062	0.055	0.055	0.059
\$10/Day, 7 Day EP, 10 Day Max	0.022	0.023	0.023	0.023	0.029	0.026	0.024	0.024	0.024
\$10/Day, 7 Day EP, 30 Day Max	0.027	0.028	0.028	0.028	0.035	0.033	0.030	0.030	0.029
\$10/Day, 7 Day EP, 60 Day Max	0.027	0.029	0.028	0.028	0.035	0.033	0.030	0.030	0.030
\$10/Day, 7 Day EP, 90 Day Max	0.027	0.029	0.028	0.028	0.035	0.034	0.030	0.030	0.030
\$10/Day, 7 Day EP, 365 Day Max	0.028	0.029	0.029	0.029	0.035	0.034	0.030	0.030	0.030
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.048	0.055	0.051	0.049	0.042	0.030	0.017	0.017	0.046
\$10/Day, 0 Day EP, 30 Day Max	0.061	0.071	0.065	0.065	0.054	0.037	0.022	0.022	0.060
\$10/Day, 0 Day EP, 60 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 0 Day EP, 90 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 0 Day EP, 365 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 3 Day EP, 10 Day Max	0.030	0.035	0.033	0.032	0.026	0.019	0.011	0.011	0.030
\$10/Day, 3 Day EP, 30 Day Max	0.039	0.045	0.042	0.041	0.034	0.024	0.014	0.014	0.037
\$10/Day, 3 Day EP, 60 Day Max	0.039	0.045	0.042	0.041	0.035	0.025	0.014	0.014	0.038
\$10/Day, 3 Day EP, 90 Day Max	0.040	0.046	0.042	0.042	0.035	0.025	0.014	0.014	0.038
\$10/Day, 3 Day EP, 365 Day Max	0.040	0.046	0.042	0.042	0.035	0.025	0.014	0.014	0.038
\$10/Day, 7 Day EP, 10 Day Max	0.017	0.019	0.018	0.018	0.015	0.010	0.006	0.006	0.016
\$10/Day, 7 Day EP, 30 Day Max	0.022	0.024	0.022	0.022	0.018	0.013	0.007	0.007	0.020
\$10/Day, 7 Day EP, 60 Day Max	0.022	0.025	0.022	0.022	0.018	0.013	0.007	0.007	0.021
\$10/Day, 7 Day EP, 90 Day Max	0.022	0.025	0.023	0.022	0.018	0.013	0.007	0.007	0.021
\$10/Day, 7 Day EP, 365 Day Max	0.022	0.025	0.023	0.022	0.018	0.013	0.007	0.007	0.021
Critical Illness									

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Spouse

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$1000 Benefit Paralysis	0.390	1.652	2.687	4.145	6.081	8.725	11.725	15.968	3.320
\$1000 Benefit	0.059	0.028	0.023	0.020	0.018	0.018	0.017	0.017	0.034

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.438	0.305	0.344	0.445	0.553	0.771	1.334	1.795	0.502
\$10/Day, 0 Day EP, 30 Day Max	0.452	0.331	0.376	0.501	0.622	0.894	1.593	2.197	0.553
\$10/Day, 0 Day EP, 60 Day Max	0.453	0.333	0.378	0.505	0.626	0.903	1.613	2.227	0.556
\$10/Day, 0 Day EP, 90 Day Max	0.454	0.333	0.378	0.506	0.627	0.905	1.619	2.238	0.557
\$10/Day, 0 Day EP, 365 Day Max	0.454	0.333	0.379	0.506	0.628	0.906	1.622	2.243	0.557
\$10/Day, 3 Day EP, 10 Day Max	0.138	0.147	0.165	0.221	0.263	0.383	0.693	0.984	0.214
\$10/Day, 3 Day EP, 30 Day Max	0.150	0.165	0.187	0.258	0.308	0.465	0.862	1.246	0.247
\$10/Day, 3 Day EP, 60 Day Max	0.150	0.166	0.189	0.262	0.313	0.473	0.880	1.274	0.250
\$10/Day, 3 Day EP, 90 Day Max	0.150	0.167	0.190	0.263	0.314	0.475	0.885	1.283	0.251
\$10/Day, 3 Day EP, 365 Day Max	0.150	0.167	0.190	0.263	0.314	0.475	0.888	1.286	0.251
\$10/Day, 7 Day EP, 10 Day Max	0.089	0.099	0.106	0.135	0.153	0.219	0.393	0.567	0.130
\$10/Day, 7 Day EP, 30 Day Max	0.097	0.112	0.120	0.157	0.178	0.263	0.480	0.700	0.150
\$10/Day, 7 Day EP, 60 Day Max	0.098	0.113	0.122	0.160	0.181	0.270	0.495	0.724	0.152
\$10/Day, 7 Day EP, 90 Day Max	0.098	0.114	0.122	0.161	0.183	0.272	0.500	0.733	0.153
\$10/Day, 7 Day EP, 365 Day Max	0.098	0.114	0.122	0.162	0.183	0.273	0.502	0.735	0.154
Hospital Admission									
\$10 Benefit	0.151	0.095	0.105	0.126	0.156	0.204	0.324	0.408	0.152
Hospital ICU									
\$10/Day, 10 Day Max	0.015	0.028	0.035	0.044	0.055	0.071	0.113	0.143	0.035
\$10/Day, 20 Day Max	0.015	0.028	0.035	0.044	0.055	0.072	0.114	0.143	0.035
\$10/Day, 30 Day Max	0.015	0.028	0.035	0.044	0.055	0.072	0.114	0.143	0.035
Wellness									
\$10/Visit, 1 Visit/Year	0.224	0.331	0.383	0.424	0.435	0.438	0.417	0.417	0.320
\$10/Visit, 2 Visits/Year	0.396	0.586	0.678	0.751	0.769	0.776	0.739	0.739	0.567
\$10/Visit, 3 Visits/Year	0.540	0.800	0.924	1.024	1.049	1.059	1.008	1.008	0.774
\$10/Visit, 4 Visits/Year	0.660	0.978	1.129	1.251	1.282	1.295	1.232	1.232	0.945
\$10/Visit, 5 Visits/Year	0.760	1.126	1.301	1.441	1.476	1.491	1.418	1.418	1.089
\$10/Visit, 6 Visits/Year	0.831	1.230	1.420	1.574	1.613	1.628	1.549	1.549	1.189
Surgical									
10% of RBRVS	3.874	3.430	3.782	4.639	5.997	7.455	9.521	9.521	4.656
Anesthesia									
10% of Surgical	0.387	0.343	0.378	0.464	0.600	0.745	0.952	0.952	0.465
Physician Office Visit									
\$10/Visit, 1 Visit/Year	1.204	1.348	1.499	1.756	1.948	2.172	2.605	2.605	1.525
\$10/Visit, 2 Visits/Year	2.020	2.262	2.515	2.946	3.268	3.644	4.370	4.370	2.558
\$10/Visit, 3 Visits/Year	2.623	2.936	3.265	3.825	4.243	4.732	5.674	5.674	3.322
\$10/Visit, 4 Visits/Year	3.115	3.488	3.878	4.545	5.040	5.620	6.740	6.740	3.946
\$10/Visit, 5 Visits/Year	3.451	3.864	4.295	5.033	5.583	6.225	7.465	7.465	4.370
\$10/Visit, 6 Visits/Year	3.684	4.125	4.585	5.374	5.960	6.645	7.970	7.970	4.665
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	0.584	0.671	0.730	0.818	0.912	1.010	1.130	1.119	0.725
\$10/Test Day, 2 Test Days/Year	0.898	1.032	1.124	1.259	1.403	1.554	1.738	1.722	1.115
\$10/Test Day, 3 Test Days/Year	1.125	1.293	1.407	1.576	1.756	1.945	2.176	2.156	1.397
\$10/Test Day, 4 Test Days/Year	1.308	1.503	1.636	1.834	2.043	2.263	2.530	2.507	1.624
\$10/Test Day, 5 Test Days/Year	1.453	1.669	1.817	2.036	2.268	2.513	2.810	2.785	1.804
\$10/Test Day, 6 Test Days/Year	1.584	1.820	1.981	2.220	2.473	2.739	3.064	3.035	1.967
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.045	0.041	0.039	0.038	0.036	0.035	0.035	0.035	0.041
\$10/Visit, 2 Visits/Year	0.068	0.063	0.060	0.058	0.055	0.055	0.053	0.053	0.063
\$10/Visit, 3 Visits/Year	0.085	0.078	0.075	0.073	0.070	0.068	0.065	0.065	0.078
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.069	0.048	0.049	0.056	0.065	0.075	0.087	0.087	0.065
\$10/Visit, 2 Visits/Year	0.107	0.074	0.076	0.087	0.101	0.115	0.134	0.134	0.100
\$10/Visit, 3 Visits/Year	0.134	0.093	0.095	0.109	0.126	0.144	0.167	0.167	0.125
Continuous Care									
\$10/Day, 10 Day Max	0.005	0.010	0.012	0.014	0.021	0.034	0.045	0.073	0.014
\$10/Day, 30 Day Max	0.007	0.015	0.018	0.022	0.031	0.051	0.070	0.111	0.020
Ambulatory Surgical Center									
\$10/Visit	0.172	0.243	0.293	0.367	0.449	0.544	0.605	0.605	0.294
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.023	0.025	0.031	0.039	0.046	0.063	0.131	0.131	0.035
\$10/Visit, 2 Trips/Year	0.025	0.027	0.035	0.044	0.052	0.071	0.145	0.145	0.040

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.026	0.029	0.036	0.045	0.055	0.075	0.154	0.154	0.042
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.004	0.005	0.006	0.007	0.009	0.013	0.026	0.026	0.006
\$10/Visit, 2 Trips/Year	0.005	0.005	0.007	0.008	0.010	0.014	0.029	0.029	0.008
\$10/Visit, 3 Trips/Year	0.005	0.005	0.007	0.009	0.011	0.015	0.031	0.031	0.008
Common Carrier									
2X Accidental Death Benefit	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008
Coma									
\$1000 Benefit	0.079	0.067	0.065	0.063	0.062	0.063	0.065	0.109	0.072
Dismemberment									
\$1000 Benefit	0.054	0.053	0.051	0.048	0.047	0.046	0.051	0.051	0.051
Burn									
\$1000 Benefit	0.002	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.002
Dislocations									
\$1000 Benefit	0.031	0.027	0.026	0.026	0.031	0.043	0.054	0.054	0.032

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee Only									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Fractures									
\$1000 Benefit	0.114	0.099	0.099	0.098	0.115	0.156	0.198	0.198	0.116
Prosthesis									
\$1000 Benefit	0.502	0.638	0.771	0.910	1.166	1.429	1.937	1.937	0.793
Transportation									
\$10/Visit, 1 Trip/Year	0.003	0.004	0.005	0.005	0.007	0.009	0.015	0.018	0.005
\$10/Visit, 3 Trips/Year	0.008	0.010	0.013	0.016	0.021	0.028	0.046	0.055	0.015
\$10/Visit, 6 Trips/Year	0.016	0.020	0.025	0.033	0.042	0.056	0.095	0.110	0.029
Lodging									
\$10/Day, 15 Day Max	0.034	0.046	0.056	0.067	0.082	0.105	0.175	0.212	0.058
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.347	0.437	0.446	0.382	0.323	0.236	0.135	0.135	0.350
\$10/Visit, 2 Visits/Year	0.583	0.734	0.750	0.641	0.542	0.395	0.227	0.227	0.587
\$10/Visit, 3 Visits/Year	0.756	0.953	0.974	0.832	0.704	0.514	0.295	0.295	0.761
\$10/Visit, 4 Visits/Year	0.898	1.131	1.156	0.988	0.836	0.610	0.350	0.350	0.905
\$10/Visit, 5 Visits/Year	0.995	1.253	1.280	1.095	0.925	0.675	0.387	0.387	1.002
\$10/Visit, 6 Visits/Year	1.062	1.338	1.367	1.169	0.988	0.722	0.415	0.415	1.070
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.018	0.017	0.014	0.009	0.006	0.005	0.002	0.002	0.014
\$10/Visit, 2 Visits/Year	0.030	0.029	0.024	0.015	0.011	0.006	0.005	0.005	0.022
\$10/Visit, 3 Visits/Year	0.039	0.037	0.031	0.021	0.014	0.008	0.005	0.005	0.030
\$10/Visit, 4 Visits/Year	0.045	0.045	0.036	0.025	0.016	0.010	0.006	0.006	0.035
\$10/Visit, 5 Visits/Year	0.051	0.049	0.040	0.027	0.018	0.011	0.007	0.007	0.038
\$10/Visit, 6 Visits/Year	0.055	0.053	0.043	0.029	0.020	0.012	0.007	0.007	0.042
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.041	0.042	0.041	0.042	0.042	0.041	0.036	0.036	0.041
\$10/Day, 0 Day EP, 30 Day Max	0.049	0.051	0.050	0.051	0.054	0.052	0.046	0.046	0.050
\$10/Day, 0 Day EP, 60 Day Max	0.049	0.051	0.051	0.052	0.055	0.052	0.046	0.046	0.050
\$10/Day, 0 Day EP, 90 Day Max	0.049	0.051	0.051	0.052	0.055	0.053	0.047	0.047	0.050
\$10/Day, 0 Day EP, 365 Day Max	0.049	0.051	0.051	0.052	0.055	0.053	0.047	0.047	0.050
\$10/Day, 3 Day EP, 10 Day Max	0.023	0.024	0.025	0.025	0.027	0.025	0.023	0.023	0.024
\$10/Day, 3 Day EP, 30 Day Max	0.028	0.029	0.030	0.031	0.034	0.033	0.029	0.029	0.030
\$10/Day, 3 Day EP, 60 Day Max	0.028	0.030	0.030	0.031	0.035	0.033	0.030	0.030	0.030
\$10/Day, 3 Day EP, 90 Day Max	0.028	0.030	0.030	0.031	0.035	0.033	0.030	0.030	0.030
\$10/Day, 3 Day EP, 365 Day Max	0.028	0.030	0.030	0.031	0.035	0.034	0.030	0.030	0.030
\$10/Day, 7 Day EP, 10 Day Max	0.011	0.012	0.012	0.013	0.015	0.015	0.013	0.013	0.012
\$10/Day, 7 Day EP, 30 Day Max	0.014	0.014	0.015	0.015	0.018	0.017	0.015	0.015	0.015
\$10/Day, 7 Day EP, 60 Day Max	0.014	0.015	0.015	0.015	0.019	0.017	0.015	0.015	0.015
\$10/Day, 7 Day EP, 90 Day Max	0.014	0.015	0.015	0.015	0.019	0.018	0.015	0.015	0.015
\$10/Day, 7 Day EP, 365 Day Max	0.014	0.015	0.015	0.015	0.019	0.018	0.015	0.015	0.015
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.025	0.027	0.025	0.023	0.019	0.013	0.007	0.007	0.022
\$10/Day, 0 Day EP, 30 Day Max	0.031	0.035	0.032	0.030	0.024	0.015	0.010	0.010	0.029
\$10/Day, 0 Day EP, 60 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 0 Day EP, 90 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 0 Day EP, 365 Day Max	0.032	0.036	0.032	0.031	0.025	0.016	0.010	0.010	0.029
\$10/Day, 3 Day EP, 10 Day Max	0.015	0.018	0.015	0.015	0.012	0.008	0.005	0.005	0.014
\$10/Day, 3 Day EP, 30 Day Max	0.020	0.023	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 60 Day Max	0.020	0.023	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 90 Day Max	0.020	0.024	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 3 Day EP, 365 Day Max	0.020	0.024	0.020	0.019	0.015	0.010	0.006	0.006	0.018
\$10/Day, 7 Day EP, 10 Day Max	0.008	0.010	0.009	0.008	0.006	0.005	0.003	0.003	0.008
\$10/Day, 7 Day EP, 30 Day Max	0.011	0.012	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 60 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 90 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
\$10/Day, 7 Day EP, 365 Day Max	0.011	0.013	0.011	0.010	0.008	0.005	0.004	0.004	0.010
Critical Illness									
\$1000 Benefit	0.195	0.826	1.339	2.045	2.963	4.165	5.624	7.656	1.462
Paralysis									
\$1000 Benefit	0.030	0.014	0.011	0.009	0.007	0.007	0.007	0.007	0.019

Exhibit I
 Standard Life and Accident Insurance Company
 Policy Form SL-VERSEP
 Monthly Attained Age Premium Rates
 Base Benefits, Based on 55% Loss Ratio
 Unisex, Voluntary, With Maternity

Employee Only

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Benefit	Family								Composite
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	1.172	0.895	0.949	1.123	1.322	1.769	2.875	3.803	1.230
\$10/Day, 0 Day EP, 30 Day Max	1.225	0.975	1.042	1.256	1.482	2.039	3.414	4.623	1.357
\$10/Day, 0 Day EP, 60 Day Max	1.228	0.980	1.048	1.265	1.493	2.059	3.455	4.685	1.365
\$10/Day, 0 Day EP, 90 Day Max	1.229	0.982	1.048	1.267	1.495	2.065	3.467	4.706	1.368
\$10/Day, 0 Day EP, 365 Day Max	1.229	0.982	1.049	1.268	1.496	2.067	3.472	4.715	1.369
\$10/Day, 3 Day EP, 10 Day Max	0.425	0.449	0.475	0.567	0.641	0.885	1.489	2.069	0.568
\$10/Day, 3 Day EP, 30 Day Max	0.463	0.505	0.538	0.658	0.747	1.065	1.841	2.605	0.654
\$10/Day, 3 Day EP, 60 Day Max	0.466	0.509	0.545	0.666	0.756	1.082	1.878	2.662	0.662
\$10/Day, 3 Day EP, 90 Day Max	0.466	0.510	0.545	0.668	0.758	1.087	1.890	2.681	0.664
\$10/Day, 3 Day EP, 365 Day Max	0.466	0.510	0.545	0.668	0.759	1.088	1.895	2.687	0.665
\$10/Day, 7 Day EP, 10 Day Max	0.282	0.310	0.318	0.363	0.387	0.519	0.856	1.205	0.362
\$10/Day, 7 Day EP, 30 Day Max	0.309	0.347	0.358	0.416	0.447	0.618	1.039	1.478	0.413
\$10/Day, 7 Day EP, 60 Day Max	0.312	0.351	0.364	0.424	0.455	0.633	1.071	1.526	0.419
\$10/Day, 7 Day EP, 90 Day Max	0.312	0.353	0.364	0.425	0.458	0.637	1.082	1.545	0.421
\$10/Day, 7 Day EP, 365 Day Max	0.312	0.353	0.364	0.426	0.458	0.639	1.085	1.550	0.421
Hospital Admission									
\$10 Benefit	0.392	0.274	0.286	0.321	0.376	0.474	0.713	0.885	0.365
Hospital ICU									
\$10/Day, 10 Day Max	0.057	0.085	0.097	0.112	0.132	0.165	0.249	0.309	0.101
\$10/Day, 20 Day Max	0.057	0.085	0.098	0.112	0.132	0.165	0.249	0.309	0.101
\$10/Day, 30 Day Max	0.057	0.085	0.098	0.112	0.132	0.165	0.249	0.309	0.101
Wellness									
\$10/Visit, 1 Visit/Year	1.662	1.962	1.947	1.862	1.731	1.645	1.593	1.593	1.785
\$10/Visit, 2 Visits/Year	2.944	3.475	3.449	3.297	3.065	2.914	2.821	2.821	3.164
\$10/Visit, 3 Visits/Year	4.012	4.737	4.702	4.496	4.180	3.973	3.846	3.846	4.313
\$10/Visit, 4 Visits/Year	4.906	5.792	5.749	5.497	5.112	4.857	4.703	4.703	5.274
\$10/Visit, 5 Visits/Year	5.650	6.670	6.620	6.330	5.886	5.594	5.415	5.415	6.073
\$10/Visit, 6 Visits/Year	6.170	7.284	7.229	6.913	6.427	6.108	5.914	5.914	6.631
Surgical									
10% of RBRVS	10.266	9.352	9.807	11.242	13.735	16.557	20.864	20.864	11.492
Anesthesia									
10% of Surgical	1.026	0.935	0.980	1.124	1.373	1.655	2.086	2.086	1.149
Physician Office Visit									
\$10/Visit, 1 Visit/Year	4.865	5.321	5.385	5.535	5.625	5.905	6.807	6.807	5.356
\$10/Visit, 2 Visits/Year	8.163	8.929	9.035	9.289	9.440	9.909	11.423	11.423	8.989
\$10/Visit, 3 Visits/Year	10.598	11.593	11.730	12.060	12.255	12.866	14.830	14.830	11.672
\$10/Visit, 4 Visits/Year	12.590	13.773	13.935	14.327	14.561	15.285	17.617	17.617	13.865
\$10/Visit, 5 Visits/Year	13.946	15.255	15.435	15.868	16.127	16.928	19.513	19.513	15.357
\$10/Visit, 6 Visits/Year	14.887	16.286	16.477	16.941	17.217	18.073	20.832	20.832	16.395
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.828	2.055	2.101	2.165	2.252	2.379	2.645	2.621	2.078
\$10/Test Day, 2 Test Days/Year	2.812	3.161	3.231	3.329	3.463	3.659	4.068	4.032	3.196
\$10/Test Day, 3 Test Days/Year	3.522	3.959	4.046	4.169	4.335	4.582	5.094	5.049	4.003
\$10/Test Day, 4 Test Days/Year	4.095	4.604	4.705	4.848	5.043	5.328	5.924	5.871	4.655
\$10/Test Day, 5 Test Days/Year	4.548	5.113	5.225	5.385	5.600	5.917	6.578	6.521	5.170
\$10/Test Day, 6 Test Days/Year	4.960	5.575	5.697	5.871	6.105	6.452	7.173	7.109	5.636
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.132	0.129	0.123	0.115	0.106	0.101	0.097	0.097	0.121
\$10/Visit, 2 Visits/Year	0.204	0.199	0.190	0.176	0.164	0.155	0.150	0.150	0.186
\$10/Visit, 3 Visits/Year	0.255	0.248	0.237	0.220	0.205	0.195	0.187	0.187	0.233
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.313	0.281	0.268	0.259	0.256	0.265	0.290	0.290	0.282
\$10/Visit, 2 Visits/Year	0.481	0.433	0.414	0.398	0.395	0.407	0.446	0.446	0.433
\$10/Visit, 3 Visits/Year	0.602	0.542	0.517	0.499	0.495	0.510	0.559	0.559	0.543
Continuous Care									
\$10/Day, 10 Day Max	0.019	0.030	0.033	0.036	0.048	0.072	0.097	0.142	0.036
\$10/Day, 30 Day Max	0.026	0.043	0.048	0.054	0.071	0.109	0.146	0.215	0.054
Ambulatory Surgical Center									
\$10/Visit	0.549	0.705	0.785	0.905	1.052	1.235	1.354	1.354	0.807
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.089	0.097	0.107	0.118	0.129	0.163	0.296	0.296	0.115
\$10/Visit, 2 Trips/Year	0.098	0.108	0.119	0.132	0.144	0.181	0.330	0.330	0.128

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Family									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.104	0.114	0.125	0.139	0.152	0.191	0.348	0.348	0.135
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.017	0.019	0.022	0.024	0.026	0.033	0.059	0.059	0.023
\$10/Visit, 2 Trips/Year	0.019	0.021	0.023	0.025	0.028	0.035	0.065	0.065	0.025
\$10/Visit, 3 Trips/Year	0.021	0.023	0.025	0.027	0.031	0.038	0.070	0.070	0.027
Common Carrier									
2X Accidental Death Benefit	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017
Coma									
\$1000 Benefit	0.501	0.508	0.478	0.430	0.386	0.365	0.364	0.456	0.460

