

SERFF Tracking Number: CEUL-127359568 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 49505
 Company Tracking Number:
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: 2010 HPHI Amendment
 Project Name/Number: /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: 2010 HPHI Amendment SERFF Tr Num: CEUL-127359568 State: Arkansas
 TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 49505

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor
 Authors: Leigh Floyd, Rebecca Podowski Disposition Date: 08/10/2011
 Date Submitted: 08/09/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 09/09/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 08/10/2011
 State Status Changed: 08/10/2011

Deemer Date: Created By: Rebecca Podowski
 Submitted By: Rebecca Podowski Corresponding Filing Tracking Number:

Filing Description:

We are filing for review and approval a revised actuarial memorandum, outline of coverage and initial hospital confinement rider to correspond with a previously approved product. The base policy associated with these documents is CUL-HPHI-2010-AR, approved on 8/16/2010 and is currently for sale in your state. In marketing the product, we realized an error occurred with the original design and it was our intent to offer the insured the ability to purchase additional units for the confinement rider and therefore needed to revise the current rider to indicate the scheduled benefit amount is per unit. The new actuarial memorandum reflects the ability of the insured to purchase multiple units for this rider; the revised outline of coverage and rider indicate the benefit amounts are now per unit.

The form numbers being filed are:

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CUL-HPHI-OC-AR (2) - Outline of Coverage
 CUL-HRFHC (2) - First Hospital Indemnity Rider

We have attached redlined copies of the forms indicating where changes were made for your convenience. We appreciate the Departments time in reviewing our product.

Company and Contact

Filing Contact Information

Rebecca Podowski, rpodowsk@manhattanlife.com
 10700 Northwest Freeway 713-529-0045 [Phone]
 Houston, TX 77092

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas
 Wortham Tower Group Code: 117 Company Type:
 2727 Allen Parkway Group Name: State ID Number:
 Suite 500 FEIN Number: 42-0884060
 Houston, TX 77019-2100
 (713) 529-0045 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	08/09/2011	50476172

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Correspondence Summary

Dispositions

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

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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):
Central United Life Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Redlines	Approved-Closed	Yes
Supporting Document	Variability	Approved-Closed	Yes
Form	First Hospital Confinement Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 08/10/2011	CUL- HRFHC (2)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	First Hospital Confinement Rider	Initial			FIRSTHOSPI TALCONFINE MENTRIDER final 0811.pdf

CENTRAL UNITED LIFE INSURANCE

Home Office: [Little Rock, AR 72201]

Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

FIRST HOSPITAL CONFINEMENT RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Calendar Year: The period starting on the Policy Effective Date and ending on December 31 of the same year. From then on, it is the period starting on January 1 and ending on December 31.

First Hospital Confinement: The first Period of Confinement in a Calendar Year for an Insured. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

Sickness: Disease or illness, including pregnancy, which: (1) is diagnosed or treated while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

We will pay the Benefit Amount for an Insured's First Hospital Confinement. Before Benefits are payable, the Hospital Confinement must:

- a. be due to Injury or Sickness; and
- b. begin while this Rider is in force for the Insured; and
- c. be at the direction of and under the supervision of a Physician.

The Benefit Amount is listed on the Schedule in this Rider. The Benefit Amount will be the amount next to the total number of days of Hospital Confinement during the Period of Confinement. Benefits for this Rider will be limited to the First Hospital Confinement each Calendar Year for each Insured. The Benefit Amount is not a cumulative benefit and will not exceed the maximum benefit amount for the number of units purchased for each Insured for each Calendar Year.

