

SERFF Tracking Number: LSVX-G127327567 State: Arkansas
 Filing Company: USable Life State Tracking Number: 49376
 Company Tracking Number: AR001190100003
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Policy, CIP2-R
 Project Name/Number: Critical Illness Policy, CIP2-R/AR001190100003

Filing at a Glance

Company: USable Life

Product Name: Critical Illness Policy, CIP2-R SERFF Tr Num: LSVX-G127327567 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 49376

Sub-TOI: H071.001 Critical Illness Co Tr Num: AR001190100003 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Author: SPI Life and Specialty Ventures Disposition Date: 08/02/2011

Ventures

Date Submitted: 07/22/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 07/22/2011

State Filing Description:

Implementation Date:

General Information

Project Name: Critical Illness Policy, CIP2-R

Project Number: AR001190100003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

Created By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI Life and Specialty Ventures

Filing Description:

We are enclosing for your review and approval individual critical illness policies with and without cancer coverage and an application which will be used with these policies. These forms are new and do not replace any forms previously approved by your department. These policies will be marketed to individuals by contracted agents and brokers.

The forms have been tested for readability and the certification is enclosed for your review. We have also enclosed an actuarial memorandum prepared by an actuary.

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Forms that are approved and will also be used with this product are:

Form Number	Form Name	Date Approved
CIP-ELIM (6-00)	Critical Illness Elimination Rider	07/06/2000
CONV-APP (12-01)	Conversion Application	12/19/2001
APP-NOTICE (9-08)	Notice to Proposed Insured	10/23/2008
END (9-96)	Endorsement for Accident & Health	10/15/1996
IND-CHG (8-00)	Request for Change & Request for Duplicate Policy	08/04/2000

USAbLe Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format. We also reserve the right to change our address or officers' signatures as necessary.

The applications may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your state's laws and regulations.

Company and Contact

Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst rwittenburg@usablelife.com
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USAbLe Life CoCode: 94358 State of Domicile: Arkansas
 PO Box 1650 Group Code: 876 Company Type: Life & Health
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
 Ventures (LSV)
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No

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Fee Explanation: \$50 per form x 4 forms. \$50 per rate x 1 rate.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$250.00	07/22/2011	50019850

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/02/2011	08/02/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/29/2011	07/29/2011	SPI Life and Specialty Ventures	08/01/2011	08/01/2011

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Disposition

Disposition Date: 08/02/2011

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):
USable Life	%	%	\$		\$	%	%

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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	Statement of Variability	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Critical Illness Policy with Cancer	Approved-Closed	Yes
Form	Critical Illness Policy	Approved-Closed	Yes
Form	Critical Illness Application	Approved-Closed	Yes
Form	Critical Illness Outline of Coverage	Approved-Closed	Yes
Rate (revised)	Monthly Premium Schedule	Approved-Closed	Yes
Rate	Actuarial Justification of Premium Rates	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/29/2011
Submitted Date 07/29/2011

Respond By Date

Dear Rob Wittenburg,

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Justification of Premium Rates, [CIP2-R (7-07), CIP2-WC-R (7-07)] (Rate)

Comment:

It is requested that you attach the actuarial memorandum under the Supporting Documentation Tab and the rates only under the Rate Rule/Schedule.

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 08/01/2011
Submitted Date 08/01/2011

Dear Rosalind Minor,

Comments:

The following is in response to your July 29, 2011 objection letter:

Response 1

Comments: We have attached the actuarial memorandum under the Supporting Documentation Tab and the rates only under the Rate Rule/Schedule as requested.

Related Objection 1

Applies To:

- Actuarial Justification of Premium Rates, [CIP2-R (7-07), CIP2-WC-R (7-07)] (Rate)

Comment:

It is requested that you attach the actuarial memorandum under the Supporting Documentation Tab and the rates only under the Rate Rule/Schedule.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memorandum

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Monthly Premium Schedule	CIP2-R (7-07), CIP2-WC-R (7-07)	New	Previous State Filing Number	

0

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Previous Version

Actuarial CIP2-R (7-07), CIP2-WC-R New Previous State Filing Number
Justification of (7-07)
Premium Rates

0

We hope that with this additional information, this filing may now be considered for final approval. If you have any questions or comments, please call me at (800) 648-0271 ext. 8877. Thank you for your assistance.

Sincerely,

Rob Wittenburg

Sincerely,
SPI Life and Specialty Ventures

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Form Schedule

Lead Form Number: CIP2-WC-R (7-07)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/02/2011	CIP2-WC-R (7-07)	Policy/Contract	Critical Illness Policy with Cancer Certificate	Initial		45.400	AR CIP2-R WC.PDF
Approved-Closed 08/02/2011	CIP2-R (7-07)	Policy/Contract	Critical Illness Policy with Cancer Certificate	Initial		44.900	AR CIP2-R.PDF
Approved-Closed 08/02/2011	CIP2-RAPP (11-10)	Application/Form	Critical Illness Enrollment Application	Initial		44.900	CIP2-RAPP (11-10).PDF
Approved-Closed 08/02/2011	CIP2-R-SOC (11-10)	Outline of Coverage	Critical Illness Outline of Coverage	Initial		44.900	CIP2-R-SOC (11-10).PDF



Policy Number: [CIWC2CSTN01]
Primary Insured: [SAMUEL S SAMPLE SR]
Effective Date: [AUGUST 01, 2007]

We agree, subject to all policy provisions, to pay the benefits of this policy and to provide the owner with all other rights of this policy.

The premium you paid and the application you completed place this policy in force as of the effective date. The effective date is shown in the Policy Schedule. A copy of your application is attached.

PART A IMPORTANT PLEASE READ

Your application is a part of this policy. PLEASE READ the copy of your application that is attached to this policy. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid. If anything in your application is not correct, you should write to us within 30 days of the date you received this policy and let us know. Incorrect information could result in the denial of a claim or termination of this policy.

PART B 30-DAY RIGHT TO EXAMINE AND CANCEL POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return this policy to us within 30 days of the date you received it. The premium you paid will be promptly refunded. Then, the policy was never in force.

PART C RENEWAL AGREEMENT – GUARANTEED RENEWABLE FOR LIFE

We will renew your policy when you timely pay the premium. It must be paid on or before the date it is due or during the 31 days that follow. Your policy stays in force during this time.

You may cancel this policy at any time. The cancellation will be effective on the first day of the policy month following the date we receive your written cancellation notice, or on a later date if you so specify. Upon cancellation, we shall promptly return any unearned premium.

This policy is a legal contract between you and us. PLEASE READ THIS POLICY CAREFULLY.

Signed for us at our Home Office on the effective date.


Assistant Secretary


President

**This is a Limited Policy – Read It Carefully!
GUARANTEED RENEWABLE FOR LIFE
CRITICAL ILLNESS POLICY WITH CANCER**

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POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Type of Coverage: [Family]

Insured(s)	Name	Face Amount on Issue Date*	Age	Tobacco Use
[Primary	SAMUEL S SAMPLE SR	\$50,000	35	Yes]
[Spouse	SANDRA A SAMPLE SR	\$25,000	35	No]
[Children	Yes	\$10,000]		

* The face amount reduces by 50% on the first Policy Anniversary after age 75.

Policy	Monthly Premium
Critical Illness with Cancer Policy	[\$57.22]

Premium Schedule	[Annual	Semiannual	Quarterly	Monthly]
Total Premiums	[\$774.24	\$387.12	\$193.56	\$64.52]

Premium Frequency Selected By You: [Monthly]

The [Monthly] Premium is available [only by bank draft].

Waiting Period: [30 Days]

Specified Critical Illness	Percentage of Face Amount
Cancer	100%
Heart Attack	100%
Stroke	100%
End Stage Renal Disease	100%
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	100%
Quadriplegia	100%
Major Organ Transplant Surgery	100%
Coronary Artery Bypass Surgery ** (This benefit is payable only once per insured)	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure ** (This benefit is payable only once per insured)	10%
Carcinoma in Situ ** (This benefit is payable only once per insured)	10%

** If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments. On the policy anniversary following attainment of age 75, the face amount will be restated as 50% of the remaining amount payable.

Policy Number: [CIWC2CSTN01]
Primary Insured: [SAMUEL S SAMPLE SR]
Effective Date: [AUGUST 01, 2007]

PART D

PREMIUM CHANGE

We may change the premium rates for this policy. We can only change the premium if we change it for all policies of this form number and premium classification in your state of issue that are then in force. We will not change the premium more than once in a 12-month period.

We will notify you in writing of any change in premium 31 days or more before the change is effective. Notice will be mailed to you at the address shown on our records. Please notify us of any change in address.

PART E

DEFINITIONS

When we use the following words, this is what we mean:

“Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig’s Disease),” for the purposes of this policy, means a progressive degeneration of anterior horn cells of the spinal cord and the cranial nerves with involvement of both upper and lower motor neurons.

“Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure,” for the purposes of this policy, means therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.

“Cancer,” for the purposes of this policy, means the presence of a malignant tumor that is characterized by progressive, uncontrolled growth, spread of malignant cells, and invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary, or palliative care must have been initiated. Cancer must be positively diagnosed with histopathological confirmation by a medical practitioner who is a consultant oncologist. The following tumors are excluded:

- (1) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow.
- (2) All tumors which are histologically described as pre-malignant, non-invasive, or carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3).
- (3) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method.
- (4) Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a) or T1(b), or are of another equivalent or lesser classification.
- (5) Papillary micro-carcinoma of the thyroid.
- (6) Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification.
- (7) Chronic lymphocytic leukemia less than RAI Stage I or Binet Stage A-I.

“Carcinoma in situ,” for the purposes of this policy, means a malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in situ must be diagnosed with

histopathological confirmation. Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways:

Pathological Diagnosis

A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology.

Clinical Diagnosis

A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if:

- (1) a pathological diagnosis cannot be made because it is medically inappropriate or life-threatening; and
- (2) there is medical evidence to support the diagnosis; and
- (3) a physician is treating you for cancer and/or carcinoma in situ.

“**Covered Person(s)**” means persons, in addition to you, insured under this policy.

“**Coronary Artery Bypass Surgery,**” for the purposes of this policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and “keyhole” heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

“**Date of Diagnosis**” means the following:

For amyotrophic lateral sclerosis:

The date a neurologist determines that at least a 25% permanent whole person impairment exists based on an impairment evaluation performed in accordance with the then-current edition of the American Medical Association’s Guide to the Evaluation of Permanent Impairment.

For cancer and/or carcinoma in situ:

The day the tissue specimen, blood samples and/or titer(s) are taken on which the diagnosis of cancer or carcinoma in situ is based.

For heart attack:

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

For stroke:

The date a stroke occurred based on documented neurological deficits and neuroimaging studies. The diagnosis must be made by a licensed neurologist.

For end stage renal disease:

The date that your physician recommends that you begin renal dialysis or undergo a kidney transplant.

For quadriplegia:

The date of occurrence of the permanent loss of use of all four limbs and includes documented evidence of the illness or injury that caused the quadriplegia.

Major organ transplant surgery, coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure:

The date the surgery occurs for covered transplants, covered coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure.

“Effective Date” means the date shown on the Policy Schedule for all insured persons accepted for coverage at the time of issue provided the application has been accepted and approved by us, the policy has been issued and the full first premium has been paid; or the date shown by endorsement for all insured persons added to coverage after the policy has been issued. The effective date is assigned by us in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

“End Stage Renal Disease (ESRD),” for the purposes of this policy, means chronic irreversible failure of both kidneys to function such that you must undergo regular (at least weekly) hemodialysis or peritoneal dialysis or kidney transplantation.

“He” or “His” The use of the male pronoun also includes the female.

“Heart Attack” or “Myocardial Infarction,” for the purposes of this policy, means unequivocal diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by all of the following criteria:

- (1) Typical central chest pain suggestive of heart attack;
- (2) Diagnostic increase of specific cardiac markers typical for heart attack;
- (3) New ECG changes of infarction; and
- (4) Reduction in left ventricular function demonstrated by left ventricular ejection fraction of less than 40% on echocardiogram. Echocardiogram must be done at an accredited cardiac unit and be available for review.

After this policy has been issued, we may decide to accept other newly developed studies approved by the American College of Cardiology that are deemed to be at least as accurate in the positive diagnosis of heart attack as those previously listed.

“Home Office” means the principal office of US Able Life in Little Rock, Arkansas.

“Immediate Family” means anyone related to an insured person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or spouses of any of these.

“Insured Person” means you or any other person insured under this policy.

There are [four] types of coverage under this policy:

- (1) “Individual” coverage;
- (2) “Individual and Spouse” coverage[;
- (3) “One-Parent Family” coverage; or

(4) “Full Family” coverage].

If this policy is issued as an “Individual” policy, the word “Applicant” as shown on the application shall mean that we insure only you.

If this policy is issued as an “Individual and Spouse” policy, the words “Applicant and Spouse” as shown on the application shall mean that we insure you and your spouse.

[If this policy is issued as a “One-Parent Family” policy, the words “Applicant and Children” as shown on the application shall mean that we insure you and all your dependent children who are eligible for coverage as stated in the Dependent provisions of this policy.]

[If this policy is issued as a “Full Family” policy, the words “Applicant, Spouse and Children” as shown on the application shall mean that we insure you, your spouse and all dependent children (of yours or your spouse) who are eligible for coverage as stated in the Dependent provisions of this policy.]

“Major Organ Transplant,” for the purposes of this policy, means the human to human organ transplant from a donor to the insured person of one or more of the following organs: liver, heart, lung, pancreas, or the transplantation of bone marrow. The transplantation of any other organs, parts of organs, tissues or cells is excluded.

“Pathologist” means a physician, other than yourself or an immediate family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

“Physician” means a person who is providing services within the scope of his license, and is either: (a) licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is (b) legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. Such person must not be an immediate family member of any insured person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible physicians under this policy.

“Policy” means this document, any riders, endorsements, or amendments to it, and the application.

“Policy Anniversary Date” means the annual anniversary of the policy effective date.

“Pre-existing Condition” means a specified critical illness that is diagnosed or for which treatment is received within 24 months prior to the effective date of coverage for each insured person. **“Treatment”** means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of an insured person’s coverage was based on the medical history disclosed on the application, such conditions which were fully disclosed and not excluded or limited by us are not considered pre-existing conditions.

“Primary Insured” means the person named on page 1.

“Quadriplegia,” for the purposes of this policy, means the complete and irreversible paralysis of both upper and lower limbs. It means loss of use, without severance of a limb, which has lasted 30 days and is expected to last for a continuous period of 12 months or more from the date of the accident causing paralysis or the date of diagnosis of the sickness causing paralysis.

“Renewal Date” means the date your next premium payment is due.

“Stroke,” for the purposes of this policy, means the suffering of a stroke as a result of a cerebrovascular event. Stroke must result in permanent neurologic deficit measured three months or more after the event and result in a score of 3 or higher on the Modified Rankin Scale for stroke outcome. There must also be clear evidence on a CT, MRI, or similar appropriate imaging technique that a stroke has occurred, and either: (a) infarction of brain tissue; or (b) intracranial or subarachnoid hemorrhage.

Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions are excluded.

“Waiting Period” means the first thirty days following the insured person’s effective date under this policy. No benefits will be paid for a covered specified critical illness that is diagnosed during the waiting period. If the date of diagnosis of any insured’s specified critical illness occurs during the waiting period, this policy or any increase in coverage will be cancelled and all premiums returned.

“We,” “Our,” or “Us” means US Able Life.

“You” or “Your” means the person named as the primary insured on the Policy Schedule on page 3. You are insured for the benefits of the policy as of the effective date.

PART F EXCEPTIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS--LIMITATIONS FOR CERTAIN CONDITIONS:

The benefits of this policy will not be payable for loss caused by pre-existing conditions during the first 24 months this policy is in force. After this 24-month period, however, loss due to such pre-existing conditions will be payable unless specifically excluded from coverage. This 24 month period is measured from the effective date of coverage for each insured person.

EXCEPTIONS--WHAT WE WILL NOT PAY FOR:

This policy pays only for loss resulting from specified critical illnesses or surgeries, as defined in this policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

- (1) Conditions other than the specified critical illnesses or surgeries defined in the policy, unless directly caused or aggravated by said specified critical illness or surgery.
- (2) The insured person being diagnosed with a specified critical illness during the waiting period.

We will pay 10% of the face amount if an insured person has the following procedure performed:

- Balloon Angioplasty, Stent, Or Laser Relief Obstruction Procedure (*Payable only once per insured person.*)

We will pay 10% of the face amount if an insured person is diagnosed with:

- Carcinoma in situ (Payable only once per insured person.)

We will pay 100% of the face amount (less any amounts previously paid for diagnosis of carcinoma in situ, coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure) if an insured person is diagnosed with one of the following:

- Cancer
- Heart Attack
- Stroke
- End Stage Renal Disease
- Quadriplegia
- Major Organ Transplant
- Amyotrophic Lateral Sclerosis

The Coronary Artery Bypass Surgery Benefit, the Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure Benefit, and the Carcinoma in Situ Benefit are each payable only once per insured person. If one or more of these benefits are paid, the remaining amount payable will be the original face amount of this policy reduced by all prior benefit payments.

No benefits are payable for conditions other than the specified critical illnesses defined in the policy.

SPECIFIED CRITICAL ILLNESS BENEFIT AT AGE 75 AND AFTER

The face amount shown on the schedule page will reduce by 50% on the policy anniversary date after the insured person's 75th birthday. This will be the insured person's new face amount. However, if one or more benefits have been paid prior to age 75, the new face amount will be 50% of the remaining amount payable.