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Benefit	Family								Composite
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	
Dismemberment									
\$1000 Benefit	0.211	0.222	0.215	0.200	0.190	0.185	0.187	0.187	0.206
Burn									
\$1000 Benefit	0.007	0.007	0.006	0.006	0.005	0.005	0.005	0.005	0.006
Dislocations									
\$1000 Benefit	0.115	0.112	0.106	0.099	0.102	0.122	0.144	0.144	0.111
Fractures									
\$1000 Benefit	0.552	0.550	0.525	0.480	0.475	0.537	0.614	0.614	0.528
Prosthesis									
\$1000 Benefit	2.390	2.775	2.926	3.021	3.369	3.792	4.755	4.755	2.938
Transportation									
\$10/Visit, 1 Trip/Year	0.012	0.014	0.015	0.016	0.018	0.023	0.035	0.040	0.016
\$10/Visit, 3 Trips/Year	0.035	0.040	0.045	0.049	0.055	0.069	0.106	0.122	0.047
\$10/Visit, 6 Trips/Year	0.067	0.078	0.086	0.097	0.111	0.137	0.213	0.245	0.093
Lodging									
\$10/Day, 15 Day Max	0.135	0.166	0.181	0.195	0.217	0.265	0.404	0.477	0.187
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	1.232	1.444	1.402	1.192	1.005	0.789	0.607	0.607	1.200
\$10/Visit, 2 Visits/Year	2.066	2.421	2.350	1.998	1.686	1.323	1.019	1.019	2.012
\$10/Visit, 3 Visits/Year	2.683	3.144	3.052	2.594	2.190	1.717	1.323	1.323	2.613
\$10/Visit, 4 Visits/Year	3.187	3.735	3.625	3.082	2.603	2.041	1.572	1.572	3.105
\$10/Visit, 5 Visits/Year	3.528	4.136	4.014	3.414	2.880	2.259	1.740	1.740	3.437
\$10/Visit, 6 Visits/Year	3.768	4.417	4.287	3.645	3.076	2.413	1.859	1.859	3.671
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.055	0.056	0.048	0.037	0.029	0.023	0.018	0.018	0.045
\$10/Visit, 2 Visits/Year	0.089	0.093	0.081	0.062	0.047	0.036	0.031	0.031	0.073
\$10/Visit, 3 Visits/Year	0.117	0.121	0.105	0.081	0.062	0.049	0.041	0.041	0.096
\$10/Visit, 4 Visits/Year	0.138	0.144	0.125	0.095	0.073	0.058	0.048	0.048	0.113
\$10/Visit, 5 Visits/Year	0.155	0.160	0.138	0.106	0.082	0.065	0.055	0.055	0.126
\$10/Visit, 6 Visits/Year	0.165	0.169	0.147	0.113	0.087	0.068	0.057	0.057	0.134
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.152	0.159	0.150	0.140	0.132	0.124	0.114	0.114	0.145
\$10/Day, 0 Day EP, 30 Day Max	0.203	0.215	0.202	0.187	0.181	0.168	0.155	0.155	0.195
\$10/Day, 0 Day EP, 60 Day Max	0.207	0.219	0.207	0.192	0.185	0.172	0.159	0.159	0.200
\$10/Day, 0 Day EP, 90 Day Max	0.208	0.220	0.208	0.193	0.185	0.173	0.160	0.160	0.200
\$10/Day, 0 Day EP, 365 Day Max	0.208	0.220	0.208	0.193	0.185	0.173	0.160	0.160	0.200
\$10/Day, 3 Day EP, 10 Day Max	0.103	0.108	0.103	0.095	0.093	0.086	0.080	0.080	0.099
\$10/Day, 3 Day EP, 30 Day Max	0.136	0.144	0.135	0.125	0.124	0.115	0.107	0.107	0.132
\$10/Day, 3 Day EP, 60 Day Max	0.139	0.147	0.140	0.129	0.127	0.117	0.110	0.110	0.135
\$10/Day, 3 Day EP, 90 Day Max	0.139	0.147	0.140	0.129	0.127	0.117	0.110	0.110	0.135
\$10/Day, 3 Day EP, 365 Day Max	0.139	0.147	0.140	0.129	0.127	0.118	0.110	0.110	0.135
\$10/Day, 7 Day EP, 10 Day Max	0.062	0.065	0.063	0.057	0.058	0.054	0.050	0.050	0.060
\$10/Day, 7 Day EP, 30 Day Max	0.078	0.084	0.080	0.073	0.074	0.068	0.064	0.064	0.077
\$10/Day, 7 Day EP, 60 Day Max	0.080	0.086	0.081	0.075	0.075	0.069	0.065	0.065	0.078
\$10/Day, 7 Day EP, 90 Day Max	0.082	0.088	0.083	0.075	0.076	0.071	0.066	0.066	0.080
\$10/Day, 7 Day EP, 365 Day Max	0.083	0.088	0.084	0.076	0.076	0.071	0.066	0.066	0.081
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.069	0.078	0.072	0.068	0.058	0.045	0.031	0.031	0.066
\$10/Day, 0 Day EP, 30 Day Max	0.093	0.105	0.097	0.092	0.078	0.059	0.044	0.044	0.089
\$10/Day, 0 Day EP, 60 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 0 Day EP, 90 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 0 Day EP, 365 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 3 Day EP, 10 Day Max	0.047	0.054	0.049	0.046	0.039	0.031	0.022	0.022	0.045
\$10/Day, 3 Day EP, 30 Day Max	0.062	0.070	0.065	0.060	0.051	0.039	0.029	0.029	0.059
\$10/Day, 3 Day EP, 60 Day Max	0.064	0.071	0.066	0.062	0.053	0.041	0.030	0.030	0.061
\$10/Day, 3 Day EP, 90 Day Max	0.064	0.073	0.066	0.063	0.053	0.041	0.030	0.030	0.061
\$10/Day, 3 Day EP, 365 Day Max	0.064	0.073	0.066	0.063	0.053	0.041	0.030	0.030	0.061
\$10/Day, 7 Day EP, 10 Day Max	0.029	0.033	0.031	0.028	0.024	0.019	0.015	0.015	0.028
\$10/Day, 7 Day EP, 30 Day Max	0.036	0.040	0.037	0.035	0.029	0.023	0.017	0.017	0.034
\$10/Day, 7 Day EP, 60 Day Max	0.038	0.043	0.039	0.036	0.031	0.024	0.018	0.018	0.036
\$10/Day, 7 Day EP, 90 Day Max	0.038	0.043	0.040	0.036	0.031	0.024	0.018	0.018	0.036
\$10/Day, 7 Day EP, 365 Day Max	0.038	0.043	0.040	0.036	0.031	0.024	0.018	0.018	0.036
Critical Illness									

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Family									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$1000 Benefit	0.489	1.760	2.787	4.232	6.155	8.794	11.792	16.035	3.412
Paralysis \$1000 Benefit	0.095	0.067	0.059	0.052	0.045	0.043	0.041	0.041	0.066

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Spouse									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.283	0.530	0.669	0.891	1.121	1.587	2.698	3.625	0.777
\$10/Day, 0 Day EP, 30 Day Max	0.306	0.582	0.735	1.002	1.262	1.840	3.219	4.428	0.879
\$10/Day, 0 Day EP, 60 Day Max	0.307	0.585	0.740	1.009	1.272	1.858	3.259	4.490	0.886
\$10/Day, 0 Day EP, 90 Day Max	0.308	0.586	0.741	1.011	1.274	1.865	3.273	4.511	0.888
\$10/Day, 0 Day EP, 365 Day Max	0.309	0.586	0.742	1.012	1.275	1.866	3.276	4.519	0.889
\$10/Day, 3 Day EP, 10 Day Max	0.195	0.282	0.330	0.443	0.533	0.785	1.394	1.974	0.405
\$10/Day, 3 Day EP, 30 Day Max	0.215	0.318	0.375	0.517	0.625	0.954	1.734	2.497	0.475
\$10/Day, 3 Day EP, 60 Day Max	0.216	0.320	0.379	0.524	0.634	0.970	1.769	2.553	0.482
\$10/Day, 3 Day EP, 90 Day Max	0.216	0.322	0.381	0.526	0.635	0.975	1.781	2.572	0.484
\$10/Day, 3 Day EP, 365 Day Max	0.216	0.322	0.381	0.526	0.636	0.976	1.785	2.578	0.485
\$10/Day, 7 Day EP, 10 Day Max	0.167	0.196	0.214	0.272	0.309	0.448	0.787	1.135	0.262
\$10/Day, 7 Day EP, 30 Day Max	0.184	0.221	0.242	0.315	0.360	0.538	0.962	1.401	0.303
\$10/Day, 7 Day EP, 60 Day Max	0.185	0.224	0.245	0.322	0.366	0.552	0.992	1.448	0.307
\$10/Day, 7 Day EP, 90 Day Max	0.185	0.225	0.246	0.323	0.370	0.556	1.003	1.465	0.310
\$10/Day, 7 Day EP, 365 Day Max	0.185	0.225	0.246	0.324	0.370	0.558	1.006	1.471	0.310
Hospital Admission									
\$10 Benefit	0.088	0.162	0.204	0.251	0.317	0.419	0.660	0.833	0.219
Hospital ICU									
\$10/Day, 10 Day Max	0.030	0.056	0.070	0.088	0.111	0.145	0.231	0.291	0.076
\$10/Day, 20 Day Max	0.030	0.056	0.071	0.088	0.111	0.147	0.231	0.291	0.076
\$10/Day, 30 Day Max	0.030	0.056	0.071	0.088	0.111	0.147	0.231	0.291	0.076
Wellness									
\$10/Visit, 1 Visit/Year	0.465	0.663	0.742	0.816	0.826	0.820	0.791	0.791	0.675
\$10/Visit, 2 Visits/Year	0.825	1.174	1.315	1.445	1.464	1.453	1.401	1.401	1.194
\$10/Visit, 3 Visits/Year	1.123	1.600	1.792	1.972	1.995	1.981	1.911	1.911	1.626
\$10/Visit, 4 Visits/Year	1.373	1.955	2.190	2.410	2.440	2.422	2.335	2.335	1.989
\$10/Visit, 5 Visits/Year	1.581	2.253	2.522	2.775	2.810	2.788	2.689	2.689	2.291
\$10/Visit, 6 Visits/Year	1.726	2.460	2.755	3.031	3.068	3.045	2.936	2.936	2.502
Surgical									
10% of RBRVS	3.891	6.228	7.342	9.183	11.982	14.971	19.326	19.326	7.969
Anesthesia									
10% of Surgical	0.390	0.623	0.734	0.918	1.198	1.497	1.933	1.933	0.797
Physician Office Visit									
\$10/Visit, 1 Visit/Year	2.373	2.681	2.945	3.423	3.798	4.238	5.187	5.187	3.085
\$10/Visit, 2 Visits/Year	3.982	4.498	4.942	5.741	6.372	7.112	8.704	8.704	5.175
\$10/Visit, 3 Visits/Year	5.169	5.840	6.416	7.455	8.272	9.234	11.300	11.300	6.718
\$10/Visit, 4 Visits/Year	6.141	6.938	7.623	8.856	9.827	10.969	13.425	13.425	7.982
\$10/Visit, 5 Visits/Year	6.802	7.685	8.442	9.808	10.885	12.147	14.868	14.868	8.840
\$10/Visit, 6 Visits/Year	7.261	8.204	9.013	10.471	11.620	12.969	15.873	15.873	9.437
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.171	1.342	1.438	1.590	1.755	1.925	2.205	2.181	1.467
\$10/Test Day, 2 Test Days/Year	1.802	2.065	2.213	2.446	2.699	2.963	3.391	3.355	2.257
\$10/Test Day, 3 Test Days/Year	2.256	2.585	2.772	3.064	3.379	3.710	4.246	4.202	2.827
\$10/Test Day, 4 Test Days/Year	2.624	3.006	3.223	3.563	3.930	4.314	4.937	4.885	3.287
\$10/Test Day, 5 Test Days/Year	2.914	3.339	3.579	3.956	4.365	4.791	5.484	5.425	3.651
\$10/Test Day, 6 Test Days/Year	3.177	3.640	3.902	4.314	4.758	5.223	5.978	5.915	3.981
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.088	0.081	0.078	0.076	0.073	0.071	0.068	0.068	0.080
\$10/Visit, 2 Visits/Year	0.136	0.125	0.121	0.116	0.113	0.109	0.105	0.105	0.124
\$10/Visit, 3 Visits/Year	0.171	0.156	0.152	0.146	0.141	0.136	0.131	0.131	0.155
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.142	0.096	0.097	0.110	0.128	0.147	0.176	0.176	0.124
\$10/Visit, 2 Visits/Year	0.219	0.148	0.149	0.169	0.196	0.226	0.271	0.271	0.189
\$10/Visit, 3 Visits/Year	0.274	0.185	0.186	0.212	0.246	0.283	0.338	0.338	0.237
Continuous Care									
\$10/Day, 10 Day Max	0.010	0.020	0.024	0.028	0.042	0.065	0.091	0.136	0.028
\$10/Day, 30 Day Max	0.014	0.030	0.036	0.043	0.062	0.101	0.138	0.207	0.042
Ambulatory Surgical Center									
\$10/Visit	0.337	0.483	0.579	0.726	0.897	1.094	1.216	1.216	0.614
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.045	0.049	0.063	0.080	0.096	0.133	0.267	0.267	0.075
\$10/Visit, 2 Trips/Year	0.050	0.055	0.070	0.089	0.107	0.148	0.298	0.298	0.084

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Spouse

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.053	0.058	0.073	0.094	0.113	0.156	0.314	0.314	0.087
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.008	0.010	0.013	0.015	0.019	0.026	0.054	0.054	0.015
\$10/Visit, 2 Trips/Year	0.010	0.011	0.014	0.017	0.022	0.029	0.059	0.059	0.016
\$10/Visit, 3 Trips/Year	0.010	0.011	0.014	0.018	0.023	0.031	0.063	0.063	0.017
Common Carrier									
2X Accidental Death Benefit	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017
Coma									
\$1000 Benefit	0.155	0.134	0.131	0.128	0.125	0.126	0.133	0.225	0.139

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Spouse									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Dismemberment									
\$1000 Benefit	0.105	0.105	0.106	0.106	0.109	0.112	0.115	0.115	0.106
Burn									
\$1000 Benefit	0.003	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002
Dislocations									
\$1000 Benefit	0.062	0.055	0.054	0.054	0.062	0.085	0.108	0.108	0.062
Fractures									
\$1000 Benefit	0.227	0.198	0.198	0.196	0.231	0.314	0.396	0.396	0.227
Prosthesis									
\$1000 Benefit	1.009	1.275	1.535	1.815	2.325	2.840	3.830	3.830	1.655
Transportation									
\$10/Visit, 1 Trip/Year	0.006	0.007	0.009	0.011	0.014	0.018	0.032	0.036	0.010
\$10/Visit, 3 Trips/Year	0.016	0.021	0.025	0.034	0.042	0.057	0.094	0.110	0.030
\$10/Visit, 6 Trips/Year	0.033	0.041	0.052	0.066	0.085	0.113	0.189	0.222	0.061
Lodging									
\$10/Day, 15 Day Max	0.068	0.093	0.113	0.136	0.166	0.218	0.358	0.432	0.125
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.707	0.875	0.873	0.734	0.609	0.427	0.255	0.255	0.713
\$10/Visit, 2 Visits/Year	1.187	1.466	1.465	1.230	1.023	0.717	0.430	0.430	1.195
\$10/Visit, 3 Visits/Year	1.541	1.905	1.902	1.596	1.327	0.931	0.558	0.558	1.552
\$10/Visit, 4 Visits/Year	1.830	2.263	2.259	1.896	1.576	1.105	0.663	0.663	1.844
\$10/Visit, 5 Visits/Year	2.027	2.505	2.502	2.102	1.745	1.224	0.734	0.734	2.042
\$10/Visit, 6 Visits/Year	2.164	2.675	2.672	2.244	1.864	1.307	0.785	0.785	2.180
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.035	0.035	0.029	0.020	0.014	0.010	0.005	0.005	0.025
\$10/Visit, 2 Visits/Year	0.057	0.058	0.049	0.034	0.024	0.015	0.010	0.010	0.044
\$10/Visit, 3 Visits/Year	0.075	0.075	0.063	0.045	0.030	0.020	0.013	0.013	0.057
\$10/Visit, 4 Visits/Year	0.089	0.089	0.075	0.052	0.035	0.024	0.015	0.015	0.067
\$10/Visit, 5 Visits/Year	0.099	0.099	0.082	0.057	0.040	0.025	0.017	0.017	0.075
\$10/Visit, 6 Visits/Year	0.105	0.105	0.088	0.061	0.043	0.028	0.018	0.018	0.080
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.082	0.084	0.080	0.079	0.080	0.075	0.067	0.067	0.080
\$10/Day, 0 Day EP, 30 Day Max	0.099	0.101	0.097	0.096	0.102	0.096	0.085	0.085	0.098
\$10/Day, 0 Day EP, 60 Day Max	0.099	0.101	0.098	0.097	0.103	0.097	0.086	0.086	0.099
\$10/Day, 0 Day EP, 90 Day Max	0.100	0.102	0.099	0.097	0.104	0.097	0.087	0.087	0.100
\$10/Day, 0 Day EP, 365 Day Max	0.100	0.102	0.099	0.097	0.104	0.097	0.087	0.087	0.100
\$10/Day, 3 Day EP, 10 Day Max	0.046	0.048	0.046	0.046	0.051	0.048	0.043	0.043	0.047
\$10/Day, 3 Day EP, 30 Day Max	0.057	0.058	0.057	0.057	0.065	0.061	0.055	0.055	0.058
\$10/Day, 3 Day EP, 60 Day Max	0.057	0.059	0.057	0.057	0.065	0.061	0.055	0.055	0.059
\$10/Day, 3 Day EP, 90 Day Max	0.057	0.059	0.057	0.057	0.065	0.061	0.055	0.055	0.059
\$10/Day, 3 Day EP, 365 Day Max	0.057	0.059	0.057	0.057	0.065	0.062	0.055	0.055	0.059
\$10/Day, 7 Day EP, 10 Day Max	0.022	0.023	0.023	0.023	0.029	0.026	0.024	0.024	0.024
\$10/Day, 7 Day EP, 30 Day Max	0.027	0.028	0.028	0.028	0.035	0.033	0.030	0.030	0.029
\$10/Day, 7 Day EP, 60 Day Max	0.027	0.029	0.028	0.028	0.035	0.033	0.030	0.030	0.030
\$10/Day, 7 Day EP, 90 Day Max	0.027	0.029	0.028	0.028	0.035	0.034	0.030	0.030	0.030
\$10/Day, 7 Day EP, 365 Day Max	0.028	0.029	0.029	0.029	0.035	0.034	0.030	0.030	0.030
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.048	0.055	0.051	0.049	0.042	0.030	0.017	0.017	0.046
\$10/Day, 0 Day EP, 30 Day Max	0.061	0.071	0.065	0.065	0.054	0.037	0.022	0.022	0.060
\$10/Day, 0 Day EP, 60 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 0 Day EP, 90 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 0 Day EP, 365 Day Max	0.063	0.073	0.066	0.065	0.055	0.038	0.022	0.022	0.061
\$10/Day, 3 Day EP, 10 Day Max	0.030	0.035	0.033	0.032	0.026	0.019	0.011	0.011	0.030
\$10/Day, 3 Day EP, 30 Day Max	0.039	0.045	0.042	0.041	0.034	0.024	0.014	0.014	0.037
\$10/Day, 3 Day EP, 60 Day Max	0.039	0.045	0.042	0.041	0.035	0.025	0.014	0.014	0.038
\$10/Day, 3 Day EP, 90 Day Max	0.040	0.046	0.042	0.042	0.035	0.025	0.014	0.014	0.038
\$10/Day, 3 Day EP, 365 Day Max	0.040	0.046	0.042	0.042	0.035	0.025	0.014	0.014	0.038
\$10/Day, 7 Day EP, 10 Day Max	0.017	0.019	0.018	0.018	0.015	0.010	0.006	0.006	0.016
\$10/Day, 7 Day EP, 30 Day Max	0.022	0.024	0.022	0.022	0.018	0.013	0.007	0.007	0.020
\$10/Day, 7 Day EP, 60 Day Max	0.022	0.025	0.022	0.022	0.018	0.013	0.007	0.007	0.021
\$10/Day, 7 Day EP, 90 Day Max	0.022	0.025	0.023	0.022	0.018	0.013	0.007	0.007	0.021
\$10/Day, 7 Day EP, 365 Day Max	0.022	0.025	0.023	0.022	0.018	0.013	0.007	0.007	0.021
Critical Illness									

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Employee and Spouse									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$1000 Benefit	0.390	1.652	2.687	4.145	6.081	8.725	11.725	15.968	3.320
Paralysis \$1000 Benefit	0.059	0.028	0.023	0.020	0.018	0.018	0.017	0.017	0.034

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Benefit	Family								Composite
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.535	0.805	0.924	1.112	1.313	1.762	2.867	3.795	1.012
\$10/Day, 0 Day EP, 30 Day Max	0.585	0.885	1.016	1.245	1.473	2.032	3.406	4.615	1.138
\$10/Day, 0 Day EP, 60 Day Max	0.588	0.889	1.023	1.254	1.484	2.052	3.447	4.677	1.146
\$10/Day, 0 Day EP, 90 Day Max	0.589	0.891	1.023	1.256	1.485	2.057	3.460	4.699	1.149
\$10/Day, 0 Day EP, 365 Day Max	0.589	0.891	1.024	1.257	1.487	2.060	3.465	4.707	1.150
\$10/Day, 3 Day EP, 10 Day Max	0.337	0.435	0.473	0.566	0.640	0.884	1.488	2.068	0.538
\$10/Day, 3 Day EP, 30 Day Max	0.375	0.491	0.535	0.657	0.746	1.064	1.840	2.605	0.624
\$10/Day, 3 Day EP, 60 Day Max	0.378	0.495	0.542	0.665	0.755	1.081	1.877	2.661	0.632
\$10/Day, 3 Day EP, 90 Day Max	0.378	0.496	0.543	0.667	0.757	1.086	1.889	2.680	0.634
\$10/Day, 3 Day EP, 365 Day Max	0.378	0.496	0.543	0.667	0.758	1.087	1.894	2.686	0.635
\$10/Day, 7 Day EP, 10 Day Max	0.270	0.308	0.317	0.362	0.386	0.518	0.855	1.204	0.357
\$10/Day, 7 Day EP, 30 Day Max	0.298	0.345	0.357	0.415	0.446	0.617	1.038	1.477	0.409
\$10/Day, 7 Day EP, 60 Day Max	0.301	0.349	0.363	0.423	0.455	0.632	1.070	1.525	0.415
\$10/Day, 7 Day EP, 90 Day Max	0.301	0.351	0.363	0.425	0.457	0.636	1.081	1.544	0.417
\$10/Day, 7 Day EP, 365 Day Max	0.301	0.351	0.363	0.425	0.457	0.638	1.084	1.549	0.417
Hospital Admission									
\$10 Benefit	0.165	0.245	0.281	0.318	0.375	0.472	0.712	0.884	0.290
Hospital ICU									
\$10/Day, 10 Day Max	0.057	0.085	0.097	0.112	0.132	0.165	0.249	0.309	0.101
\$10/Day, 20 Day Max	0.057	0.085	0.098	0.112	0.132	0.165	0.249	0.309	0.101
\$10/Day, 30 Day Max	0.057	0.085	0.098	0.112	0.132	0.165	0.249	0.309	0.101
Wellness									
\$10/Visit, 1 Visit/Year	1.662	1.962	1.947	1.862	1.731	1.645	1.593	1.593	1.785
\$10/Visit, 2 Visits/Year	2.944	3.475	3.449	3.297	3.065	2.914	2.821	2.821	3.164
\$10/Visit, 3 Visits/Year	4.012	4.737	4.702	4.496	4.180	3.973	3.846	3.846	4.313
\$10/Visit, 4 Visits/Year	4.906	5.792	5.749	5.497	5.112	4.857	4.703	4.703	5.274
\$10/Visit, 5 Visits/Year	5.650	6.670	6.620	6.330	5.886	5.594	5.415	5.415	6.073
\$10/Visit, 6 Visits/Year	6.170	7.284	7.229	6.913	6.427	6.108	5.914	5.914	6.631
Surgical									
10% of RBRVS	6.091	8.616	9.557	11.105	13.645	16.487	20.800	20.800	10.014
Anesthesia									
10% of Surgical	0.610	0.861	0.955	1.110	1.365	1.648	2.080	2.080	1.002
Physician Office Visit									
\$10/Visit, 1 Visit/Year	4.790	5.305	5.380	5.534	5.625	5.905	6.806	6.806	5.330
\$10/Visit, 2 Visits/Year	8.037	8.901	9.027	9.285	9.437	9.907	11.421	11.421	8.944
\$10/Visit, 3 Visits/Year	10.434	11.555	11.719	12.055	12.252	12.863	14.827	14.827	11.612
\$10/Visit, 4 Visits/Year	12.396	13.729	13.924	14.321	14.556	15.281	17.615	17.615	13.795
\$10/Visit, 5 Visits/Year	13.730	15.205	15.420	15.861	16.122	16.924	19.509	19.509	15.279
\$10/Visit, 6 Visits/Year	14.657	16.234	16.463	16.934	17.212	18.068	20.828	20.828	16.312
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.828	2.055	2.101	2.165	2.252	2.379	2.645	2.621	2.078
\$10/Test Day, 2 Test Days/Year	2.812	3.161	3.231	3.329	3.463	3.659	4.068	4.032	3.196
\$10/Test Day, 3 Test Days/Year	3.522	3.959	4.046	4.169	4.335	4.582	5.094	5.049	4.003
\$10/Test Day, 4 Test Days/Year	4.095	4.604	4.705	4.848	5.043	5.328	5.924	5.871	4.655
\$10/Test Day, 5 Test Days/Year	4.548	5.113	5.225	5.385	5.600	5.917	6.578	6.521	5.170
\$10/Test Day, 6 Test Days/Year	4.960	5.575	5.697	5.871	6.105	6.452	7.173	7.109	5.636
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.132	0.129	0.123	0.115	0.106	0.101	0.097	0.097	0.121
\$10/Visit, 2 Visits/Year	0.204	0.199	0.190	0.176	0.164	0.155	0.150	0.150	0.186
\$10/Visit, 3 Visits/Year	0.255	0.248	0.237	0.220	0.205	0.195	0.187	0.187	0.233
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.313	0.281	0.268	0.259	0.256	0.265	0.290	0.290	0.282
\$10/Visit, 2 Visits/Year	0.481	0.433	0.414	0.398	0.395	0.407	0.446	0.446	0.433
\$10/Visit, 3 Visits/Year	0.602	0.542	0.517	0.499	0.495	0.510	0.559	0.559	0.543
Continuous Care									
\$10/Day, 10 Day Max	0.019	0.030	0.033	0.036	0.048	0.072	0.097	0.142	0.036
\$10/Day, 30 Day Max	0.026	0.043	0.048	0.054	0.071	0.109	0.146	0.215	0.054
Ambulatory Surgical Center									
\$10/Visit	0.541	0.704	0.784	0.905	1.051	1.235	1.353	1.353	0.803
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.089	0.097	0.107	0.118	0.129	0.163	0.296	0.296	0.115
\$10/Visit, 2 Trips/Year	0.098	0.108	0.119	0.132	0.144	0.181	0.330	0.330	0.128
\$10/Visit, 3 Trips/Year	0.104	0.114	0.125	0.139	0.152	0.191	0.348	0.348	0.135
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.017	0.019	0.022	0.024	0.026	0.033	0.059	0.059	0.023
\$10/Visit, 2 Trips/Year	0.019	0.021	0.023	0.025	0.028	0.035	0.065	0.065	0.025
\$10/Visit, 3 Trips/Year	0.021	0.023	0.025	0.027	0.031	0.038	0.070	0.070	0.027
Common Carrier									
2X Accidental Death Benefit	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017	0.00017
Coma									
\$1000 Benefit	0.501	0.508	0.478	0.430	0.386	0.365	0.364	0.456	0.460