SCHEDULE

<u>Total Days of Hospital Confinement</u>	<u>Benefit Amount per unit</u>
One	\$500.00
Two	\$1,000.00
Three	\$2,000.00
Four	\$3,000.00
Five	\$4,000.00
Six	\$5,000.00

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	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):
Central United Life Insurance Company	%	%				%	%

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/10/2011
Comments:			
Attachment:			
Readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/10/2011
Bypass Reason:	Previously approved application form number: CUL-HPHI-APP 2010-AR, approved 8/6/2010		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	08/10/2011
Comments:	I have included the originally approved actuarial memo and the new addendum		
Attachments:			
CULIC HPHI 1st HC Rider Act Memo (2nd Unit) - Generic 7-29-11.pdf			
CULICHPHIActMemo- approved 2010.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	08/10/2011
Comments:			
Attachment:			
CUL-HPHI-OC-AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Redlines	Approved-Closed	08/10/2011

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Comments:

Attachments:

CUL-HPHI-OC-AR Redlined.pdf
FIRSTHOSPITALCONFINEMENTRIDER REV 0811.pdf

	Item Status:	Status
Satisfied - Item: Variability	Approved-Closed	Date: 08/10/2011
Comments:		
Attachment:		
Statement of Variability.pdf		

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer: Central United Life Insurance Company
10700 Northwest Freeway
Houston, TX 77092

I hereby certify that the following scores are true:

Form Name	Form Number	Flesch Score	Number of Sentences	Number of Words
Outline of Coverage	CUL-HPHI-OC (2)	55.2	97	2,604
First Hospital Confinement Rider	CUL-HRFHC (2)	68.7	40	756

Signature of an Officer of the Insurer

Mary Lou Rainey

Name (Print) Mary Lou Rainey

Title Secretary

Date August 8, 2011

CENTRAL UNITED LIFE INSURANCE COMPANY
[10700 Northwest Freeway]
[Houston, Texas 77092]

HOSPITAL INDEMNITY POLICY
POLICY FORM CUL-HPHI2010-AR

REQUIRED OUTLINE OF COVERAGE

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

PARAGRAPH 1. Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2. Hospital Indemnity coverage is designed to provide You with a fixed daily benefit during periods of Hospital confinement resulting from a covered Injury or Sickness or combination thereof. Coverage is provided for the Benefits outlined in paragraph (3). The Benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

POLICY SCHEDULE

Hospital Indemnity Benefit

Elimination Period: Injury	0 Days
Elimination Period: Sickness	[0; 1] Day
Maximum Benefit Period	[180; 365] Days
Daily Benefit for Primary Insured	[\$80 to \$500 in increments of \$10]
Daily Benefit for Eligible Spouse	[\$80 to \$500 in increments of \$10]
Daily Benefit for each Eligible Dependent Child	[\$80 to \$500 in increments of \$10]

HOSPITAL INDEMNITY BENEFIT

We will pay a Daily Benefit, as shown on the Policy Schedule for each day of Hospital Confinement for an Insured for Injury or Sickness. Before Benefits are payable, the Hospital Confinement must:

- a. be at the direction of and under the supervision of a Physician; and
- b. continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness; and
- c. begin after the Policy Effective Date and while the Policy is in force for the Insured; and
- d. be due to Injury or Sickness that is not excluded by name or description in the Policy; and
- e. result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For Benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

PARAGRAPH 4

LIMITATIONS AND EXCLUSIONS

The Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from:

- a. treatment of alcoholism or drug addiction; or
- b. being legally intoxicated or being under the influence of any drug unless prescribed by a Physician; or
- c. attempted suicide while sane or insane or willful and intentional self-inflicted Injury; or
- d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- e. engaging in an illegal activity; or

- f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions; or
- g. care that is primarily for rest, convalescence or rehabilitation; or
- h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or
- i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- j. any Pre-Existing Conditions as defined in the Policy; or
- k. conditions specifically excluded by amendment or endorsement.

The Policy (including any Rider(s) attached) does not pay and Daily Benefit amount(s) if there is no Hospital room and board charge.

PARAGRAPH 5

OPTIONAL BENEFIT RIDERS

(Available with additional premium)

Emergency Accident Rider: If an Insured is Injured and requires Emergency Care by a Physician, We will pay a Benefit Amount [\$50 to \$500 in increments of \$50]. The treatment must be rendered in an emergency room of a Hospital or in a Physician's office and received within 72 hours of the Injury. Benefits are limited to 4 treatments per Insured in a Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Emergency Care treatments each Calendar Year.