We will pay this benefit if an insured person is diagnosed with one of the covered specified critical illnesses if:

- (1) the Date of Diagnosis is during the life of the insured and while this policy is in force; and
- (2) it is not excluded by name or specific description in this policy.

We will pay 25% of the new face amount if an insured person has the following surgery performed:

- Coronary Artery Bypass Surgery (Payable only once per insured person.)

We will pay 10% of the new face amount if an insured person has the following procedure performed:

- Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure (*Payable only once per insured person.*)

We will pay 10% of the new face amount if an insured person is diagnosed with the following:

- Carcinoma in situ (Payable only once per insured person.)

We will pay 100% of the new face amount (less any amounts paid after the insured person reached age 75) if an insured person is diagnosed with one of the following:

- Cancer
- Heart Attack
- Stroke
- End Stage Renal Disease
- Quadriplegia
- Major Organ Transplant
- Amyotrophic Lateral Sclerosis

WELLNESS BENEFIT

We will pay a total of **\$75 per calendar year** for an insured person to undergo a routine examination or other preventive testing. This benefit is payable once per insured person per calendar year [and two times per family per calendar year].

Covered tests and exams are:

Mammography	Colonoscopy
Flexible Sigmoidoscopy	PSA (Blood Test for Prostate Cancer)
Chest X-Ray	Breast Ultrasound
EKG	CA 15-3 for Breast Cancer
Pap Smear	CA 125 for Ovarian Cancer
Cholesterol and Diabetes Screening	CEA Blood Test for Colon Cancer
Blood Test for Triglycerides	Hemocult Stool Analysis
Fasting Blood Glucose Test	Serum Protein Electrophoresis
Bone Marrow Testing	Thermography

PART H DEPENDENT PROVISIONS

ELIGIBLE DEPENDENTS:

IF THIS IS AN “INDIVIDUAL” PLAN THE FOLLOWING APPLIES: If this is an individual plan, it means that we insure only you. [However, your dependents may become eligible for coverage. Dependents eligible for coverage include: (1) your spouse, if not legally separated from you; (2) your unmarried natural or step children under the age of 23 who are primarily dependent upon you for more than 50% of their support; and (3) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium.

IF THIS IS AN “INDIVIDUAL AND SPOUSE” PLAN THE FOLLOWING APPLIES: If this is an “Individual and Spouse” policy, it means that we insure you and your spouse if not legally separated from you. [However, your dependent children may become eligible for coverage. Dependent children eligible for coverage include: (1) your unmarried natural or step children under

the age of 23 who are primarily dependent upon you for more than 50% of their support; and (2) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium.

Newborn Children including adopted children and children placed for adoption (“Individual” and “Individual and Spouse” Plans): Any child of yours born while this policy is in force as an “Individual” or an “Individual and Spouse” plan will be covered immediately as an insured person from the moment of birth, and any newly adopted child or child placed for adoption will be covered from the moment of placement, for as long as the later of these dates: (1) 90 days from the moment of birth or placement; or (2) the next renewal date following birth or placement.

[In order for coverage to continue beyond such date, we must receive: (1) written notice of the birth of the newborn child, adoption, or the placement for adoption; and (2) the required premium within 31 days of our notifying you of the amount.

Please include the child’s name and date of birth, date of adoption, or date placed for adoption with your notice. This notice must be received by us before the later of these dates: (1) 90 days from the date of birth, adoption, or placement for adoption; or (2) the next renewal date following birth, adoption or adoption placement.

If the required notice is not received by us during this period, a newborn child, newly adopted child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made. Additional premium, if any, will begin on the first renewal date following the date of birth, adoption, or adoption placement.]

Coverage for such newborn child will be the same as we provide for you.

[IF THIS IS A “FAMILY” PLAN THE FOLLOWING APPLIES: If this is a “Full Family” policy, it means that we insure you, your spouse if not legally separated from you, and all dependent children (of yours or your spouse) listed on the application. If this is a “One-Parent Family” policy it means that we insure you and all your dependent children listed on the application. The term “Dependent children” includes your unmarried natural or step children, adopted children, children placed for adoption, and legal wards under age 23 who:

- (1) either reside with you or are full-time students in an accredited school, and
- (2) are dependent upon you for more than 50% of their support.

Any family member specifically excluded from coverage by endorsement to this policy is not included in the family definition. Any person who becomes a family member after the effective date of this policy must be added by endorsement (except newborn children who are automatically covered from the moment of birth, and newly adopted children including children placed for adoption who are automatically covered from the moment of placement). Persons added as family members by endorsement will be subject to the pre-existing conditions provision. It is not necessary to notify us of a child’s birth, adoption, or placement for adoption and no additional premium will be required for coverage of newborn children, adopted children, children placed for adoption, or

PART J

HOW TO FILE A CLAIM

NOTICE OF CLAIM: Written notice of claim must be given to us within 30 days after loss covered by this policy occurs or starts. If notice is not given within that time, it must be given as soon as it is reasonably possible. Notice must be given to us at our Home Office in Little Rock, Arkansas. It should include your name, the name of the insured person, and the policy number as shown in the Policy Schedule.

CLAIM FORMS: We will send a claim form for filing proof of loss after we receive the notice of claim. If these forms are not sent to the claimant within 15 days after giving such notice, the claimant will meet the proof of loss requirement by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss must be given to us within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, we will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

PART K

CLAIMS INFORMATION

TIME OF PAYMENT OF CLAIMS: Benefits for any loss covered by this policy will be paid as soon as we receive written proof.

PAYMENT OF CLAIMS: All benefits will be paid to you. Any benefits unpaid at your death will be paid to the designated beneficiary. If the beneficiary dies on the same day the primary insured dies, benefits will be paid as if that beneficiary had died before the primary insured. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate. At our option, an amount up to the maximum allowable by the state laws of the insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

BENEFICIARY: The beneficiary is the person(s) you name in writing on your application to receive any amount of insurance that is left unpaid at your death. The beneficiary's name is on record in our Home Office. If you name more than one beneficiary, those who survive will share equally unless you specify otherwise.

CHANGE OF BENEFICIARY: You may change a beneficiary by giving us written notice at our Home Office on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it. The consent of the beneficiary or beneficiaries is not required to surrender, assign, or change beneficiaries, or to make any other changes in this policy.

TERMINATION OF BENEFITS: No benefits are payable after the termination of this policy except for covered losses which begin prior to such termination. Provided, if the insured person is

only be in writing and must be noted on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, we will not use your statements which relate to insurability to contest this insurance for any claim that is incurred after this policy has been in force for two years during the life of the insured person, except for fraudulent misrepresentation. Nor will we use any of your statements on a reinstatement application to contest this insurance for any claim that is incurred after two years from the reinstatement effective date.

No claim for loss incurred after two years from the date an insured person becomes covered under this policy shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such insured person's coverage.

The above provision also applies to any riders, endorsements, or amendments attached to this policy. In applying them, the words "rider," "endorsement," or "amendment" will be used for the word "policy."

GRACE PERIOD: A grace period will apply to payment of premiums (except the initial premium). During the grace period, your policy will stay in force. This grace period means that if you pay your premiums within 31 days after they are due, your policy remains continuously in force. If you do not, your policy is terminated at the end of the 31-day grace period.

MISSTATEMENT OF AGE: This policy is only available for issue at ages 64 and below. If the age of an insured person has been misstated one of the following will apply:

- (1) the benefits will be those the premium paid would have purchased at the correct age; or
- (2) if the insured was age 65 or over when this policy was issued, we will refund premium and no benefits will be payable.

MISSTATEMENT OF USE OF TOBACCO: If the use of tobacco by any insured person has been misstated, any amount payable under this policy will be such as the premium paid would have purchased had the use of tobacco been correctly stated.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and we accept a premium without requiring an application for reinstatement, that payment shall reinstate this policy. If we require an application, this policy will be reinstated when we approve it. If we do not approve the application, this policy will be reinstated on the 45th day after the date of the application unless we notify you in writing of its disapproval. The reinstated policy only covers loss due to sickness that is first manifested more than 10 days after the date of reinstatement, and loss due to injury that takes place after the date of reinstatement.

In all other respects you and we have the same rights under this policy as we both had before it lapsed, unless special conditions are added to this policy in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

OTHER INSURANCE WITH US: If you are covered under more than one policy of this form or like form with us, only one policy, chosen by you or your estate, will be effective (this includes coverage for any insured person). We will refund all premiums paid for all other policies from the date of duplication less any benefits paid under these policies from such date.

NON-PARTICIPATING: This policy is non-participating. Its premiums do not include a charge for participation in surplus.

TERM OF COVERAGE: Coverage starts on the effective date at 12:01 a.m., standard time where you live. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the grace period. This policy may be renewed only as stated in the Renewal Agreement. Each time this policy is renewed, the new term begins when the old term ends.

CHARTER AND BY-LAWS: No provisions of our charter or by-laws not included in this policy shall void this policy or be used in defense of any legal proceedings with regard to it.

CONFORMITY WITH STATE STATUTES: The provisions of this policy conform with the law of the state in which you reside on the policy effective date. If any do not, they are hereby amended so that they do conform.

POLICY SCHEDULE: The Policy Schedule and information it contains is a part of the policy.

Important Notice

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent

The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USAbLe Life

USAbLe Life
P. O. Box 1650
Little Rock, AR 72203-1650
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.



[320 West Capitol] • P.O. Box 1650 • Little Rock, AR 72203-1650
[(501) 375-7200 • (800) 648-0271]

Policy Number: [CI2CSTN01]
Primary Insured: [SAMUEL S SAMPLE SR]
Effective Date: [AUGUST 01, 2007]

We agree, subject to all policy provisions, to pay the benefits of this policy and to provide the owner with all other rights of this policy.

The premium you paid and the application you completed place this policy in force as of the effective date. The effective date is shown in the Policy Schedule. A copy of your application is attached.

PART A IMPORTANT PLEASE READ

Your application is a part of this policy. PLEASE READ the copy of your application that is attached to this policy. Your policy was issued on the basis that all information in the application is correct and complete. If not, your policy may not be valid. If anything in your application is not correct, you should write to us within 30 days of the date you received this policy and let us know. Incorrect information could result in the denial of a claim or termination of this policy.

PART B 30-DAY RIGHT TO EXAMINE AND CANCEL POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return this policy to us within 30 days of the date you received it. The premium you paid will be promptly refunded. Then, the policy was never in force.

PART C RENEWAL AGREEMENT – GUARANTEED RENEWABLE FOR LIFE

We will renew your policy when you timely pay the premium. It must be paid on or before the date it is due or during the 31 days that follow. Your policy stays in force during this time.

You may cancel this policy at any time. The cancellation will be effective on the first day of the policy month following the date we receive your written cancellation notice, or on a later date if you so specify. Upon cancellation, we shall promptly return any unearned premium.

This policy is a legal contract between you and us. PLEASE READ THIS POLICY CAREFULLY.

Signed for us at our Home Office on the effective date.


Assistant Secretary


President

**This is a Limited Policy – Read It Carefully!
GUARANTEED RENEWABLE FOR LIFE
CRITICAL ILLNESS POLICY**

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POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Type of Coverage: [Family]

Insured(s)	Name	Face Amount on Issue Date*	Age	Tobacco Use
[Primary]	SAMUEL S SAMPLE SR	\$50,000	35	Yes]
[Spouse]	SANDRA A SAMPLE SR	\$25,000	35	No]
[Children]	Yes	\$10,000]		

* The face amount reduces by 50% on the first Policy Anniversary after age 75.

Policy	Monthly Premium			
Critical Illness Policy	[\$36]			
Premium Schedule	[Annual	Semiannual	Quarterly	Monthly]
Total Premiums	[\$517.20	\$258.60	\$129.30	\$43.10]

Premium Frequency Selected By You: [Monthly]

The [Monthly] Premium is available [only by bank draft].

Waiting Period: [30 Days]

Specified Critical Illness	Percentage of Face Amount
Heart Attack	100%
Stroke	100%
End Stage Renal Disease	100%
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)	100%
Quadriplegia	100%
Major Organ Transplant Surgery	100%
Coronary Artery Bypass Surgery ** (This benefit is payable only once per insured)	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure ** (This benefit is payable only once per insured)	10%

** If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments. On the policy anniversary following attainment of age 75, the face amount will be restated as 50% of the remaining amount payable.

Policy Number: [CI2CSTN01]

Primary Insured: [SAMUEL S SAMPLE SR]

Effective Date: [AUGUST 01, 2007]

PART D

PREMIUM CHANGE

We may change the premium rates for this policy. We can only change the premium if we change it for all policies of this form number and premium classification in your state of issue that are then in force. We will not change the premium more than once in a 12-month period.

We will notify you in writing of any change in premium 31 days or more before the change is effective. Notice will be mailed to you at the address shown on our records. Please notify us of any change in address.

PART E

DEFINITIONS

When we use the following words, this is what we mean:

“Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig’s Disease),” for the purposes of this policy, means a progressive degeneration of anterior horn cells of the spinal cord and the cranial nerves with involvement of both upper and lower motor neurons.

“Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure,” for the purposes of this policy, means therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.

“Covered Person(s)” means persons, in addition to you, insured under this policy.

“Coronary Artery Bypass Surgery,” for the purposes of this policy, means major surgery requiring median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that do not require median sternotomy are not covered, including but not limited to, minimally invasive, endoscopic, and “keyhole” heart surgery; balloon and laser angioplasty; stent procedures; and atherectomy.

“Date of Diagnosis” means the following:

For amyotrophic lateral sclerosis:

The date a neurologist determines that at least a 25% permanent whole person impairment exists based on an impairment evaluation performed in accordance with the then-current edition of the American Medical Association’s Guide to the Evaluation of Permanent Impairment.

For heart attack:

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

For stroke:

The date a stroke occurred based on documented neurological deficits and neuroimaging studies. The diagnosis must be made by a licensed neurologist.

For end stage renal disease:

The date that your physician recommends that you begin renal dialysis or undergo a kidney transplant.

For quadriplegia:

The date of occurrence of the permanent loss of use of all four limbs and includes documented evidence of the illness or injury that caused the quadriplegia.

Major organ transplant surgery, coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure:

The date the surgery occurs for covered transplants, covered coronary artery bypass surgery, or balloon angioplasty, stent, or laser relief obstruction procedure.

“Effective Date” means the date shown on the Policy Schedule for all insured persons accepted for coverage at the time of issue provided the application has been accepted and approved by us, the policy has been issued and the full first premium has been paid; or the date shown by endorsement for all insured persons added to coverage after the policy has been issued. The effective date is assigned by us in accordance with our policy dating rules in effect at the time this policy is issued. The coverage provided by this policy will not be effective unless there has been no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

“End Stage Renal Disease (ESRD),” for the purposes of this policy, means chronic irreversible failure of both kidneys to function such that you must undergo regular (at least weekly) hemodialysis or peritoneal dialysis or kidney transplantation.

“He” or “His” The use of the male pronoun also includes the female.

“Heart Attack” or “Myocardial Infarction,” for the purposes of this policy, means unequivocal diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by all of the following criteria:

- (1) Typical central chest pain suggestive of heart attack;
- (2) Diagnostic increase of specific cardiac markers typical for heart attack;
- (3) New ECG changes of infarction; and
- (4) Reduction in left ventricular function demonstrated by left ventricular ejection fraction of less than 40% on echocardiogram. Echocardiogram must be done at an accredited cardiac unit and be available for review.

After this policy has been issued, we may decide to accept other newly developed studies approved by the American College of Cardiology that are deemed to be at least as accurate in the positive diagnosis of heart attack as those previously listed.

“Home Office” means the principal office of USABLE Life in Little Rock, Arkansas.

“Immediate Family” means anyone related to an insured person in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or spouses of any of these.

“Insured Person” means you or any other person insured under this policy.

There are [four] types of coverage under this policy:

- (1) “Individual” coverage;
- (2) “Individual and Spouse” coverage[;];
- (3) “One-Parent Family” coverage; or

(4) “Full Family” coverage].

If this policy is issued as an “Individual” policy, the word “Applicant” as shown on the application shall mean that we insure only you.

If this policy is issued as an “Individual and Spouse” policy, the words “Applicant and Spouse” as shown on the application shall mean that we insure you and your spouse.

[If this policy is issued as a “One-Parent Family” policy, the words “Applicant and Children” as shown on the application shall mean that we insure you and all your dependent children who are eligible for coverage as stated in the Dependent provisions of this policy.]

[If this policy is issued as a “Full Family” policy, the words “Applicant, Spouse and Children” as shown on the application shall mean that we insure you, your spouse and all dependent children (of yours or your spouse) who are eligible for coverage as stated in the Dependent provisions of this policy.]

“Major Organ Transplant,” for the purposes of this policy, means the human to human organ transplant from a donor to the insured person of one or more of the following organs: liver, heart, lung, pancreas, or the transplantation of bone marrow. The transplantation of any other organs, parts of organs, tissues or cells is excluded.

“Pathologist” means a physician, other than yourself or an immediate family member, who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A pathologist also means an osteopathic pathologist who is certified by the Osteopathic Board of Pathology.

“Physician” means a person who is providing services within the scope of his license, and is either: (a) licensed to practice medicine and prescribe and administer drugs or to perform surgery; or is (b) legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction. Such person must not be an immediate family member of any insured person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible physicians under this policy.

“Policy” means this document, any riders, endorsements, or amendments to it, and the application.

“Policy Anniversary Date” means the annual anniversary of the policy effective date.

“Pre-existing Condition” means a specified critical illness that is diagnosed or for which treatment is received within 24 months prior to the effective date of coverage for each insured person. **“Treatment”** means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of an insured person’s coverage was based on the medical history disclosed on the application, such conditions which were fully disclosed and not excluded or limited by us are not considered pre-existing conditions.

“Primary Insured” means the person named on page 1.

“Quadriplegia,” for the purposes of this policy, means the complete and irreversible paralysis of both upper and lower limbs. It means loss of use, without severance of a limb, which has lasted 30 days and is expected to last for a continuous period of 12 months or more from the date of the accident causing paralysis or the date of diagnosis of the sickness causing paralysis.

“Renewal Date” means the date your next premium payment is due.

“Stroke,” for the purposes of this policy, means the suffering of a stroke as a result of a cerebrovascular event. Stroke must result in permanent neurologic deficit measured three months or more after the event and result in a score of 3 or higher on the Modified Rankin Scale for stroke outcome. There must also be clear evidence on a CT, MRI, or similar appropriate imaging technique that a stroke has occurred, and either: (a) infarction of brain tissue; or (b) intracranial or subarachnoid hemorrhage.

Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions are excluded.

“Waiting Period” means the first thirty days following the insured person’s effective date under this policy. No benefits will be paid for a covered specified critical illness that is diagnosed during the waiting period. If the date of diagnosis of any insured’s specified critical illness occurs during the waiting period, this policy or any increase in coverage will be cancelled and all premiums returned.

“We,” “Our,” or “Us” means USAble Life.

“You” or “Your” means the person named as the primary insured on the Policy Schedule on page 3. You are insured for the benefits of the policy as of the effective date.

PART F EXCEPTIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS--LIMITATIONS FOR CERTAIN CONDITIONS:

The benefits of this policy will not be payable for loss caused by pre-existing conditions during the first 24 months this policy is in force. After this 24-month period, however, loss due to such pre-existing conditions will be payable unless specifically excluded from coverage. This 24 month period is measured from the effective date of coverage for each insured person.

EXCEPTIONS--WHAT WE WILL NOT PAY FOR:

This policy pays only for loss resulting from specified critical illnesses or surgeries, as defined in this policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

- (1) Conditions other than the specified critical illnesses or surgeries defined in the policy, unless directly caused or aggravated by said specified critical illness or surgery.
- (2) The insured person being diagnosed with a specified critical illness during the waiting period.
- (3) The insured person voluntarily participating or attempting to participate in an illegal activity.

No benefits are payable for conditions other than the specified critical illnesses defined in the policy.

SPECIFIED CRITICAL ILLNESS BENEFIT AT AGE 75 AND AFTER

The face amount shown on the schedule page will reduce by 50% on the policy anniversary date after the insured person's 75th birthday. This will be the insured person's new face amount. However, if one or more benefits have been paid prior to age 75, the new face amount will be 50% of the remaining amount payable.

We will pay this benefit if an insured person is diagnosed with one of the covered specified critical illnesses if:

- (1) the Date of Diagnosis is during the life of the insured and while this policy is in force; and
- (2) it is not excluded by name or specific description in this policy.

We will pay 25% of the new face amount if an insured person has the following surgery performed:

- Coronary Artery Bypass Surgery (Payable only once per insured person.)

We will pay 10% of the new face amount if an insured person has the following procedure performed:

- Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedure (*Payable only once per insured person.*)

We will pay 100% of the new face amount (less any amounts paid after the insured person reached age 75) if an insured person is diagnosed with one of the following:

- Heart Attack
- Stroke
- End Stage Renal Disease
- Quadriplegia
- Major Organ Transplant
- Amyotrophic Lateral Sclerosis

WELLNESS BENEFIT

We will pay a total of **\$75 per calendar year** for an insured person to undergo a routine examination or other preventive testing. This benefit is payable once per insured person per calendar year [and two times per family per calendar year].

Covered tests and exams are:

Mammography	Colonoscopy
Flexible Sigmoidoscopy	PSA (Blood Test for Prostate Cancer)
Chest X-Ray	Breast Ultrasound
EKG	CA 15-3 for Breast Cancer
Pap Smear	CA 125 for Ovarian Cancer
Cholesterol and Diabetes Screening	CEA Blood Test for Colon Cancer
Blood Test for Triglycerides	Hemocult Stool Analysis
Fasting Blood Glucose Test	Serum Protein Electrophoresis
Bone Marrow Testing	Thermography

PART H

DEPENDENT PROVISIONS

ELIGIBLE DEPENDENTS:

IF THIS IS AN “INDIVIDUAL” PLAN THE FOLLOWING APPLIES: If this is an individual plan, it means that we insure only you. [However, your dependents may become eligible for coverage. Dependents eligible for coverage include: (1) your spouse, if not legally separated from you; (2) your unmarried natural or step children under the age of 23 who are primarily dependent upon you for more than 50% of their support; and (3) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium.

IF THIS IS AN “INDIVIDUAL AND SPOUSE” PLAN THE FOLLOWING APPLIES: If this is an “Individual and Spouse” policy, it means that we insure you and your spouse if not legally separated from you. [However, your dependent children may become eligible for coverage. Dependent children eligible for coverage include: (1) your unmarried natural or step children under the age of 23 who are primarily dependent upon you for more than 50% of their support; and (2) newborn children, adopted children and children placed for adoption.]

Eligible dependents not insured on the effective date may become insured persons, subject to acceptance by us of your written application and the payment of any required premium.

Newborn Children including adopted children and children placed for adoption (“Individual” and “Individual and Spouse” Plans): Any child of yours born while this policy is in force as an “Individual” or an “Individual and Spouse” plan will be covered immediately as an insured person from the moment of birth, and any newly adopted child or child placed for adoption will be covered from the moment of placement, for as long as the later of these dates: (1) 90 days from the moment of birth or placement; or (2) the next renewal date following birth or placement.

[In order for coverage to continue beyond such date, we must receive: (1) written notice of the birth of the newborn child, adoption, or the placement for adoption; and (2) the required premium within 31 days of our notifying you of the amount.

Please include the child’s name and date of birth, date of adoption, or date placed for adoption with your notice. This notice must be received by us before the later of these dates: (1) 90 days from the date of birth, adoption, or placement for adoption; or (2) the next renewal date following birth, adoption or adoption placement.

If the required notice is not received by us during this period, a newborn child, newly adopted child or child placed for adoption may be covered after this date only if the following conditions are met: (1) your written application for coverage is approved by us; and (2) the payment of any required premium is made. Additional premium, if any, will begin on the first renewal date following the date of birth, adoption, or adoption placement.]

Coverage for such newborn child will be the same as we provide for you.

dies, benefits will be paid as if that beneficiary had died before the primary insured. If there is no named beneficiary living at your death, we may pay, at our discretion, any amount due to one of the following classes of survivors: (1) your spouse; (2) your surviving children in equal shares; (3) your mother and/or father; (4) your brother and/or sister; or (5) your estate. At our option, an amount up to the maximum allowable by the state laws of the insured person's state of residence may be paid to any person who incurred funeral or other expenses related to the last illness or death of the insured person.

BENEFICIARY: The beneficiary is the person(s) you name in writing on your application to receive any amount of insurance that is left unpaid at your death. The beneficiary's name is on record in our Home Office. If you name more than one beneficiary, those who survive will share equally unless you specify otherwise.

CHANGE OF BENEFICIARY: You may change a beneficiary by giving us written notice at our Home Office on a form acceptable to us. When we receive the notice, it will be effective on the date made, subject to any payment we may have made before we receive it. The consent of the beneficiary or beneficiaries is not required to surrender, assign, or change beneficiaries, or to make any other changes in this policy.

TERMINATION OF BENEFITS: No benefits are payable after the termination of this policy except for covered losses which begin prior to such termination. Provided, if the insured person is totally disabled from a condition covered by this policy at the time of termination, benefits shall continue during the term of such total disability but are limited to the payment of the maximum benefit. See "Extension of Benefits" below.

EXTENSION OF BENEFITS: Termination of insurance for an insured person will not affect a claim for continuous loss that began while coverage was in force on that person, as long as such person is totally disabled. For the purposes of this provision, total disability means the complete incapacity of the insured person as the result of the covered sickness or injury:

- (1) to engage in any occupation for pay or profit for which he is or may become reasonably qualified by training, education, experience, age, and physical and mental capacity; or
- (2) if not employed, to engage in the normal activities of a person of the same age and sex who is free of any physical or mental disease or disorder; and
- (3) which requires the regular care of a physician.

PHYSICAL EXAMINATION AND AUTOPSY: We, at our own expense, have the right to have an insured person examined by a physician of our choice when and as often as is reasonable during the handling of a claim and to do an autopsy where it is not forbidden by law.

LEGAL ACTIONS: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

UNPAID PREMIUM: We may deduct any unpaid premium then due from the payment of a claim under this policy.

REFUND OF PREMIUM: On the death of the insured person, proceeds payable hereunder shall include the amount of unearned premium paid beyond the end of the policy month in which death

occurred. Payment shall be made in one lump sum no later than 30 days after proof of the insured person's death has been furnished us.

DEATH DURING WAITING PERIOD: If the Primary Insured or Spouse dies during the first 30 days of coverage, we will refund any paid premium as outlined under "Payment of Claims." [If a dependent child dies during the first 30 days his coverage was in force, we will refund his premium only if the deceased child was the only child covered under this policy.]

INSURANCE FRAUD: Warning — Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud and prosecuted. USABLE Life may terminate this policy if the insured person has filed a fraudulent claim or statement with us.

PART L GENERAL INFORMATION

ENTIRE CONTRACT AND CHANGES: This policy is a legal contract between you and us. The entire contract consists of the policy, which includes the application, and any attached papers. No change in this policy will be effective until approved by one of our officers. This approval can only be in writing and must be noted on or attached to this policy. No agent has authority to change this policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: In the absence of fraud, we will not use your statements which relate to insurability to contest this insurance for any claim that is incurred after this policy has been in force for two years during the life of the insured person, except for fraudulent misrepresentation. Nor will we use any of your statements on a reinstatement application to contest this insurance for any claim that is incurred after two years from the reinstatement effective date.

No claim for loss incurred after two years from the date an insured person becomes covered under this policy shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description existed prior to the effective date of such insured person's coverage.

The above provision also applies to any riders, endorsements, or amendments attached to this policy. In applying them, the words "rider," "endorsement," or "amendment" will be used for the word "policy."

GRACE PERIOD: A grace period will apply to payment of premiums (except the initial premium). During the grace period, your policy will stay in force. This grace period means that if you pay your premiums within 31 days after they are due, your policy remains continuously in force. If you do not, your policy is terminated at the end of the 31-day grace period.

MISSTATEMENT OF AGE: This policy is only available for issue at ages 64 and below. If the age of an insured person has been misstated one of the following will apply:

- (1) the benefits will be those the premium paid would have purchased at the correct age; or
- (2) if the insured was age 65 or over when this policy was issued, we will refund premium and no benefits will be payable.

MISSTATEMENT OF USE OF TOBACCO: If the use of tobacco by any insured person has been misstated, any amount payable under this policy will be such as the premium paid would have purchased had the use of tobacco been correctly stated.

REINSTATEMENT: If any renewal premium is not paid within the time allowed for payment and we accept a premium without requiring an application for reinstatement, that payment shall reinstate this policy. If we require an application, this policy will be reinstated when we approve it. If we do not approve the application, this policy will be reinstated on the 45th day after the date of the application unless we notify you in writing of its disapproval. The reinstated policy only covers loss due to sickness that is first manifested more than 10 days after the date of reinstatement, and loss due to injury that takes place after the date of reinstatement.

In all other respects you and we have the same rights under this policy as we both had before it lapsed, unless special conditions are added to this policy in connection with the reinstatement. Any premium accepted in connection with this provision will be used for a period for which payment has not been made, but not to any period more than 60 days before the date of reinstatement.

OTHER INSURANCE WITH US: If you are covered under more than one policy of this form or like form with us, only one policy, chosen by you or your estate, will be effective (this includes coverage for any insured person). We will refund all premiums paid for all other policies from the date of duplication less any benefits paid under these policies from such date.

NON-PARTICIPATING: This policy is non-participating. Its premiums do not include a charge for participation in surplus.

TERM OF COVERAGE: Coverage starts on the effective date at 12:01 a.m., standard time where you live. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the grace period. This policy may be renewed only as stated in the Renewal Agreement. Each time this policy is renewed, the new term begins when the old term ends.

CHARTER AND BY-LAWS: No provisions of our charter or by-laws not included in this policy shall void this policy or be used in defense of any legal proceedings with regard to it.

CONFORMITY WITH STATE STATUTES: The provisions of this policy conform with the law of the state in which you reside on the policy effective date. If any do not, they are hereby amended so that they do conform.

POLICY SCHEDULE: The Policy Schedule and information it contains is a part of the policy.

Important Notice

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent

The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USABLE Life

USABLE Life
P. O. Box 1650
Little Rock, AR 72203-1650
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494

We appreciate the opportunity to serve your insurance needs.



P.O. Box 1650
Little Rock, Arkansas 72203

Please Print Using Dark Ink

CRITICAL ILLNESS APPLICATION

Office Use Only	
Effective Date	
Policy Number	
Group Number	
Dept./Loc	

New Application Change Form Reinstatement Policy Replaces Policy No. _____

SECTION 1 - APPLICANT INFORMATION

Name (First, MI, Last)		For Name Change, Give Prior Last Name		Social Security No.	
Home Address		City	State	Zip	County
Date of Birth	Age	Birth State or Country	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (ft-in.)	Weight (lbs.)
Occupation		Applicant's email address (if any)		Home Phone ()	Other Phone ()
Name of Employer		Type of Business		Have you used any tobacco products within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If no to question 1, have you been issued a permanent residency VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. If yes to question 2, have you lived continuously in the US or Canada for the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SPOUSE [& CHILDREN] INFORMATION – Complete if Applying for Dependent's Coverage

Full Name	Occupation	Gender	Date of Birth			Birth State or Country	Height ft /in	Weight lbs
			mo	day	yr			
(spouse)								
[child]								
[child]								
[child]								

Has your spouse used any tobacco products within the past 36 months? Yes No

SECTION 2 – PLAN SELECTION New Applicant Application for Change

Select Type of Policy:	Face Amount Applying For (Increments of [\$10,000])	Number of Units (\$5,000 per Unit)	Rate	Monthly Premium
<input type="checkbox"/> Critical Illness With Cancer				
<input type="checkbox"/> Critical Illness Without Cancer				
I hereby apply for the following coverage:				
<input type="checkbox"/> Applicant Only	Applicant		X	= \$
<input type="checkbox"/> Applicant & Spouse	Spouse*		X	= \$
<input type="checkbox"/> Applicant & Children	[Children**	<input type="checkbox"/> \$5,000	X	= \$
<input type="checkbox"/> Applicant, Spouse & Children		<input type="checkbox"/> 10,000		
				TOTAL PREMIUM AMOUNT
				\$

* Spouse's signature required if amount exceeds \$25,000.
 ** The maximum amount of Children's coverage is \$10,000.]

SECTION 3 – BENEFICIARY Name Beneficiary Change of Beneficiary

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary under this policy.

Name	Relationship	Date of Birth	Primary or Contingent	Indicate % Distribution
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
Total must equal 100% =				

Applicant's Name (Last, First, M.I.)

Social Security Number

SECTION 4 – MEDICAL INFORMATION

NOTE: If Spouse [or Children] coverage IS NOT being requested answer questions only as applies to applicant.

1. Has any person to be insured ever been diagnosed with or advised to take a diagnostic test, been treated by a member of the medical profession, or taken medication for:

- | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (a) Any form of internal cancer, carcinoma in-situ, malignant melanoma, or other precancerous findings? | <input type="checkbox"/> | <input type="checkbox"/> | (e) Heart Attack or heart disease, stroke or transient ischemic attack (TIA), or been advised to have coronary bypass surgery, stent insertion, or laser treatment to coronary arteries? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Any chronic or progressive disease or disorder of the heart, kidneys, liver, lungs, pancreas, or bone marrow? | <input type="checkbox"/> | <input type="checkbox"/> | (f) Diabetes (except during a pregnancy), or any blood pressure reading recorded in the last three months exceeding 149/94? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Quadriplegia, amyotrophic lateral sclerosis (Lou Gehrig's disease), or other motor neuron disease? | <input type="checkbox"/> | <input type="checkbox"/> | (g) Acquired Immunodeficiency syndrome ("AIDS"), AIDS related complex, or Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Alcohol or substance abuse (in the last 5 years)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

2. Has any person to be insured ever been diagnosed by a member of the medical profession with, or does anyone currently have:

- | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (a) Any abnormal cancer screening tests currently being followed by your doctor? | <input type="checkbox"/> | <input type="checkbox"/> | (c) Carotid artery stenosis, peripheral vascular disease, chronic atrial fibrillation, or chest pain not evaluated by a medical doctor and determined to be non-cardiac? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Any cysts, growths, lumps, or any mole or freckle that has bled, become painful, changed color, increased in size, required medical attention or evaluation for which you have not yet sought medical advice? | <input type="checkbox"/> | <input type="checkbox"/> | (d) Multiple sclerosis, memory loss, schizophrenia, systemic lupus erythematosus, pulmonary or cystic fibrosis? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Has any person to be insured had any two or more natural parents, brothers, or sisters diagnosed with coronary artery disease, diabetes, or the same cancer (other than skin cancer) prior to age 55? Or, has any person to be insured had one or more natural parents, brothers, or sisters diagnosed with coronary artery disease or colorectal cancer prior to age 45? Yes No

4. Is any person to be insured currently taking any prescription medicine(s) or have they taken prescription medicine(s) in the last three (3) years? Yes No

5. Has any person to be insured had any abnormal tests (including blood test, urinalysis, X-ray, MRI, ultrasound, stress test, echocardiogram) not found to be normal or benign on further testing, or requiring follow-up by a physician? Yes No

6. Does any person to be insured have any consultation, surgery, or test scheduled or anticipated? Yes No

7. Has any person to be insured ever been diagnosed by a member of the medical profession with a benign tumor, disorder of blood or autoimmune disorder, digestive disorder, urinary system or reproduction organs disorder, heart or circulatory disorder, hypertension (list last two blood pressure readings and dates), mental or nervous disorder, neurological disorder, or respiratory disorder? Yes No

8. Has any person to be insured had any application for critical illness, disability, health, or life insurance modified, rated, or declined in the last 5 years? Yes No

9. Give details to any "Yes" answers, including name of person, prescription medicine(s), diagnosis, and dates of treatment: _____

10. Name, address, and phone number of the personal physician(s) of all applicants with date last seen, reason for visit, and results:

Applicant's Name (Last, First, M.I.)	Social Security No.
--------------------------------------	---------------------

SECTION 5 – AUTHORIZATION

1. Does any person applying for coverage currently have a Critical Illness or Cancer Policy with us or any other insurance company? Yes No
If yes, give name of company, list type of policy and amount of coverage. _____

2. REPLACEMENT: Is this insurance to replace or Change other insurance? Yes No If "Yes", give details including name of company. _____
3. OUTLINE: Have you received the Outline of Coverage (in those states required by law)? Yes No (check one)

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded to the best of my knowledge and belief; (b) state that I have read and understand the "Important Note" and the "Insurance Fraud Warning" below; (c) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USABLE Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the application date; (f) know that I or my authorized representative may revoke this authorization at any time; (g) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (h) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act and the Notice of Insurance Information Practices. I have read and understand the above statements and agreements. I understand no person to be insured is also covered by any Title XIX program – Medicaid or any similar name (Not applicable to residents of AZ, MO, NC, OR, or SC). I understand failure to disclose a proposed insured person's true health condition may void this policy.

IMPORTANT NOTE: The entire contract will consist of this application and the insurance issued in response to it. THE INSURANCE WILL NOT BE EFFECTIVE ON THE PROPOSED INSURED UNLESS: (1) The policy is delivered to the Owner; (2) The first modal premium is paid; and (3) There has been no change since the date of this application and the effective date of the policy in the health of the Proposed Insured as stated in this application. I understand that my policy will be dated and become effective on the first day of the month following the effective date (anniversary date for resolicitation) or on the first day of the month following underwriting approval, whichever is later. There is no coverage until the effective date of the policy. [I understand and accept that the coverage I am purchasing does not include dependent (child) coverage except for the initial 90 days from birth or adoption as stated in the policy and that no dependent (child) will be covered for an additional time period without the prior express written consent and approval of USABLE Life.]

Insurance Fraud 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 subject to fines and confinement in prison.

X _____ Signed at: _____
Applicant's Signature (City and State)

X _____ Date of Application: _____
Spouse's Signature (if required) (Month, Day, Year)

I have truly and accurately recorded the information supplied by the applicant.

X _____ Agent's License ID Number
Agent's Signature

Agent's Printed Name

Date Received Home Office



Critical Illness Policy

Limited Benefit Insurance

Critical Illness Policy – Outline of Coverage

Policy Form CIP2-R (7-07) and CIP2-WC-R (7-07)

READ YOUR POLICY CAREFULLY - This outline of coverage provides a 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 sets forth, in detail, the rights and obligations of any covered person and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY. This is a limited benefit policy and is designed to provide coverage ONLY when certain losses occur as a result of the specified critical illnesses as defined below and more fully in the policy. This policy does not provide for basic hospital, basic medical-surgical or major medical expenses. This policy provides benefits only if the date of diagnosis of specified critical illness is while the policy is in force for the covered person so diagnosed AND after the waiting period has been satisfied by that covered person. Important: Benefits received under this policy may be taxable. You should consult your personal tax advisor to determine whether or not payments received are subject to taxation.

BENEFITS

- Lump sum payments paid directly to you upon first diagnosis of one of the covered critical illnesses shown below.
- Choice of two plans and face amounts from \$[10,000] - \$[50,000], in \$[10,000] increments.
- Coverage available for individual and [family members].

	[With Cancer CIP2-WC (7-07)]	[Without Cancer CIP2 (7-07)]
Covered Illnesses	Percentage of Face Amount	
[Cancer]	100%	n/a
Heart Attack	100%	100%
Stroke	100%	100%
End Stage Renal Disease	100%	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	100%
Quadriplegia	100%	100%
Major Organ Transplant Surgery	100%	100%
Coronary Artery Bypass Surgery*	25%	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure*	10%	10%
[Carcinoma in Situ*]	10%]	n/a]

**The Coronary Artery Bypass Surgery, Balloon Angioplasty, Stent, or Laser Relief Procedure, [or Carcinoma in Situ] benefits are each payable only once per covered person. If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments.*

WELLNESS BENEFIT

We will pay a total of \$75 per calendar year for a covered person to undergo one of the covered tests or exams listed below:

- Mammography
- Flexible Sigmoidoscopy
- Chest X-Ray
- EKG
- Pap Smear
- Cholesterol & Diabetes Screening
- Colonoscopy
- PSA (Blood Test for Prostate Cancer)
- Breast Ultrasound
- CA 15-3 for Breast Cancer
- CA 125 for Ovarian Cancer
- CEA Blood Test for Colon Cancer
- Thermography
- Bone Marrow Testing
- Serum Protein Electrophoresis
- Fasting Blood Glucose Test
- Hemocult Stool Analysis
- Blood Test for Triglycerides

This benefit is payable once per covered person per calendar year [and two times per family per calendar year].

BENEFIT PAYMENT INFORMATION

On the policy anniversary following attainment of age 75, the face amount of all benefits will be restated as 50% of the remaining amount payable. The covered person's coverage terminates when 100% of the face amount has been paid.

Waiting Period – No benefits will be paid for a specified critical illness diagnosed during the first 30 days following any covered person's effective date of coverage. *If the date of diagnosis of any covered person's specified critical illness occurs during the waiting period, the policy or any increase in coverage will be cancelled and all premiums returned.*

DEFINITIONS

These definitions provide a brief description of the specified critical illness covered by your policy. Only the actual policy definitions will control.

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) is a progressive wasting of motor neuron of the brain and spinal column.

Balloon Angioplasty, Stent, or Laser Relief Obstruction Procedures are therapeutic procedures used to correct narrowing or blockage of one or more coronary arteries.

[Cancer is a disease characterized by the spread of malignant cells and must be positively diagnosed with histopathological confirmation by a medical practitioner. (See Exceptions and Limitations)

Carcinoma in Situ is a disease characterized by malignant neoplasm of epithelial origin that is confined to the basement membrane. Carcinoma in situ must be diagnosed with histopathological confirmation. Pre-malignant lesions and carcinoma in situ of the skin, including melanoma in situ, are excluded (See Exceptions and Limitations)]

Coronary Artery Bypass Surgery is a major surgical procedure requiring median sternotomy to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

End Stage Renal Disease (ESRD) is chronic irreversible failure of both kidneys to function which requires at least weekly hemodialysis or peritoneal dialysis or transplantation.

Heart Attack is characterized by diagnosis of the death of a portion of the heart muscle resulting from inadequate blood supply.

Major Organ Transplant is human to human organ transplant of the liver, heart, lung, pancreas or the transplantation of bone marrow from a donor to covered person.

Quadriplegia means the complete, irreversible paralysis and loss of use of both upper and lower limbs without severance.

Stroke is a cerebrovascular event resulting in permanent neurological deficit.

EXCEPTIONS AND LIMITATIONS

EXCEPTIONS - WHAT WE WILL NOT PAY FOR:

This policy pays only for loss resulting from specified critical illnesses or surgeries as defined in the policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

- (1) Conditions other than the specified critical illnesses or surgeries defined in this policy, unless directly caused or aggravated by said specified critical illness surgery.
- (2) The covered person being diagnosed with a specified critical illness during the waiting period.
- (3) The covered person voluntarily participating or attempting to participate in an illegal activity.
- (4) The covered person intentionally causing a self-inflicted injury.
- (5) The covered person committing or attempting to commit suicide, whether sane or insane.
- (6) The covered person's voluntary involvement in any period of armed conflict, even if it is not declared.
- (7) Surgeries performed outside of the United States or its Territories.
- (8) Other Exclusions: We will not pay the Specified Critical Illness Benefit for the following:
 - (a) Cerebral symptoms due to transient ischemic attack (TIA), migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions.[]
 - (b) Leukemia, other than chronic lymphocytic leukemia, if there is no generalized dissemination of leukemia cells in the blood-forming bone marrow.
 - (c) All skin cancers, unless there is evidence of metastasis or the tumor is a malignant melanoma of greater than 1.5 mm maximum thickness as determined by histological examination using the Breslow method.
 - (d) All tumors which are histologically described as pre-malignant or non-invasive (including cervical dysplasia CIN-1, CIN-2, CIN-3), except carcinoma in situ.
 - (e) Non life-threatening cancers, such as prostate cancers which are histologically described as TNM Classification T1(a), or T1(b), or are of another equivalent or lesser classification.
 - (f) Papillary micro-carcinoma of the thyroid.
 - (g) Non-invasive papillary cancer of the bladder histologically described as TaNOMO or a lesser classification.
 - (h) Chronic lymphocytic leukemia less than RAI stage I or Binet Stage A-I.]

PRE-EXISTING CONDITIONS LIMITATIONS FOR CERTAIN CONDITIONS

The benefits of the policy will not be payable for any loss caused by a pre-existing condition during the first 24 months the policy is in force. After this 24-month period, however, loss due to such conditions will be payable unless specifically excluded from coverage. This 24-month period is measured from the effective date of coverage for each covered person.

A pre-existing condition means a specified critical illness that is diagnosed or for which treatment is received within 24 months prior to the effective date of coverage for each insured person. "Treatment" means consultation, care, or services provided by a physician including diagnostic measures and taking prescription drugs and medicines. If the issuance of an insured person's coverage was based on the medical history disclosed on the application, such conditions which were fully disclosed and not excluded or limited by us are not considered pre-existing conditions.

RENEWABILITY AND CONTINUATION

The policy is guaranteed renewable during the covered person's lifetime. US Able Life may change the premium rate, but only if the rate is changed for all policies in the covered person's state.

This policy will not be issued to anyone 65 years of age or over on the initial effective date. If the covered person purchases the policy prior to his 65th birthday, he may continue coverage after age 65 as long as he continues to pay the premium rate by the due date or during the 31 days that follow.

Children born while the policy is in force will be covered immediately from the moment of birth under the Individual and [Family] plans. [If you wish to continue coverage on newborn children under the Individual or Individual/Spouse Plan, you must apply within 90 days of the child's birth date.]

A Covered dependent who no longer meets eligibility requirements may convert to an individual policy without evidence of insurability. A covered person's spouse's coverage will terminate at the time of divorce.

YOU HAVE APPLIED FOR:

Critical Illness With Cancer]

Critical Illness Without Cancer]

Individual Individual/Spouse 1 Parent & Family Full Family]

APPLICANT FACE AMOUNT \$ _____

SPOUSE FACE AMOUNT \$ _____

[CHILDREN FACE AMOUNT \$ _____]

SERFF Tracking Number: LSVX-G127327567 State: Arkansas
 Filing Company: USAbLe Life State Tracking Number: 49376
 Company Tracking Number: AR001190100003
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Critical Illness Policy, CIP2-R
 Project Name/Number: Critical Illness Policy, CIP2-R/AR001190100003

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: %
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):
USAbLe Life	%	%				%	%

SERFF Tracking Number: LSVX-G127327567 State: Arkansas
 Filing Company: US Able Life State Tracking Number: 49376
 Company Tracking Number: AR001190100003
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Policy, CIP2-R
 Project Name/Number: Critical Illness Policy, CIP2-R/AR001190100003

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/02/2011	Monthly Premium Schedule	CIP2-R (7-07), CIP2-WC-R (7-07)	New		Retail Critical Illness AJ (AR) - Exhibit A.PDF

Exhibit A

USABLE Life

Individual Critical Illness Policy Forms CIP2-WC-R (7-07) and CIP2-R (7-07)

Monthly Premium Schedule

Per \$5,000 Unit of Coverage

Critical Illness Policy				
Issue Age Grouping	With Cancer Coverage		Without Cancer Coverage	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
All Children	1.46	1.46	0.82	0.82
18-29	2.22	4.58	1.48	2.52
30-39	3.62	8.38	2.30	4.68
40-49	5.68	14.80	3.50	8.18
50-59	8.74	23.68	5.20	12.82
60-64	11.74	29.74	6.88	16.16

SERFF Tracking Number: LSVX-G127327567 State: Arkansas
 Filing Company: US Able Life State Tracking Number: 49376
 Company Tracking Number: AR001190100003
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness Policy, CIP2-R
 Project Name/Number: Critical Illness Policy, CIP2-R/AR001190100003

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/02/2011
Comments:		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/02/2011
Comments: Comply		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	08/02/2011
Comments: Attached to the Rates tab.		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/02/2011
Comments: Attached to the Forms tab.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	08/02/2011
Comments:		
Attachment: CIP2-R Statement of Variability.PDF		

SERFF Tracking Number: LSVX-G127327567 State: Arkansas
Filing Company: USABLE Life State Tracking Number: 49376
Company Tracking Number: AR001190100003
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
Limited Benefit
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		Item Status:	Status
Satisfied - Item:	Actuarial Memorandum	Approved-Closed	Date: 08/02/2011
Comments:			
Attachment:			
Retail Critical Illness AJ (AR).PDF			

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAble Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
CIP2-WC-R (7-07)	45.4
CIP2-R (7-07)	44.9
CIP2-RAPP (11-10)	44.9
CIP2-R-SOC (7-07)	44.9

Signed: 
Name: Connie Phillips
Title: Assistant General Counsel & Assistant Secretary
Date: 07/22/2011

STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

SPECIFIC VARIABLES CIP2-R (7-07) & CIP2-WC-R (7-07)

Policy Face Page

1. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.
2. Home office address, phone numbers and company officer signatures may change.

Policy Schedule

1. Type of Coverage: Individual, Individual/Spouse, Single Parent, or Full Family
2. Policy– Premiums vary with the Number of units or Amount of Coverage selected by the insured for the base policy. They also vary because of the age of the insured, whether they are a smoker or not, and whether they want the policy with cancer coverage or without.
3. The Policy Benefit amounts are available in \$5,000 or \$10,000 increments up to \$250,000.
4. Premium Schedule: Total Premiums vary according to the selected benefit plan.
5. Premium Frequency: Annual, Semiannual, Quarterly, or Monthly.
6. The reference to “only by bank draft” can be varied to apply to a particular policyholder's contract.
7. The bracketed material consists of those items which are customarily varied to apply to a particular policyholder's contract. Such items include policy number, policyholder's name, and effective date.

Insured Person Definition

1. The reference to “four” can be changed to “two.”
2. Items 3 and 4 of the first paragraph can be removed if the policy does not provide coverage for dependent children.
3. Paragraphs 4 and 5 can be removed if the policy does not provide coverage for dependent children.

Dependent Provisions

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Termination Provisions

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

SPECIFIC VARIABLES CIP2-RAPP (11-10)

Section 1 – Applicant Information

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Section 2 – Plan Selection

1. The type of policy is variable so that one type may be removed if that policy is not available. One type will always be included.
2. Under Face Amount Applying For, the increments can be \$5,000 or \$10,000.
3. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Section 5 – Authorization

1. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

SPECIFIC VARIABLES CIP2-R-SOC (11-10)

Benefits

1. In the second bullet, the first reference to “\$10,000” is the default but can vary from \$5,000 to \$250,000.
2. In the second bullet, the reference to “\$50,000” is the default but can vary from \$5,000 to \$250,000.
3. In the second bullet, the second reference to “\$10,000” can be changed to “\$5,000.”
4. In the third bullet, the reference to “family members” can be changed to “spouse”.
5. The policy types are variable so that one type may be removed if that policy is not available. One type will always be included. If the policy with cancer is not available, all reference to cancer and carcinoma in situ will be removed.
6. All language regarding dependent children can be removed if the policy does not provide coverage for dependent children.

Definitions

1. The definitions of “Cancer” and “Carcinoma in situ” will be removed if the policy with cancer is not available.

Exceptions and Limitations

1. Exception 8, parts (b) through (h) will be removed if the policy with cancer is not available.

Renewability and Continuation

1. In the first sentence of the third paragraph, the reference to “Family” can be replaced by “Individual/Spouse”.
2. The second sentence of the third paragraph can be removed if the policy does not provide coverage for dependent children.

You Have Applied For:

1. The policy types are variable so that one type may be removed if that policy is not available. One type will always be included.
2. The selections for “1 Parent & Family” and “Full Family” will be removed if the policy does not provide coverage for dependent children.
3. The reference to “Children Face Amount” will be removed if the policy does not provide coverage for dependent children.

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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)
07/22/2011	Rate and Rule	Actuarial Justification of Premium Rates	08/01/2011	Retail Critical Illness AJ (AR).PDF (Superseded)