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, Without Maternity

Benefit	Family								Composite
	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	
Dismemberment									
\$1000 Benefit	0.211	0.222	0.215	0.200	0.190	0.185	0.187	0.187	0.206
Burn									
\$1000 Benefit	0.007	0.007	0.006	0.006	0.005	0.005	0.005	0.005	0.006
Dislocations									
\$1000 Benefit	0.115	0.112	0.106	0.099	0.102	0.122	0.144	0.144	0.111
Fractures									
\$1000 Benefit	0.552	0.550	0.525	0.480	0.475	0.537	0.614	0.614	0.528
Prosthesis									
\$1000 Benefit	2.390	2.775	2.926	3.021	3.369	3.792	4.755	4.755	2.938
Transportation									
\$10/Visit, 1 Trip/Year	0.012	0.014	0.015	0.016	0.018	0.023	0.035	0.040	0.016
\$10/Visit, 3 Trips/Year	0.035	0.040	0.045	0.049	0.055	0.069	0.106	0.122	0.047
\$10/Visit, 6 Trips/Year	0.067	0.078	0.086	0.097	0.111	0.137	0.213	0.245	0.093
Lodging									
\$10/Day, 15 Day Max	0.135	0.166	0.181	0.195	0.217	0.265	0.404	0.477	0.187
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	1.232	1.444	1.402	1.192	1.005	0.789	0.607	0.607	1.200
\$10/Visit, 2 Visits/Year	2.066	2.421	2.350	1.998	1.686	1.323	1.019	1.019	2.012
\$10/Visit, 3 Visits/Year	2.683	3.144	3.052	2.594	2.190	1.717	1.323	1.323	2.613
\$10/Visit, 4 Visits/Year	3.187	3.735	3.625	3.082	2.603	2.041	1.572	1.572	3.105
\$10/Visit, 5 Visits/Year	3.528	4.136	4.014	3.414	2.880	2.259	1.740	1.740	3.437
\$10/Visit, 6 Visits/Year	3.768	4.417	4.287	3.645	3.076	2.413	1.859	1.859	3.671
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.055	0.056	0.048	0.037	0.029	0.023	0.018	0.018	0.045
\$10/Visit, 2 Visits/Year	0.089	0.093	0.081	0.062	0.047	0.036	0.031	0.031	0.073
\$10/Visit, 3 Visits/Year	0.117	0.121	0.105	0.081	0.062	0.049	0.041	0.041	0.096
\$10/Visit, 4 Visits/Year	0.138	0.144	0.125	0.095	0.073	0.058	0.048	0.048	0.113
\$10/Visit, 5 Visits/Year	0.155	0.160	0.138	0.106	0.082	0.065	0.055	0.055	0.126
\$10/Visit, 6 Visits/Year	0.165	0.169	0.147	0.113	0.087	0.068	0.057	0.057	0.134
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.152	0.159	0.150	0.140	0.132	0.124	0.114	0.114	0.145
\$10/Day, 0 Day EP, 30 Day Max	0.203	0.215	0.202	0.187	0.181	0.168	0.155	0.155	0.195
\$10/Day, 0 Day EP, 60 Day Max	0.207	0.219	0.207	0.192	0.185	0.172	0.159	0.159	0.200
\$10/Day, 0 Day EP, 90 Day Max	0.208	0.220	0.208	0.193	0.185	0.173	0.160	0.160	0.200
\$10/Day, 0 Day EP, 365 Day Max	0.208	0.220	0.208	0.193	0.185	0.173	0.160	0.160	0.200
\$10/Day, 3 Day EP, 10 Day Max	0.103	0.108	0.103	0.095	0.093	0.086	0.080	0.080	0.099
\$10/Day, 3 Day EP, 30 Day Max	0.136	0.144	0.135	0.125	0.124	0.115	0.107	0.107	0.132
\$10/Day, 3 Day EP, 60 Day Max	0.139	0.147	0.140	0.129	0.127	0.117	0.110	0.110	0.135
\$10/Day, 3 Day EP, 90 Day Max	0.139	0.147	0.140	0.129	0.127	0.117	0.110	0.110	0.135
\$10/Day, 3 Day EP, 365 Day Max	0.139	0.147	0.140	0.129	0.127	0.118	0.110	0.110	0.135
\$10/Day, 7 Day EP, 10 Day Max	0.062	0.065	0.063	0.057	0.058	0.054	0.050	0.050	0.060
\$10/Day, 7 Day EP, 30 Day Max	0.078	0.084	0.080	0.073	0.074	0.068	0.064	0.064	0.077
\$10/Day, 7 Day EP, 60 Day Max	0.080	0.086	0.081	0.075	0.075	0.069	0.065	0.065	0.078
\$10/Day, 7 Day EP, 90 Day Max	0.082	0.088	0.083	0.075	0.076	0.071	0.066	0.066	0.080
\$10/Day, 7 Day EP, 365 Day Max	0.083	0.088	0.084	0.076	0.076	0.071	0.066	0.066	0.081
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.069	0.078	0.072	0.068	0.058	0.045	0.031	0.031	0.066
\$10/Day, 0 Day EP, 30 Day Max	0.093	0.105	0.097	0.092	0.078	0.059	0.044	0.044	0.089
\$10/Day, 0 Day EP, 60 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 0 Day EP, 90 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 0 Day EP, 365 Day Max	0.095	0.106	0.098	0.093	0.078	0.060	0.044	0.044	0.090
\$10/Day, 3 Day EP, 10 Day Max	0.047	0.054	0.049	0.046	0.039	0.031	0.022	0.022	0.045
\$10/Day, 3 Day EP, 30 Day Max	0.062	0.070	0.065	0.060	0.051	0.039	0.029	0.029	0.059
\$10/Day, 3 Day EP, 60 Day Max	0.064	0.071	0.066	0.062	0.053	0.041	0.030	0.030	0.061
\$10/Day, 3 Day EP, 90 Day Max	0.064	0.073	0.066	0.063	0.053	0.041	0.030	0.030	0.061
\$10/Day, 3 Day EP, 365 Day Max	0.064	0.073	0.066	0.063	0.053	0.041	0.030	0.030	0.061
\$10/Day, 7 Day EP, 10 Day Max	0.029	0.033	0.031	0.028	0.024	0.019	0.015	0.015	0.028
\$10/Day, 7 Day EP, 30 Day Max	0.036	0.040	0.037	0.035	0.029	0.023	0.017	0.017	0.034
\$10/Day, 7 Day EP, 60 Day Max	0.038	0.043	0.039	0.036	0.031	0.024	0.018	0.018	0.036
\$10/Day, 7 Day EP, 90 Day Max	0.038	0.043	0.040	0.036	0.031	0.024	0.018	0.018	0.036
\$10/Day, 7 Day EP, 365 Day Max	0.038	0.043	0.040	0.036	0.031	0.024	0.018	0.018	0.036
Critical Illness									
\$1000 Benefit	0.489	1.760	2.787	4.232	6.155	8.794	11.792	16.035	3.412
Paralysis									
\$1000 Benefit	0.095	0.067	0.059	0.052	0.045	0.043	0.041	0.041	0.066

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Children									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Hospital Confinement									
\$10/Day, 0 Day EP, 10 Day Max	0.726	0.545	0.558	0.641	0.734	0.969	1.544	2.007	0.665
\$10/Day, 0 Day EP, 30 Day Max	0.760	0.593	0.612	0.715	0.820	1.114	1.823	2.427	0.713
\$10/Day, 0 Day EP, 60 Day Max	0.762	0.595	0.615	0.720	0.826	1.124	1.844	2.459	0.715
\$10/Day, 0 Day EP, 90 Day Max	0.762	0.595	0.615	0.721	0.827	1.127	1.851	2.470	0.716
\$10/Day, 0 Day EP, 365 Day Max	0.763	0.595	0.615	0.722	0.828	1.128	1.853	2.474	0.717
\$10/Day, 3 Day EP, 10 Day Max	0.262	0.272	0.281	0.327	0.360	0.487	0.802	1.092	0.285
\$10/Day, 3 Day EP, 30 Day Max	0.286	0.305	0.316	0.377	0.418	0.584	0.985	1.367	0.320
\$10/Day, 3 Day EP, 60 Day Max	0.288	0.308	0.320	0.382	0.424	0.593	1.004	1.395	0.323
\$10/Day, 3 Day EP, 90 Day Max	0.288	0.308	0.321	0.384	0.425	0.595	1.010	1.405	0.323
\$10/Day, 3 Day EP, 365 Day Max	0.288	0.308	0.321	0.384	0.425	0.596	1.012	1.409	0.323
\$10/Day, 7 Day EP, 10 Day Max	0.171	0.188	0.189	0.213	0.223	0.291	0.470	0.644	0.187
\$10/Day, 7 Day EP, 30 Day Max	0.187	0.209	0.213	0.244	0.256	0.344	0.566	0.785	0.209
\$10/Day, 7 Day EP, 60 Day Max	0.190	0.212	0.215	0.247	0.260	0.352	0.582	0.810	0.212
\$10/Day, 7 Day EP, 90 Day Max	0.190	0.213	0.215	0.248	0.262	0.355	0.588	0.819	0.213
\$10/Day, 7 Day EP, 365 Day Max	0.190	0.213	0.215	0.248	0.262	0.355	0.589	0.822	0.213
Hospital Admission									
\$10 Benefit	0.242	0.166	0.169	0.185	0.210	0.262	0.387	0.474	0.208
Hospital ICU									
\$10/Day, 10 Day Max	0.037	0.053	0.057	0.064	0.073	0.091	0.135	0.165	0.049
\$10/Day, 20 Day Max	0.037	0.053	0.058	0.064	0.073	0.092	0.135	0.165	0.049
\$10/Day, 30 Day Max	0.037	0.053	0.058	0.064	0.073	0.092	0.135	0.165	0.049
Wellness									
\$10/Visit, 1 Visit/Year	1.224	1.405	1.361	1.307	1.203	1.125	1.275	1.275	1.287
\$10/Visit, 2 Visits/Year	2.167	2.488	2.410	2.315	2.130	1.994	2.259	2.259	2.281
\$10/Visit, 3 Visits/Year	2.954	3.393	3.285	3.156	2.905	2.718	3.080	3.080	3.109
\$10/Visit, 4 Visits/Year	3.612	4.148	4.017	3.859	3.552	3.324	3.766	3.766	3.803
\$10/Visit, 5 Visits/Year	4.160	4.777	4.626	4.444	4.090	3.827	4.337	4.337	4.378
\$10/Visit, 6 Visits/Year	4.542	5.216	5.052	4.853	4.466	4.179	4.735	4.735	4.782
Surgical									
10% of RBRVS	6.256	5.558	5.664	6.335	7.509	8.915	11.351	11.351	6.160
Anesthesia									
10% of Surgical	0.625	0.555	0.566	0.633	0.751	0.891	1.135	1.135	0.615
Physician Office Visit									
\$10/Visit, 1 Visit/Year	3.230	3.505	3.476	3.538	3.495	3.568	4.372	4.372	3.382
\$10/Visit, 2 Visits/Year	5.422	5.883	5.834	5.936	5.865	5.988	7.336	7.336	5.674
\$10/Visit, 3 Visits/Year	7.038	7.638	7.573	7.708	7.615	7.775	9.525	9.525	7.366
\$10/Visit, 4 Visits/Year	8.361	9.074	8.997	9.157	9.047	9.235	11.316	11.316	8.752
\$10/Visit, 5 Visits/Year	9.261	10.050	9.965	10.142	10.021	10.229	12.534	12.534	9.693
\$10/Visit, 6 Visits/Year	9.887	10.730	10.638	10.827	10.698	10.921	13.380	13.380	10.349
Diagnostic X-Ray / Lab									
\$10/Test Day, 1 Test Day/Year	1.118	1.263	1.270	1.300	1.315	1.336	1.585	1.574	1.206
\$10/Test Day, 2 Test Days/Year	1.720	1.941	1.954	2.000	2.021	2.055	2.438	2.420	1.855
\$10/Test Day, 3 Test Days/Year	2.154	2.431	2.446	2.504	2.530	2.574	3.054	3.031	2.323
\$10/Test Day, 4 Test Days/Year	2.505	2.827	2.845	2.912	2.943	2.993	3.551	3.525	2.701
\$10/Test Day, 5 Test Days/Year	2.781	3.140	3.160	3.235	3.268	3.324	3.944	3.915	3.000
\$10/Test Day, 6 Test Days/Year	3.033	3.424	3.445	3.526	3.563	3.624	4.300	4.268	3.271
Emergency Room: Accident									
\$10/Visit, 1 Visit/Year	0.078	0.078	0.075	0.070	0.065	0.063	0.066	0.066	0.075
\$10/Visit, 2 Visits/Year	0.121	0.122	0.115	0.108	0.101	0.096	0.103	0.103	0.117
\$10/Visit, 3 Visits/Year	0.151	0.151	0.144	0.135	0.126	0.120	0.127	0.127	0.146
Emergency Room: Sickness									
\$10/Visit, 1 Visit/Year	0.213	0.199	0.188	0.183	0.176	0.177	0.214	0.214	0.200
\$10/Visit, 2 Visits/Year	0.328	0.306	0.290	0.281	0.271	0.273	0.328	0.328	0.309
\$10/Visit, 3 Visits/Year	0.411	0.384	0.363	0.352	0.340	0.342	0.411	0.411	0.386
Continuous Care									
\$10/Day, 10 Day Max	0.012	0.018	0.019	0.021	0.026	0.038	0.052	0.075	0.017
\$10/Day, 30 Day Max	0.017	0.025	0.028	0.030	0.039	0.057	0.078	0.113	0.024
Ambulatory Surgical Center									
\$10/Visit	0.344	0.427	0.459	0.517	0.583	0.674	0.758	0.758	0.417
Ground Ambulance									
\$10/Visit, 1 Trip/Year	0.058	0.063	0.066	0.072	0.076	0.095	0.165	0.165	0.064
\$10/Visit, 2 Trips/Year	0.065	0.070	0.074	0.079	0.085	0.105	0.185	0.185	0.071

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Children

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$10/Visit, 3 Trips/Year	0.068	0.074	0.077	0.084	0.090	0.112	0.195	0.195	0.075
Air Ambulance									
\$10/Visit, 1 Trip/Year	0.012	0.013	0.014	0.015	0.015	0.019	0.034	0.034	0.013
\$10/Visit, 2 Trips/Year	0.012	0.014	0.015	0.015	0.016	0.020	0.036	0.036	0.014
\$10/Visit, 3 Trips/Year	0.014	0.015	0.015	0.017	0.018	0.023	0.039	0.039	0.015
Common Carrier									
2X Accidental Death Benefit	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008	0.00008
Coma									
\$1000 Benefit	0.350	0.365	0.344	0.319	0.290	0.275	0.320	0.366	0.345

Exhibit I
Standard Life and Accident Insurance Company
Policy Form SL-VERSEP
Monthly Attained Age Premium Rates
Base Benefits, Based on 55% Loss Ratio
Unisex, Voluntary, With Maternity

Employee and Children									
Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
Dismemberment									
\$1000 Benefit	0.132	0.141	0.135	0.129	0.124	0.127	0.136	0.136	0.134
Burn									
\$1000 Benefit	0.005	0.005	0.005	0.005	0.004	0.004	0.005	0.005	0.005
Dislocations									
\$1000 Benefit	0.074	0.074	0.069	0.065	0.065	0.075	0.093	0.093	0.072
Fractures									
\$1000 Benefit	0.373	0.382	0.362	0.338	0.328	0.355	0.436	0.436	0.367
Prosthesis									
\$1000 Benefit	1.621	1.849	1.894	1.933	2.072	2.261	2.931	2.931	1.782
Transportation									
\$10/Visit, 1 Trip/Year	0.008	0.009	0.009	0.010	0.011	0.013	0.020	0.023	0.009
\$10/Visit, 3 Trips/Year	0.023	0.026	0.027	0.030	0.033	0.040	0.060	0.068	0.025
\$10/Visit, 6 Trips/Year	0.045	0.051	0.054	0.059	0.065	0.078	0.120	0.136	0.050
Lodging									
\$10/Day, 15 Day Max	0.088	0.106	0.111	0.118	0.127	0.153	0.229	0.265	0.103
Outpatient Mental or Nervous Disorder									
\$10/Visit, 1 Visit/Year	0.798	0.916	0.879	0.767	0.652	0.521	0.514	0.514	0.818
\$10/Visit, 2 Visits/Year	1.338	1.535	1.474	1.286	1.093	0.874	0.862	0.862	1.372
\$10/Visit, 3 Visits/Year	1.738	1.994	1.913	1.670	1.419	1.135	1.118	1.118	1.781
\$10/Visit, 4 Visits/Year	2.065	2.369	2.274	1.985	1.686	1.348	1.329	1.329	2.116
\$10/Visit, 5 Visits/Year	2.286	2.624	2.516	2.198	1.867	1.493	1.471	1.471	2.344
\$10/Visit, 6 Visits/Year	2.442	2.802	2.688	2.347	1.994	1.594	1.572	1.572	2.502
Outpatient Substance Abuse									
\$10/Visit, 1 Visit/Year	0.031	0.034	0.030	0.024	0.020	0.017	0.017	0.017	0.030
\$10/Visit, 2 Visits/Year	0.051	0.055	0.049	0.040	0.033	0.027	0.028	0.028	0.049
\$10/Visit, 3 Visits/Year	0.067	0.072	0.065	0.053	0.043	0.036	0.037	0.037	0.065
\$10/Visit, 4 Visits/Year	0.079	0.085	0.076	0.062	0.050	0.044	0.044	0.044	0.075
\$10/Visit, 5 Visits/Year	0.088	0.095	0.085	0.068	0.056	0.048	0.049	0.049	0.085
\$10/Visit, 6 Visits/Year	0.094	0.101	0.090	0.073	0.060	0.052	0.052	0.052	0.089
Inpatient Mental or Nervous Disorder									
\$10/Day, 0 Day EP, 10 Day Max	0.098	0.105	0.098	0.093	0.085	0.078	0.085	0.085	0.098
\$10/Day, 0 Day EP, 30 Day Max	0.136	0.145	0.135	0.127	0.120	0.110	0.119	0.119	0.135
\$10/Day, 0 Day EP, 60 Day Max	0.140	0.148	0.140	0.131	0.123	0.113	0.123	0.123	0.139
\$10/Day, 0 Day EP, 90 Day Max	0.140	0.149	0.141	0.132	0.124	0.113	0.124	0.124	0.140
\$10/Day, 0 Day EP, 365 Day Max	0.140	0.149	0.141	0.132	0.124	0.113	0.124	0.124	0.140
\$10/Day, 3 Day EP, 10 Day Max	0.070	0.075	0.070	0.066	0.063	0.057	0.063	0.063	0.069
\$10/Day, 3 Day EP, 30 Day Max	0.095	0.100	0.095	0.088	0.084	0.077	0.085	0.085	0.094
\$10/Day, 3 Day EP, 60 Day Max	0.096	0.103	0.097	0.091	0.086	0.079	0.087	0.087	0.096
\$10/Day, 3 Day EP, 90 Day Max	0.096	0.103	0.097	0.091	0.086	0.079	0.087	0.087	0.096
\$10/Day, 3 Day EP, 365 Day Max	0.096	0.103	0.097	0.091	0.086	0.080	0.087	0.087	0.097
\$10/Day, 7 Day EP, 10 Day Max	0.044	0.047	0.045	0.042	0.040	0.036	0.041	0.041	0.044
\$10/Day, 7 Day EP, 30 Day Max	0.056	0.060	0.057	0.053	0.051	0.047	0.053	0.053	0.056
\$10/Day, 7 Day EP, 60 Day Max	0.057	0.062	0.058	0.055	0.053	0.048	0.054	0.054	0.057
\$10/Day, 7 Day EP, 90 Day Max	0.059	0.064	0.059	0.055	0.054	0.049	0.055	0.055	0.059
\$10/Day, 7 Day EP, 365 Day Max	0.059	0.064	0.060	0.055	0.054	0.049	0.055	0.055	0.059
Inpatient Substance Abuse									
\$10/Day, 0 Day EP, 10 Day Max	0.039	0.045	0.041	0.039	0.035	0.029	0.024	0.024	0.040
\$10/Day, 0 Day EP, 30 Day Max	0.055	0.062	0.056	0.054	0.047	0.040	0.035	0.035	0.055
\$10/Day, 0 Day EP, 60 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 0 Day EP, 90 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 0 Day EP, 365 Day Max	0.055	0.062	0.057	0.055	0.048	0.041	0.035	0.035	0.056
\$10/Day, 3 Day EP, 10 Day Max	0.027	0.032	0.029	0.027	0.024	0.021	0.018	0.018	0.028
\$10/Day, 3 Day EP, 30 Day Max	0.036	0.041	0.038	0.036	0.032	0.027	0.024	0.024	0.037
\$10/Day, 3 Day EP, 60 Day Max	0.037	0.043	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 3 Day EP, 90 Day Max	0.038	0.044	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 3 Day EP, 365 Day Max	0.038	0.044	0.039	0.037	0.033	0.028	0.025	0.025	0.038
\$10/Day, 7 Day EP, 10 Day Max	0.017	0.020	0.018	0.017	0.015	0.013	0.012	0.012	0.018
\$10/Day, 7 Day EP, 30 Day Max	0.022	0.025	0.023	0.022	0.019	0.016	0.015	0.015	0.022
\$10/Day, 7 Day EP, 60 Day Max	0.024	0.026	0.024	0.023	0.020	0.017	0.015	0.015	0.024
\$10/Day, 7 Day EP, 90 Day Max	0.024	0.026	0.025	0.023	0.020	0.017	0.015	0.015	0.024
\$10/Day, 7 Day EP, 365 Day Max	0.024	0.026	0.025	0.023	0.020	0.017	0.015	0.015	0.024
Critical Illness									

Exhibit I
 Standard Life and Accident Insurance Company
 Policy Form SL-VERSEP
 Monthly Attained Age Premium Rates
 Base Benefits, Based on 55% Loss Ratio
 Unisex, Voluntary, With Maternity

Employee and Children

Benefit	Age Band 18-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65-69	Age Band 70-74	Composite
\$1000 Benefit	0.274	0.914	1.420	2.119	3.027	4.225	5.696	7.729	1.538
Paralysis \$1000 Benefit	0.055	0.045	0.040	0.036	0.033	0.032	0.035	0.035	0.047

*For Groups with at least 50% employer contribution and 85% participation multiply the above rates by 0.85

SERFF Tracking Number: ANTX-127357722 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/10/2011
Comments:		
Attachment: Readability Certification SL.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/10/2011
Bypass Reason: Included in forms tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Duplication Notice, Replacement Notice	Approved-Closed	08/10/2011
Comments: The statutorily worded Duplication Notice and Replacement Notice has been included.		
Attachments: DUPLICATION NOTICE.pdf REPLACEMENT NOTICE.pdf		

	Item Status:	Status Date:
Satisfied - Item: STATEMENT OF VARIABILITY	Approved-Closed	08/10/2011
Comments:		
Attachment: VERSATILE STATEMENT OF VARIABILITY.pdf		

	Item Status:	Status
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SERFF Tracking Number: ANTX-127357722 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
Company Tracking Number:
TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
Benefit Benefit
Product Name: VERSATILE PLAN FORMS
Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

Satisfied - Item: Important Notice To Arkansas Residents Approved-Closed **Date:** 08/10/2011

Comments:

Will be attached to each policy and certificate.

Attachment:

AR Imp Information Notice.pdf



READABILITY CERTIFICATION

We hereby certify that the following forms have achieved a Flesch scale readability score which meets the minimum reading ease score as required by your state:

SL-VERSEP-AR
SL-VERSEC-AR
SL-VERSEND1
SLLBE
SLLBGRPAR

**William
J. Hogan** Digitally signed by William J. Hogan
DN: cn=William J. Hogan, c=US,
o=Standard Life and Accident
Insurance Company, ou=Assistant
Vice President, Health Compliance,
email=william.hogan@anico.com
Date: 2011.08.08 11:03:01 -05'00'

William J. Hogan
Asst. Vice President, Health Compliance

08/08/2011

Date of Signature

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

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

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

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

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

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

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in all health insurance policies you already have.
- For more information about long-term care insurance, review the *Shopper's Guide to Long-Term Care Insurance*, available from the insurance company.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance program.

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

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

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

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

Date

Applicant's Signature

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

STATEMENT OF VARIABILITY

GROUP EMPLOYER LIMITED BENEFIT PRODUCT

FORM SL-VERSEP

The Page numbers throughout the product may vary depending on the benefit selection and specifications made by the policyholder.

Page 1 – Cover Page:

1. Employer information (ie., policy number, employer name, effective date, etc.) will be based on policyholder specific information.

Page 2 – Table of Contents:

2. Page numbers in the Table of Contents may vary according to benefit selection.
3. The “Definitions – Medical Terms” heading in the Table of Contents will be included if the following benefits are chosen: Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Fracture Benefit, Dislocation Benefit, Burn Benefit.

Page 3 – Policy Schedule of Benefits:

4. Employer, Policy Number, Policy Date, Classes of Eligible Persons, Employee Contributions, Employer Waiting Period will be based on policyholder specific information and negotiations.
5. Participation Requirements may or may not be required. This will be based on a number or percentage.
6. The “Benefit amounts available under this policy..” statement will be included when the employee is allowed to choose benefits available from the company.
7. The Plan, Option, Level, Class will be vary based on the specific benefit description used for the plan.
8. The Hospital Benefit in it’s entirety will be included or excluded.
9. The Hospital Admission Benefit will be included or excluded.
10. The Hospital Confinement Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.
11. The Intensive Care Unit Benefit will be included only if the Hospital Confinement Benefit is available. The benefit amounts will vary as shown.

Page 4 – Schedule of Benefits (Continued)

12. The Ambulatory Surgical Benefit will be included or excluded. The benefit amounts will vary as shown.
13. The Ambulance Benefit will be included or excluded. The benefit amounts will vary as shown.
14. The Emergency Room Accident Benefit will be included or excluded. The benefit amounts will vary as shown.

15. The Emergency Room Sickness Benefit will be included or excluded. The benefit amounts will vary as shown.
16. The Continuous Care Benefit will be included or excluded. The benefit amounts will vary as shown.
17. The Surgical and Anesthesia Benefit will be included or excluded. The benefit amounts will vary as shown.
18. The Inpatient Mental or Nervous Disorder Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.
19. The Outpatient Mental or Nervous Disorder Benefit will be included or excluded. The benefit amounts will vary as shown.
20. The Inpatient Substance Abuse Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.

Page 5 – Schedule of Benefits (Continued)

21. The Outpatient Substance Abuse Benefit will be included or excluded. The benefit amounts will vary as shown.
22. The Outpatient Physician's Office Visit Benefit will be included or excluded. The benefit amounts will vary as shown.
23. The Outpatient Diagnostic, Xray and Lab Benefit will be included or excluded. The benefit amounts will vary as shown.
24. The Wellness and Preventive Care Benefit will be included or excluded. The benefit amounts will vary as shown.
25. The Accidental Death Benefit will be included or excluded. The benefit amounts will vary as shown.
26. The Accidental Dismemberment Benefit will be included or excluded. The benefit amounts will vary as shown.
27. The Paralysis Benefit will be included or excluded. The benefit amounts will vary as shown.
28. The Prosthesis Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 6 – Schedule of Benefits (Continued)

29. The Coma Benefit will be included or excluded. The benefit amounts will vary as shown.
30. The Fracture Benefit will be included or excluded. The benefit amounts will vary as shown.
31. The Dislocation Benefit will be included or excluded. The benefit amounts will vary as shown.
32. The Burn Benefit will be included or excluded. The benefit amounts will vary as shown.
33. The Critical Illness Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 7 – Schedule of Benefits (Continued)

34. The Transportation Benefit will be included or excluded. The benefit amounts will vary as shown.
35. The Lodging Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 8 – Intentionally left blank as the back of the Schedule Page.