Outpatient Sickness Rider: If an Insured requires outpatient treatment due to a Sickness and such treatment is rendered in: a) an out-of-Hospital facility, We will pay the Benefit Amount; or b) a Hospital emergency room, We will pay 1.5 times the Benefit Amount. The Benefit Amount is [\$25 to \$500 in increments of \$25]. Benefits are limited to 4 different Sicknesses each Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Sicknesses each Calendar Year.

Intensive Care Unit Rider: If an Insured is confined in a Hospital's Intensive Care Unit due to an Injury or Sickness, We will pay the Daily Benefit Amount [\$10 to \$2,500 in increments of \$10] for each day of confinement for which there is a room and board charge by the Hospital. This amount is not to exceed 20 days during any Period of Confinement.

Accidental Death Benefit & Dismemberment Rider: We will pay the applicable Benefit Amount of [\$1,000 to \$100,000 in increments of \$1,000] for You, [\$1,000 to \$25,000 in increments of \$1,000] for Your Spouse and [\$1,000 to \$10,000 in increments of \$1,000] for each Eligible Dependent Child. However if such person(s) sustains an Injury, which results in death within 90 days of the Injury. If such death results from an Injury sustained while a fare-paying passenger in a common carrier, the amount payable will be twice the applicable Benefit Amount. We will pay the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of both eyes entirely, irrecoverably and uncorrectable; or b) severance of both hands at or above the wrist joint or both feet at or above the ankle joint; or c) severance of one hand at or above the wrist joint and one foot at or above the ankle joint. We will pay one-half the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of one eye entirely, irrecoverably and uncorrectable; or b) severance of one hand at or above the wrist joint or one foot at or above the ankle joint. The total amount We will pay for all losses as the result of any one Injury will not exceed the applicable Benefit Amount except for death resulting from a common carrier accident as described above.

Surgical Plus Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$2,500 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia. The Rider also includes the following additional Benefits: **Breast Reconstructive Surgery Benefits:** We will pay a scheduled benefit when breast reconstructive surgery is performed on an Insured after a covered mastectomy under the Surgical Benefit. **Breast Prosthetic Devices Benefit:** We will pay a scheduled benefit when breast prosthetic devices are used on an Insured after a covered

mastectomy under the Surgical Benefit for a maximum of two prosthetic devices. **Mammography Screening Benefit:** We will pay 4% of the Insured's Maximum Benefit when a mammography screening is performed subject to the frequency requirements at age intervals contained in the Rider. At any age, the Benefit will be paid if the mammogram is performed at the request of the Insured's Physician. **Papanicolaou Test (Pap Smear) Benefit:** We will pay 1% of the Insured's Maximum Benefit shown above when a Pap Smear is performed limited to one screening test per year for ages 18 and over.

Surgical Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$25,000 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia.

Private Duty Nurse Rider: For each day an Insured receives the services of a Private Duty Nurse during a Hospital Confinement, We will pay the Daily Benefit Amount [\$10 to \$250 in increments of \$10] up to a maximum of 30 days during any Period of Confinement. The service must: a) be rendered as the result of an Injury or Sickness; b) be at the direction of and under the supervision of a Physician; c) be Medically Necessary and provided for at least 8 hours a day; and d) begin while the Rider is in force for the Insured. We will pay only one Daily Benefit for all Private Duty Nurse services received within a consecutive 24-hour period.

Hospital Injury Indemnity Rider: We will pay the Benefit Amount [\$30 to \$500 or the Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10] for a Hospital Confinement which: a) begins while the Rider is in force for the Insured; b) is at the direction and supervision of a Physician; and c) for treatment of an Injury. The maximum number of days We will pay during a Period of Confinement is 365.

Lump Sum Indemnity Rider: We will pay the Benefit Amount [\$40 to \$10,000 in increments of \$20] for an Insured's First Hospital Confinement, which is: a) due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and is at the direction of and under the supervision of a Physician. This Benefit is limited to the Benefit Amount each Calendar Year for each Insured.

Specified Injury Benefit Rider: We will pay the following Benefits: **Appliance:** We will pay \$25 if an Insured is Injured and is required to use an appliance as a result of the Injury. Dental appliances or orthodontia will not be covered. A Physician must advise the use of an appliance and the Insured must begin using it within 90 days after the Injury. **Ambulance:** We will pay \$25 if an Insured is Injured and requires transportation by a professional ambulance service to a Hospital within 90 days after the Injury. **Blood/Plasma:** We will pay \$50 if an Insured is Injured and requires blood/plasma within 90 days after the Injury. **Burns:** We will pay \$600 if an Insured receives burns in an Injury and is treated by a Physician within 72 hours after the Injury. The burns must be second degree burns that cover at least 36% of the body surface or third degree burns that cover at least nine square inches of the body surface. **Dislocation (Separated Joint):** We will pay a scheduled benefit if an Insured receives a dislocation due to an Injury which is diagnosed by a Physician as a dislocation within 90 days after the Injury and which requires correction with the use of Anesthesia. Modified benefit amounts apply if an Insured receives more than one dislocation in an Injury, if a dislocation does not require anesthesia, if the dislocation is an incomplete dislocation or if an Insured receives a fracture and a dislocation in the same Injury. **Eye Injury:** We will pay \$100 if an Insured receives an eye injury requiring surgery with anesthesia that is performed by a Physician within 90 days after the Injury. **Fracture (Broken Bone):** We will pay a scheduled benefit if an Insured receives a fracture in an Injury which is diagnosed by a Physician within 90 days after the Injury and which requires correction by a Physician. Modified benefit amounts apply if an Insured receives more than one fractured bone in an Injury, a chop fracture, or if the Insured receives a fracture and a dislocation in the same Injury. **Ruptured Disk:** If an Insured receives a ruptured disk in an Injury which is treated by a Physician within 90 days after the Injury and repaired with surgery within one year after the Injury, We will pay \$100 if such Injury occurs less than one year after the Rider effective date and \$400 if such Injury occurs one year or more after the Rider effective date. **Tendon/Ligament:** If an

Insured receives an Injury to a tendon/ligament causing it to be torn, ruptured or severed and which is repaired within 90 days of the Injury, We will pay \$500 for repair of one tendon or ligament and \$750 for repair of all tendons/ligaments if more than one. **Torn Knee Cartilage:** If an Insured receives a torn knee cartilage (meniscus) in an Injury which is treated by a Physician within 90 days of the Injury and repaired by a Physician with surgery within one year after the Injury, We will pay \$100 if the Injury occurs less than one year after the Rider effective date and \$400 if the Injury occurs one year or more after the Rider effective date. **Gunshot Wound:** We will pay \$1,000 if You are Injured by a gunshot wound caused by a projectile from a conventional firearm and You did not intentionally shoot Yourself. It must require treatment by a Physician, including Hospital Confinement within 24 hours and surgery within 72 hours after the Injury. There are no Gunshot Wound benefits for Insured Dependents. If You are shot more than once in a 24-hour period, We will pay Benefits only for the first wound. Modified benefits apply if You receive a fracture or a dislocation as the result of the same gunshot would accident. The following limitations and exclusions apply to this Benefit in addition to those contained in the Hospital Confinement Policy: a) riding in or driving any motor-driven vehicle in a race, stunt show or speed test; b) driving a car or any other licensed vehicle on a highway without a valid operator's license; c) mountaineering, sky diving, hang gliding or bungee jumping; or d) Insured Dependent(s) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not apply to intramural sports. Sickness is not covered under the Specified Injury Rider.

First Hospital Confinement Rider: We will pay the Benefit Amount shown for an Insured's First Hospital Confinement which: a) is due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and c) is at the direction of and under the supervision of a Physician. The Benefit Amount is not a cumulative benefit and will not exceed the maximum benefit amount for the number of units purchased for each Insured each Calendar Year.

Total Days of Hospital Confinement	Benefit Amount per unit
One	\$500
Two	\$1,000
Three	\$2,000
Four	\$3,000
Five	\$4,000
Six	\$5,000

PARAGRAPH 6

RENEWABILITY

The Policy is Guaranteed Renewable until the Policy Anniversary Date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew the Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period.

PARAGRAPH 7

PREMIUM

We reserve the right to change the Premium rates. If We do this, We will give You 45 days notice of such change. The Policy provides a 31-day grace period during which period the Policy will remain in force.

Initial Premium for Base Policy: _____
 Initial Premium for Optional Rider(s): _____
 Total Initial Premium due with Application: _____

CENTRAL UNITED LIFE INSURANCE COMPANY
[10700 Northwest Freeway]
[Houston, Texas 77092]

HOSPITAL INDEMNITY POLICY
POLICY FORM CUL-HPHI2010-AR

REQUIRED OUTLINE OF COVERAGE

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

PARAGRAPH 1. Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2. Hospital Indemnity coverage is designed to provide You with a fixed daily benefit during periods of Hospital confinement resulting from a covered Injury or Sickness or combination thereof. Coverage is provided for the Benefits outlined in paragraph (3). The Benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

POLICY SCHEDULE

Hospital Indemnity Benefit

Elimination Period: Injury	0 Days
Elimination Period: Sickness	[0; 1] Day
Maximum Benefit Period	[180; 365] Days
Daily Benefit for Primary Insured	[\$80 to \$500 in increments of \$10]
Daily Benefit for Eligible Spouse	[\$80 to \$500 in increments of \$10]
Daily Benefit for each Eligible Dependent Child	[\$80 to \$500 in increments of \$10]

HOSPITAL INDEMNITY BENEFIT

We will pay a Daily Benefit, as shown on the Policy Schedule for each day of Hospital Confinement for an Insured for Injury or Sickness. Before Benefits are payable, the Hospital Confinement must:

- a. be at the direction of and under the supervision of a Physician; and
- b. continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness; and
- c. begin after the Policy Effective Date and while the Policy is in force for the Insured; and
- d. be due to Injury or Sickness that is not excluded by name or description in the Policy; and
- e. result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For Benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

PARAGRAPH 4

LIMITATIONS AND EXCLUSIONS

The Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from:

- a. treatment of alcoholism or drug addiction; or
- b. being legally intoxicated or being under the influence of any drug unless prescribed by a Physician; or
- c. attempted suicide while sane or insane or willful and intentional self-inflicted Injury; or
- d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces; or
- e. engaging in an illegal activity; or

- f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions; or
- g. care that is primarily for rest, convalescence or rehabilitation; or
- h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or
- i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- j. any Pre-Existing Conditions as defined in the Policy; or
- k. conditions specifically excluded by amendment or endorsement.

The Policy (including any Rider(s) attached) does not pay and Daily Benefit amount(s) if there is no Hospital room and board charge.

PARAGRAPH 5

**OPTIONAL BENEFIT RIDERS
(Available with additional premium)**

Emergency Accident Rider: If an Insured is Injured and requires Emergency Care by a Physician, We will pay a Benefit Amount [\$50 to \$500 in increments of \$50]. The treatment must be rendered in an emergency room of a Hospital or in a Physician's office and received within 72 hours of the Injury. Benefits are limited to 4 treatments per Insured in a Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Emergency Care treatments each Calendar Year.

Outpatient Sickness Rider: If an Insured requires outpatient treatment due to a Sickness and such treatment is rendered in: a) an out-of-Hospital facility, We will pay the Benefit Amount; or b) a Hospital emergency room, We will pay 1.5 times the Benefit Amount. The Benefit Amount is [\$25 to \$500 in increments of \$25]. Benefits are limited to 4 different Sicknesses each Calendar Year with the exception of Eligible Dependent Children. The Benefits for Eligible Dependent Children are limited to a combined total of 4 different Sicknesses each Calendar Year.

Intensive Care Unit Rider: If an Insured is confined in a Hospital's Intensive Care Unit due to an Injury or Sickness, We will pay the Daily Benefit Amount [\$10 to \$2,500 in increments of \$10] for each day of confinement for which there is a room and board charge by the Hospital. This amount is not to exceed 20 days during any Period of Confinement.

Accidental Death Benefit & Dismemberment Rider: We will pay the applicable Benefit Amount of [\$1,000 to \$100,000 in increments of \$1,000] for You, [\$1,000 to \$25,000 in increments of \$1,000] for Your Spouse and [\$1,000 to \$10,000 in increments of \$1,000] for each Eligible Dependent Child. However if such person(s) sustains an Injury, which results in death within 90 days of the Injury. If such death results from an Injury sustained while a fare-paying passenger in a common carrier, the amount payable will be twice the applicable Benefit Amount. We will pay the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of both eyes entirely, irrecoverably and uncorrectable; or b) severance of both hands at or above the wrist joint or both feet at or above the ankle joint; or c) severance of one hand at or above the wrist joint and one foot at or above the ankle joint. We will pay one-half the applicable Benefit Amount for an Injury which, within 90 days results in: a) loss of the sight of one eye entirely, irrecoverably and uncorrectable; or b) severance of one hand at or above the wrist joint or one foot at or above the ankle joint. The total amount We will pay for all losses as the result of any one Injury will not exceed the applicable Benefit Amount except for death resulting from a common carrier accident as described above.

Surgical Plus Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$2,500 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia. The Rider also includes the following additional Benefits: **Breast Reconstructive Surgery Benefits:** We will pay a scheduled benefit when breast reconstructive surgery is performed on an Insured after a covered mastectomy under the Surgical Benefit. **Breast Prosthetic Devices Benefit:** We will pay a scheduled benefit when breast prosthetic devices are used on an Insured after a covered

mastectomy under the Surgical Benefit for a maximum of two prosthetic devices. **Mammography Screening Benefit:** We will pay 4% of the Insured's Maximum Benefit when a mammography screening is performed subject to the frequency requirements at age intervals contained in the Rider. At any age, the Benefit will be paid if the mammogram is performed at the request of the Insured's Physician. **Papanicolaou Test (Pap Smear) Benefit:** We will pay 1% of the Insured's Maximum Benefit shown above when a Pap Smear is performed limited to one screening test per year for ages 18 and over.

Surgical Rider: If a Physician performs surgery due to Injury or Sickness while the Rider is in force, We will pay a scheduled Surgical Benefit subject to a Maximum Benefit [\$500 to \$25,000 in increments of \$100]. When anesthesia is used by a Physician on an Insured during a covered surgical procedure, We will pay 25% of the amount paid under the Surgical Benefit for the anesthesia.

Private Duty Nurse Rider: For each day an Insured receives the services of a Private Duty Nurse during a Hospital Confinement, We will pay the Daily Benefit Amount [\$10 to \$250 in increments of \$10] up to a maximum of 30 days during any Period of Confinement. The service must: a) be rendered as the result of an Injury or Sickness; b) be at the direction of and under the supervision of a Physician; c) be Medically Necessary and provided for at least 8 hours a day; and d) begin while the Rider is in force for the Insured. We will pay only one Daily Benefit for all Private Duty Nurse services received within a consecutive 24-hour period.

Hospital Injury Indemnity Rider: We will pay the Benefit Amount [\$30 to \$500 or the Daily Hospital Indemnity Benefit amount whichever is less in increments of \$10] for a Hospital Confinement which: a) begins while the Rider is in force for the Insured; b) is at the direction and supervision of a Physician; and c) for treatment of an Injury. The maximum number of days We will pay during a Period of Confinement is 365.

Lump Sum Indemnity Rider: We will pay the Benefit Amount [\$40 to \$10,000 in increments of \$20] for an Insured's First Hospital Confinement, which is: a) due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and is at the direction of and under the supervision of a Physician. This Benefit is limited to the Benefit Amount each Calendar Year for each Insured.