Page 9, 10, 11, 12, 13, 14

36. The Actively at Work definition will be included and will have the one of the 2 options identified within.
37. The Ambulatory Surgical Center definition will be included if the Ambulatory Surgical Benefit or the Surgical Benefit is included.
38. The Common Carrier definition will be included if the Common Carrier Benefit is included.
39. The Complications of Pregnancy definition will be included when maternity is not covered under the policy. The policy will always allow for complications of pregnancy as any other sickness.
40. The Dependent definition may allow for Domestic Partners if required by the state or when requested by the policyholder and the state allows such provisions. As such, the Domestic Partner definition will be included or excluded.
41. The Elimination Period definition will be included when the Hospital Benefit or the Inpatient M/N or Substance Abuse Benefits are included.
42. The Emergency Treatment definition will be included with the Emergency Room Sickness or Accident Benefits are included.
43. The Employee definition will vary as stated according to policyholder specifications.
44. The Home Health Care, Home Health Care Agency and Hospice definition will be included when the Continuous Care Benefit is included.
45. The Hospital definition will be included when the Hospital Benefit, Amb Surgical Center Benefit, Ambulance Benefit, Emergency Room Benefits, Continuous Care Benefit, Surgical and Anesthesia Benefit, Inpatient M/N or Substance Abuse Benefits, Transportation or Lodging Benefits are included.
46. The Inpatient definition will be included when the Outpatient definition, Hospital Benefit, Continuous Care Benefit, Surgical and Anesthesia Benefit, Inpatient or Outpatient M/N or Substance Abuse Benefits, are included.
47. The Intensive Care Unit definition will be included when the Intensive Care Unit Benefit is included.
48. The Period of Confinement definition will be will be included when the Hospital Benefit is included.
49. The Preexisting Condition definition will be included or excluded. If included, it will not vary form the information contained in the form. The option of a 6 or 12 month preexisting elimination will vary by state and by policyholder specifications.
50. The Psychiatric Hospital definition will be included when the Inpatient M/N Benefit is included.
51. The Rehabilitation Facility, Rehabilitation Unit and Skilled Nursing Facility definition will be included when the Hospital definition, Continuous Care Benefit are included.
52. The Resource Based Relative Value System (RBRVS) definition will be included when the Surgery Benefit is included.
53. The Sickness definition includes an option for including normal pregnancy or excluding normal pregnancy.
54. The Substance Abuse Treatment Center definition will be included when the Inpatient Substance Benefit is included.
55. The Waiting Period definition will include either/or mental or nervous disorder and/or substance abuse references when the Inpatient M/N Disorders and/or Inpatient Substance Abuse Benefits are included.

56. The “Definitions – Medical Terms” will be included if the following benefits are chosen: Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Fracture Benefit, Dislocation Benefit, Burn Benefit.
57. The Finger, Feet, Hand, Loss of Finger, Loss of Hand, Loss of Hearing, Loss of Sight, Loss of Speech, Toe definitions will be included when the Accidental Dismemberment Benefit are included.
58. The Paralysis/Paralyzed definition will be included when the Paralysis Benefit is included.
59. The Coma definition will be included when the Coma Benefit is included.
60. The Ankle, Bone Degeneration Disease, Collarbone, Coccyx, Dislocation, Finger, Feet, Fracture, Green Stick Fracture, Hairline Fracture, Hand, Hip, Kneecap, Leg, Lower Arm, Lower Jaw, Lower Leg, Neck, Osteoporosis, Pathological Fracture, Pelvis, Reduction, Shoulder Blade, Skull, Spine, Sternum, Tailbone, Toe, Upper Arm, Upper Jaw, Wrist definitions will be included when the Fracture Benefit is included.
61. The Ankle, Bone Degeneration Disease, Collarbone, Dislocation, Finger, Feet, Hand, Hip, Kneecap, Leg, Neck, Osteoporosis, Pelvis, Reduction, Shoulder Blade, Skull, Spine, Sternum, Tailbone, Toe, Wrist definitions will be included when the Dislocations Benefit is included.

Page 15

62. The Participation provision will be included when the underwriting contains participation requirements. The second paragraph “If for any reason...” will be included if underwriting allows a specified time period to re-establish participation before termination of the policy occurs.

Page 16 – No variability

Page 17 - Termination and Continuation

63. Number 4 in the Policy Termination will be included if participation requirements are included.
64. Continuation Upon Employee’s Death will be included at the option of the company based on policyholder request.

Page 18

65. Continuation of Coverage will be included at the option of the company based on policyholder request.

Page 19 – No variability

Page 20 – Benefits and Coverage

66. The Hospital Benefit in it’s entirety will be included or excluded.
67. The Hospital Admission Benefit will be included or excluded.
68. The Hospital Confinement Benefit will be included or excluded.
69. The Intensive Care Unit Benefit will be included only if the Hospital Confinement Benefit is available.
70. The Ambulatory Surgical Benefit will be included or excluded.
71. The Ambulance Benefit will be included or excluded.

Page 21

- 72. The Emergency Room Accident Benefit will be included or excluded.
- 73. The Emergency Room Sickness Benefit will be included or excluded.
- 74. The Continuous Care Benefit will be included or excluded.
- 75. The Surgical and Anesthesia Benefit will be included or excluded.
- 76. The Inpatient Mental or Nervous Disorder Benefit will be included or excluded.

Page 22

- 77. The Outpatient Mental or Nervous Disorder Benefit will be included or excluded.
- 78. The Inpatient Substance Abuse Benefit will be included or excluded.
- 79. The Outpatient Substance Abuse Benefit will be included or excluded.
- 80. The Outpatient Physician's Office Visit Benefit will be included or excluded.
- 81. The Outpatient Diagnostic, Xray and Lab Benefit will be included or excluded.

Page 23

- 82. The Wellness and Preventive Care Benefit will be included or excluded.
- 83. The Accidental Death Benefit will be included or excluded. The optional time periods relating to when the death must occur after the accident are listed. The last sentence (This benefit is not payable if the Common Carrier Benefit is eligible to be paid.) will not be included if the Common Carrier Benefit is not chosen.
- 84. The Common Carrier Benefit will be included or excluded.
- 85. The Accidental Dismemberment Benefit will be included or excluded. The optional time periods relating to when the dismemberment must occur after the accident are listed.
- 86. The Paralysis Benefit will be included or excluded.

Page 24

- 87. The Prosthesis Benefit will be included or excluded.
- 88. The Coma Benefit will be included or excluded.
- 89. The Fracture Benefit will be included or excluded. The optional time periods relating to when the Fractures must occur after the accident are listed. The options for the reduction of the benefit amounts are shown.
- 90. The Dislocation Benefit will be included or excluded. The optional time periods relating to when the Dislocation must occur after the accident are listed. The options for the reduction of the benefit amounts are shown.

Page 25

- 91. The Burn Benefit will be included or excluded.
- 92. The Critical Illness Benefit will be included or excluded.

Page 26

93. The Transportation Benefit will be included or excluded.

94. The Lodging Benefit will be included or excluded.

Page 27

95. The Waiting Period relating to mental or nervous or substance abuse disorders will be included when the Inpatient Substance Abuse Benefit and the Inpatient Mental or Nervous Benefit is included.

96. The pre-existing condition limitation will be included if the plan has a preexisting condition limitation. The time period will be either 6 or 12 months.

97. The numbers in the exclusions may be revised if certain exclusions are not included.

Page 28

98. Number [15] relating to Mental or Nervous Disorders will be included if the policy does not contain the mental or nervous benefits. Substance abuse will be included if the policy does not contain a substance abuse benefit.

99. Number [17] will be included if the policy does not contain a maternity benefit.

Page 29

100. The premium may be listed on the enrollment form, the application or the Certificate Schedule depending on the requirements and size of the group.

101. The premium adjustment – second sentence (No change in premium will take effect before the first policy anniversary unless the terms of the coverage change.) will be included or excluded depending on the requirements and size of the group. Number 2 in the second paragraph will be included if the policy contains participation requirements.

102. The Reinstatement provision will be included or excluded depending on the requirements and size of the group.

Page 30 – No variability

Page 31 – No variability

Page 32

103. The Time Limit on Certain Defenses second paragraph time period will coincide with the groups preexisting condition limitation.

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

STATEMENT OF VARIABILITY

GROUP EMPLOYER LIMITED BENEFIT PRODUCT

FORM SL-VERSEC

The Page numbers throughout the product may vary depending on the benefit selection and specifications made by the policyholder and/or employee.

Page 1 – Cover Page:

1. The 30 Day Right To Examine will be included on any groups that include those over age 65 or at the option of the company.

Page 2 – Table of Contents:

2. Page numbers in the Table of Contents may vary according to benefit selection.
3. The “Definitions – Medical Terms” heading in the Table of Contents will be included if the following benefits are chosen: Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Fracture Benefit, Dislocation Benefit, Burn Benefit.

Page 3 – Policy Schedule of Benefits:

4. Employer, Employee, Certificate Number, Type, Covered Persons and Certificate Effective Date will be based on employee specific information and negotiations.
5. The “Covered Person information..” statement will be included when blanket certificates of coverage are issued to the employer.
6. The Plan, Option, Level, Class will be vary based on the specific benefit description used for the plan.
7. The Hospital Benefit in it’s entirety will be included or excluded.
8. The Hospital Admission Benefit will be included or excluded.
9. The Hospital Confinement Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.
10. The Intensive Care Unit Benefit will be included only if the Hospital Confinement Benefit is available. The benefit amounts will vary as shown.
11. The Ambulatory Surgical Benefit will be included or excluded. The benefit amounts will vary as shown.
12. The Ambulance Benefit will be included or excluded. The benefit amounts will vary as shown.
13. The Emergency Room Accident Benefit will be included or excluded. The benefit amounts will vary as shown.

14. The Emergency Room Sickness Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 4 – Schedule of Benefits (Continued)

15. The Continuous Care Benefit will be included or excluded. The benefit amounts will vary as shown.

16. The Surgical and Anesthesia Benefit will be included or excluded. The benefit amounts will vary as shown.

17. The Inpatient Mental or Nervous Disorder Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.

18. The Outpatient Mental or Nervous Disorder Benefit will be included or excluded. The benefit amounts will vary as shown.

19. The Inpatient Substance Abuse Benefit will be included or excluded. The Elimination Period may or may not apply and will vary as shown. The benefit amounts will vary as shown.

20. The Outpatient Substance Abuse Benefit will be included or excluded. The benefit amounts will vary as shown.

21. The Outpatient Physician's Office Visit Benefit will be included or excluded. The benefit amounts will vary as shown.

22. The Outpatient Diagnostic, Xray and Lab Benefit will be included or excluded. The benefit amounts will vary as shown.

23. The Wellness and Preventive Care Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 5 – Schedule of Benefits (Continued)

24. The Accidental Death Benefit will be included or excluded. The benefit amounts will vary as shown.

25. The Accidental Dismemberment Benefit will be included or excluded. The benefit amounts will vary as shown.

26. The Paralysis Benefit will be included or excluded. The benefit amounts will vary as shown.

27. The Prosthesis Benefit will be included or excluded. The benefit amounts will vary as shown.

28. The Coma Benefit will be included or excluded. The benefit amounts will vary as shown.

29. The Fracture Benefit will be included or excluded. The benefit amounts will vary as shown.

Page 6 – Schedule of Benefits (Continued)

30. The Dislocation Benefit will be included or excluded. The benefit amounts will vary as shown.

31. The Burn Benefit will be included or excluded. The benefit amounts will vary as shown.

32. The Critical Illness Benefit will be included or excluded. The benefit amounts will vary as shown.

33. The Transportation Benefit will be included or excluded. The benefit amounts will vary as shown.

34. The Lodging Benefit will be included or excluded. The benefit amounts will vary as shown.

35. The Premium Rate information will vary according to the specific plan design.

Page 7 – Intentionally left blank as the back of the Schedule Page.

36. The Actively at Work definition will be included and will have the one of the 2 options identified within.
37. The Ambulatory Surgical Center definition will be included if the Ambulatory Surgical Benefit or the Surgical Benefit is included.
38. The Common Carrier definition will be included if the Common Carrier Benefit is included.
39. The Complications of Pregnancy definition will be included when maternity is not covered under the policy. The policy will always allow for complications of pregnancy as any other sickness.
40. The Dependent definition may allow for Domestic Partners if required by the state or when requested by the policyholder and the state allows such provisions. As such, the Domestic Partner definition will be included or excluded.
41. The Elimination Period definition will be included when the Hospital Benefit or the Inpatient M/N or Substance Abuse Benefits are included.
42. The Emergency Treatment definition will be included with the Emergency Room Sickness or Accident Benefits are included.
43. The Employee definition will vary as stated according to policyholder specifications.
44. The Home Health Care, Home Health Care Agency and Hospice definitions will be included when the Continuous Care Benefit is included.
45. The Hospital definition will be included when the Hospital Benefit, Amb Surgical Center Benefit, Ambulance Benefit, Emergency Room Benefits, Continuous Care Benefit, Surgical and Anesthesia Benefit, Inpatient M/N or Substance Abuse Benefits, Transportation or Lodging Benefits are included.
46. The Inpatient definition will be included when the Outpatient definition, Hospital Benefit, Continuous Care Benefit, Surgical and Anesthesia Benefit, Inpatient or Outpatient M/N or Substance Abuse Benefits, are included.
47. The Intensive Care Unit definition will be included when the Intensive Care Unit Benefit is included.
48. The Period of Confinement definition will be included when the Hospital Benefit is included.
49. The Preexisting Condition definition will be included or excluded. If included, it will not vary from the information contained in the form. The option of a 6 or 12 month preexisting elimination will vary by state and by policyholder specifications.
50. The Psychiatric Hospital definition will be included when the Inpatient M/N Benefit is included.
51. The Rehabilitation Facility, Rehabilitation Unit and Skilled Nursing Facility definition will be included when the Hospital definition, Continuous Care Benefit are included.
52. The Resource Based Relative Value System (RBRVS) definition will be included when the Surgery Benefit is included.
53. The Sickness definition includes an option for including normal pregnancy or excluding normal pregnancy.
54. The Substance Abuse Treatment Center definition will be included when the Inpatient Substance Benefit is included.

55. The Waiting Period definition will include either/or mental or nervous disorder and/or substance abuse references when the Inpatient M/N Disorders and/or Inpatient Substance Abuse Benefits are included.
56. The “Definitions – Medical Terms” will be included if the following benefits are chosen: Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Fracture Benefit, Dislocation Benefit, Burn Benefit.
57. The Finger, Feet, Hand, Loss of Finger, Loss of Hand, Loss of Hearing, Loss of Sight, Loss of Speech, Toe definitions will be included when the Accidental Dismemberment Benefit are included.
58. The Paralysis/Paralyzed definition will be included when the Paralysis Benefit is included.
59. The Coma definition will be included when the Coma Benefit is included.
60. The Ankle, Bone Degeneration Disease, Collarbone, Coccyx, Dislocation, Finger, Feet, Fracture, Green Stick Fracture, Hairline Fracture, Hand, Hip, Kneecap, Leg, Lower Arm, Lower Jaw, Lower Leg, Neck, Osteoporosis, Pathological Fracture, Pelvis, Reduction, Shoulder Blade, Skull, Spine, Sternum, Tailbone, Toe, Upper Arm, Upper Jaw, Wrist definitions will be included when the Fracture Benefit is included.
61. The Ankle, Bone Degeneration Disease, Collarbone, Dislocation, Finger, Feet, Hand, Hip, Kneecap, Leg, Neck, Osteoporosis, Pelvis, Reduction, Shoulder Blade, Skull, Spine, Sternum, Tailbone, Toe, Wrist definitions will be included when the Dislocations Benefit is included.

Page 14 – No variability

Page 15 – No variability

Page 16 - Termination and Continuation

62. Continuation Upon Employee’s Death will be included at the option of the company based on policyholder request.
63. Continuation of Coverage will be included at the option of the company based on policyholder request.

Page 17 – No variability

Page 18 – No variability

Page 19 – Benefits and Coverages

64. The Hospital Benefit in it’s entirety will be included or excluded.
65. The Hospital Admission Benefit will be included or excluded.
66. The Hospital Confinement Benefit will be included or excluded.
67. The Intensive Care Unit Benefit will be included only if the Hospital Confinement Benefit is available.
68. The Ambulatory Surgical Benefit will be included or excluded.
69. The Ambulance Benefit will be included or excluded.

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70. The Emergency Room Accident Benefit will be included or excluded.

71. The Emergency Room Sickness Benefit will be included or excluded.
72. The Continuous Care Benefit will be included or excluded.
73. The Surgical and Anesthesia Benefit will be included or excluded.
74. The Inpatient Mental or Nervous Disorder Benefit will be included or excluded.

Page 21

75. The Outpatient Mental or Nervous Disorder Benefit will be included or excluded.
76. The Inpatient Substance Abuse Benefit will be included or excluded.
77. The Outpatient Substance Abuse Benefit will be included or excluded.
78. The Outpatient Physician's Office Visit Benefit will be included or excluded.
79. The Outpatient Diagnostic, Xray and Lab Benefit will be included or excluded.

Page 22

80. The Wellness and Preventive Care Benefit will be included or excluded.
81. The Accidental Death Benefit will be included or excluded. The optional time periods relating to when the death must occur after the accident are listed. The last sentence (This benefit is not payable if the Common Carrier Benefit is eligible to be paid.) will not be included if the Common Carrier Benefit is not chosen.
82. The Common Carrier Benefit will be included or excluded.
83. The Accidental Dismemberment Benefit will be included or excluded. The optional time periods relating to when the dismemberment must occur after the accident are listed.
84. The Paralysis Benefit will be included or excluded.

Page 23

85. The Prosthesis Benefit will be included or excluded.
86. The Coma Benefit will be included or excluded.
87. The Fracture Benefit will be included or excluded. The optional time periods relating to when the Fractures must occur after the accident are listed. The options for the reduction of the benefit amounts are shown.
88. The Dislocation Benefit will be included or excluded. The optional time periods relating to when the Dislocation must occur after the accident are listed. The options for the reduction of the benefit amounts are shown.

Page 24

89. The Burn Benefit will be included or excluded.
90. The Critical Illness Benefit will be included or excluded.

Page 25

91. The Transportation Benefit will be included or excluded.

92. The Lodging Benefit will be included or excluded.

Page 26

93. The Waiting Period relating to mental or nervous or substance abuse disorders will be included when the Inpatient Substance Abuse Benefit and the Inpatient Mental or Nervous Benefit is included.

94. The pre-existing condition limitation will be included if the plan has a preexisting condition limitation. The time period will be either 6 or 12 months.

95. The numbers in the exclusions may be revised if certain exclusions are not included.

Page 27

96. Number [15] relating to Mental or Nervous Disorders will be included if the policy does not contain the mental or nervous benefits. Substance abuse will be included if the policy does not contain a substance abuse benefit.

97. Number [17] will be included if the policy does not contain a maternity benefit.

Page 28

98. The premium may be listed on the enrollment form, the application or the Certificate Schedule depending on the requirements and size of the group.

99. The premium adjustment – Number 2 in the second paragraph will be included if the policy contains participation requirements.

Page 29 – No variability

Page 30 – No variability

Page 31

100. The Time Limit on Certain Defenses second paragraph time period will coincide with the groups preexisting condition limitation.

**IMPORTANT INFORMATION FOR
ARKANSAS POLICYOWNERS**

If you have questions about your policy or a claim you have filed, please contact your insurance company or your agent:

Standard Life and Accident Insurance Company
C/O Customer Service Department
P.O. Box 696820
San Antonio, Texas 78269

Telephone: 1-888-350-1488
1-409-763-4661

Agent _____

Address _____

Telephone _____

If you are unable to resolve a problem with your insurance company or your agent, you may contact the Arkansas Department of Insurance:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1804

Telephone: 1-800-852-5494
1-501-371-2640

E-Mail: Insurance@mail.state.ar.us

Web Site: www.state.ar.us/insurance

CCN-AR3

SERFF Tracking Number: ANTX-127357722 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 49491
 Company Tracking Number:
 TOI: H08G Group Health - Intensive Care - Limited Sub-TOI: H08G.000 Health - Intensive Care - Limited
 Benefit Benefit
 Product Name: VERSATILE PLAN FORMS
 Project Name/Number: VERSATILE PLAN FORMS/VERSATILE PLAN FORMS

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)
08/05/2011	Form	Group Employer Policy	08/09/2011	AR SLAICO Versatile Group Policy - SL-VERSEP-AR Nonmkd.pdf (Superseded)
08/05/2011	Form	Group Employee Certificate	08/09/2011	AR SLAICO Versatile Group Certificate - SL-VERSEC-AR Nonmkd.pdf (Superseded)

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

**GROUP LIMITED BENEFIT
ACCIDENT AND SICKNESS INSURANCE POLICY**

GROUP POLICY NUMBER:	[123456789]
EMPLOYER:	[ABC Employer, Inc.]
POLICY EFFECTIVE DATE:	[June 1, 2011]
ANNIVERSARY DATE:	[June 1 st]
STATE OF ISSUE:	Arkansas

This Policy is a legal contract between the Employer and the Company. The Company agrees to insure eligible Employees of the Employer against loss covered by this Policy subject to its provisions, limitations, and exclusions. This Policy is non-participating.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Policy Application, which is attached to and made part of this Policy. This Policy will take effect as of 12:01 am on the Policy effective date and continues in effect as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. The Policy Anniversary Date will be the date shown in each subsequent year.

PREMIUMS. Premiums may be changed and are due as stated the Premiums section.

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

The Policy is governed by the laws of the state in which this Policy was issued and delivered.

Signed for Us on the Policy Effective Date.



Secretary



President

<p>NOTICE TO BUYER:</p> <p>THIS POLICY PROVIDES LIMITED BENEFIT COVERAGE. IT IS NOT DESIGNED TO COVER ALL MEDICAL EXPENSES AND IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY. PLEASE READ CAREFULLY!</p> <p>NO BENEFITS ARE PAYABLE FOR SICKNESS DURING THE FIRST 30 DAYS FOLLOWING A COVERED PERSON'S CERTIFICATE EFFECTIVE DATE.</p>
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THE INSURANCE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE.

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POLICY SCHEDULE OF BENEFITS

EMPLOYER: [ABC Employer Inc.]
POLICY NUMBER: [SLA012345]
POLICY DATE: [June 1, 2011]
STATE OF ISSUE: Arkansas

CLASSES OF ELIGIBLE PERSONS TO BE COVERED UNDER THIS POLICY:

Employees and dependents who meet the eligibility requirements as set forth under this Policy.

[Class 1: All [full time/part time/temporary] Employees of the Employer working a minimum of [20-40] hours per week.]

[Class 2: All [full time/part time/temporary] Employees of the Employer working a minimum of [20-40] hours per week.]

[May include additional Classes]

[EMPLOYEE CONTRIBUTIONS:

[Employee contributions [are][are not] required for Employee coverage hereunder.]
[Employer pays [0 – 100%] of premiums for Employees.]
Employee contributions [are][are not] required for Dependent coverage hereunder.]
[Employer pays [0 – 100%] of premiums for Dependents.]

[PARTICIPATION REQUIREMENTS:

[At least ____[%] of the Employer’s eligible Employees must be insured to keep this Policy in force.]

[At least ____[%] of the Employer’s eligible Employees must be insured in to keep the premiums from changing .]]

[EMPLOYER WAITING PERIOD:

Initial Employees: [___None] [___Month(s)] [___Days]
New Employees: [___None] [___Month(s)] [___Days]

[BENEFIT AMOUNTS AVAILABLE UNDER THIS POLICY ARE CHOSEN BY THE EMPLOYEE IN THE ENROLLMENT FORM AND SHOWN IN THE EMPLOYEE’S CERTIFICATE OF COVERAGE.]

[PLAN

[OPTION 1][OPTION 2][OPTION 3][LEVEL 1][LEVEL 2][LEVEL 3][CLASS 1][CLASS 2][CLASS 3]]

[HOSPITAL BENEFIT:

[Hospital Admission Benefit:[\$10 – \$10,000]]

[Hospital Confinement Benefit:

[Elimination Period
Sickness.....[0 – 7 Days]]

Daily Hospital Confinement Benefit.....[\$10 - \$2,000 Per Day]

Maximum Hospital Confinement Benefit Period[10 - 365 Days]]

Intensive Care Unit Benefit:

Daily Intensive Care Unit Benefit[\$10 – \$4,000 Per Day]
Maximum Intensive Care Unit Benefit Period[1 - 30 Days]]

[AMBULATORY SURGICAL CENTER BENEFIT:

Ambulatory Surgical Benefit.....[\$10 - \$2,000 Per Visit]]

[AMBULANCE BENEFIT:

Ground Ambulance Benefit.....[\$10 - \$5,000 Per Trip]
Maximum Number of Trips (Ground).....[1 – 4 Per Calendar Year]]
Air Ambulance Benefit.....[\$10 - \$5,000 Per Trip]
Maximum Number of Trips (Air).....[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM ACCIDENT BENEFIT:

Emergency Room Accident Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM SICKNESS BENEFIT:

Emergency Room Sickness Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[CONTINUOUS CARE BENEFIT:

Daily Benefit.....[\$10 – \$1,000 Per Day]
Maximum Continuous Care Benefit Period.....[the length of the preceding Period of Confinement in a Hospital not to exceed [1 - 30 days of care]]]

[SURGICAL AND ANESTHESIA BENEFIT:

Surgery Benefit:[50-500]% of [2011] RBRVS
Anesthesia Benefit:.....[10% – 50%] of the amount paid for the Surgery Benefit]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[INPATIENT SUBSTANCE ABUSE BENEFIT:

[Elimination Period.....[0 – 7 Days]]

Inpatient Benefit.....[\$10 - \$2,000 Per Day]
 Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
 Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[OUTPATIENT PHYSICIAN’S OFFICE VISIT BENEFIT:

Physician’s Office Visit Benefit.....[\$10 – \$250 Per Visit]
 Maximum Number of Visits.....[1 – 10 Per Calendar Year]]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT:

Outpatient Diagnostic, X-Ray and Laboratory Procedures Benefit.....[\$10 – \$1,000 Per Test Day]
 Maximum Number of Test Days [0 – 6 Per Calendar Year]]

[WELLNESS AND PREVENTIVE CARE BENEFIT:

Benefit Amount.....[\$10 – \$500 Per Visit]
 Maximum Number of Visits [1 – 6 Per Calendar Year]]

[ACCIDENTAL DEATH BENEFIT:

Accidental Death Benefit[\$1,000 - \$1,000,000]

[COMMON CARRIER BENEFIT:

Common Carrier Benefit[Two – Five] times the amount of the
 Accidental Death Benefit]

[ACCIDENTAL DISMEMBERMENT BENEFIT:

Dismemberment Category (See Medical Terms for Definitions)	Benefit Amount
Loss of Two or More Hands or Feet.....	[\$0 - \$1,000,000]
Loss of Sight of Both Eyes.....	[\$0 - \$1,000,000]
Loss of Speech and Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Sight in One Eye.....	[\$0 - \$1,000,000]
Severance and Reattachment of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Speech.....	[\$0 - \$1,000,000]
Loss of Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of Thumb and Index Finger of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all Four Fingers of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all the Toes of the Same Foot.....	[\$0 - \$1,000,000]]

[PARALYSIS BENEFIT:

Paralysis Category (See Medical Terms for Definitions)	Benefit Amount
Quadriplegia.....	[\$0 - \$1,000,000]

Paraplegia.....	[\$0 - \$1,000,000]
Hemiplegia.....	[\$0 - \$1,000,000]
Uniplegia.....	[\$0 - \$1,000,000]

[PROSTHESIS BENEFIT :

Prosthesis Benefit.....	[\$10 - \$1,000]
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[COMA BENEFIT:

Coma Benefit.....	[\$10 - \$1,000,000]
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[FRACTURE BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Cheekbone.....	[\$0 - \$1,000,000]
Collarbone	[\$0 - \$1,000,000]
Foot (other than toes).....	[\$0 - \$1,000,000]
Hand (other than fingers).....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Kneecap	[\$0 - \$1,000,000]
Lower Arm.....	[\$0 - \$1,000,000]
Lower Jaw	[\$0 - \$1,000,000]
Lower Leg.....	[\$0 - \$1,000,000]
Neck.....	[\$0 - \$1,000,000]
Pelvis	[\$0 - \$1,000,000]
Shoulder Blade.....	[\$0 - \$1,000,000]
Skull	[\$0 - \$1,000,000]
Sternum.....	[\$0 - \$1,000,000]
Tailbone.....	[\$0 - \$1,000,000]
Upper Arm.....	[\$0 - \$1,000,000]
Upper Jaw.....	[\$0 - \$1,000,000]
Upper Leg/Femur.....	[\$0 - \$1,000,000]
Wrist	[\$0 - \$1,000,000]

[DISLOCATION BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Ankle.....	[\$0 - \$1,000,000]
Collarbone.....	[\$0 - \$1,000,000]
Elbow.....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Jaw.....	[\$0 - \$1,000,000]
Knee.....	[\$0 - \$1,000,000]
Shoulder.....	[\$0 - \$1,000,000]
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Wrist.....	[\$0 - \$1,000,000]

[BURN BENEFIT:

Burn Category	Benefit Amount
27% or more of the body surface below neck.....	[\$0 - \$1,000,000]
18% or more of the body surface below neck.....	[\$0 - \$1,000,000]
9% or more of the body surface below neck.....	[\$0 - \$1,000,000]
5% or more of the body surface below neck.....	[\$0 - \$1,000,000]

50% or more of face, neck or head.....[\$0 - \$1,000,000]
25% or more of face, neck or head.....[\$0 - \$1,000,000]
10% or more of face, neck or head.....[\$0 - \$1,000,000]]

[CRITICAL ILLNESS BENEFIT:

Benefit Amount.....[\$0 - \$1,000,000]

[TRANSPORTATION BENEFIT:

Transportation Benefit.....[\$10 - \$1,000 Per Round Trip]

Maximum Transportation Benefit.....[1 – 6 Round Trips Per Calendar Year]]

[LODGING BENEFIT:

Lodging Benefit.....[\$10 - \$100 Per Day]

Maximum Lodging Benefit.....[1 – 30 Days Per Calendar Year]]

PREMIUM RATES:

Premium rates are shown in the Employee’s Certificate Schedule of Benefits.

[INTENTIONALLY LEFT BLANK]

DEFINITIONS - GENERAL

Accident or Accidental means an act or event which is unforeseen, unexpected and unanticipated, definite as to time and place, which:

1. causes Injury to one or more Covered Persons; and
2. occurs while the insurance is in force for the Covered Person.

Actively At Work or Active Service means an Employee who is [present for [20 – 30 hours per week]] [a full-time Employee] at his/her usual place of employment for the Employer or at another location as assigned or directed by the Employer, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed.

On any day that is not an Employee's regularly scheduled work day (vacation, personal days, and weekends/holidays) the Employee will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his/her last regularly scheduled work day.

An Employee who usually performs the regular duties of his/her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Employer's usual place of employment if required to do so.

Age means a Covered Person's Age as of his/her last birthday.

[Ambulatory Surgical Center means a facility, licensed as such, that provides outpatient surgical services. It does not include a Physician's or dentist's office, a clinic, or any other such location.]

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

Certificate Effective Date is the date coverage begins for each Covered Person under the Policy. It will be different for a Covered Person added to the Policy after the original date of issue or when a change in coverage for any Covered Person occurs. Each Covered Person's Certificate Effective Date is shown in the Employee's Certificate of Coverage Schedule of Benefits.

[Common Carrier means a vehicle that is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a common-carrier vehicle.]

[Complications of Pregnancy means:

1. conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but does not include false labor, pre-term or premature labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

Covered Person means an Employee, an Employee's spouse or Dependent children, listed as a Covered Person in the Certificate Schedule of Benefits and for whom premium has been paid.

Dependent means an Employee's family as follows:

1. The lawful Spouse[*], if not legally separated or divorced;
2. Unmarried children (whether natural, adopted or stepchildren) under the limiting age of 26; or
3. Unmarried children for whom the Employee is required to provide insurance under a medical support order or an order enforceable by a court.

[*The term "Spouse" as used throughout the Policy will also mean the Employee's legal Domestic Partner.]

[Domestic Partner means an opposite or same sex person with whom an Employee maintains a committed relationship and shares a familial relationship characterized by mutual caring and the sharing of a mutual residence and who has registered under the state law as domestic partners. Each partner must:

1. Be at least 18 years old and competent to contract;
2. Be the sole domestic partner of the other person; and
3. Not be married.]

[Elimination Period means the consecutive number of days the Covered Person is confined as an Inpatient before a benefit is payable.]

[Emergency Treatment means covered services provided in a Hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the individual's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could:

1. place the individual's health in serious jeopardy;
2. result in serious impairment to bodily functions;
3. result in serious dysfunction of a bodily organ or part;
4. result in serious disfigurement; or
5. for a pregnant woman, result in serious jeopardy to the health of the fetus.]

Employee means the Employee designated in the Enrollment Form [who is [Actively at Work and] listed in an eligible class of Employees in the Employer's application]. The Employee must be listed as a Covered Person in the Certificate Schedule of Benefits and appropriate premium paid in order to be covered under the Policy. [An Employee does not include seasonal or temporary Employees.]

Employer means the entity or plan sponsor to whom the Group Policy is issued and shall include any affiliated entities or subsidiaries approved by the Company.

Enrollment Form means the form(s) that the Employee (and Employee's spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that the Employee uses to change coverage under the Policy.

[Home Health Care means a program of professional, paraprofessional or skilled care for medical services provided through a Home Health Care Agency to a Covered Person in his/her home. This includes any of the following services:

1. Nursing services provided by a:
 - (a) registered nurse;
 - (b) licensed practical nurse;
 - (c) licensed vocational nurse; or
 - (d) a licensed public health nurse;
2. Physical therapy;
3. Speech therapy;
4. Respiratory therapy; or
5. Occupational therapy.]

[Home Health Care Agency means an agency or organization which provides Home Health Care services, and:

1. Is licensed or certified, if required by the jurisdiction in which it is located; or accredited by:
 - (a) the National Home Caring Council, a Division of the Foundation for Hospice and Home Care;
 - (b) the Joint Commission Accreditation of Health Care Organizations; or
 - (c) the National League for Nursing;
2. Is supervised by a qualified professional such as a registered nurse or a licensed social worker;
3. Whose Employees receive appropriate specialized training; and
4. Keeps clinical records, including Physician's orders where appropriate, on all patients.]

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

[Hospital means an institution licensed to operate as a Hospital pursuant to the law of the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and

medical records on the premises. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a Skilled Nursing Facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.]

Immediate Family Member means a person who is related to the Covered Person 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Injury or Injuries means Accidental bodily Injury sustained by a Covered Person in an Accident that:

1. is the direct cause of the condition for which benefits are provided,
2. is independent of disease or bodily infirmity or any other cause, and
3. occurs while the insurance is in force.

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

[Inpatient or Confined means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. Confined or Inpatient does not include a Covered Person's treatment in an Ambulatory Surgical Center, emergency room, or an observation room. The confinement must be Medically Necessary.]

[Intensive Care Unit (ICU) means a specifically designated unit of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

Medically Necessary means that, based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider;
2. it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. it is experimental or investigational.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder means any disorder, regardless of its cause or medical origin, that is classified as a mental disorder by the International Classification of Diseases. Diagnoses include, but are not limited to: neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disease, bipolar affective disorder or autism. Diagnoses do not include those that are classified as Substance Abuse, substance dependency or mental disorders induced by Substance Abuse.

Outpatient means the Covered Person is not confined as Inpatient in a Hospital.

[Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or Sickness or the confinements are separated by [30-180] days.]

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license who is not:

1. the Covered Person; or
2. an Immediate Family Member.

[Preexisting Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within [6 – 12] months before the Covered Person's Certificate Effective Date; or
2. that would have caused a reasonably prudent person to seek medical diagnosis or treatment within [6 – 12] months

before the Covered Person's Certificate Effective Date.

A pregnancy that was conceived prior to the Certificate Effective Date is also considered a Pre-existing Condition.]

[Psychiatric Hospital means an institution licensed by the state which is primarily engaged in providing Inpatient care for psychiatric services, by or under the supervision of a Physician, for the diagnosis and treatment of Mental or Nervous Disorders.]

[Rehabilitation Facility means an institution licensed by the state where it's primary purpose is to provide restorative therapy to disabled persons. Such facility must be licensed as such in the state in which it operates. "Rehabilitation Facility" does not include places for custodial care or places for confinement of drug addicts or alcoholics.]

[Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.]

[Resource Based Relative Value System (RBRVS) means the methodology used by the federal government to determine benefits payable under Medicare.]

Sickness means illness or disease which begins while coverage is in force under the Policy for the Covered Person. [Sickness does not include normal pregnancy but does include Complications of Pregnancy.] [Sickness includes pregnancy.] All related conditions and recurring symptoms of Sickness will be considered one Sickness.

[Skilled Nursing Facility means a lawfully operating institution or a distinct part thereof. Such facility must be engaged mainly in providing skilled nursing care and treatment for people convalescing from an Injury or Sickness. It must: 1) have organized facilities for medical services; 2) provide 24 hour a day nursing services under the full-time supervision of a Physician or a registered nurse; 3) have available the services of a Physician at all times; 4) maintain daily clinical records on each patient; and 5) provide appropriate methods for dispensing and administering drugs and medicines.

A Skilled Nursing Facility will include the following facilities that are operating within the scope of their lawful licenses: 1) a rehabilitation center; 2) a transitional care unit; 3) an intermediate nursing facility; 4) an extended care facility; and 5) a nursing home.

A Skilled Nursing Facility does not mean a home or facility, or part of home or facility, that is used primarily for: 1) rest; 2) the aged; 3) alcoholics or drug addicts; 4) mental illness or disorders; 5) custodial care; or 6) educational care.]

Substance Abuse means psychological or physical dependence on, or addiction to, alcohol, drugs or any other controlled substances characterized by:

1. impairments in social and/or occupational functioning;
2. debilitating physical condition;
3. inability to abstain from or reduce consumption of the substance; or
4. the need for daily substance use to maintain adequate functioning.

Substance abuse includes alcohol and drugs but excludes caffeine and tobacco.

[Substance Abuse Treatment Center means a facility which provides a program for treatment of Substance Abuse pursuant to a written treatment plan approved and monitored by a Doctor and which facility is also: (1) affiliated with a Hospital under a contractual agreement with an established system for patient referral; or (2) accredited as such a facility by the Joint Commission on Accreditation of Hospitals; or (3) licensed, certified, or approved as a chemical dependency treatment program or center by a state agency having legal authority to so license, certify, or approve.]

Waiting Period means a consecutive 30 day period of time starting with the Certificate Effective Date for each Covered Person during which no benefits are payable for a Sickness [, a Mental or Nervous Disorder or Substance Abuse].

[DEFINITIONS - MEDICAL TERMS

[Ankle means the distal fibula, tibia, navicular, and calcaneous bones.]

[Bone Degeneration Disease means any disease causing bone loss or deterioration of bone structure including but not limited to the following diagnosis: Osteoporosis, Paget's disease, osteogenesis imperfecta, bone malignancies, osteonecrosis, and metabolic bone disease.]

[Collarbone means the clavicle bones.]

[Coccyx means four fused vertebrae at the bottom of the spine.]

[Coma -- means a profound state of unconsciousness that lasts for a period of at least 96 hours and from which the Covered Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. This does not include medically induced comas.]

[Dislocation means displacement or disarrangement of the normal anatomical relation of the bones in a joint in which there is loss of contact between articular surfaces.]

[Finger means the digits of the hand consisting of the proximal, middle and distal phalangeal bones that comprise the four fingers and the thumb.]

[Feet or Foot means the part of the lower extremity consisting of the calcaneous bone, cuboid bone, cuneiform bones, metatarsal bones, navicular bones, phalanges, and the bones which form the ankle. For Fracture or Dislocation purposes, the Toes are not covered.]

[Fracture means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.]

[Green Stick Fracture means a fracture in a soft bone in which the bone bends and partially breaks.]

[Hairline Fracture means a break that appears as a narrow crack along the surface of the bone.]

[Hand means a portion of the upper Limb consisting of the wrist, palm, four fingers and thumb. For Fracture or Dislocation purposes, the Toes and Fingers are not covered.]

[Hip means the femoral neck.]

[Kneecap means the patella.]

[Leg means the tibia and fibula and femur/thigh.]

[Limb means entire arm or entire leg.]

[Loss of finger or toe means complete severance through or above the metacarpophalangeal joint of a Finger or metatarsophalangeal joint of a Toe.]

[Loss of hand or foot means permanent severance of an arm distal to the ulna and radius; or distal to the tibia and fibula of the leg respectively.]

[Loss of hearing means total and irrecoverable loss of the ability to perceive sound.]

[Loss of sight means a total, permanent and irrecoverable loss of perception to light.]

[Loss of speech means total and irrecoverable loss of the ability to speak.]

[Lower Arm means the radius and ulna.]

[Lower Jaw means the mandible.]

[Lower Leg means the tibia or fibula.]

[Neck means the seven cervical vertebrae.]

[Osteoporosis means a reduction in bone mass and loss of normal bone leading to increased susceptibility to fractures.]

[Paralysis/Paralyzed means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Accident causing Paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible Paralysis of both upper and lower Limbs. "Paraplegia" means the

complete and irreversible Paralysis of both lower Limbs. "Hemiplegia" means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one Limb.]

[Pathological Fracture means any Fracture in an area where pre-existing disease has caused weakening of the bone.]

[Pelvis means the area formed by the pubic bone, ilium, and ischium.]

[Reduction means manipulative or surgical restoration procedures of a dislocated body part to its normal anatomical relation.]

[Second Degree Burn means a burn marked by pain, blistering and superficial destruction of the dermis.]

[Shoulder Blade means scapula.]

[Skull means the bones of the head collectively.]

[Spine/Vertebral Column means 7 cervical, 12 thoracic, 5 sacral, and 4 coccygeal bones.]

[Sternum means the breastbone located in the center of the chest. This does not include ribs.]

[Tailbone means the four coccygeal vertebrae.]

[Third Degree Burn means a burn that causes damage to subcutaneous tissue.]

[Toe means the digits of the foot consisting of the phalangeal bones that comprise the 5 toes.]

[Upper Arm means the humerus.]

[Upper Jaw means the maxilla.]

[Upper Leg means the femur/thigh.]

[Wrist means the proximal segment of the hand consisting of the carpal bones.]]

ELIGIBILITY AND EFFECTIVE DATES

The Policy Effective Date is shown on the cover page of this Policy and in the Policy Schedule.

[PARTICIPATION REQUIREMENTS

All eligible Employees within a current eligible class listed in the group Application must be offered coverage under the group Policy.

The Company may require a specific participation of Employees in order to continue coverage under the Policy.

[If for any reason an Employer' group participation levels fall below the percentage Participation Requirements stated in the Policy Schedule of Benefits, the Employer has a [3 – 6 month] period, beginning on the premium due date that coincides with or next follows the date the event occurs, to reestablish and continue the minimum percentage Participation Requirements. If the minimum Participation Requirements are not reestablished within such time period, all insurance under the Policy for the Employer and Covered Persons will terminate.]

The Company's participation requirements (if any) are shown in the Policy Schedule of Benefits.]

EMPLOYEE ELIGIBILITY

An Employee is eligible to apply for coverage under this Policy if the Employee:

1. Is in Active Service;
2. Has completed the Employer's Waiting Period shown in the Employer's Application;
3. Is part of an eligible class of Employees listed in the Employer's Application; and
4. The required premium contribution has been received by the Company.

The Employer 's Waiting Period is the time between the first day of employment in an eligible class of Employees and the first day that the Employee is eligible to apply for coverage under the Policy. The Employer's Waiting Period is chosen by the Employer and shown in the Policy Schedule of Benefits. The Employer's Waiting Period may differ for current Employees and new Employees. An Employee in an eligible class must enroll for coverage by submitting a completed Enrollment Form with the appropriate payroll deduction authorization within 31 days of completion of the Employer's Waiting Period.

No Employee may be eligible for insurance under the Policy as both an Employee and as a Spouse or Dependent Child at the same time. If an Employee and Spouse are both eligible to be covered as an Employee, one but not both, is eligible to cover the Dependent Children. The other Spouse may elect single coverage only.

EMPLOYEE'S EFFECTIVE DATE

An Employee's coverage will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
3. the date the Employee's Enrollment Form is approved by the Company.

If the Employee is not Actively at Work on his/her Certificate Effective Date, such Certificate Effective Date will be delayed until the date the Employee returns to Active Service.

DEPENDENT ELIGIBILITY

An Employee is eligible to enroll eligible Dependents on the later of:

1. The date the Employee is eligible to be insured; or
2. The date the Employee first acquires an eligible Dependent.

The date acquired for eligible Dependents is as follows:

1. A spouse is deemed acquired on the date of marriage;
2. A natural child is deemed acquired on his/her date of birth;
3. A stepchild is deemed acquired on the date of marriage to the Employee's legal spouse;
4. An adopted child is deemed acquired on the date of placement for the purpose of adoption or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
5. The date of a court order requiring the Employee to cover eligible Dependents.

An Employee may enroll Dependents for coverage by submitting a completed Enrollment Form within 31 days of first acquiring a Dependent along with the appropriate payroll deduction authorization in accordance with Company policies.

DEPENDENT'S EFFECTIVE DATE

An eligible Dependent's coverage under the Policy will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Employee's effective date of insurance;
3. the date the Employee elects dependent coverage under the Policy; or
4. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
5. the date the Company approves the Employee's Enrollment Form for dependent coverage.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the Certificate Effective Date, the Dependent's Certificate Effective Date will be delayed until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

LATE ENTRANTS

If an Employee or eligible Dependent is not enrolled within 31 days after first becoming eligible, he/she will be considered a Late Entrant and may have to meet additional Evidence of Insurability requirements. Late Entrants are subject to approval by the Company.

If the Company approves the Enrollment Form, the date that insurance takes effect will be assigned by the Company and shown in the Certificate Schedule of Benefits.

EVIDENCE OF INSURABILITY REQUIREMENTS

Evidence of insurability is required for Employees and his/her eligible Dependents, at the Employee's cost, if he/she:

1. applies for coverage more than 31 days after the Employee or Dependent first become eligible;
2. voluntarily canceled insurance and reapplies;
3. is applying after coverage ended due to non-payment of premium;
4. is requesting additional coverage under the Policy; or
5. upon request by the Company.

EFFECTIVE DATE OF CHANGES

Any change in coverage will take effect on the date approved by the Company.

If the Employee is not Actively at Work on his/her last scheduled work day coincident with or preceding the date that an approved increase in his/her coverage is to take effect, such increase will be effective on the date the Employee returns to Active Service.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the date an approved increase in his/her insurance would otherwise become effective, such increase will not be effective until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

NEWBORN CHILDREN

The Employee's newborn child is automatically covered from the moment of birth until such child is 31 days old. Coverage for newborns shall be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 31 days of such birth and pay the required additional premium (if any), in order to have coverage for the newborn child continue beyond such 31 day period.

ADOPTED CHILDREN

An adopted child is automatically covered for the first 31 days from the date of placement for the purpose of adoption by the Employee or the date of the entry of an order granting the Employee custody of the child for purposes of adoption. Coverage for such child will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 31 days of the date of placement or the date of the entry and pay the required additional premium (if any), in order to have coverage for the adopted child continue beyond such 31 day period.

Coverage for a child that is placed with the Employee for adoption will continue in accordance with the provisions of the Policy, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

COURT ORDERED CUSTODY

We will not restrict or deny coverage due to the fact that: 1) a Dependent child does not reside with the noncustodial

parent; or 2) the parent-child relationship was established through a paternity action; or 3) the minor child is covered through the state-administered Medicaid program; or 4) the minor child is not claimed as a dependent on the noncustodial parent's federal or state income tax return.

TERMINATION AND CONTINUATION

POLICY TERMINATION

The Company or the Employer can terminate or non-renew coverage under the Policy under any of the following conditions:

1. the Company or the Employer requests termination of the Policy;
2. the Employer has failed to pay premiums in accordance with the terms of the Policy or We have not received timely premium payments;
3. the Employer has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in applying for coverage or under the terms of the Policy, subject to the provision titled Time Limit on Certain Defenses[.]; or]
4. [the Employer fails to maintain the minimum Participation Requirements stated in the Policy Schedule.]

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

COVERED PERSON'S TERMINATION

Coverage under the Policy for a Covered Person ends on the earliest of:

1. the date the Policy is terminated by the Company or the Employer;
2. the premium due date if premiums are not paid when due, subject to the Grace Period;
3. the date a Covered Person performs an act or practice that constitutes fraud;
4. the date the Employee requests, in writing, that the coverage be terminated;
5. the date the Employee ceases to be in an eligible class of Employees; or
6. the date the Dependent does not meet the definition of an eligible Dependent.

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

CONTINUATION OF COVERAGE FOR AN INCAPACITATED CHILD

Coverage for a mentally or physically handicapped Dependent child that is covered under the Policy and who became incapacitated prior to their 26th birthday will not end when scheduled if the child depends on the Employee for primary support and maintenance. Proof of the incapacity or dependency must be furnished to Us upon our request and at Our expense. The premium for such child's continued coverage will remain at the child rate until the child is no longer dependent or incapacitated. The Employee must notify Us if the incapacity or dependency is removed or terminated.

[CONTINUATION UPON EMPLOYEE'S DEATH

Upon the death of the Employee, a Spouse who is covered under the Policy may continue this coverage under the Policy. Such continued coverage may include all Dependent children who were covered at the time of the Employee's death.

In the event of the Employee's death when there is not a covered Spouse, coverage ends for all Covered Persons on the date of the Employee's death.

To continue insurance under the Policy, the Spouse must:

1. submit a request to Us within 31 days after the date of death of the Employee; and
2. timely pay in advance the required premium contribution to the Employer.

If the Spouse does not elect to continue insurance within 31 days after the coverage ends, coverage may not be elected under this provision at a later date.

Coverage under this provision will end in accordance with the Termination provision and in addition, coverage will terminate on the date the covered Spouse remarries.]

[CONTINUATION OF COVERAGE

If a Covered Person's coverage terminates for any reason except for: 1) non-payment of premium; 2) fraud; or 3) termination of the Policy, such Covered Person may elect to continue coverage under the Policy. To elect continued coverage, the Covered Person must make the election within 31 days of termination and timely pay all required premiums for the continued coverage to the Employer.

Continued coverage is subject to all of the provisions and limitations of the Policy. Coverage continued under this provision will end when the Policy terminates or the last period for which premium is paid, whichever comes first.]

CONTINUATION - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

Federal law requires that if an Employee's insurance would otherwise end because he/she enters into active military duty or inactive military duty for training, the Employee may elect to continue insurance (including Dependent's insurance) in accordance with the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). The Employer is responsible for meeting all of the obligations under USERRA, including notifying all Employees and Dependents of their rights under USERRA.

CONTINUATION - FAMILY AND MEDICAL LEAVE ACT (FMLA)

(Applies to Employers with 50 or more Employees)

Federal law requires that if an Employee's insurance would otherwise end because of family and medical reasons, he/she may be entitled to continue insurance (including Dependent's insurance) in accordance with the Family and Medical Leave Act of 1993 (FMLA). The Employer is responsible for meeting all of the obligations under FMLA, including notifying all Employees and Dependents of their rights under FMLA.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT ("COBRA")

Applies to Employers with 20 or more Employees

Applicability: Federal law requires that Employers of 20 or more Employees for at least 50% of the preceding year, offer a temporary extension of health coverage to Qualified Beneficiaries when coverage would otherwise end because of the occurrence of one or more of Qualifying Events listed below. Under COBRA, a Qualified Beneficiary is any individual who, on the day before a Qualifying Event, is covered under the Policy and is not (1) already covered under the Policy by reason of another individual's election of COBRA, or (2) entitled to Medicare benefits under Title XVIII of the Social Security Act.

Qualifying Event: For purposes of coverage under COBRA, the term "Qualifying Event" means, with respect to any Covered Person, any of the following events which, but for the continuation coverage required under this part, would result in the loss of coverage for a Qualified Beneficiary.

<u>Qualifying Events</u>	<u>Duration of Continued Coverage</u>
• death of an Insured	36 months
• termination of employment for any reason except gross misconduct, or the reduction in hours that would result in loss of coverage	18 months*
• divorce or legal separation	36 months
• Insured becomes eligible for Medicare	Dependents & spouse allowed 36 months
• Insured Dependent no longer meets Insured Dependent eligibility requirements	36 months

*Coverage may be continued an additional 11 months if the Qualified Beneficiary:

- is determined disabled for Social Security purposes at the time of the Qualifying Event or within 60 days after continuation coverage begins; and
- notifies the plan administrator within 60 days from determination (but before the 18 month continuation period ends).

Beneficiaries may be covered by more than one Qualifying Event. However, in no event may the total continuation period

exceed 36 months for all Qualifying Events.

Notice and Election: Covered Persons are responsible for notifying the Employer in the case of a divorce, legal separation, cessation of dependency or determination of disability by the Social Security Administration. The Employer must notify the plan administrator of the Qualifying Event. The Employer must notify the Qualified Beneficiaries of their COBRA election rights. The period during which the Qualified Beneficiary must elect or decline continuation of coverage under COBRA ends not earlier than 60 days after the later of:

- the date on which coverage terminates under the Policy by reason of a Qualifying Event, or
- the date the Qualified Beneficiary receives notice of their COBRA election rights from the plan administrator.

Premium Payment: The Qualified Beneficiary must pay to the Employer or the COBRA Administrator the required monthly premium. Any Grace Period applying to the Employer will also apply to the Qualified Beneficiary, except the first premium payment. Payment of premium for coverage under the period preceding the election must be made within 45 days of the date of election.