Specified Injury Benefit Rider: We will pay the following Benefits: **Appliance:** We will pay \$25 if an Insured is Injured and is required to use an appliance as a result of the Injury. Dental appliances or orthodontia will not be covered. A Physician must advise the use of an appliance and the Insured must begin using it within 90 days after the Injury. **Ambulance:** We will pay \$25 if an Insured is Injured and requires transportation by a professional ambulance service to a Hospital within 90 days after the Injury. **Blood/Plasma:** We will pay \$50 if an Insured is Injured and requires blood/plasma within 90 days after the Injury. **Burns:** We will pay \$600 if an Insured receives burns in an Injury and is treated by a Physician within 72 hours after the Injury. The burns must be second degree burns that cover at least 36% of the body surface or third degree burns that cover at least nine square inches of the body surface. **Dislocation (Separated Joint):** We will pay a scheduled benefit if an Insured receives a dislocation due to an Injury which is diagnosed by a Physician as a dislocation within 90 days after the Injury and which requires correction with the use of Anesthesia. Modified benefit amounts apply if an Insured receives more than one dislocation in an Injury, if a dislocation does not require anesthesia, if the dislocation is an incomplete dislocation or if an Insured receives a fracture and a dislocation in the same Injury. **Eye Injury:** We will pay \$100 if an Insured receives an eye injury requiring surgery with anesthesia that is performed by a Physician within 90 days after the Injury. **Fracture (Broken Bone):** We will pay a scheduled benefit if an Insured receives a fracture in an Injury which is diagnosed by a Physician within 90 days after the Injury and which requires correction by a Physician. Modified benefit amounts apply if an Insured receives more than one fractured bone in an Injury, a chop fracture, or if the Insured receives a fracture and a dislocation in the same Injury. **Ruptured Disk:** If an Insured receives a ruptured disk in an Injury which is treated by a Physician within 90 days after the Injury and repaired with surgery within one year after the Injury, We will pay \$100 if such Injury occurs less than one year after the Rider effective date and \$400 if such Injury occurs one year or more after the Rider effective date. **Tendon/Ligament:** If an

Insured receives an Injury to a tendon/ligament causing it to be torn, ruptured or severed and which is repaired within 90 days of the Injury, We will pay \$500 for repair of one tendon or ligament and \$750 for repair of all tendons/ligaments if more than one. **Torn Knee Cartilage:** If an Insured receives a torn knee cartilage (meniscus) in an Injury which is treated by a Physician within 90 days of the Injury and repaired by a Physician with surgery within one year after the Injury, We will pay \$100 if the Injury occurs less than one year after the Rider effective date and \$400 if the Injury occurs one year or more after the Rider effective date. **Gunshot Wound:** We will pay \$1,000 if You are Injured by a gunshot wound caused by a projectile from a conventional firearm and You did not intentionally shoot Yourself. It must require treatment by a Physician, including Hospital Confinement within 24 hours and surgery within 72 hours after the Injury. There are no Gunshot Wound benefits for Insured Dependents. If You are shot more than once in a 24-hour period, We will pay Benefits only for the first wound. Modified benefits apply if You receive a fracture or a dislocation as the result of the same gunshot would accident. The following limitations and exclusions apply to this Benefit in addition to those contained in the Hospital Confinement Policy: a) riding in or driving any motor-driven vehicle in a race, stunt show or speed test; b) driving a car or any other licensed vehicle on a highway without a valid operator's license; c) mountaineering, sky diving, hang gliding or bungee jumping; or d) Insured Dependent(s) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not apply to intramural sports. Sickness is not covered under the Specified Injury Rider.

First Hospital Confinement Rider: We will pay the Benefit Amount shown for an Insured's First Hospital Confinement which: a) is due to Injury or Sickness; b) begins while the Rider is in force for the Insured; and c) is at the direction of and under the supervision of a Physician. The Benefit Amount is not a cumulative benefit and will not exceed the maximum benefit amount for the number of units purchased \$5,000 for each Insured each Calendar Year.

Total Days of Hospital Confinement	Benefit Amount <u>per unit</u>
One	\$500
Two	\$1,000
Three	\$2,000
Four	\$3,000
Five	\$4,000
Six	\$5,000

PARAGRAPH 6

RENEWABILITY

The Policy is Guaranteed Renewable until the Policy Anniversary Date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew the Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period.

PARAGRAPH 7

PREMIUM

We reserve the right to change the Premium rates. If We do this, We will give You 45 days notice of such change. The Policy provides a 31-day grace period during which period the Policy will remain in force.

Initial Premium for Base Policy: _____
 Initial Premium for Optional Rider(s): _____
 Total Initial Premium due with Application: _____

CENTRAL UNITED LIFE INSURANCE
Home Office: [Little Rock, AR 72201]
Administrative Office: [10700 Northwest Freeway Houston, TX 77092] [800-669-9030]

FIRST HOSPITAL CONFINEMENT RIDER

Rider Effective Date: _____
(If other than the Policy Effective Date)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as of the Policy Effective Date unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All Definitions, Provisions, Limitations and Exceptions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Calendar Year: The period starting on the Policy Effective Date and ending on December 31 of the same year. From then on, it is the period starting on January 1 and ending on December 31.

First Hospital Confinement: The first Period of Confinement in a Calendar Year for an Insured. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

Injury/Injured: Bodily injuries sustained which:

- a. are directly caused by an accident, independent of all other causes; and
- b. have not been specifically excluded by name or description in the Policy or this Rider; and
- c. are not caused or contributed to by Sickness; and
- d. occur while this Rider is in force for the Insured.

Losses that occur after the Pre-Existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Rider unless the Injury has been specifically excluded by name or description within the Policy or Rider.

Period of Confinement: One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

Sickness: Disease or illness, including pregnancy, which: (1) is diagnosed or treated while this Rider is in force for the Insured; and (2) does not result from Pre-Existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy or this Rider.

BENEFITS

We will pay the Benefit Amount for an Insured's First Hospital Confinement. Before Benefits are payable, the Hospital Confinement must:

- a. be due to Injury or Sickness; and
- b. begin while this Rider is in force for the Insured; and
- c. be at the direction of and under the supervision of a Physician.

The Benefit Amount is listed on the Schedule in this Rider. The Benefit Amount will be the amount next to the total number of days of Hospital Confinement during the Period of Confinement. Benefits for this Rider will be limited to the First Hospital Confinement each Calendar Year for each Insured. The Benefit Amount is not a cumulative benefit and will not exceed ~~\$5,000~~ the maximum benefit amount for the number of units purchased for each Insured for each Calendar Year.

SCHEDULE

<u>Total Days of Hospital Confinement</u>	<u>Benefit Amount per unit</u>
One	\$500.00
Two	\$1,000.00
Three	\$2,000.00
Four	\$3,000.00
Five	\$4,000.00
Six	\$5,000.00

TERMINATION

This Rider ends on the earlier of the date:

- a. Your coverage terminates under the Policy to which this Rider is attached; or
- b. any Premium for this Rider is not paid before the end of the Grace Period; or
- c. You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider and when this occurs, the new rate will be guaranteed for a period of not less than 12 months. We may change the Premiums if:

- a. We change the Premiums for all riders of this same form and issue age in Your state of issue; and
- b. such change complies with the laws and regulations of Your state of issue; and
- c. We give You 45 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.



[Dan George
President]

Statement of Variability

Form Number	Variable	Explanation of Variability
CUL-HPHI-OC (2) and CUL-HRHFC (2)	Company Address and Officers	Company may change it's address and officers.

This form certifies that the final form will:

1. Not contain bracketed data;
2. Be used in a non-discriminatory manner, and will be administered in a uniform fashion; and
3. Be used on the referenced forms.

This form also certifies:

1. Any changes to the variable data will be submitted prior to implementation;
2. All variable information is denoted by brackets;
3. Variable data is reasonable, appropriate and compliant;
4. No unauthorized data will be used.


Signature

Mary Lou Rainey
Secretary