COBRA Termination occurs at the earlier of:

- the premium for continued coverage is not paid within 31 days from being due;
- the Qualified Beneficiary becomes covered under another group health plan, if that plan does not contain any exclusion or limitation on any Pre-existing Conditions of the Qualified Beneficiary;
- the Qualified Beneficiary becomes eligible for Medicare;
- the Qualified Beneficiary, who is divorced from an Insured Employee, remarries and is covered under the new spouse's medical plan; or
- the Employer no longer provides medical benefits of any kind.

BENEFITS AND COVERAGES

Benefits described below are payable as stated in the Employee's Certificate Schedule of Benefits when a Covered Person receives Medically Necessary treatment while coverage is in force, subject to any applicable terms, exclusions or limitations. Benefits for Sickness are subject to the Waiting Period.

[HOSPITAL BENEFITS

Hospital Admission Benefit:

If a Covered Person is admitted as an Inpatient in a Hospital for treatment of Sickness or an Injury, the Company will pay the Hospital Admission Benefit shown in the Certificate Schedule of Benefits.

The Hospital Admission Benefit is payable once during each Period of Confinement.]

[Hospital Confinement Benefit:

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury in a private or semi-private room, the Company will pay the Daily Hospital Confinement Benefit shown in the Certificate Schedule of Benefits for each day that a Covered Person is Confined.

The Daily Hospital Confinement Benefit is payable subject to the Maximum Hospital Confinement Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.

This benefit is not payable if the Covered Person is receiving Intensive Care Unit Benefits under the Policy.

This benefit is not payable if the Covered Person is Confined for the treatment of a Mental or Nervous Disorder or Substance Abuse.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

No benefits are payable for treatment received in an emergency room, any Outpatient setting, skilled nursing facility, rehabilitation facility, rehabilitation Unit, hospice or any other facility other than a Hospital.]

Intensive Care Unit Benefit:

When a Covered Person is confined to an Intensive Care Unit, the Company will pay the Daily Intensive Care Unit Benefit shown in the Certificate Schedule of Benefits for each day a Covered Person is confined in and charged for an Intensive Care Unit.

This benefit is paid in lieu of and not in addition to the Daily Hospital Confinement Benefit under the Policy.

The Daily Intensive Care Unit Benefit is payable for subject to the Maximum Intensive Care Unit Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.]

[AMBULATORY SURGICAL CENTER BENEFIT

If a Covered Person receives surgery for the treatment of Sickness or an Injury in an Ambulatory Surgical Center, We will pay the Ambulatory Surgical Center Benefit listed in the Certificate Schedule of Benefits.]

[AMBULANCE BENEFIT

If a Covered Person requires ground or air ambulance transportation to a Hospital or other medical facility for Emergency Treatment of Sickness or an Injury, the Company will pay the Ground Ambulance Benefit or the Air Ambulance Benefit, subject to the Maximum Number of Trips shown in the Certificate Schedule of Benefits.

A licensed professional ambulance company must provide the ambulance service.]

[EMERGENCY ROOM ACCIDENT BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Injury resulting from a covered Accident, the Company will pay the Emergency Room Accident Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[EMERGENCY ROOM SICKNESS BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Sickness, the Company will pay the Emergency Room Sickness Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[CONTINUOUS CARE BENEFIT

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury and upon discharge requires Continuous Care, We will pay the Daily Benefit for each day subject to the Maximum Continuous Care Benefit Period shown in the Certificate Schedule of Benefits.

Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care in connection with the condition for which he or she was hospitalized.

The following conditions must be met before Continuous Care benefits are payable:

1. Continuous Care must begin within 7 days following discharge from Inpatient care in a Hospital;
2. Continuous Care must be for the same Accident or Sickness for which the Covered Person was hospitalized;
3. The Continuous Care must be prescribed by a Physician and must be Medically Necessary for the care and treatment of the Covered Person's condition;
4. Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Covered Person or by the Covered Person's Immediate Family Member;
5. Hospice care services require: (a) a written statement from the attending Physician that the Covered Person has a life expectancy of six (6) months or less, and (b) a written statement from the Hospice certifying the days that services were provided.

The Daily Benefit is payable once per day regardless of how many Continuous Care services are provided on that day.

No benefits are payable if the Covered Person is Hospital Confined.]

[SURGICAL AND ANESTHESIA BENEFITS

Surgery Benefit:

If a Covered Person undergoes a surgical procedure for treatment of Sickness or Injury, the Company will pay a Surgery Benefit based upon the percentage indicated in the Certificate Schedule of Benefits of the RBRVS allowable amount.

The surgical procedure must be performed by a Physician in a Hospital or an Ambulatory Surgical Center.

Two or more surgical procedures performed during the same operative session, even if caused by more than one Accident or Sickness, will be considered one surgical procedure, and benefits will be based upon the procedure with the highest dollar value.

Anesthesia Benefit:

The Company will pay the Anesthesia Benefit shown in the Certificate Schedule of Benefits for the administration of anesthesia during a surgical procedure covered under the Policy.

Services must be administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Psychiatric Hospital for the treatment of a Mental or Nervous Disorder, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Outpatient services for the treatment of a Mental or Nervous Disorder, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to a Mental or Nervous Disorder will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[INPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Substance Abuse Treatment Center for the treatment of Substance Abuse, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Outpatient services for the treatment of Substance Abuse, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to Substance Abuse will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT

If a Covered Person visits a Physician's office for treatment of Sickness or an Injury, the Company will pay the Physician's Office Visit Benefit for each visit subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.

The benefits under this provision will include visits for treatment of Sickness or an Injury in an urgent care clinic.

No benefits are payable under this provision for Mental or Nervous Disorders or Substance Abuse.]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT

If a Covered Person receives outpatient diagnostic, x-ray or laboratory procedures for the treatment of Sickness or an Injury, the Company will pay the Outpatient Diagnostic, X-ray and Laboratory Procedures Benefit for each day subject to the Maximum Number of Test Days shown in the Certificate Schedule of Benefits.

One Test Day includes all outpatient diagnostic, x-ray and laboratory procedures performed in one calendar day.]

[WELLNESS AND PREVENTIVE CARE BENEFIT

We will pay the Benefit Amount shown in the Certificate Schedule of Benefits when a Covered Person receives Wellness and Preventive Care. The Wellness and Preventive Care must be under the supervision of a Physician and a charge rendered for the service.

Wellness and Preventive Care (care for reasons other than to diagnose or treat a suspected or identified Sickness or Injury) means an office visit and related procedures for the following: 1) a routine history and physical examination; 2) cervical cytological screening (pap test), colorectal cancer screening, prostate cancer screening, routine mammography screening, or bone density screening; or 3) childhood immunizations as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.

The Benefit Amount is payable for the combined services listed under Wellness and Preventive Care received during one visit. The Benefit Amount is payable subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[ACCIDENTAL DEATH BENEFIT

If a Covered Person suffers an Injury that results in the Covered Person's Death within [90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Accidental Death Benefit listed in the Certificate Schedule of Benefits when the Company receives proof that the Covered Person's death:

1. resulted directly and independently of all other causes from the Accident;
2. occurs while the coverage is in force.

[This benefit is not payable if the Common Carrier Benefit is eligible to be paid.]]

[COMMON CARRIER BENEFIT

If a Covered Person suffers an Injury that results in death and the Accident causing death occurs while riding in or on a Common Carrier, the Company will pay the Common Carrier Benefit listed in the Certificate Schedule of Benefits. This benefit is paid in lieu of the Accidental Death Benefit.

This benefit will also apply if the Accident occurs while entering or exiting, getting in or out of, or on or off of, the Common Carrier. A Taxi is not a Common Carrier.]

[ACCIDENTAL DISMEMBERMENT BENEFITS

If a Covered Person suffers an Injury that results in a Dismemberment specified in the Certificate Schedule of Benefits within [10][20][30][60][90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

If a Covered Person suffers one or more losses from the same Accident for which amounts are payable under more than one benefit category, the amount payable will be limited to only one of the covered losses, the largest to which the Covered Person is entitled.]

[PARALYSIS BENEFIT

If a Covered Person is Paralyzed due to Sickness or an Injury, the Company will pay the applicable Benefit Amount shown in the Certificate Schedule of Benefits for that type of Paralysis.

If the Covered Person suffers more than one type of Paralysis as a result of the same Sickness or Accident, only one amount, the largest, will be paid.]

[PROSTHESIS BENEFIT

If a Covered Person suffers a Sickness or an Injury that requires initial placement of an external Prosthesis, the Company will pay the Prosthesis Benefit shown in the Certificate Schedule of Benefits.

Prosthesis means a device which replaces all or part of an external body part or replaces all or part of the function of a permanently inoperative or malfunctioning external body part. Prosthesis does not mean a device or appliance surgically inserted into the body and does not include:

- dental aids, including false teeth,
- eyeglasses,
- cosmetic prosthesis such as hair wigs,
- other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,
- any experimental prosthesis,
- any auditory prosthesis (a device that substitute for or enhances ability to hear).

No benefits are payable for any charges associated with replacement of external prosthetic devices.]

[COMA BENEFIT

If a Covered Person suffers a Sickness or an Injury that results in a Coma, the Company will pay the Coma Benefit shown in the Certificate Schedule of Benefits.

This benefit is payable once during each Period of Confinement.

No benefits are payable for medically induced comas.]

[FRACTURE BENEFIT

If a Covered Person suffers an Injury that results in the diagnosis and treatment by a Physician for a Fracture specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

In the event of multiple Fractures during the same Accident, only one covered Fracture Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

The Fracture must require Reduction of the bone under anesthesia to be covered under this provision.

No benefits are payable for:

1. Pathological Fracture;
2. Hairline Fracture or Green Stick Fracture;
3. Fractures to the Toes or Fingers; or
4. Fractures when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Fracture, the first Fracture will be covered under the regular terms of the Policy. However, after the first, all further Fractures of any area payable under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[DISLOCATION BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Dislocation specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Dislocation must require Reduction of the joint or bone to a normal position under anesthesia to be covered under this provision.

In the event of multiple Dislocations during the same Accident, only one covered Dislocation Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

No benefits are payable for:

1. Dislocations of the Toes or Fingers;
2. Subsequent Dislocations of the hip, shoulder or knees after the first Dislocation; or
3. Dislocations when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Dislocation, the first Dislocation will be covered under the regular terms of the Policy. However, after the first, all further Dislocations of any area covered under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[BURN BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Second Degree Burn or Third Degree Burn listed in the Certificate Schedule of Benefits, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Company has a right, at Our own expense, to have the Physician's determination verified by a Physician of the Company's choice.

In the event of multiple Burns during the same Accident, only one covered Burn Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.]

[CRITICAL ILLNESS BENEFIT

When a Covered Person is diagnosed with a Critical Illness that First Occurs after the Covered Person's Certificate Effective Date, We will pay the Benefit Amount shown in the Certificate Schedule of Benefits.

This benefit is payable only once for each Covered Person while the coverage is in force, regardless of the number of Critical Illnesses diagnosed. Critical Illness benefits are not payable during the first 30 days following a Covered Person's Certificate Effective Date.

Critical Illness means: 1) Invasive Cancer; 2) Stroke (Cerebrovascular Accident); 3) Heart Attack (Acute Myocardial Infarction); or 4) End-Stage Renal Failure.

As used in this benefit provision:

End-Stage Renal Failure means the chronic and irreversible failure of both of a Covered Person's kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The diagnosis must be made by a Physician.

First Occurs means the occurrence, diagnosis, or procedure is the first time ever in the Covered Person's lifetime that he/she has experienced such Critical Illness or been diagnosed with that specific condition included as a Critical Illness.

Heart Attack means an acute myocardial infarction resulting in:

1. the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries; and
2. resulting in the loss of the normal function of the heart.

The diagnosis must be made by a Physician and based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack.

Established (old) myocardial infarction or Heart Attack occurring during any surgical procedure is excluded.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue through the basement membrane or capsule. "Invasive Cancer" includes, but shall not be limited to any form of:

1. Leukemia;

2. Lymphoma; or
3. Multiple Myeloma

The following are not "Invasive Cancer":

1. pre-malignant lesions (such as intraepithelial neoplasia); or
2. benign tumors or polyps; or
3. early prostate cancer Diagnosed as T1N0M0 or equivalent staging; or
4. cancer in situ; or
5. any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed by a by a Physician, board-certified as a pathologist pursuant to a pathological or clinical diagnosis when a pathological diagnosis is not available.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a Physician.]

[TRANSPORTATION BENEFIT

If a Covered Person requires transportation by private automobile, aircraft, railroad, or bus between his/her residence to a Hospital for treatment of Sickness or an Injury, the Company will pay the Transportation Benefit subject to the Maximum Transportation Benefit amount shown in the Certificate Schedule of Benefits per round trip.

This benefit will be paid for the Covered Person for whom the treatment is prescribed by a Physician and, except for transportation by private automobile, one adult Immediate Family Member of the Covered Person.

No benefits are payable for transportation to any Hospital located within a 100 mile radius of the residence of the Covered Person or for transportation by ambulance.]

[LODGING BENEFIT

If a Covered Person requires treatment of Sickness or an Injury at a Hospital located more than 100 miles from his/her residence and is charged for lodging for the Covered Person or any one of his/her adult Immediate Family Members, the Company will pay the Lodging Benefit shown in the Certificate Schedule of Benefits for room charges at a motel, hotel or other Company approved facility.

We will pay benefits subject to the Maximum Lodging Benefit shown in the Certificate Schedule of Benefits.

This benefit does not apply to private residences. No benefits are payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.]

EXCLUSIONS AND LIMITATIONS

WAITING PERIOD LIMITATION:

Loss caused by or relating to Sickness [, a Mental or Nervous Disorder or Substance Abuse] will not be covered for the first 30 days after the Certificate Effective Date of each Covered Person.

[PREEXISTING CONDITION LIMITATION:

Loss caused by or relating to a Preexisting Condition is not covered for the first [6 – 12] months after the Certificate Effective Date of each Covered Person.]

EXCLUSIONS:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism, while sane or insane;
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. Declared or undeclared war, or any act of declared or undeclared war;
4. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
6. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;
7. The Covered Person's commission of or attempt to commit a felony;
8. The Covered Person being engaged in an illegal occupation;
9. Services and supplies which are not Medically Necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
10. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
11. Services and supplies which are received outside of the United States of America, its possessions and territories;
12. Dental care or treatment unless due to an Injury to a sound and natural tooth;
13. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To repair a birth defect of a child born to the Employee and continuously covered under the Policy from birth; or
 - b) For reconstructive surgery following a covered mastectomy.

14. Any covered loss that is covered under any state or federal Worker's Compensation , Employer's Liability law or similar law;
15. [Any Mental or Nervous Disorder][or][Substance Abuse;]
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. [Pregnancy or maternity. Complications of Pregnancy are not excluded;]
18. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompany others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
19. A custodial institution, domiciliary care or rest cures;
20. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
21. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PREMIUMS

PREMIUM DUE DATE The initial premium is for the term shown on the [Enrollment Form][Application][Certificate Schedule of Benefits]. The renewal premium for later periods of coverage is due on the first day of the next term. The coverage will end (lapse) if the renewal premium in effect is not paid before the end of the Grace Period.

If payroll deduction facilities are available to the Employee, the premium will be deducted from the Employee's pay and remitted to Us by the Employer.

PREMIUM ADJUSTMENT

The Company may change the premium rates from time to time with at least sixty (60) days advance written notice to the Employer. [No change in premium will take effect before the first Policy Anniversary unless the terms of the coverage change.]

The Company reserves the right to change rates at any time if any of the following events take place:

1. the terms of the Policy change;
2. [the Participation Requirements stated in the Policy Schedule of Benefits are not met;] or
3. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

The Company will not extend retroactive coverage, or termination, to Employees or Dependents due to clerical errors by the Employer, for a time period greater than sixty (60) days.

GRACE PERIOD

A Grace Period may apply to any premium payments made in any mode other than a single premium. Premium payments after the initial premium payment may be paid within the Grace Period. The Grace Period will last for 31 days after the due date of the premium payment. During the Grace Period, the coverage will remain in force. However, the Company is not obligated to pay any claims incurred during the Grace Period until the premium due is received. If premium payments are not made by the end of the Grace Period, the coverage will immediately cease to be in force.

No Grace Period will be provided if the Company receives notice to terminate the Covered Person's coverage prior to a premium due date.

UNPAID PREMIUM

Any due and unpaid premium may be deducted from any benefits then payable.

PREMIUM REFUND AT DEATH

If a Covered Person's coverage terminates due to death, the Company will refund the pro rata unearned portion of any premium paid for such Covered Person.

MISSTATEMENT OF AGE

If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be an adjustment of premiums based on his/her true age. If the benefits for which the Covered Person is eligible are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his/her true age. The Company may require satisfactory proof of age before paying any claim.

[REINSTATEMENT

The Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Employer satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.]

CLAIM PROVISIONS

NOTICE OF CLAIM

The Employee must give the Company written notice of a claim. It should be given within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by the Employee or on behalf of the Employee to Us at our Home Office, or to any authorized agent of the Company, with information sufficient to identify the Covered Person, will be deemed notice to the Company.

CLAIM FORMS

The Company will send the Employee a claim form when a notice of claim is received. If the form is not furnished within 15 days from the time the Employee gives notice, the Employee may fulfill the proof of loss requirements by sending written proof covering the occurrence, the character and the extent of the loss for which claim is made within the time set in Proof of Loss.

PROOF OF LOSS

The Employee must give the Company written proof of loss within 90 days after such loss. If it is not reasonably possible to do so, the Company will not reduce or deny the Employee's claim for being late if proof is given as soon as reasonably possible. It must, however, be given within 15 months from the date of loss, unless the Employee is not legally capable.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Employee. Any other accrued indemnities unpaid at the Employee's death may, at Our option, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Employee.

If any benefit is payable to the estate of the Employee, or to an Employee or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Employee or Beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

ASSIGNMENT

An Employee may assign all of his/her rights, privileges and benefits under the Policy without the consent of his/her designated Beneficiary. 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 the Policy.

CHANGE OF BENEFICIARY

The right to change a Beneficiary is reserved for the Employee, and the consent of the Beneficiary or beneficiaries is not required for the surrender or assignment of the benefits, for any change of Beneficiary or beneficiaries, or for any other changes in the coverage.

PHYSICAL EXAMINATIONS AND AUTOPSY

The Company may have a Covered Person examined at its own expense as often as it may reasonably require while their claim is pending under the Policy 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 shall be brought to recover under the Policy for at least 60 days after the Employee has given the Company written proof of loss in accordance with the requirements of the Policy. The Employee

cannot start such action more than 3 years after the date proof of loss is required to be furnished.

RIGHT OF RECOVERY

When an overpayment has been made by Us, We will have the right to: a) recover that overpayment from the person to whom or on whose behalf it was made; or b) offset the amount of that overpayment from a future claim payment.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The Policy, the Application(s), the Riders (if any), and any attached papers make up the entire contract between the Employer and the Company.

In the absence of fraud, all statements made by the Employer will be considered representations and not warranties. No written statement made by the Employer will be used in any contest unless a copy of the statement is furnished to the Employer or his/her Beneficiary or personal representative.

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

The Company may amend or change this Policy by written agreement with the Employer. We may amend or change the Certificate at any time, without the consent of the Employer, the Employee, any Covered Person or beneficiary, if required by law. Any amendment will be without prejudice to any charge incurred prior to the effective date of the change.

TIME LIMIT ON CERTAIN DEFENSES

After 3 years from the Policy effective date, no misstatements, except fraudulent misstatements, made by the Employer in the Application for coverage will be used to void the Policy after the expiration of the three-year period.

A claim for loss incurred beginning [6-12] months after a Covered Person's Certificate Effective Date will not be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed before the Certificate Effective Date of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Employer is located is hereby amended to conform to the minimum requirements of those statutes.

WORKERS' COMPENSATION

This Policy is not in lieu of, is not in any way subject to, and does not affect any requirement for coverage by Workers' Compensation insurance.

CERTIFICATES OF COVERAGE

A Certificate of Coverage will be delivered to each Employee, or to the Employer for delivery to the Employee. The Certificate of Coverage will describe insurance coverage to which that person is entitled, to whom the insurance benefits are payable and a statement of the Employee's dependent's coverage. The benefits and coverage terms described in the Certificate of Coverage are controlled by the provisions of the Policy and are subject to any changes in the Policy.

POLICY CHANGES

We may agree with the Employer to modify a plan of benefits without the Employee's or Dependent's consent.

EXAMINATION OF THE POLICY

This Policy will be available for inspection at the Employer's office during regular business hours.

EXAMINATION OF RECORDS

We will be permitted to examine all of the Employer's records relating to this Policy. Examination may occur at any reasonable time while the Group Policy is in force; or it may occur:

1. at any time for two years after the expiration of this Group Policy; or, if later,
2. upon the final adjustment and settlement of all Group Policy claims.

The Employer is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Employer will not be considered Our actions.

ERISA

The Employer has established and maintains an employee welfare benefit plan as defined in the Employee Retirement Security Act of 1974, as amended, to provide the benefits described in this Policy to its Employees and their Dependents. These benefits are insured by Us under the Policy, which the Employer endorses. The Employer is the Plan Administrator,

Plan Sponsor, named fiduciary, and, if applicable, Plan Trustee, for the Plan. ERISA does not apply to certain plans, such as government plans and church plans.

Standard  **Life**
AND ACCIDENT
INSURANCE COMPANY
A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

Standard Life and Accident Insurance Company

A Member of the American National Family of Companies – A Texas Corporation

Home Office: One Moody Plaza, Galveston, Texas, 77550

Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as “Standard Life”, “We”, “Us”, “Our” or “the Company”)

**GROUP LIMITED BENEFIT
ACCIDENT AND SICKNESS INSURANCE CERTIFICATE OF COVERAGE**

This is the Employee’s Certificate of Coverage (hereafter Certificate) while employed under the Group Policy (hereafter Policy). This Certificate replaces any prior Certificate for the benefits described inside. This is not a contract nor does it modify or amend the Policy. It explains the rights and benefits that are determined by the Policy. A copy of the Policy is kept at the principal office of the Employer. The Policy is non-participating. A Covered Person may inspect it during regular business hours. **READ THE CERTIFICATE CAREFULLY!**

CONSIDERATION. This Certificate is issued in consideration of the statements made in the Enrollment Form and payment of the Initial Premium. Coverage is not provided until the first full premium is paid. The first premium pays for the Initial Term of coverage. The Initial Term of coverage begins at 12:01 a.m. on the Certificate Effective Date shown on the Certificate Schedule of Benefits.

TERMINATION. The coverage may be terminated by the Company for reasons stated in the Termination provision.

PREMIUMS. Premiums may be changed and are due as stated in the **Premiums** provision.

[30 DAY RIGHT TO EXAMINE CERTIFICATE. Within 30 days after the Employee receives the Certificate, it may be returned in person or by regular mail to the Company, its agency office or the agent who sold it to the Employee for any reason. The Company will return the premium to the payee. Then the Employee and the Company will be in the same position as if a Certificate had never been issued.]

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

Signed for Us on the Certificate Effective Date.



Secretary



President

**NOTICE TO BUYER:
THE POLICY PROVIDES LIMITED BENEFIT COVERAGE.
IT IS NOT DESIGNED TO COVER ALL OF YOUR MEDICAL EXPENSES AND IT IS
NOT A MAJOR MEDICAL OR COMPREHENSIVE HEALTHCARE POLICY.
PLEASE READ CAREFULLY!**

**NO BENEFITS ARE PAYABLE FOR SICKNESS DURING THE FIRST 30 DAYS
FOLLOWING A COVERED PERSON’S CERTIFICATE EFFECTIVE DATE.**

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF
WORKERS’ COMPENSATION INSURANCE.**

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CERTIFICATE SCHEDULE OF BENEFITS

EMPLOYER: [ABC Employer]

STATE OF ISSUE: Arkansas

EMPLOYEE: [John Doe]

[CERTIFICATE NUMBER: [SLA012345]

TYPE: [FAMILY]

COVERED PERSON(S):

[John Doe]

[Baby Doe]

CERTIFICATE EFFECTIVE DATE:

[July 1, 2011]

[July 1, 2011]

[COVERED PERSON INFORMATION CAN BE FOUND ON THE IDENTIFICATION CARD ISSUED TO THE EMPLOYEE.]

[PLAN:

[OPTION 1][OPTION 2][OPTION 3][LEVEL 1][LEVEL 2][LEVEL 3][CLASS 1][CLASS 2][CLASS 3]

[HOSPITAL BENEFIT:

[Hospital Admission Benefit:[\$10 – \$10,000]]

[Hospital Confinement Benefit:

[Elimination Period

Sickness.....[0 – 7 Days]]

Daily Hospital Confinement Benefit.....[\$10 - \$2,000 Per Day]

Maximum Hospital Confinement Benefit Period[10 - 365 Days]]

Intensive Care Unit Benefit:

Daily Intensive Care Unit Benefit[\$10 – \$4,000 Per Day]

Maximum Intensive Care Unit Benefit Period[1 - 30 Days]]]

[AMBULATORY SURGICAL CENTER BENEFIT:

Ambulatory Surgical Benefit.....[\$10 - \$2,000 Per Visit]]

[AMBULANCE BENEFIT:

Ground Ambulance Benefit.....[\$10 - \$5,000 Per Trip]

Maximum Number of Trips (Ground).....[1 – 4 Per Calendar Year]]

Air Ambulance Benefit.....[\$10 - \$5,000 Per Trip]

Maximum Number of Trips (Air).....[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM ACCIDENT BENEFIT:

Emergency Room Accident Benefit[\$10 - \$1,000 Per Visit]

Maximum Number of Visits[1 – 4 Per Calendar Year]]

[EMERGENCY ROOM SICKNESS BENEFIT:

Emergency Room Sickness Benefit[\$10 - \$1,000 Per Visit]
Maximum Number of Visits[1 – 4 Per Calendar Year]]

[CONTINUOUS CARE BENEFIT:

Daily Benefit.....[\$10 – \$1,000 Per Day]
Maximum Continuous Care Benefit Period.....[the length of the preceding Period of Confinement in a Hospital not to exceed [1 - 30 days of care]]]

[SURGICAL AND ANESTHESIA BENEFIT:

Surgery Benefit:[50-500]% of [2011] RBRVS
Anesthesia Benefit:.....[10% – 50%] of the amount paid for the Surgery Benefit]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[INPATIENT SUBSTANCE ABUSE BENEFIT:

[Elimination Period.....[0 – 7 Days]]
Inpatient Benefit.....[\$10 - \$2,000 Per Day]
Maximum Inpatient Benefit.....[10 – 365 Days Per Calendar Year]]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT:

[Outpatient Benefit.....[\$10 - \$250 Per Visit]
Maximum Number of Visits.....[1 - 10 Per Calendar Year]]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT:

Physician's Office Visit Benefit.....[\$10 – \$250 Per Visit]
Maximum Number of Visits.....[1 – 10 Per Calendar Year]]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT:

Outpatient Diagnostic, X-Ray and Laboratory Procedures Benefit.....[\$10 – \$1,000 Per Test Day]
Maximum Number of Test Days [0 – 6 Per Calendar Year]]

[WELLNESS AND PREVENTIVE CARE BENEFIT:

Benefit Amount.....[\$10 – \$500 Per Visit]

Maximum Number of Visits [1 – 6 Per Calendar Year]

[ACCIDENTAL DEATH BENEFIT:

Accidental Death Benefit[\$1,000 - \$1,000,000]

[COMMON CARRIER BENEFIT:

Common Carrier Benefit[Two – Five] times the amount of the
Accidental Death Benefit]

[ACCIDENTAL DISMEMBERMENT BENEFIT:

Dismemberment Category (See Medical Terms for Definitions)	Benefit Amount
Loss of Two or More Hands or Feet.....	[\$0 - \$1,000,000]
Loss of Sight of Both Eyes.....	[\$0 - \$1,000,000]
Loss of Speech and Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Sight in One Eye.....	[\$0 - \$1,000,000]
Severance and Reattachment of One Hand or Foot.....	[\$0 - \$1,000,000]
Loss of Speech.....	[\$0 - \$1,000,000]
Loss of Hearing (in both ears).....	[\$0 - \$1,000,000]
Loss of Thumb and Index Finger of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all Four Fingers of the Same Hand.....	[\$0 - \$1,000,000]
Loss of all the Toes of the Same Foot.....	[\$0 - \$1,000,000]

[PARALYSIS BENEFIT:

Paralysis Category (See Medical Terms for Definitions)	Benefit Amount
Quadriplegia.....	[\$0 - \$1,000,000]
Paraplegia.....	[\$0 - \$1,000,000]
Hemiplegia.....	[\$0 - \$1,000,000]
Uniplegia.....	[\$0 - \$1,000,000]

[PROSTHESIS BENEFIT :

Prosthesis Benefit.....[\$10 - \$1,000]

[COMA BENEFIT:

Coma Benefit.....[\$10 - \$1,000,000]

[FRACTURE BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Cheekbone.....	[\$0 - \$1,000,000]
Collarbone	[\$0 - \$1,000,000]
Foot (other than toes).....	[\$0 - \$1,000,000]
Hand (other than fingers).....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Kneecap	[\$0 - \$1,000,000]
Lower Arm.....	[\$0 - \$1,000,000]
Lower Jaw	[\$0 - \$1,000,000]
Lower Leg.....	[\$0 - \$1,000,000]
Neck.....	[\$0 - \$1,000,000]

Pelvis	[\$0 - \$1,000,000]
Shoulder Blade.....	[\$0 - \$1,000,000]
Skull	[\$0 - \$1,000,000]
Sternum.....	[\$0 - \$1,000,000]
Tailbone.....	[\$0 - \$1,000,000]
Upper Arm.....	[\$0 - \$1,000,000]
Upper Jaw.....	[\$0 - \$1,000,000]
Upper Leg/Femur.....	[\$0 - \$1,000,000]
Wrist	[\$0 - \$1,000,000]

[DISLOCATION BENEFIT:

Bone Category (See Medical Terms for Definitions)	Benefit Amount
Ankle.....	[\$0 - \$1,000,000]
Collarbone.....	[\$0 - \$1,000,000]
Elbow.....	[\$0 - \$1,000,000]
Hip.....	[\$0 - \$1,000,000]
Jaw.....	[\$0 - \$1,000,000]
Knee.....	[\$0 - \$1,000,000]
Shoulder.....	[\$0 - \$1,000,000]
Spine/Vertebral Column.....	[\$0 - \$1,000,000]
Wrist.....	[\$0 - \$1,000,000]

[BURN BENEFIT:

Burn Category	Benefit Amount
27% or more of the body surface below neck.....	[\$0 - \$1,000,000]
18% or more of the body surface below neck.....	[\$0 - \$1,000,000]
9% or more of the body surface below neck.....	[\$0 - \$1,000,000]
5% or more of the body surface below neck.....	[\$0 - \$1,000,000]
50% or more of face, neck or head.....	[\$0 - \$1,000,000]
25% or more of face, neck or head.....	[\$0 - \$1,000,000]
10% or more of face, neck or head.....	[\$0 - \$1,000,000]

[CRITICAL ILLNESS BENEFIT:

Benefit Amount.....[\$0 - \$1,000,000]

[TRANSPORTATION BENEFIT:

Transportation Benefit.....[\$10 - \$1,000 Per Round Trip]
Maximum Transportation Benefit.....[1 – 6 Round Trips Per Calendar Year]

[LODGING BENEFIT:

Lodging Benefit.....[\$10 - \$100 Per Day]
Maximum Lodging Benefit.....[1 – 30 Days Per Calendar Year]

PREMIUM RATES:

Total Annual Premium:.....[\$xxx.00]
Initial Term:..... [Monthly, Semi-Monthly, Bi-Weekly, Weekly Draft][Other]
Initial Premium.....[\$xxx.00]

Beneficiaries are chosen by the Employee in the Enrollment Form.

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DEFINITIONS - GENERAL

Accident or Accidental means an act or event which is unforeseen, unexpected and unanticipated, definite as to time and place, which:

1. causes Injury to one or more Covered Persons; and
2. occurs while the insurance is in force for the Covered Person.

Actively At Work or Active Service means an Employee who is [present for at least [20-30] hours per week]] [a full-time Employee] at his/her usual place of employment for the Employer or at another location as assigned or directed by the Employer, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed.

On any day that is not an Employee's regularly scheduled work day (vacation, personal days, and weekends/holidays) the Employee will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his/her last regularly scheduled work day.

An Employee who usually performs the regular duties of his/her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Employer's usual place of employment if required to do so.

Age means a Covered Person's Age as of his/her last birthday.

[Ambulatory Surgical Center means a facility, licensed as such, that provides outpatient surgical services. It does not include a Physician's or dentist's office, a clinic, or any other such location.]

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

Certificate Effective Date is the date coverage begins for each Covered Person under the Policy. It will be different for a Covered Person added to the Policy after the original date of issue or when a change in coverage for any Covered Person occurs. Each Covered Person's Certificate Effective Date is shown in the Employee's Certificate of Coverage Schedule of Benefits.

[Common Carrier means a vehicle that is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a common-carrier vehicle.]

[Complications of Pregnancy means:

1. conditions, requiring Hospital Confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy, including, but not limited to, acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity, but does not include false labor, pre-term or premature labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning Sickness, hyperemesis gravidarum, pre-eclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

Covered Person means an Employee, an Employee's spouse or Dependent children, listed as a Covered Person in the Certificate Schedule of Benefits and for whom premium has been paid.

Dependent means an Employee's family as follows:

1. The lawful Spouse[*], if not legally separated or divorced;
2. Unmarried children (whether natural, adopted or stepchildren) under the limiting age of 26; or
3. Unmarried children for whom the Employee is required to provide insurance under a medical support order or an order enforceable by a court.

[*The term "Spouse" as used throughout the Policy will also mean the Employee's legal Domestic Partner.]

[Domestic Partner means an opposite or same sex person with whom an Employee maintains a committed relationship and shares a familial relationship characterized by mutual caring and the sharing of a mutual residence and who has registered under the state law as domestic partners. Each partner must:

1. Be at least 18 years old and competent to contract;

2. Be the sole domestic partner of the other person; and
3. Not be married.]

[Elimination Period means the consecutive number of days the Covered Person is confined as an Inpatient before a benefit is payable.]

[Emergency Treatment means covered services provided in a Hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the individual's condition, Sickness, or Injury is of such a nature that failure to get immediate medical care could:

1. place the individual's health in serious jeopardy;
2. result in serious impairment to bodily functions;
3. result in serious dysfunction of a bodily organ or part;
4. result in serious disfigurement; or
5. for a pregnant woman, result in serious jeopardy to the health of the fetus.]

Employee means the Employee designated in the Enrollment Form [who is [Actively at Work and] listed in an eligible class of Employees in the Employer's application]. The Employee must be listed as a Covered Person in the Certificate Schedule of Benefits and appropriate premium paid in order to be covered under the Policy. [An Employee does not include seasonal or temporary Employees.]

Employer means the entity or plan sponsor to whom the Group Policy is issued and shall include any affiliated entities or subsidiaries approved by the Company.

Enrollment Form means the form(s) that You (and Your spouse, if any) signed to apply for coverage under the Policy. It also includes any other document approved by the Company that You use to change coverage under the Policy.

[Home Health Care means a program of professional, paraprofessional or skilled care for medical services provided through a Home Health Care Agency to a Covered Person in his/her home. This includes any of the following services:

1. Nursing services provided by a:
 - (a) registered nurse;
 - (b) licensed practical nurse;
 - (c) licensed vocational nurse; or
 - (d) a licensed public health nurse;
2. Physical therapy;
3. Speech therapy;
4. Respiratory therapy; or
5. Occupational therapy.]

[Home Health Care Agency means an agency or organization which provides Home Health Care services, and:

1. Is licensed or certified, if required by the jurisdiction in which it is located; or accredited by:
 - (a) the National Home Caring Council, a Division of the Foundation for Hospice and Home Care;
 - (b) the Joint Commission Accreditation of Health Care Organizations; or
 - (c) the National League for Nursing;
2. Is supervised by a qualified professional such as a registered nurse or a licensed social worker;
3. Whose Employees receive appropriate specialized training; and
4. Keeps clinical records, including Physician's orders where appropriate, on all patients.]

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

[Hospital means an institution licensed to operate as a Hospital pursuant to the law of the state in which it is located that maintains and uses a laboratory, X-ray equipment and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any institution or part thereof used as a Rehabilitation Unit or Rehabilitation Facility; a Hospice unit, including any bed designated as a Hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a Skilled Nursing Facility; or a facility primarily

affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.]

Immediate Family Member means a person who is related to the Covered Person 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), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted child or stepchild.)

Injury or Injuries means Accidental bodily Injury sustained by a Covered Person in an Accident that:

1. is the direct cause of the condition for which benefits are provided,
2. is independent of disease or bodily infirmity or any other cause, and
3. occurs while the insurance is in force.

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

[Inpatient or Confined means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. Confined or Inpatient does not include a Covered Person's treatment in an Ambulatory Surgical Center, emergency room, or an observation room. The confinement must be Medically Necessary.]

[Intensive Care Unit (ICU) means a specifically designated unit of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.]

Medically Necessary means that, based on generally accepted current medical practice, a service or supply is necessary and appropriate for the diagnosis or treatment of Injury or Sickness. We do not consider a service or supply as Medically Necessary if:

1. it is provided only as a convenience to the Covered Person or provider;
2. it is not appropriate treatment for the Covered Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment;
4. it is experimental or investigational.

The fact that a Doctor may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Mental or Nervous Disorder means any disorder, regardless of its cause or medical origin, that is classified as a mental disorder by the International Classification of Diseases. Diagnoses include, but are not limited to: neurosis, psychoneurosis, psychopathy, psychosis, mental or emotional disease, bipolar affective disorder or autism. Diagnoses do not include those that are classified as Substance Abuse, substance dependency or mental disorders induced by Substance Abuse.

Outpatient means the Covered Person is not confined as Inpatient in a Hospital.

[Period of Confinement means a time period of continuous confinement as an Inpatient in a Hospital. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated Injury or Sickness or the confinements are separated by [30-180] days.]

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license who is not:

1. the Covered Person; or
2. an Immediate Family Member.

[Preexisting Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within [6 – 12] months before the Certificate Effective Date; or
2. that would have caused a reasonably prudent person to seek medical diagnosis or treatment within [6 – 12] months before the Certificate Effective Date.

A pregnancy that was conceived prior to the Certificate Effective Date is also considered a Pre-existing Condition.]

[Psychiatric Hospital means an institution licensed by the state which is primarily engaged in providing Inpatient care

for psychiatric services, by or under the supervision of a Physician, for the diagnosis and treatment of Mental or Nervous Disorders.]

[Rehabilitation Facility means an institution licensed by the state where its primary purpose is to provide restorative therapy to disabled persons. Such facility must be licensed as such in the state in which it operates. "Rehabilitation Facility" does not include places for custodial care or places for confinement of drug addicts or alcoholics.]

[Rehabilitation Unit means a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician who is knowledgeable and experienced in rehabilitative medicine. Beds must be set up and staffed in a unit specifically designated for this service.]

[Resource Based Relative Value System (RBRVS) means the methodology used by the federal government to determine benefits payable under Medicare.]

Sickness means illness or disease which begins while coverage is in force under the Policy for the Covered Person. [Sickness does not include normal pregnancy but does include Complications of Pregnancy.] [Sickness includes pregnancy.] All related conditions and recurring symptoms of Sickness will be considered one Sickness.

[Skilled Nursing Facility means a lawfully operating institution or a distinct part thereof. Such facility must be engaged mainly in providing skilled nursing care and treatment for people convalescing from an Injury or Sickness. It must: 1) have organized facilities for medical services; 2) provide 24 hour a day nursing services under the full-time supervision of a Physician or a registered nurse; 3) have available the services of a Physician at all times; 4) maintain daily clinical records on each patient; and 5) provide appropriate methods for dispensing and administering drugs and medicines.

A Skilled Nursing Facility will include the following facilities that are operating within the scope of their lawful licenses: 1) a rehabilitation center; 2) a transitional care unit; 3) an intermediate nursing facility; 4) an extended care facility; and 5) a nursing home.

A Skilled Nursing Facility does not mean a home or facility, or part of home or facility, that is used primarily for: 1) rest; 2) the aged; 3) alcoholics or drug addicts; 4) mental illness or disorders; 5) custodial care; or 6) educational care.]

Substance Abuse means psychological or physical dependence on, or addiction to, alcohol, drugs or any other controlled substances characterized by:

1. impairments in social and/or occupational functioning;
2. debilitating physical condition;
3. inability to abstain from or reduce consumption of the substance; or
4. the need for daily substance use to maintain adequate functioning.

Substance abuse includes alcohol and drugs but excludes caffeine and tobacco.

[Substance Abuse Treatment Center means a facility which provides a program for treatment of Substance Abuse pursuant to a written treatment plan approved and monitored by a Doctor and which facility is also: (1) affiliated with a Hospital under a contractual agreement with an established system for patient referral; or (2) accredited as such a facility by the Joint Commission on Accreditation of Hospitals; or (3) licensed, certified, or approved as a chemical dependency treatment program or center by a state agency having legal authority to so license, certify, or approve.]

Waiting Period means a consecutive 30 day period of time starting with the Certificate Effective Date for each Covered Person during which no benefits are payable for a Sickness [, a Mental or Nervous Disorder or Substance Abuse].

You, Your or Yours means the Employee named on the Certificate Schedule of Benefits.

[DEFINITIONS - MEDICAL TERMS

[Ankle means the distal fibula, tibia, navicular, and calcaneous bones.]

[Bone Degeneration Disease means any disease causing bone loss or deterioration of bone structure including but not limited to the following diagnosis: Osteoporosis, Paget's disease, osteogenesis imperfecta, bone malignancies, osteonecrosis, and metabolic bone disease.]

[Collarbone means the clavicle bones.]

[Coccyx means four fused vertebrae at the bottom of the spine.]

[Coma -- means a profound state of unconsciousness that lasts for a period of at least 96 hours and from which the Covered Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. This does not include medically induced comas.]

[Dislocation means displacement or disarrangement of the normal anatomical relation of the bones in a joint in which there is loss of contact between articular surfaces.]

[Finger means the digits of the hand consisting of the proximal, middle and distal phalangeal bones that comprise the four fingers and the thumb.]

[Feet or Foot means the part of the lower extremity consisting of the calcaneous bone, cuboid bone, cuneiform bones, metatarsal bones, navicular bones, phalanges, and the bones which form the ankle. For Fracture or Dislocation purposes, the Toes are not covered.]

[Fracture means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.]

[Green Stick Fracture means a fracture in a soft bone in which the bone bends and partially breaks.]

[Hairline Fracture means a break that appears as a narrow crack along the surface of the bone.]

[Hand means a portion of the upper Limb consisting of the wrist, palm, four fingers and thumb. For Fracture or Dislocation purposes, the Toes and Fingers are not covered.]

[Hip means the femoral neck.]

[Kneecap means the patella.]

[Leg means the tibia and fibula and femur/thigh.]

[Limb means entire arm or entire leg.]

[Loss of finger or toe means complete severance through or above the metacarpophalangeal joint of a Finger or metatarsophalangeal joint of a Toe.]

[Loss of hand or foot means permanent severance of an arm distal to the ulna and radius; or distal to the tibia and fibula of the leg respectively.]

[Loss of hearing means total and irrecoverable loss of the ability to perceive sound.]

[Loss of sight means a total, permanent and irrecoverable loss of perception to light.]

[Loss of speech means total and irrecoverable loss of the ability to speak.]

[Lower Arm means the radius and ulna.]

[Lower Jaw means the mandible.]

[Lower Leg means the tibia or fibula.]

[Neck means the seven cervical vertebrae.]

[Osteoporosis means a reduction in bone mass and loss of normal bone leading to increased susceptibility to fractures.]

[Paralysis/Paralyzed means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia that is expected to last for a continuous period of 12 months or more from the earlier of the date of the Accident causing Paralysis or the date of the diagnosis. "Quadriplegia" means the complete and irreversible Paralysis of both upper and lower Limbs. "Paraplegia" means the complete and irreversible Paralysis of both lower Limbs. "Hemiplegia" means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one Limb.]

[Pathological Fracture means any Fracture in an area where pre-existing disease has caused weakening of the bone.]

[Pelvis means the area formed by the pubic bone, ilium, and ischium.]

[Reduction means manipulative or surgical restoration procedures of a dislocated body part to its normal anatomical relation.]

[Second Degree Burn means a burn marked by pain, blistering and superficial destruction of the dermis.]

[Shoulder Blade means scapula.]

[Skull means the bones of the head collectively.]

[Spine/Vertebral Column means 7 cervical, 12 thoracic, 5 sacral, and 4 coccygeal bones.]

[Sternum means the breastbone located in the center of the chest. This does not include ribs.]

[Tailbone means the four coccygeal vertebrae.]

[Third Degree Burn means a burn that causes damage to subcutaneous tissue.]

[Toe means the digits of the foot consisting of the phalangeal bones that comprise the 5 toes.]

[Upper Arm means the humerus.]

[Upper Jaw means the maxilla.]

[Upper Leg means the femur/thigh.]

[Wrist means the proximal segment of the hand consisting of the carpal bones.]]

ELIGIBILITY AND EFFECTIVE DATES

This plan is offered to You as an Employee of the Employer.

EMPLOYEE ELIGIBILITY

An Employee is eligible to apply for coverage under the Policy if the Employee:

1. Is in Active Service;
2. Is part of an eligible class of Employees listed in the Employer's Application;
3. Has completed the Employer's Waiting Period shown in the Employer's Application; and
4. The required premium contribution has been received by the Company.

The Employer's Waiting Period is the time between the first day of employment in an eligible class of Employees and the first day that the Employee is eligible to apply for coverage under the Policy. The Employer's Waiting Period is chosen by the Employer and shown in the Policy Schedule of Benefits. The Employer's Waiting Period may differ for current Employees and new Employees. An Employee in an eligible class must enroll for coverage by submitting a completed Enrollment Form with the appropriate payroll deduction authorization within 31 days of completion of the Employer's Waiting Period.

No Employee may be eligible for insurance under the Policy as both an Employee and as a Spouse or Dependent Child at the same time. If an Employee and Spouse are both eligible to be covered as an Employee, one but not both, is eligible to cover the Dependent Children. The other Spouse may elect single coverage only.

EMPLOYEE'S EFFECTIVE DATE

An Employee's coverage will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
3. the date the Employee's Enrollment Form is approved by the Company.

If the Employee is not Actively at Work on his/her Certificate Effective Date, such Certificate Effective Date will be delayed until the date the Employee returns to Active Service.

DEPENDENT ELIGIBILITY

An Employee is eligible to enroll eligible Dependents on the later of:

1. The date the Employee is eligible to be insured; or
2. The date the Employee first acquires an eligible Dependent.

The first acquired date for eligible Dependents is as follows:

1. A spouse is deemed acquired on the date of marriage;
2. A natural child is deemed acquired on his/her date of birth;
3. A stepchild is deemed acquired on the date of marriage to Your legal spouse;
4. An adopted child is deemed acquired on the date of placement for the purpose of adoption or the date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
5. The date of a court order requiring the Employee to cover eligible Dependents.

An Employee may enroll Dependents for coverage by submitting a completed Enrollment Form within 31 days of first acquiring a Dependent along with the appropriate payroll deduction authorization in accordance with Company policies.

DEPENDENT'S EFFECTIVE DATE

An eligible Dependent's coverage under the Policy will become effective on the latest of the following dates:

1. the Policy effective date;
2. the Employee's effective date of insurance;
3. the date the Employee elects dependent coverage under the Policy; or
4. the Certificate Effective Date shown in the Certificate Schedule of Benefits; or
5. the date the Company approves the Employee's Enrollment Form for dependent coverage.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the Certificate Effective Date, the Dependent's Certificate Effective Date will be delayed until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

LATE ENTRANTS

If an Employee or eligible Dependent is not enrolled within 31 days after first becoming eligible, he/she will be considered a Late Entrant and may have to meet additional Evidence of Insurability requirements. Late Entrants are subject to approval by the Company.

If the Company approves the Enrollment Form, the date that insurance takes effect will be assigned by the Company and shown in the Certificate Schedule of Benefits.

EVIDENCE OF INSURABILITY REQUIREMENTS

Evidence of insurability is required for Employees and his/her eligible Dependents, at the Employee's cost, if he/she:

1. applies for coverage more than 31 days after the Employee or Dependent first become eligible;
2. voluntarily canceled insurance and reapplies;
3. is applying after coverage ended due to non-payment of premium;
4. is requesting additional coverage under the Policy; or
5. upon request by the Company.

EFFECTIVE DATE OF CHANGES

Any change in coverage will take effect on the date approved by the Company.

If the Employee is not Actively at Work on his/her last scheduled work day coincident with or preceding the date that an approved increase in his/her coverage is to take effect, such increase will be effective on the date the Employee returns to Active Service.

If an Employee's Dependent is unable to engage in the activities of a person in good health of like age and sex on the date an approved increase in his/her insurance would otherwise become effective, such increase will not be effective until the date such Dependent is able to engage in normal activities of a person in good health of like age and sex.

NEWBORN CHILDREN

The Employee's newborn child is automatically covered from the moment of birth until such child is 31 days old. Coverage for newborns shall be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 31 days of such birth and pay the required additional premium (if any), in order to have coverage for the newborn child continue beyond such 31 day period.

ADOPTED CHILDREN

An adopted child is automatically covered for the first 31 days from the date of placement for the purpose of adoption by the Employee or the date of the entry of an order granting the Employee custody of the child for purposes of adoption. Coverage for such child will be the same as for all other covered Employee's Dependents. If the Employee does not have other covered Dependents and wants uninterrupted coverage, the Employee will have the option to add Dependent child coverage. The Employee must notify the Company in writing within 31 days of the date of placement or the date of the entry and pay the required additional premium (if any), in order to have coverage for the adopted child continue beyond such 31 day period.

Coverage for a child that is placed with You for adoption will continue in accordance with the provisions of the Policy, unless the placement is disrupted prior to legal adoption and the child is removed from placement.

COURT ORDERED CUSTODY

We will not restrict or deny coverage due to the fact that: 1) a Dependent child does not reside with the noncustodial parent; or 2) the parent-child relationship was established through a paternity action; or 3) the minor child is covered through the state-administered Medicaid program; or 4) the minor child is not claimed as a dependent on the noncustodial parent's federal or state income tax return.

TERMINATION AND CONTINUATION

TERMINATION

Coverage under the Policy for a Covered Person ends on the earliest of:

1. the date the Policy is terminated by the Company or the Employer;
2. the premium due date if premiums are not paid when due, subject to the Grace Period;
3. the date a Covered Person performs an act or practice that constitutes fraud;
4. the date the Employee requests, in writing, that the coverage be terminated;
5. the date the Employee ceases to be in an eligible class of Employees; or
6. the date the Dependent does not meet the definition of an eligible Dependent.

If coverage is non-renewed by the Employer, the Employer is responsible for providing Employee's notice of such termination. If coverage is non-renewed by the Company, We will provide advance notice of termination in accordance with state law.

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

CONTINUATION OF COVERAGE FOR AN INCAPACITATED CHILD

Coverage for a mentally or physically handicapped Dependent child that is covered under the Policy and who became incapacitated prior to their 26th birthday will not end when scheduled if the child depends on the Employee for primary support and maintenance. Proof of the incapacity or dependency must be furnished to Us upon our request and at Our expense. The premium for such child's continued coverage will remain at the child rate until the child is no longer dependent or incapacitated. The Employee must notify Us if the incapacity or dependency is removed or terminated.

[CONTINUATION UPON EMPLOYEE'S DEATH

Upon the death of the Employee, a Spouse who is covered under the Policy may continue this coverage under the Policy. Such continued coverage may include all Dependent children who were covered at the time of the Employee's death.

In the event of the Employee's death when there is not a covered Spouse, coverage ends for all Covered Persons on the date of the Employee's death.

To continue insurance under the Policy, the Spouse must:

1. submit a request to Us within 31 days after the date of death of the Employee; and
2. timely pay in advance the required premium contribution to the Employer.

If the Spouse does not elect to continue insurance within 31 days after the coverage ends, coverage may not be elected under this provision at a later date.

Coverage under this provision will end in accordance with the Termination provision and in addition, coverage will terminate on the date the covered Spouse remarries.]

[CONTINUATION OF COVERAGE

If a Covered Person's coverage terminates for any reason except for: 1) non-payment of premium; 2) fraud; or 3) termination of the Policy, such Covered Person may elect to continue coverage under the Policy. To elect continued coverage, the Covered Person must make the election within 31 days of termination and timely pay all required premiums for the continued coverage to the Employer.

Continued coverage is subject to all of the provisions and limitations of the Policy. Coverage continued under this provision will end when the Policy terminates or the last period for which premium is paid, whichever comes first.]

CONTINUATION - UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

Federal law requires that if Your insurance would otherwise end because you enter into active military duty or inactive military duty for training, you may elect to continue insurance (including Dependent's insurance) in accordance with the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). The Employer is responsible for meeting all of the obligations under USERRA, including notifying all Employees and Dependents of their rights under USERRA. See Your Employer for further details on this continuation provision.

CONTINUATION - FAMILY AND MEDICAL LEAVE ACT (FMLA)

(Applies to Employers with 50 or more Employees)

Federal law requires that if Your insurance would otherwise end because of family and medical reasons, You may be entitled to continue insurance (including Dependent's insurance) in accordance with the Family and Medical Leave Act of 1993 (FMLA). The Employer is responsible for meeting all of the obligations under FMLA, including notifying all Employees and Dependents of their rights under FMLA. See Your Employer for further details on this continuation provision.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT ("COBRA")

Applies to Employers with 20 or more Employees

Applicability: Federal law requires that Employers of 20 or more Employees for at least 50% of the preceding year, offer a temporary extension of health coverage to Qualified Beneficiaries when coverage would otherwise end because of the occurrence of one or more of Qualifying Events listed below. Under COBRA, a Qualified Beneficiary is any individual who, on the day before a Qualifying Event, is covered under the Policy and is not (1) already covered under the Policy by reason of another individual's election of COBRA, or (2) entitled to Medicare benefits under Title XVIII of the Social Security Act.

Qualifying Event: For purposes of coverage under COBRA, the term "Qualifying Event" means, with respect to any Covered Person, any of the following events which, but for the continuation coverage required under this part, would result in the loss of coverage for a Qualified Beneficiary.

<u>Qualifying Events</u>	<u>Duration of Continued Coverage</u>
• death of an Insured	36 months
• termination of employment for any reason except gross misconduct, or the reduction in hours that would result in loss of coverage	18 months*
• divorce or legal separation	36 months
• Insured becomes eligible for Medicare	Dependents & spouse allowed 36 months
• Insured Dependent no longer meets Insured Dependent eligibility requirements	36 months

*Coverage may be continued an additional 11 months if the Qualified Beneficiary:

- is determined disabled for Social Security purposes at the time of the Qualifying Event or within 60 days after continuation coverage begins; and
- notifies the plan administrator within 60 days from determination (but before the 18 month continuation period ends).

Beneficiaries may be covered by more than one Qualifying Event. However, in no event may the total continuation period exceed 36 months for all Qualifying Events.

Notice and Election: Covered Persons are responsible for notifying the Employer in the case of a divorce, legal separation, cessation of dependency or determination of disability by the Social Security Administration. The Employer must notify the plan administrator of the Qualifying Event. The Employer must notify the Qualified Beneficiaries of their COBRA election rights. The period during which the Qualified Beneficiary must elect or decline continuation of coverage under COBRA ends not earlier than 60 days after the later of:

- the date on which coverage terminates under the Policy by reason of a Qualifying Event, or
- the date the Qualified Beneficiary receives notice of their COBRA election rights from the plan administrator.

Premium Payment: The Qualified Beneficiary must pay to the Employer or the COBRA Administrator the required monthly premium. Any Grace Period applying to the Employer will also apply to the Qualified Beneficiary, except the first premium payment. Payment of premium for coverage under the period preceding the election must be made within 45 days of the date of election.

COBRA Termination occurs at the earlier of:

- the premium for continued coverage is not paid within 31 days from being due;
- the Qualified Beneficiary becomes covered under another group health plan, if that plan does not contain any exclusion or limitation on any Pre-existing Conditions of the Qualified Beneficiary;

- the Qualified Beneficiary becomes eligible for Medicare;
- the Qualified Beneficiary, who is divorced from an Insured Employee, remarries and is covered under the new spouse's medical plan; or
- the Employer no longer provides medical benefits of any kind.

BENEFITS AND COVERAGES

Benefits described below are payable as stated in the Employee's Certificate Schedule of Benefits when a Covered Person receives Medically Necessary treatment while coverage is in force, subject to any applicable terms, exclusions or limitations. Benefits for Sickness are subject to the Waiting Period.

[HOSPITAL BENEFITS

Hospital Admission Benefit:

If a Covered Person is admitted as an Inpatient in a Hospital for treatment of Sickness or an Injury, the Company will pay the Hospital Admission Benefit shown in the Certificate Schedule of Benefits.

The Hospital Admission Benefit is payable once during each Period of Confinement.]

[Hospital Confinement Benefit:

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury in a private or semi-private room, the Company will pay the Daily Hospital Confinement Benefit shown in the Certificate Schedule of Benefits for each day that a Covered Person is Confined.

The Daily Hospital Confinement Benefit is payable subject to the Maximum Hospital Confinement Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.

This benefit is not payable if the Covered Person is receiving Intensive Care Unit Benefits under the Policy.

This benefit is not payable if the Covered Person is Confined for the treatment of a Mental or Nervous Disorder or Substance Abuse.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

No benefits are payable for treatment received in an emergency room, any Outpatient setting, skilled nursing facility, rehabilitation facility, rehabilitation Unit, hospice or any other facility other than a Hospital.]

Intensive Care Unit Benefit:

When a Covered Person is confined to an Intensive Care Unit, the Company will pay the Daily Intensive Care Unit Benefit shown in the Certificate Schedule of Benefits for each day a Covered Person is confined in and charged for an Intensive Care Unit.

This benefit is paid in lieu of and not in addition to the Daily Hospital Confinement Benefit under the Policy.

The Daily Intensive Care Unit Benefit is payable subject to the Maximum Intensive Care Unit Benefit Period shown in the Certificate Schedule of Benefits for each Period of Confinement.]

[AMBULATORY SURGICAL CENTER BENEFIT

If a Covered Person receives surgery for the treatment of Sickness or an Injury in an Ambulatory Surgical Center, We will pay the Ambulatory Surgical Center Benefit listed in the Certificate Schedule of Benefits.]

[AMBULANCE BENEFIT

If a Covered Person requires ground or air ambulance transportation to a Hospital or other medical facility for Emergency Treatment of Sickness or an Injury, the Company will pay the Ground Ambulance Benefit or the Air Ambulance Benefit, subject to the Maximum Number of Trips shown in the Certificate Schedule of Benefits.

A licensed professional ambulance company must provide the ambulance service.]

[EMERGENCY ROOM ACCIDENT BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Injury resulting from a covered Accident, the Company will pay the Emergency Room Accident Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[EMERGENCY ROOM SICKNESS BENEFIT

If a Covered Person receives Emergency Treatment in the emergency room of a Hospital due to Sickness, the Company will pay the Emergency Room Sickness Benefit, subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[CONTINUOUS CARE BENEFIT

If a Covered Person is Confined to a Hospital for treatment of Sickness or an Injury and upon discharge requires Continuous Care, We will pay the Daily Benefit for each day subject to the Maximum Continuous Care Benefit Period shown in the Certificate Schedule of Benefits.

Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice care in connection with the condition for which he or she was hospitalized.

The following conditions must be met before Continuous Care benefits are payable:

1. Continuous Care must begin within 7 days following discharge from Inpatient care in a Hospital;
2. Continuous Care must be for the same Accident or Sickness for which the Covered Person was hospitalized;
3. The Continuous Care must be prescribed by a Physician and must be Medically Necessary for the care and treatment of the Covered Person's condition;
4. Home Health Care services must be performed by a Home Health Care Agency. Home Health Care services cannot be performed by a person who lives with the Covered Person or by the Covered Person's Immediate Family Member;
5. Hospice care services require: (a) a written statement from the attending Physician that the Covered Person has a life expectancy of six (6) months or less, and (b) a written statement from the Hospice certifying the days that services were provided.

The Daily Benefit is payable once per day regardless of how many Continuous Care services are provided on that day.

No benefits are payable if the Covered Person is Hospital Confined.]

[SURGICAL AND ANESTHESIA BENEFITS

Surgery Benefit:

If a Covered Person undergoes a surgical procedure for treatment of Sickness or Injury, the Company will pay a Surgery Benefit based upon the percentage indicated in the Certificate Schedule of Benefits of the RBRVS allowable amount.

The surgical procedure must be performed by a Physician in a Hospital or an Ambulatory Surgical Center.

Two or more surgical procedures performed during the same operative session, even if caused by more than one Accident or Sickness, will be considered one surgical procedure, and benefits will be based upon the procedure with the highest dollar value.

Anesthesia Benefit:

The Company will pay the Anesthesia Benefit shown in the Certificate Schedule of Benefits for the administration of anesthesia during a surgical procedure covered under the Policy.

Services must be administered by a licensed anesthesiologist or certified registered nurse anesthetist (CRNA).]

[INPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Psychiatric Hospital for the treatment of a Mental or Nervous Disorder, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting

as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT MENTAL OR NERVOUS DISORDER BENEFIT

If a Covered Person receives Outpatient services for the treatment of a Mental or Nervous Disorder, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to a Mental or Nervous Disorder will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[INPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Inpatient services provided in a Hospital or Substance Abuse Treatment Center for the treatment of Substance Abuse, the Company will pay the Inpatient Benefit subject to the Maximum Inpatient Benefit stated in the Certificate Schedule of Benefits.

Benefits are payable only if the Covered Person's condition requires services that are only available in an Inpatient setting as prescribed by a Physician.

No benefits are payable during the Waiting Period or the Elimination Period (if any) stated in the Certificate Schedule of Benefits. The Elimination Period does not run concurrently with the Waiting Period and must be satisfied after the Waiting Period has been met.

Outpatient care of any form is not covered under this benefit.]

[OUTPATIENT SUBSTANCE ABUSE BENEFIT

If a Covered Person receives Outpatient services for the treatment of Substance Abuse, the Company will pay the Outpatient Benefit subject to the Maximum Outpatient Benefit stated in the Certificate Schedule of Benefits.

Charges made for the treatment of any physiological symptoms related to Substance Abuse will not be considered under this benefit.

No benefits are payable while a person is Confined in any facility.

No benefits are payable during the Waiting Period.]

[OUTPATIENT PHYSICIAN'S OFFICE VISIT BENEFIT

If a Covered Person visits a Physician's office for treatment of Sickness or an Injury, the Company will pay the Physician's Office Visit Benefit for each visit subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.

The benefits under this provision will include visits for treatment of Sickness or an Injury in an urgent care clinic.

No benefits are payable under this provision for Mental or Nervous Disorders or Substance Abuse.]

[OUTPATIENT DIAGNOSTIC, X-RAY AND LABORATORY PROCEDURES BENEFIT

If a Covered Person receives outpatient diagnostic, x-ray or laboratory procedures for the treatment of Sickness or an

Injury, the Company will pay the Outpatient Diagnostic, X-ray and Laboratory Procedures Benefit for each day subject to the Maximum Number of Test Days shown in the Certificate Schedule of Benefits.

One Test Day includes all outpatient diagnostic, x-ray and laboratory procedures performed in one calendar day.]

[WELLNESS AND PREVENTIVE CARE BENEFIT

We will pay the Benefit Amount shown in the Certificate Schedule of Benefits when a Covered Person receives Wellness and Preventive Care. The Wellness and Preventive Care must be under the supervision of a Physician and a charge rendered for the service.

Wellness and Preventive Care (care for reasons other than to diagnose or treat a suspected or identified Sickness or Injury) means an office visit and related procedures for the following: 1) a routine history and physical examination; 2) cervical cytological screening (pap test), colorectal cancer screening, prostate cancer screening, routine mammography screening, or bone density screening; or 3) childhood immunizations as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.

The Benefit Amount is payable for the combined services listed under Wellness and Preventive Care received during one visit. The Benefit Amount is payable subject to the Maximum Number of Visits shown in the Certificate Schedule of Benefits.]

[ACCIDENTAL DEATH BENEFIT

If a Covered Person suffers an Injury that results in the Covered Person's Death within [90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Accidental Death Benefit listed in the Certificate Schedule of Benefits when the Company receives proof that the Covered Person's death:

1. resulted directly and independently of all other causes from the Accident;
2. occurs while the coverage is in force.

[This benefit is not payable if the Common Carrier Benefit is eligible to be paid.]]

[COMMON CARRIER BENEFIT

If a Covered Person suffers an Injury that results in death and the Accident causing death occurs while riding in or on a Common Carrier, the Company will pay the Common Carrier Benefit listed in the Certificate Schedule of Benefits. This benefit is paid in lieu of the Accidental Death Benefit.

This benefit will also apply if the Accident occurs while entering or exiting, getting in or out of, or on or off of, the Common Carrier. A Taxi is not a Common Carrier.]

[ACCIDENTAL DISMEMBERMENT BENEFITS

If a Covered Person suffers an Injury that results in a Dismemberment specified in the Certificate Schedule of Benefits within [10][20][30][60][90][120][180][365] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

If a Covered Person suffers one or more losses from the same Accident for which amounts are payable under more than one benefit category, the amount payable will be limited to only one of the covered losses, the largest to which the Covered Person is entitled.]

[PARALYSIS BENEFIT

If a Covered Person is Paralyzed due to Sickness or an Injury, the Company will pay the applicable Benefit Amount shown in the Certificate Schedule of Benefits for that type of Paralysis.

If the Covered Person suffers more than one type of Paralysis as a result of the same Sickness or Accident, only one amount, the largest, will be paid.]

[PROSTHESIS BENEFIT

If a Covered Person suffers a Sickness or an Injury that requires initial placement of an external Prosthesis, the Company will pay the Prosthesis Benefit shown in the Certificate Schedule of Benefits.

Prosthesis means a device which replaces all or part of an external body part or replaces all or part of the function of a permanently inoperative or malfunctioning external body part. Prosthesis does not mean a device or appliance surgically inserted into the body and does not include:

- dental aids, including false teeth,
- eyeglasses,
- cosmetic prosthesis such as hair wigs,
- other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,
- any experimental prosthesis,
- any auditory prosthesis (a device that substitute for or enhances ability to hear).

No benefits are payable for any charges associated with replacement of external prosthetic devices.]

[COMA BENEFIT

If a Covered Person suffers a Sickness or an Injury that results in a Coma, the Company will pay the Coma Benefit shown in the Certificate Schedule of Benefits.

This benefit is payable once during each Period of Confinement.

No benefits are payable for medically induced comas.]

[FRACTURE BENEFIT

If a Covered Person suffers an Injury that results in the diagnosis and treatment by a Physician for a Fracture specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

In the event of multiple Fractures during the same Accident, only one covered Fracture Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

The Fracture must require Reduction of the bone under anesthesia to be covered under this provision.

No benefits are payable for:

1. Pathological Fracture;
2. Hairline Fracture or Green Stick Fracture;
3. Fractures to the Toes or Fingers; or
4. Fractures when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Fracture, the first Fracture will be covered under the regular terms of the Policy. However, after the first, all further Fractures of any area payable under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[DISLOCATION BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Dislocation specified in the Certificate Schedule of Benefits within [30][60][90] days of the date of the Accident that caused the Injury, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Dislocation must require Reduction of the joint or bone to a normal position under anesthesia to be covered under this provision.

In the event of multiple Dislocations during the same Accident, only one covered Dislocation Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.

No benefits are payable for:

1. Dislocations of the Toes or Fingers;
2. Subsequent Dislocations of the hip, shoulder or knees after the first Dislocation; or
3. Dislocations when Bone Degeneration Disease was diagnosed prior to the Covered Person's Certificate Effective Date, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is diagnosed as having Bone Degeneration Disease after their Certificate Effective Date and suffers a Dislocation, the first Dislocation will be covered under the regular terms of the Policy. However, after the first, all further Dislocations of any area covered under the Policy will be reduced by [50%][25%][10%]. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not.]

[BURN BENEFIT

If a Covered Person suffers an Injury that results in diagnosis and treatment by a Physician for a Second Degree Burn or Third Degree Burn listed in the Certificate Schedule of Benefits, the Company will pay the Benefit Amount listed in the Certificate Schedule of Benefits.

The Company has a right, at Our own expense, to have the Physician's determination verified by a Physician of the Company's choice.

In the event of multiple Burns during the same Accident, only one covered Burn Benefit, the largest to which the Covered Person would be eligible to receive, will be payable.]

[CRITICAL ILLNESS BENEFIT

When a Covered Person is diagnosed with a Critical Illness that First Occurs after the Covered Person's Certificate Effective Date, We will pay the Benefit Amount shown in the Certificate Schedule of Benefits.

This benefit is payable only once for each Covered Person while the coverage is in force, regardless of the number of Critical Illnesses diagnosed. Critical Illness benefits are not payable during the first 30 days following a Covered Person's Certificate Effective Date.

Critical Illness means: 1) Invasive Cancer; 2) Stroke (Cerebrovascular Accident); 3) Heart Attack (Acute Myocardial Infarction); or 4) End-Stage Renal Failure.

As used in this benefit provision:

End-Stage Renal Failure means the chronic and irreversible failure of both of a Covered Person's kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The diagnosis must be made by a Physician.

First Occurs means the occurrence, diagnosis, or procedure is the first time ever in the Covered Person's lifetime that he/she has experienced such Critical Illness or been diagnosed with that specific condition included as a Critical Illness.

Heart Attack means an acute myocardial infarction resulting in:

1. the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries; and
2. resulting in the loss of the normal function of the heart.

The diagnosis must be made by a Physician and based on both:

1. new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
2. serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack.

Established (old) myocardial infarction or Heart Attack occurring during any surgical procedure is excluded.

Invasive Cancer means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue through the basement membrane or capsule. "Invasive Cancer" includes, but shall not be limited to any form of:

1. Leukemia;
2. Lymphoma; or
3. Multiple Myeloma

The following are not "Invasive Cancer":

1. pre-malignant lesions (such as intraepithelial neoplasia); or
2. benign tumors or polyps; or

3. early prostate cancer Diagnosed as T1N0M0 or equivalent staging; or
4. cancer in situ; or
5. any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed by a by a Physician, board-certified as a pathologist pursuant to a pathological or clinical diagnosis when a pathological diagnosis is not available.

Stroke means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The diagnosis must be made by a Physician.]

[TRANSPORTATION BENEFIT

If a Covered Person requires transportation by private automobile, aircraft, railroad, or bus between his/her residence to a Hospital for treatment of Sickness or an Injury, the Company will pay the Transportation Benefit subject to the Maximum Transportation Benefit amount shown in the Certificate Schedule of Benefits per round trip.

This benefit will be paid for the Covered Person for whom the treatment is prescribed by a Physician and, except for transportation by private automobile, one adult Immediate Family Member of the Covered Person.

No benefits are payable for transportation to any Hospital located within a 100 mile radius of the residence of the Covered Person or for transportation by ambulance.]

[LODGING BENEFIT

If a Covered Person requires treatment of Sickness or an Injury at a Hospital located more than 100 miles from his/her residence and is charged for lodging for the Covered Person or any one of his/her adult Immediate Family Members, the Company will pay the Lodging Benefit shown in the Certificate Schedule of Benefits for room charges at a motel, hotel or other Company approved facility.

We will pay benefits subject to the Maximum Lodging Benefit shown in the Certificate Schedule of Benefits.

This benefit does not apply to private residences. No benefits are payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment.]

EXCLUSIONS AND LIMITATIONS

WAITING PERIOD LIMITATION:

Loss caused by or relating to Sickness [, a Mental or Nervous Disorder or Substance Abuse] will not be covered for the first 30 days after the Certificate Effective Date of each Covered Person.

[PREEXISTING CONDITION LIMITATION:

Loss caused by or relating to a Preexisting Condition is not covered for the first [6 – 12] months after the Certificate Effective Date of each Covered Person.]

EXCLUSIONS:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism, while sane or insane;
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Covered Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Covered Person's employer;
3. Declared or undeclared war, or any act of declared or undeclared war;
4. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
5. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of .08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
6. The Covered Person's: a) voluntary use of illegal drugs; b) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and c) intentional misuse of prescription drugs;
7. The Covered Person's commission of or attempt to commit a felony;
8. The Covered Person being engaged in an illegal occupation;
9. Services and supplies which are not Medically Necessary to treat a covered loss (other than as stated in the Wellness and Preventive Care Benefit);
10. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
11. Services and supplies which are received outside of the United States of America, its possessions and territories;
12. Dental care or treatment unless due to an Injury to a sound and natural tooth;
13. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this Exception does not apply when surgery is required:
 - a) To repair a birth defect of a child born to the Employee and continuously covered under the Policy from birth; or
 - b) For reconstructive surgery following a covered mastectomy.

14. Any covered loss that is covered under any state or federal Worker's Compensation , Employer's Liability law or similar law;
15. [Any Mental or Nervous Disorder][or][Substance Abuse;]
16. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, Cochlear Implants and related devices.
17. [Pregnancy or maternity. Complications of Pregnancy are not excluded;]
18. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompany others in the following: professional or semi-professional sports, extreme sports, organized body contact sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity;
19. A custodial institution, domiciliary care or rest cures;
20. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
21. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.

PREMIUMS

PREMIUM DUE DATE The initial premium is for the term shown on the [Employer's Application][Enrollment Form][Certificate Schedule of Benefits]. The renewal premium for later periods of coverage is due on the first day of the next term. This coverage will end (lapse) if the renewal premium in effect is not paid before the end of the Grace Period.

If payroll deduction facilities are available to You, the premium will be deducted from Your pay and remitted to Us by the Employer.

PREMIUM ADJUSTMENT

The Company may change the premium rates from time to time with at least sixty (60) days advance written notice to the Employer.

The Company reserves the right to change rates at any time if any of the following events take place:

1. the terms of the coverage changes;
2. [the Participation Requirements stated in the Policy Schedule of Benefits are not met;] or
3. any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

The Employer may request in writing a change in the Policy at any time without Your consent or the consent of any other interested party. Any such change is subject to Our approval and requires the signature of the Employer and an Officer of the Company in order to be effective. We will provide notice of any such change to You in a timely manner.

The Company will not extend retroactive coverage, or termination, to Employees or Dependents due to clerical errors by the Employer, for a time period greater than sixty (60) days.

GRACE PERIOD

A Grace Period may apply to any premium payments made in any mode other than a single premium. Premium payments after the initial premium payment may be paid within the Grace Period. The Grace Period will last for 31 days after the due date of the premium payment. During the Grace Period, the coverage will remain in force. However, the Company is not obligated to pay any claims incurred during the Grace Period until the premium due is received. If premium payments are not made by the end of the Grace Period, the coverage will immediately cease to be in force.

No Grace Period will be provided if the Company receives notice to terminate the Covered Person's coverage prior to a premium due date.

UNPAID PREMIUM

Any due and unpaid premium may be deducted from any benefits then payable.

PREMIUM REFUND AT DEATH

If a Covered Person's coverage terminates due to death, the Company will refund the pro rata unearned portion of any premium paid for such Covered Person.

MISSTATEMENT OF AGE

If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be an adjustment of premiums based on his/her true age. If the benefits for which the Covered Person is eligible are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his/her true age. The Company may require satisfactory proof of age before paying any claim.

CLAIM PROVISIONS

NOTICE OF CLAIM

The Employee must give the Company written notice of a claim. It should be given within 60 days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by the Employee or on behalf of the Employee to Us at our Home Office, or to any authorized agent of the Company, with information sufficient to identify the Covered Person, will be deemed notice to the Company.

CLAIM FORMS

The Company will send the Employee a claim form when a notice of claim is received. If the form is not furnished within 15 days from the time the Employee gives notice, the Employee may fulfill the proof of loss requirements by sending written proof covering the occurrence, the character and the extent of the loss for which claim is made within the time set in Proof of Loss.

PROOF OF LOSS

The Employee must give the Company written proof of loss within 90 days after such loss. If it is not reasonably possible to do so, the Company will not reduce or deny the Employee's claim for being late if proof is given as soon as reasonably possible. It must, however, be given within 15 months from the date of loss, unless the Employee is not legally capable.

TIME OF PAYMENT OF CLAIMS

Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

Benefits for loss of life will be payable in accordance with the Beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits will be payable to the estate of the Employee. Any other accrued indemnities unpaid at the Employee's death may, at Our option, be paid either to such Beneficiary or to such estate. All other indemnities will be payable to the Employee.

If any benefit is payable to the estate of the Employee, or to an Employee or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity up to an amount not exceeding \$1,000 to any relative by blood or connection by marriage of the Employee or Beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment.

ASSIGNMENT

An Employee may assign all of his/her rights, privileges and benefits under the Policy without the consent of his/her designated Beneficiary. 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 the Policy.

CHANGE OF BENEFICIARY

The right to change a Beneficiary is reserved for the Employee, and the consent of the Beneficiary or beneficiaries is not required for the surrender or assignment of the benefits, for any change of Beneficiary or beneficiaries, or for any other changes in the coverage.

PHYSICAL EXAMINATIONS AND AUTOPSY

The Company may have a Covered Person examined at its own expense as often as it may reasonably require while their claim is pending under the Policy 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 shall be brought to recover under the Policy for at least 60 days after the Employee has given the Company written proof of loss in accordance with the requirements of the Policy. The Employee cannot start such action more than 3 years after the date proof of loss is required to be furnished.

RIGHT OF RECOVERY

When an overpayment has been made by Us, We will have the right to: a) recover that overpayment from the person to whom or on whose behalf it was made; or b) offset the amount of that overpayment from a future claim payment.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

The Policy, the Application(s), the Riders (if any), and any attached papers make up the entire contract between the Employer and the Company.

In the absence of fraud, all statements made by the Employee will be considered representations and not warranties. No written statement made by the Employee will be used in any contest unless a copy of the statement is furnished to the Employee or his/her Beneficiary or personal representative.

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

The Company may amend or change the Policy by written agreement with the Employer. We may amend or change the Certificate at any time, without the consent of the Employer, the Employee, any Covered Person or beneficiary, if required by law. Any amendment will be without prejudice to any charge incurred prior to the effective date of the change.

TIME LIMIT ON CERTAIN DEFENSES

After 3 years from the Certificate Effective Date, no misstatements, except fraudulent misstatements, made by the Employee in the Enrollment Form for coverage will be used to void the coverage after the expiration of the three-year period.

A claim for loss incurred beginning [6-12] months after a Covered Person's Certificate Effective Date will not be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed before the Certificate Effective Date of coverage.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Employer is located is hereby amended to conform to the minimum requirements of those statutes.

WORKERS' COMPENSATION

This coverage is not in lieu of, is not in any way subject to, and does not affect any requirement for coverage by Workers' Compensation insurance.

ERISA

The Employer has established and maintains an employee welfare benefit plan as defined in the Employee Retirement Security Act of 1974, as amended, to provide the benefits described in the Policy to its Employees and their Dependents. These benefits are insured by Us under the Policy, which the Employer endorses. The Employer is the Plan Administrator, Plan Sponsor, named fiduciary, and, if applicable, Plan Trustee, for the Plan. For more information about the plan, consult the Policy. ERISA does not apply to certain plans, such as government plans and church plans.

Standard  **Life**
AND ACCIDENT
INSURANCE COMPANY
A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES