

SERFF Tracking Number:	CMLX-G127614326	State:	Arkansas
Filing Company:	Companion Life Insurance Company	State Tracking Number:	49721
Company Tracking Number:	AR001810100004		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	HOEM03GR11		
Project Name/Number:	HOEM03GR11/AR001810100004		

Filing at a Glance

Company: Companion Life Insurance Company

Product Name: HOEM03GR11

SERFF Tr Num: CMLX-G127614326

State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 49721

Sub-TOI: H21.000 Health - Other

Co Tr Num: AR001810100004

State Status: Approved-Closed

Filing Type: Form

Author: SPI CompanionLife

Reviewer(s): Rosalind Minor

Date Submitted: 09/06/2011

Disposition Date: 09/14/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 09/06/2011

Implementation Date:

State Filing Description:

General Information

Project Name: HOEM03GR11

Status of Filing in Domicile: Pending

Project Number: AR001810100004

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 09/14/2011

State Status Changed: 09/14/2011

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Enclosed herewith for your consideration are Companion Life Insurance Company's Group Supplemental Medical Expense Insurance forms. The forms are new and will not replace any forms that have been previously approved in your state.

This is a limited benefit indemnity type product which provides supplemental benefits to existing employee Health Benefit Plans. It covers certain portions of the out-of-pocket expenses the employees and their families incur under their

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Health Benefit Plan. The coverage will be available to eligible employees and their families on a guaranteed issue basis (subject to enrollment, actively at work and participation requirements) with premiums being paid on either an employer-paid or employee-paid payroll deduction basis. The plan does not contain a pre-existing condition provision. In order for this policy to be issued, a Health Benefit Plan is required.

This product is not intended to be a group health plan for purposes of renewability and portability under HIPAA.

The filing was submitted to our domiciliary state, South Carolina, on August 23, 2011.

Company and Contact

Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist
 7909 Parklane Rd
 Columbia, SC 29223-5666
 vivian.frederic@companiongroup.com
 803-735-1251 [Phone] 46777 [Ext]
 800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company
 7909 Parklane Rd, Suite 200
 Columbia, SC 29223-5666
 (803) 735-1251 ext. [Phone]

 CoCode: 77828 State of Domicile: South Carolina
 Group Code: 661 Company Type:
 Group Name: Companion Life Insurance Company State ID Number:
 FEIN Number: 57-0523959

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$250.00	09/06/2011	51265759

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/14/2011	09/14/2011

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	09/12/2011	09/12/2011	SPI CompanionLife	09/13/2011	09/13/2011

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Disposition

Disposition Date: 09/14/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	List of Variables	Approved-Closed	Yes
Form (revised)	Group Supplemental Medical Expense Insurance Policy	Approved-Closed	Yes
Form	Group Supplemental Medical Expense Insurance Policy	Replaced	Yes
Form (revised)	Group Supplemental Medical Expense Insurance Certificate	Approved-Closed	Yes
Form	Group Supplemental Medical Expense Insurance Certificate	Replaced	Yes
Form	Term Life and Accidental Death and Dismemberment Insurance Rider	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/12/2011

Submitted Date 09/12/2011

Respond By Date

Dear Vivian Frederic,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment: With respect to newborn infants and as outlined under ACA 23-79-129 (b), the insurer may require that the insured give notice to his insurer of any newborn children within ninety (90) days of the birth or before the next premium due date, whichever is later.

Objection 2

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

With respect to your exclusion (p), well newborn care, whether inpatient or outpatient, Ark. Code Ann. 23-79-129(1) states that charges are to be paid for up to five (5) full days in a hospital nursery or until the mother is discharged from the hospital following the birth of the child, whichever is the lesser period of time.

Objection 3

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

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

Objection 4

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

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Product Name: HOEM03GR11
Project Name/Number: HOEM03GR11/AR001810100004

Comment:

The Time Payment of Claims provision does not comply with ACA 23-86-108(6) and Rule and Regulation 43, Section 12 (a).

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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 09/13/2011
 Submitted Date 09/13/2011

Dear Rosalind Minor,

Comments:

Thank you for your review of our filing.

Response 1

Comments: The Eligibility and Effective Date has been revised to comply with ACA 23-79-129(b).

Related Objection 1

Applies To:

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

With respect to newborn infants and as outlined under ACA 23-79-129 (b), the insurer may require that the insured give notice to his insurer of any newborn children within ninety (90) days of the birth or before the next premium due date, whichever is later.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Supplemental Medical Expense Insurance Policy	GAPP-4200		Policy/Contract/Fraternal Certificate	Initial		50.300	GAPP-4200 - Policy.PDF
Previous Version							
Group Supplemental	GAPP-		Policy/Contract/Fraternal	Initial		50.300	GAPP-

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<i>Company Tracking Number:</i>	<i>AR001810100004</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>	
<i>Product Name:</i>	<i>HOEM03GR11</i>			
<i>Project Name/Number:</i>	<i>HOEM03GR11/AR001810100004</i>			
<i>Medical Expense Insurance Policy</i>	<i>4200</i>	<i>Certificate</i>		<i>4200 - Policy.PDF</i>
<i>Group Supplemental Medical Expense Insurance Certificate</i>	<i>GAPC-4200</i>	<i>Certificate</i>	<i>Initial</i>	<i>50.200 GAPC-4200 - Certificate.PDF</i>
Previous Version				
<i>Group Supplemental Medical Expense Insurance Certificate</i>	<i>GAPC-4200</i>	<i>Certificate</i>	<i>Initial</i>	<i>50.200 GAPC-4200 - Certificate.PDF</i>

No Rate/Rule Schedule items changed.

Response 2

Comments: We deleted exclusion (p).

Related Objection 1

Applies To:

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

With respect to your exclusion (p), well newborn care, whether inpatient or outpatient, Ark. Code Ann. 23-79-129(1) states that charges are to be paid for up to five (5) full days in a hospital nursery or until the mother is discharged from the hospital following the birth of the child, whichever is the lesser period of time.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Response 3

Comments: We deleted the requirement that proof of incapacity and dependency of a handicapped dependent be provided within 31 days of the child's attaining the limiting age.

Related Objection 1

Applies To:

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments: The Time of Payment of Claims provision was revised to state that benefits will be paid within 31 days after proper proof of loss is received if the claim was submitted electronically and within 45 days if proof is provided by any other means.

Related Objection 1

Applies To:

- Group Supplemental Medical Expense Insurance Policy, GAPP-4200 (Form)
- Group Supplemental Medical Expense Insurance Certificate, GAPC-4200 (Form)

Comment:

The Time Payment of Claims provision does not comply with ACA 23-86-108(6) and Rule and Regulation 43, Section 12 (a).

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or need additional information, please let us know.

Sincerely,
SPI CompanionLife

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Form Schedule

Lead Form Number: GAPP-4200

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/14/2011	GAPP-4200	Policy/Cont ract/Fratern al	Group Supplemental Medical Expense Insurance Policy Certificate	Initial		50.300	GAPP-4200 - Policy.PDF
Approved-Closed 09/14/2011	GAPC-4200	Certificate	Group Supplemental Medical Expense Insurance Certificate	Initial		50.200	GAPC-4200 - Certificate.PD F
Approved-Closed 09/14/2011	GAPP-ADR-4200	Certificate	Term Life and Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.400	GAPP-ADR- 4200 - AD&D Rider.PDF
Approved-Closed 09/14/2011	GAPP-APPL-4200	Application/ Enrollment Form	Master Application Enrollment	Initial		52.500	GAPP-APPL- 4200 - Employer Application.P DF
Approved-Closed 09/14/2011	GAPP-ENR-4200	Application/ Enrollment Form	Enrollment Form	Initial		50.600	GAPP-ENR- 4200 - Enrollment Form.PDF



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223
(the "Company")

Policy No.: [123456] Policy Effective Date: [July 1, 2011]
Policy Anniversary Date: [July 1, 2012 and each July 1 thereafter]
State of Issue: [State]

This policy is a contract between the Company and [ABC Policyholder]
(Herein Called the Policyholder)

In consideration of the application of the Policyholder, a copy of which is attached to and made a part of this Policy, and of the payment of premiums in the amounts and at the times provided, the Company agrees to pay the benefits provided, subject to all the provisions of this Policy.

This Policy takes effect on the Policy Effective Date, 12:01 A.M. Standard Time, at the Policyholder's address, and will, subject to the Termination provision, continue in effect as long as premium is paid. Policy years and months are determined from the Policy Anniversary Date. The Policy may be modified by mutual agreement between the Policyholder and Us.

IN WITNESS WHEREOF, the Companion Life Insurance Company has caused this Policy to be signed by its President at Columbia, South Carolina.

COMPANION LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read 'Susan Smith', is written over a horizontal line.

President

THIS IS A LIMITED BENEFIT POLICY

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
NON-PARTICIPATING**

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SCHEDULE

INPATIENT HOSPITAL BENEFIT
per Insured Person up to [\$500 - \$10,000] per [Benefit Year] [Calendar Year]

[OUTPATIENT BENEFIT*]
per Sickness or Injury up to [\$200 - \$5,000]
[Benefit Year] [Calendar Year] Maximum four (4) Outpatient occurrences per family,
per [Benefit Year] [Calendar Year]]

[OUTPATIENT BENEFIT II]
Per family, per [Benefit Year] [Calendar Year] Maximum up to [\$500 - \$5,000]
Per Insured Person, per [Benefit Year] [Calendar Year] Maximum 50% of per family,
Per [Benefit Year] [Calendar Year]]

[PHYSICIAN BENEFIT] [[\$10-\$50] up to the lesser of [\$80-\$600] or
per Physician visit [8-12] visits per family, per [Benefit Year] [Calendar Year]]

All benefits listed above are subject to Exclusions and Limitations as outlined in the Policy.

[*The [Benefit Year] [Calendar Year] maximum applies to the entire family unit regardless of the number of Covered Persons within the family unit. An “occurrence” is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the outpatient maximum for one occurrence, regardless of whether such treatment is received in more than one [Benefit Year] [Calendar Year].]

DEFINITIONS

[Benefit Year means a period of one year that starts and ends at midnight on the dates shown in the Employer's application.]

[Calendar Year means the period that starts with the Insured Person's effective date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.]

Coinsurance means that dollar amount of covered medical expenses, after Deductible, not payable under the Insured Person(s) Health Benefit Plan.

Complications of Pregnancy means:

- (a) a condition which, while affected by Pregnancy, is still classed by accepted medical standards as a Sickness, disease or Injury apart from the normal bodily changes that accompany Pregnancy;
- (b) a non-elective cesarean section;
- (c) an extrauterine or ectopic Pregnancy; or
- (d) a spontaneous termination of Pregnancy during a period of gestation in which a viable birth is not possible.

Deductible means the dollar amount of Deductible that applies to all the covered medical expenses under the Insured Person(s) Health Benefit Plan.

Employee means a person employed by the Policyholder and meeting the minimum hourly requirements shown in the Policyholder's application. If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Expenses Incurred means the charge made for a service or supply that is covered by this Policy and given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Health Benefit Plan means any group major medical or comprehensive medical plan through which an Insured Person has coverage. It may be a self-funded plan or provided through insurance. Health Benefit Plan does not include any limited medical program, Medicare, Medicaid, CHAMPUS, or TRICARE.

Home Office means the Company's office located at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223].

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confined/Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of [15-23] consecutive hours.

Immediate Family means an Insured or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while this Policy is in force. All injuries sustained by an Insured Person in any one accident are considered a single Injury.

Insured Person means either an Insured or an Insured Dependent. An **Insured** is an Employee of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) The spouse of an Insured whose coverage under this Policy has become effective and has not terminated; and
- (b) The dependent child or children of an Insured or of an Insured's spouse who are under [19-30] years of age and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

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

Policyholder means the Employer in whose name the Policy is issued, as shown on the cover page of the Policy.

Physician means a qualified licensed Physician other than an Insured Person or a member of his Immediate Family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in this Policy. This includes, but is not limited to, medical doctors, chiropractors, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

Pregnancy means a pregnancy which is terminated by childbirth, other than an elective cesarean section; or an elective abortion.

Schedule means the schedule in the Policy or Certificate which contains the benefits provided by the Policy.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured for whom the claim is made.

We means Companion Life Insurance Company. **Us, Our, Ours** and the **Company** also refers to Companion Life Insurance Company.

You, Your and **Yours** means the Insured.

ELIGIBILITY AND EFFECTIVE DATE

An Employee's Coverage will be effective as of the first of the month following approval of an eligible person's, as defined in the Policyholder's Application, individual application and payment of the first premium. In no event will coverage for any person become effective prior to the Effective Date of this Policy.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption. A congenital defect or birth abnormality of a newborn child which requires Hospital Confinement will be considered a Sickness.

We will pay benefits for a newborn child of the Insured until that child is 90 days old or until the next premium due date, whichever is later. Coverage may be continued beyond the later of 90 days or the next premium due date if the Insured notifies Us of the child's birth and pays the required premium, if any.

Adopted children will be covered on the same basis as a newborn child from the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the date of birth. Coverage will cease on the date the child is removed from placement and the Insured's legal obligation terminates.

In no event will coverage for such child become effective before the Insured's Effective Date.

LATE ENROLLEES

If You do not apply for coverage on Your initial eligibility date, You may not apply for coverage for Yourself and/or any Dependents until the next Policy Anniversary Date.

BENEFITS

The following benefits are payable if the Insured Person is covered by a Health Benefit Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions and [Benefit Year] [Calendar Year] Maximums as described herein.

Inpatient Hospital Benefit - If, as a result of an Injury or Sickness an Insured Person is Hospital Confined, under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Health Benefit Plan, the Company will pay up to the Inpatient Hospital Benefit per [Benefit Year] [Calendar Year] stated in the Policy Schedule. Hospital Confinement must begin after the Effective Date.

Such benefits are limited to:

- (a) The Deductible the Insured Person is required to pay under his Health Benefit Plan.
- (b) The Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.

Benefits also will be payable for Hospital emergency room treatment as follows:

- (a) Injury – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision.
- (b) Sickness – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision, if the Sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

Outpatient Benefit – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under this Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. Same or related conditions will apply to the same Sickness or Injury, unless separated by a period of [60-120] consecutive days. Outpatient benefits include treatment under the regular care and attendance of a Physician at a hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital emergency room benefit in the Inpatient Hospital Benefit.]

Outpatient Benefit II – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. A “per Covered Person, per [Benefit Year] [Calendar Year] Maximum” equal to 50% of the Family [Benefit Year] [Calendar Year] Maximum also applies. Outpatient benefits include treatment under the regular care and attendance of a Physician at a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital Emergency Room benefit in the Inpatient Hospital Benefit.]

Physician Benefit – If, as a result of Injury or Sickness, an Insured Person receives treatment by a Physician in the Physician’s office, Hospital, emergency facility or outpatient facility, We will pay a benefit as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.]

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- (a) Declared or undeclared war or any act thereof;
- (b) Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- (c) Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- (d) Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- (f) Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- (g) Mental or nervous disorders;
- (h) Alcoholism, drug addiction or complications thereof;
- (i) Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, or similar legislation;
- (j) Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- (k) Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Health Benefit Plan;
- (l) Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Health Benefit Plan, Our sole obligation will then be to refund all premiums paid for that Insured Person;
- (m) An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations;
- (n) Prescription drugs;
- (o) Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment; and
- (p) Wellness or preventive care.

LIMITATIONS

Pregnancy. Hospital Confinements due to Pregnancy are payable if the Pregnancy is payable under the Insured Person's Health Benefit Plan.

Benefits for Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) On the date this Policy is terminated;
 - (b) As of the premium due date when the required premium remains unpaid, subject to the grace period;
 - (c) On the premium due date following the date the Insured ceases to be an Employee of the Policyholder; or
 - (d) On the premium due date following the date the Insured Person's coverage under a Health Benefit Plan is no longer in effect.

- (2) As to an Insured Dependent spouse:
 - (a) On the premium due date following the date the spouse ceases to be an eligible spouse.

- (3) As to Insured Dependent children:
 - (a) On the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an Insured Dependent child from self-support when he reaches the termination age, he may remain as an Insured Person under the Policy. Proof of such incapacity and dependency may be required by Us, but not more frequently than annually after the two-year period following the child's attainment of the limiting age. Coverage will continue as long as coverage remains in force and the Insured Dependent child is incapable of self-support.

Termination of the insurance of any Insured Person will be without prejudice to any Hospital Confinement or other covered treatment for Injury or Sickness that begins before the date of termination.

PREMIUMS

Premiums must be paid on time to keep this Policy in force. This section explains how and when premiums are to be paid.

PAYMENTS

Premiums are payable at the Company's Home Office or to any of the Company's authorized agents. The first premium is due on the Effective Date. Each subsequent premium is due on the first day following the interval for which the preceding premium was paid.

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to this Policy on any premium due date by giving written notice to the Insured and Policyholder at least 31 days in advance of the date premium is to be changed.

RENEWAL/TERMINATION

This Policy is a renewable plan and may be renewed at the option of the Company. The Policyholder or the Company may terminate this Policy on any date on or after the first Policy Anniversary Date by giving at least 30 days written notice to the other party.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice must be given by or on behalf of the claimant to the Company or its administrator at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223] or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy number and nature of the loss.

CLAIM FORM

When the Company or its administrator receives the notice of claim, forms will be sent to the Insured Person for filing proof of loss. If these forms are not provided within 15 days, the Insured Person will meet the proof of loss requirements by giving the Company or its administrator a signed written statement of the nature and extent of the loss within the limit stated in the proof of loss provision.

PROOF OF LOSS

Written proof of loss must be given to the Company or its administrator within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, the Company 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 Insured Person is legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Any benefit payable under this Policy will be paid not more than 30 days after the Company or its administrator receives proper written proof of such loss if the claim was submitted electronically or within 45 days after receipt if the claim was submitted by any other means.

PAYMENT OF CLAIMS

All benefits will be payable to the Insured, unless the Company or its administrator receives written assignment of benefits to a provider of covered services. Any accrued benefits unpaid at the Insured's death will be paid to the estate of the Insured.

FACILITY OF PAYMENT

If any benefit is payable to an Insured's estate or to a minor or person not otherwise competent to give a valid release, the Company or its administrator may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage who the Company or its administrator considered to be entitled to the benefit. Any payment made by the Company in good faith pursuant to this provision will fully discharge the Company to the extent of such payment.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, the Policyholder's Application, along with the Insured's individual application, if any, and any endorsements and/or riders, is the entire contract between the Policyholder and the Company. All statements made by the Insured or the Policyholder, in the absence of fraud will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under this Policy or be used in defense of a claim unless it is contained in a written application and a copy is provided to the Insured Person or beneficiary. No change in this Policy will be valid until approved by one of our officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first premium payment. This Policy is in force during this period.

TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date the Insured Person becomes covered under this Policy, no misstatements, except fraudulent misstatements made by the Insured in the Insured's application will be used to void coverage or to deny a claim for a loss that begins after the two year period.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy that is in conflict with the laws of the state where the Policyholder is located on its effective date is amended to conform to minimum requirements.

INDIVIDUAL CERTIFICATES

The Company will issue a Certificate for each Insured which will describe:

1. the benefits to which an Insured Person is entitled under this Policy;
2. to whom such benefits are payable;
3. the limitations and requirements of this Policy; and
4. where this Policy may be inspected.

Nothing in the Certificate will change, modify or invalidate any of the terms and conditions of this Policy.

POLICY INSPECTION

This Policy may be inspected by any Insured Person any time during the regular business hours of the Policyholder.

POLICY AMENDMENTS

Subject to the laws of the state in which this Policy is issued, it may be changed, at any time by written amendment agreed to by the Company and the Policyholder. Premium rates may be changed according to the Premiums provision. Any amendments to this Policy will be binding on all Insured Persons whether insured prior to or after the effective date of the amendment.

LEGAL ACTIONS

No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy. No such action may be brought after three years (five years in Kansas, six years in South Carolina, and the applicable statute of limitations in Florida) from the time written proof of loss is required.

MISSTATEMENT OF AGE

If the age of any Insured Person is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we know the correct information.

CLERICAL ERROR

Clerical errors or delays in keeping records for this Policy:

- a. will not deny insurance which would otherwise have been granted;
- b. will not continue insurance which otherwise would have ceased; and
- c. will call for an adjustment of premium benefits to correct the error.

WORKERS' COMPENSATION & WORKMEN'S COMPENSATION NOT AFFECTED

This Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance or Workmen's Compensation Insurance.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, at Our own expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at Our own expense, will have the right to make an autopsy in case of death, unless it is forbidden by law.

ADDING INSUREDS

Additional Insureds may be added to the original group under this Policy, from time to time, according to the terms of this Policy.



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223
(the "Company")

POLICY NUMBER: [123456]
POLICYHOLDER: [ABC Policyholder]
STATE OF ISSUE: [State]
CERTIFICATE EFFECTIVE DATE: [Month, Day, Year]

The Certificate is issued to Insureds of the Policyholder whose coverage is in effect according to the Company's records.

The policy will be administered on our behalf by "the Administrator," [ABC Administrator, Any Street, Any City, Any State 00000].

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 A.M. Local Time, at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Companion Life Insurance Company at Columbia, South Carolina on the Policy Effective Date.

COMPANION LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Companion Life", is written over a faint, larger version of the company logo.

President

THIS IS A LIMITED BENEFIT CERTIFICATE

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
NON-PARTICIPATING**

For service or complaints about the policy, please address any inquiries to the Administrator's address shown above or call [123-456-7890].

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SCHEDULE

INPATIENT HOSPITAL BENEFIT

per Insured Person up to [\$500 - \$10,000] per [Benefit Year] [Calendar Year]

[OUTPATIENT BENEFIT*]

per Sickness or Injury up to [\$200 - \$5,000]
[Benefit Year] [Calendar Year] Maximum four (4) Outpatient occurrences per family,
per [Benefit Year] [Calendar Year]]

[OUTPATIENT BENEFIT II]

Per family, per [Benefit Year] [Calendar Year] Maximum up to [\$500 - \$5,000]
Per Insured Person, per [Benefit Year] [Calendar Year] Maximum 50% of per family,
Per [Benefit Year] [Calendar Year]]

[PHYSICIAN BENEFIT]

per Physician visit [[\$10-\$50] up to the lesser of [\$80-\$600] or
[8-12] visits per family, per [Benefit Year] [Calendar Year]]

All benefits listed above are subject to Exclusions and Limitations as outlined in the Certificate.

[*The [Benefit Year] [Calendar Year] maximum applies to the entire family unit regardless of the number of Covered Persons within the family unit. An “occurrence” is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the outpatient maximum for one occurrence, regardless of whether such treatment is received in more than one [Benefit Year] [Calendar Year].]

DEFINITIONS

[Benefit Year means a period of one year that starts and ends at midnight on the dates shown in the Employer's application.]

[Calendar Year means the period that starts with the Insured Person's effective date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.]

Coinsurance means that dollar amount of covered medical expenses, after Deductible, not payable under the Insured Person(s) Health Benefit Plan.

Complications of Pregnancy means:

- (a) a condition which, while affected by Pregnancy, is still classed by accepted medical standards as a Sickness, disease or Injury apart from the normal bodily changes that accompany Pregnancy;
- (b) a non-elective cesarean section;
- (c) an extrauterine or ectopic Pregnancy; or
- (d) a spontaneous termination of Pregnancy during a period of gestation in which a viable birth is not possible.

Deductible means the dollar amount of Deductible that applies to all the covered medical expenses under the Insured Person(s) Health Benefit Plan.

Employee means a person employed by the Policyholder and meeting the minimum hourly requirements shown in the Policyholder's application. If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Expenses Incurred means the charge made for a service or supply that is covered by the Policy and given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Health Benefit Plan means any group major medical or comprehensive medical plan through which an Insured Person has coverage. It may be a self-funded plan or provided through insurance. Health Benefit Plan does not include any limited medical program, Medicare, Medicaid, CHAMPUS, or TRICARE.

Home Office means the Company's office located at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223].

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confined/Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of [15-23] consecutive hours.

Immediate Family means an Insured or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while this Policy is in force. All injuries sustained by an Insured Person in any one accident are considered a single Injury.

Insured Person means either an Insured or an Insured Dependent. An **Insured** is an Employee of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) The spouse of an Insured whose coverage under the Policy has become effective and has not terminated; and
- (b) The dependent child or children of an Insured or of an Insured's spouse who are under [19-30] years of age and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

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

Policyholder means the Employer in whose name the Policy is issued, as shown on the cover page of this Certificate.

Physician means a qualified licensed Physician other than an Insured Person or a member of his Immediate Family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in this Policy. This includes, but is not limited to, medical doctors, chiropractors, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

Pregnancy means a pregnancy which is terminated by childbirth, other than an elective cesarean section; or an elective abortion.

Schedule means the schedule in the Policy or Certificate which contains the benefits provided by the Policy.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured for whom the claim is made.

We means Companion Life Insurance Company. **Us, Our, Ours** and the **Company** also refers to Companion Life Insurance Company.

You, Your and **Yours** means the Insured.

ELIGIBILITY AND EFFECTIVE DATE

An Employee's Coverage will be effective as of the first of the month following approval of an eligible person's, as defined in the Policyholder's Application, individual application and payment of the first premium. In no event will coverage for any person become effective prior to the Effective Date of the Policy.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption. A congenital defect or birth abnormality of a newborn child which requires Hospital Confinement will be considered a Sickness.

We will pay benefits for a newborn child of the Insured until that child is 90 days old or until the next premium due date, whichever is later. Coverage may be continued beyond the later of 90 days or the next premium due date if the Insured notifies Us of the child's birth and pays the required premium, if any.

Adopted children will be covered on the same basis as a newborn child from the date of the filing of a petition for adoption if the Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the date of birth. Coverage will cease on the date the child is removed from placement and the Insured legal obligation terminates.

In no event will coverage for such child become effective before the Insured's Effective Date.

LATE ENROLLEES

If You do not apply for coverage on Your initial eligibility date, You may not apply for coverage for Yourself and/or any Dependents until the next Policy Anniversary Date.

BENEFITS

The following benefits are payable if the Insured Person is covered by a Health Benefit Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions and [Benefit Year] [Calendar Year] Maximums as described herein.

Inpatient Hospital Benefit - If, as a result of an Injury or Sickness an Insured Person is Hospital Confined, under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Health Benefit Plan, the Company will pay up to the Inpatient Hospital Benefit per [Benefit Year] [Calendar Year] stated in the Policy Schedule. Hospital Confinement must begin after the Effective Date.

Such benefits are limited to:

- (a) The Deductible the Insured Person is required to pay under his Health Benefit Plan.
- (b) The Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.

Benefits also will be payable for Hospital emergency room treatment as follows:

- (a) Injury – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision.
- (b) Sickness – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision, if the Sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

Outpatient Benefit – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under this Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. Same or related conditions will apply to the same Sickness or Injury, unless separated by a period of [60-120] consecutive days. Outpatient benefits include treatment under the regular care and attendance of a Physician at a hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital emergency room benefit in the Inpatient Hospital Benefit.]

Outpatient Benefit II – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. A “per Covered Person, per [Benefit Year] [Calendar Year] Maximum” equal to 50% of the Family [Benefit Year] [Calendar Year] Maximum also applies. Outpatient benefits include treatment under the regular care and attendance of a Physician at a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital Emergency Room benefit in the Inpatient Hospital Benefit.]

Physician Benefit – If, as a result of Injury or Sickness, an Insured Person receives treatment by a Physician in the Physician’s office, Hospital, emergency facility or outpatient facility, We will pay a benefit as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.]

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- (a) Declared or undeclared war or any act thereof;
- (b) Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- (c) Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- (d) Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- (f) Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- (g) Mental or nervous disorders;
- (h) Alcoholism, drug addiction or complications thereof;
- (i) Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, or similar legislation;
- (j) Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- (k) Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Health Benefit Plan;
- (l) Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Health Benefit Plan, Our sole obligation will then be to refund all premiums paid for that Insured Person;
- (m) An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations;
- (n) Prescription drugs;
- (o) Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment; and
- (p) Wellness or preventive care.

LIMITATIONS

Pregnancy. Hospital Confinements due to Pregnancy are payable if the Pregnancy is payable under the Insured Person's Health Benefit Plan.

Benefits for Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) On the date the Policy is terminated;
 - (b) As of the premium due date when the required premium remains unpaid, subject to the grace period;
 - (c) On the premium due date following the date the Insured ceases to be an Employee of the Policyholder; or
 - (d) On the premium due date following the date the Insured Person's coverage under a Health Benefit Plan is no longer in effect.
- (2) As to an Insured Dependent spouse:
 - (a) On the premium due date following the date the spouse ceases to be an eligible spouse.
- (3) As to Insured Dependent children:
 - (a) On the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an Insured Dependent child from self-support when he reaches the termination age, he may remain as an Insured Person under the Policy. Proof of such incapacity and dependency may be required by Us, but not more frequently than annually after the two-year period following the child's attainment of the limiting age. Coverage will continue as long as coverage remains in force and the Insured Dependent child is incapable of self-support.

Termination of the insurance of any Insured Person will be without prejudice to any Hospital Confinement or other covered treatment for Injury or Sickness that begins before the date of termination.

PREMIUMS

Premiums must be paid on time to keep this Policy in force. This section explains how and when premiums are to be paid.

PAYMENTS

Premiums are payable at the Company's Home Office or to any of the Company's authorized agents. The first premium is due on the Effective Date. Each subsequent premium is due on the first day following the interval for which the preceding premium was paid.

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to the Policy on any premium due date by giving written notice to the Insured and Policyholder at least 31 days in advance of the date premium is to be changed.

RENEWAL/TERMINATION

This Policy is a renewable plan and may be renewed at the option of the Company. The Policyholder or the Company may terminate the Policy on any date on or after the first Policy Anniversary Date by giving at least 30 days written notice to the other party.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice must be given by or on behalf of the claimant to the Company or its administrator at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223] or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy number and nature of the loss.

CLAIM FORM

When the Company or its administrator receives the notice of claim, forms will be sent to the Insured Person for filing proof of loss. If these forms are not provided within 15 days, the Insured Person will meet the proof of loss requirements by giving the Company or its administrator a signed written statement of the nature and extent of the loss within the limit stated in the proof of loss provision.

PROOF OF LOSS

Written proof of loss must be given to the Company or its administrator within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, the Company 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 Insured Person is legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Any benefit payable under the Policy will be paid not more than 30 days after the Company or its administrator receives proper written proof of such loss if the claim was submitted electronically or within 45 days after receipt if the claim was submitted by any other means.

PAYMENT OF CLAIMS

All benefits will be payable to the Insured, unless the Company or its administrator receives written assignment of benefits to a provider of covered services. Any accrued benefits unpaid at the Insured's death will be paid to the estate of the Insured.

FACILITY OF PAYMENT

If any benefit is payable to an Insured's estate or to a minor or person not otherwise competent to give a valid release, the Company or its administrator may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage who the Company or its administrator considered to be entitled to the benefit. Any payment made by the Company in good faith pursuant to this provision will fully discharge the Company to the extent of such payment.

GENERAL PROVISIONS

ENTIRE CONTRACT

The Policy, the Policyholder's Application, along with the Insured's individual application, if any, and any endorsements and/or riders, is the entire contract between the Policyholder and the Company. All statements made by the Insured or the Policyholder, in the absence of fraud will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under the Policy or be used in defense of a claim unless it is contained in a written application and a copy is provided to the Insured Person or beneficiary. No change in the Policy will be valid until approved by one of our officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first premium payment. The Policy is in force during this period.

TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date the Insured Person becomes covered under the Policy, no misstatements, except fraudulent misstatements made by the Insured in the Insured's application will be used to void coverage or to deny a claim for a loss that begins after the two year period.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy that is in conflict with the laws of the state where the Policyholder is located on its effective date is amended to conform to minimum requirements.

INDIVIDUAL CERTIFICATES

The Company will issue a Certificate for each Insured which will describe:

1. the benefits to which an Insured Person is entitled under the Policy;
2. to whom such benefits are payable;
3. the limitations and requirements of the Policy; and
4. where the Policy may be inspected.

Nothing in the Certificate will change, modify or invalidate any of the terms and conditions of the Policy.

POLICY INSPECTION

The Policy may be inspected by any Insured Person any time during the regular business hours of the Policyholder.

POLICY AMENDMENTS

Subject to the laws of the state in which the Policy is issued, it may be changed, at any time by written amendment agreed to by the Company and the Policyholder. Premium rates may be changed according to the Premiums provision. Any amendments to the Policy will be binding on all Insured Persons whether insured prior to or after the effective date of the amendment.

LEGAL ACTIONS

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after three years (five years in Kansas, six years in South Carolina, and the applicable statute of limitations in Florida) from the time written proof of loss is required.

MISSTATEMENT OF AGE

If the age of any Insured Person is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we know the correct information.

CLERICAL ERROR

Clerical errors or delays in keeping records for the Policy:

- a. will not deny insurance which would otherwise have been granted;
- b. will not continue insurance which otherwise would have ceased; and
- c. will call for an adjustment of premium benefits to correct the error.

WORKERS' COMPENSATION & WORKMEN'S COMPENSATION NOT AFFECTED

The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance or Workmen's Compensation Insurance.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, at Our own expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at Our own expense, will have the right to make an autopsy in case of death, unless it is forbidden by law.

ADDING INSUREDS

Additional Insureds may be added to the original group under the Policy, from time to time, according to the terms of this Policy.



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223
(the "Company")

**TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT
INSURANCE BENEFIT RIDER**

By attachment of this Rider, the Policy/Certificate is amended by adding the following:

BENEFITS

Coverage may terminate or the Benefit amount may be reduced for a Loss occurring on or after the date the Insured Person obtains a certain Age as shown below.

Term Life Insurance Benefit. The Company will pay the Benefit amount of insurance as shown below after receiving proof of loss. Payment will be made in agreement with the Payment Of Claims provision. The Incontestability provision in the Policy applies separately to this Term Life Insurance Benefit.

Suicide. While sane or insane, suicide is not covered under the Term Life Insurance Benefit for two years (one year in Colorado, Missouri or North Dakota) from the Insured Person's effective date. In such event, the Company will only pay a Benefit equal to the premium paid.

Accidental Death and Dismemberment Insurance Benefit. The Company will pay the Benefit amount of insurance as shown below in the increments shown in the Table of Losses if an Insured sustains an Accidental Bodily Injury that causes the Insured a Loss. The Losses are any listed in the Table of Losses that occur within 90 days after the date of the event causing the Accidental Bodily Injury. Payment will be made according to the Payment Of Claims provision.

Accidental Bodily Injury means Injury caused solely by an Accident and not contributed to by disease or Sickness and which occurs while this Rider is in force. All Injuries to the Insured in a single Accident are treated as one Injury.

Beneficiary. For an Insured's death, the Benefit will be paid to the beneficiary. For an Insured Dependent's death, the Benefit will be paid to the Insured. For Loss other than death, Benefits will be paid to the Insured.

Table of Losses

<u>Loss</u>	<u>Amount of Insurance</u>
Loss of Both Hands or Both Feet or Sight of Both Eyes	The Full Benefit Amount
Loss of One Hand and One Foot	The Full Benefit Amount
Loss of One Hand or One Foot and Sight of One Eye	The Full Benefit Amount
Loss of One Hand or One Foot	One Half The Full Benefit Amount
Loss of Sight of One Eye	One Half The Full Benefit Amount
Loss of Life	The Full Benefit Amount

“Loss” means:

1. for death, which is the direct result of a covered Accidental Bodily Injury;
2. for a hand, total, complete and permanent severance of all four fingers, or total, complete and permanent severance of the entire hand at or above the wrist joint;
3. for a foot, total, complete and permanent severance of the entire foot at or above the ankle joint; or
4. for an eye, total and irrecoverable loss of sight.

No more than the Accidental Death and Dismemberment Benefit amount shown below will be paid for all Losses sustained by an Insured, as described in the Table of Losses, due to any one event causing the Accidental Bodily Injury.

<u>Employee Term Life Benefit Amount</u>	<u>Employee Accidental Death and Dismemberment Benefit Amount</u>
{ \$5,000 } { \$10,000 } { \$15,000 } { \$20,000 }	{ \$5,000 } { \$10,000 } { \$15,000 } { \$20,000 }
<u>Dependent Term Life</u>	<u>Benefit Amount</u>
Spouse	{ \$2,500 } { \$5,000 } { \$7,500 } { \$10,000 }
Children under 14 days	None
Children 14 days to 6 months	{ \$125 } { \$250 } { \$375 } { \$500 }
Children 6 months to 25 years	{ \$1,250 } { \$2,500 } { \$3,750 } { \$5,000 }

Benefit amounts for Insured and Insured Dependent Spouse reduce by 50% at age 65 and another 50% at age 70.

Dependent Term Life Insurance is only in effect if requested on the Employee’s enrollment form and only for the dependents requested.

EXCLUSIONS

No Benefit will be payable for any Accidental Death or Dismemberment Loss caused by or contributed to by:

1. Sickness, bodily or mental health or diagnostic medical or surgical treatment;
2. infection, except pyogenic infections resulting from an Accidental Bodily Injury or resulting from the accidental ingestion of a contaminated substance;
3. attempted suicide or intentional self-inflicted Injury or Sickness while sane or insane (while sane in Colorado or Missouri);
4. declared or undeclared war or acts thereof;
5. military service for any country or organization, including service with military forces as a civilian whose duties do not include combat; war or any act of war whether declared or undeclared. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured, pro rata any premium paid, less any Benefits paid, for any period during which the Insured is in such service;
6. Participation in a Riot or insurrection. “Participation” means taking an active part in common with others. “Riot” means any use or threat to use force or violence by three or more persons without authority of law;
7. Insured’s commission or attempted commission of a felony, assault or illegal action;
8. voluntary taking of any poison, drug, sedative or narcotic, or inhalation of any kind of gas unless prescribed by a Physician and taken according to the prescribed dosage;
9. legal intoxication where the blood alcohol content of the Insured exceeds the legal limit of the state in which the Accident took place;

10. an on-the-job Injury that is covered by Workers' Compensation; or
11. participation in any non-occupational activity in which the Insured purposely exposes the Insured to an increased risk of Accidental Bodily Injury. These activities include, but are not limited to:
 - a. belaying and repelling rock climbing;
 - b. flying ultra-light aircraft;
 - c. hang-gliding, skydiving, scuba diving, para-sailing;
 - d. motorized vehicle stunt driving, racing, jumping, drag racing and demolition;
 - e. bungee jumping;
 - f. any hazardous activity for exhibition purposes; or
 - g. flying as a pilot, crew member or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route.

EFFECTIVE DATE

If the Insured Person is Hospital Confined on the Insured Person's effective date, the effective date is postponed until the date the Insured Person is no longer Hospital Confined, the Company receives written proof from the Policyholder that the proposed Insured Person is eligible for coverage, and such proof is approved by the Company.

EVIDENCE OF INSURABILITY

Evidence of Insurability may be required. Evidence of Insurability is a statement of proof of a person's medical history upon which acceptance for insurance will be determined by the Company.

LIFE CONVERSION RIGHTS

The Insured Person is entitled to have issued to the Insured Person, without Evidence of Insurability, an individual policy of life insurance without disability or other supplementary benefits, if:

1. the Insured's employment ends;
2. the Insured changes job status or becomes ineligible;
3. the Insured retires; or
4. the Insured Person attains the age of termination.

Application for the individual policy and the first premium must be received by the Company within 31 days from the insurance termination date.

The individual policy will be on any one of the forms then customarily issued by the Company at the age and for the amount applied for, except for term insurance. The converted amount cannot exceed the terminated amount less the amount of any life insurance for which the Insured Person is or becomes eligible under a group policy issued by the Company or another insurer within 31 days. The premium will be at the Company's then customary rate for the policy form and benefit amount, to the class of risk to which the Insured Person then belongs, and to the Insured Person's attained age on the individual policy effective date. The individual policy will be effective on the day immediately following the date the Term Life Insurance Benefit ended.

If the Policy terminates or is amended to terminate a class of Insured Persons, each Insured Person who was insured by the Policy for at least five years before the termination date will be entitled to the same conversion privilege described above. However, the converted amount cannot exceed the lesser of: 1) the terminated amount, less the amount of any life insurance for which the Insured Person is or becomes eligible under a group policy issued by the Company or another insurer within 31 days; or 2) \$10,000.

NOTICE OF CONVERSION

The Company will give notice to the Insured Person of the right to convert to an individual policy of life insurance within 15 days prior to the date the insurance terminates. If the notice is not given within that time, the Insured Person has 15 days from the date of the Company's notice to convert, but not more than 60 days from the end of the 31-day conversion period. Written notice may be delivered or mailed to the Insured Person at the last known address of the Insured Person.

DEATH DURING CONVERSION PERIOD

If the Insured Person dies during the 31 days allowed to convert insurance and before the conversion policy is issued, the Company will pay the amount of Benefit the Insured Person could have converted. The Insured Person need not have applied for the individual life insurance policy.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

COMPANION LIFE INSURANCE COMPANY



President

EMPLOYER APPLICATION

Administered by:

[ABC Administrator
Any Street
Any City, Any State 00000
Telephone Number: 123-456-7890
Fax: 123-456-0789]



Application is hereby made by: _____
(full name of organization/firm)

Type of Business _____

Located at _____

Number Street

City State Zip

E-Mail Address _____

(1) Insurance shall be:
Employee Only Cost: _____% Employer Contribution _____% Employee Contribution
Dependent Cost: _____% Employer Contribution _____% Employee Contribution

(2) Total number of employees: _____ *Eligible employees include owners, partners, and executive officers.*
Number of employees eligible for this plan: _____ *Number of hours eligible employees must work per week: _____*
Number of employees participating: _____
Percentage of participating employees: _____%
Number of dependents to be covered: _____
*Include retirees who retire prior to age 65: • Yes • No
If yes, such retirees must be covered by Employer's Health Benefit Plan.
*Number of retirees to be covered: _____
Include coverage for Domestic Partners: • Yes • No
(Domestic Partner means an adult who is in a committed relationship with an employee wherein the Domestic Partner and the employee are mutually responsible for one another financially and otherwise.)

(3) In-Hospital Plan of benefits requested for all employees: Plan I: \$_____ Plan II: \$_____
• \$500 • \$1,000 • \$1,500 • \$2,000 • \$2,500
• \$3,000 • \$3,500 • \$4,000 • \$5,000 • Other: \$_____
[Outpatient Benefit: • OPI • OPII: Plan I: \$_____ Plan II: \$_____
• \$200 • \$500 • \$1,000 • \$2,000 • Other: \$_____]
[Physician Benefit: Plan I: \$_____ Plan II: \$_____
• \$15 visit up to the lesser of \$120 or 8 visits per family, per [Benefit Year] [Calendar Year]
• \$20 visit up to the lesser of \$240 or 12 visits per family, per [Benefit Year] [Calendar Year]]
[Term Life and AD&D Rider: Plan I: \$_____ Plan II: \$_____
• \$5,000 • \$10,000 • \$15,000 • \$20,000]

(4) Billing Method: • Monthly List Bill (First Month Premium is due at time of application)

Billing Information:

Mailing/Billing Address: _____

Are multiple billings required? • Yes • No If yes, attach a list of each location and their physical address.

Mail Premium Notice to: • Employer • Third Party Payor*

*Third Party Payor is acting on behalf of the Employer and not the Insurance Company.

Third Party Payor: _____
Mailing Address: _____

Contact Person/Title: _____

Copy Agent on all correspondence? • Yes • No If No, all correspondence will be handled directly with the Employer.

The effective date of this insurance applied for will be the later of the first day of the month following the acceptance of employee Enrollment Forms by the Company and receipt of premium payment, or the Employee's effective date under the Employer's Health Benefit Plan.

Requested effective date for group: _____

I understand that requests submitted to the Company for individual employee cancellation of coverage and return of premium, if any, must be signed by the employee.

The Policy forms will be delivered to the group electronically unless you request in writing to receive a paper copy. The Certificate package for distribution to all insureds will be delivered to you electronically unless you request in writing to receive a paper copy for distribution.

Signature of Employer _____ Title _____ Date _____

Contact Person _____ Daytime Telephone No. _____

EMPLOYER AUTHORIZATION

Direct Bill:

Organization/Firm _____

Billing Address _____ City _____ State _____ Zip Code _____
(If different from the first page)

Employer's Signature _____

Agent Information:

Writing Agent Name _____

Agent Address _____

E-Mail Address _____

Tax ID No. (If none, Social Security No.) _____

Commission Paid To _____

Are you appointed with Companion Life Insurance Company? • Yes • No
If "No," contact Companion Life Insurance Company immediately regarding appointment.

FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

[Arkansas/Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.
DC	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky/Ohio	I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico/ an Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

ENROLLMENT FORM

Administered by:
 [ABC Administrator
 Any Street
 Any City, Any State 00000
 Telephone Number: 123-456-7890
 Fax: 123-456-0789]



PLAN INFORMATION:

As selected by the Policyholder

In Hospital Benefit Amounts	
<input type="checkbox"/> Plan I:	\$ _____ In-Hospital Benefit
	\$ _____ Optional Out-Patient Benefit: <input type="checkbox"/> OPI <input type="checkbox"/> OPII
	\$ _____ Optional Physician Benefit
	\$ _____ Optional Term Life/AD&D Rider
 <input type="checkbox"/> Plan II:	 \$ _____ In-Hospital Benefit
	 \$ _____ Optional Out-Patient Benefit: <input type="checkbox"/> OPI <input type="checkbox"/> OPII
	 \$ _____ Optional Physician Benefit
	 \$ _____ Optional Term Life/AD&D Rider

APPLICANT INFORMATION:

Name (last, first, middle)					Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Age	Date of Birth (mm/dd/yy)	Social Security Number	Home Phone #	Work Phone #		
Street Address			E-Mail			
City		State		Zip Code		
Employer		Occupation		Date of Hire		
Coverage Selected: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse						
<input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family						
Monthly Premium:			Requested Effective Date of Coverage/Change:			

DEPENDENT INFORMATION:

	Name (last, first, middle)	Birth Date	Sex	Social Security #
Spouse				
Child				
Child				
Child				

(Use reverse side of form if additional space is needed)

I hereby: **ENROLL**, or **CHANGE** as indicated above, for this group insurance coverage for which I am eligible. I authorize my Employer to deduct my contributions, if any, from my salary or wages, and to remit that amount to Companion Life Insurance Company or its administrator. I request that this authorization remain in effect until such time as I withdraw it by giving written notice prior to the next premium due date. I understand and acknowledge: that no coverage will take effect for any person to be covered who is not also covered by a Major Medical/Comprehensive Policy including Coinsurance and Deductible, in force at the time of my proposed Effective Date for this coverage; that I am either currently covered under a Major Medical/Comprehensive coverage with this Employer or have enrolled for Major Medical/Comprehensive coverage with this Employer; that the coverage for which I am applying may contain Pre-Existing Limitations; that the Master Policy for this coverage is issued to my Employer; and that I will receive a certificate as evidence of my insurance coverage under the policy.

I hereby waive enrollment under my employer's sponsored Group Supplemental Medical Expense Insurance policy at the time I am initially eligible to participate in the plan. I understand that I can only enroll in the plan during an employer-sponsored annual open enrollment period, or upon provision of satisfactory documentation evidencing my status as a special enrollee due to a qualifying event as determined by law.

Applicant's Signature _____ Date _____
Parent or Legal Guardian if the Applicant is under age 18

Agent's Signature (where applicable by law) _____

FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

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

Colorado It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

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

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

Kentucky/Ohio I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

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

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

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

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

SERFF Tracking Number: CMLX-G127614326 State: Arkansas
 Filing Company: Companion Life Insurance Company State Tracking Number: 49721
 Company Tracking Number: AR001810100004
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: HOEM03GR11
 Project Name/Number: HOEM03GR11/AR001810100004

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/14/2011
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/14/2011
Bypass Reason: Submitted for approval under Forms Tab		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/14/2011
Bypass Reason: Not applicable to group filings		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/14/2011
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	09/14/2011
Bypass Reason: Not applicable		
Comments:		

SERFF Tracking Number: CMLX-G127614326 State: Arkansas
Filing Company: Companion Life Insurance Company State Tracking Number: 49721
Company Tracking Number: AR001810100004
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HOEM03GR11
Project Name/Number: HOEM03GR11/AR001810100004

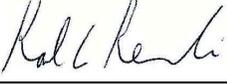
	Item Status:	Status
Satisfied - Item: List of Variables	Approved-Closed	Date: 09/14/2011
Comments:		
Attachment:		
List of Variables.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Companion Life Insurance Company

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
GAPP-4200	50.3
GAPC-4200	50.2
GAPP-ADR-4200	50.4
GAPP-APPL-4200	52.5
GAPP-ENR-4200	50.6

Signed: 
Name: Karl Kemmerlin
Title: Vice President and CFO
Date: September 6, 2011

LIST OF VARIABLES / FORMS GAPP-4200 AND GPC-4200

Page No.	Section	Provision	Description of Variables
Face Page	Introduction	Case-specific information	Policyholder; Policy Number; State of Issue, Effective Date; Anniversary Date - will vary by case.
3	Schedule of Benefits	Inpatient Hospital Benefit	The Per Person yearly benefit maximum will range from \$500-10,000.
3	Schedule of Benefits	Outpatient Benefit I and II	Benefit will be either in or out. Employer's decision.
3	Schedule of Benefits	Physician Office Visit Benefit	Benefit will either be in or out. Employer's decision.
3	Schedule of Benefits		The last paragraph will be either in or out depending on whether the Outpatient Benefit has been elected.
4	Definitions	Home Office	The company's home office address will be included in this definition.
11		Outpatient Hospital Benefit, Ambulance Benefit, or Physician Office Visit Benefit	Provisions will either be in or out.
11	Limitations and Exclusions	Limitations	Sentence will either be in or out.
1-11		[Benefit Year] [Calendar Year]	Either benefit year or calendar year will be used.
1-11			Any amounts which are included in brackets will be issued within the stated range.

LIST OF VARIABLES/FORM GAPP-ADR-4200

Page No.	Section	Description of Variables
2	Table of Losses	One of the amounts in brackets in each category will be included.

LIST OF VARIABLES/FORM GAPP-APPL-4200 andGAPP-ENR-4200

Page No.	Section	Description of Variables
1	Heading	Administrator's name, address and telephone number will be included.
1	Question 3	Benefits within brackets will either be in or out.
3	Fraud Warning Notice	All required fraud statements will be included and may be changed as state requirements change.

SERFF Tracking Number: CMLX-G127614326 State: Arkansas
 Filing Company: Companion Life Insurance Company State Tracking Number: 49721
 Company Tracking Number: AR001810100004
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: HOEM03GR11
 Project Name/Number: HOEM03GR11/AR001810100004

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)
09/06/2011	Form	Group Supplemental Medical Expense Insurance Policy	09/13/2011	GAPP-4200 - Policy.PDF (Superseded)
09/06/2011	Form	Group Supplemental Medical Expense Insurance Certificate	09/13/2011	GAPC-4200 - Certificate.PDF (Superseded)



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223
(the "Company")

Policy No.: [123456] Policy Effective Date: [July 1, 2011]
Policy Anniversary Date: [July 1, 2012 and each July 1 thereafter]
State of Issue: [State]

This policy is a contract between the Company and [ABC Policyholder]
(Herein Called the Policyholder)

In consideration of the application of the Policyholder, a copy of which is attached to and made a part of this Policy, and of the payment of premiums in the amounts and at the times provided, the Company agrees to pay the benefits provided, subject to all the provisions of this Policy.

This Policy takes effect on the Policy Effective Date, 12:01 A.M. Standard Time, at the Policyholder's address, and will, subject to the Termination provision, continue in effect as long as premium is paid. Policy years and months are determined from the Policy Anniversary Date. The Policy may be modified by mutual agreement between the Policyholder and Us.

IN WITNESS WHEREOF, the Companion Life Insurance Company has caused this Policy to be signed by its President at Columbia, South Carolina.

COMPANION LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read 'Susan Smith', is written over a horizontal line.

President

THIS IS A LIMITED BENEFIT POLICY

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
NON-PARTICIPATING**

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EXCLUSIONS.....	8
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PREMIUMS.....	9
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SCHEDULE

INPATIENT HOSPITAL BENEFIT

per Insured Person up to [\$500 - \$10,000] per [Benefit Year] [Calendar Year]

[OUTPATIENT BENEFIT*]

per Sickness or Injury up to [\$200 - \$5,000]
[Benefit Year] [Calendar Year] Maximum four (4) Outpatient occurrences per family,
per [Benefit Year] [Calendar Year]]

[OUTPATIENT BENEFIT II]

Per family, per [Benefit Year] [Calendar Year] Maximum up to [\$500 - \$5,000]
Per Insured Person, per [Benefit Year] [Calendar Year] Maximum 50% of per family,
Per [Benefit Year] [Calendar Year]]

[PHYSICIAN BENEFIT]

per Physician visit [[\$10-\$50] up to the lesser of [\$80-\$600] or
[8-12] visits per family, per [Benefit Year] [Calendar Year]]

All benefits listed above are subject to Exclusions and Limitations as outlined in the Policy.

[*The [Benefit Year] [Calendar Year] maximum applies to the entire family unit regardless of the number of Covered Persons within the family unit. An “occurrence” is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the outpatient maximum for one occurrence, regardless of whether such treatment is received in more than one [Benefit Year] [Calendar Year].]

DEFINITIONS

[Benefit Year means a period of one year that starts and ends at midnight on the dates shown in the Employer's application.]

[Calendar Year means the period that starts with the Insured Person's effective date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.]

Coinsurance means that dollar amount of covered medical expenses, after Deductible, not payable under the Insured Person(s) Health Benefit Plan.

Complications of Pregnancy means:

- (a) a condition which, while affected by Pregnancy, is still classed by accepted medical standards as a Sickness, disease or Injury apart from the normal bodily changes that accompany Pregnancy;
- (b) a non-elective cesarean section;
- (c) an extrauterine or ectopic Pregnancy; or
- (d) a spontaneous termination of Pregnancy during a period of gestation in which a viable birth is not possible.

Deductible means the dollar amount of Deductible that applies to all the covered medical expenses under the Insured Person(s) Health Benefit Plan.

Employee means a person employed by the Policyholder and meeting the minimum hourly requirements shown in the Policyholder's application. If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Expenses Incurred means the charge made for a service or supply that is covered by this Policy and given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Health Benefit Plan means any group major medical or comprehensive medical plan through which an Insured Person has coverage. It may be a self-funded plan or provided through insurance. Health Benefit Plan does not include any limited medical program, Medicare, Medicaid, CHAMPUS, or TRICARE.

Home Office means the Company's office located at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223].

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confined/Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of [15-23] consecutive hours.

Immediate Family means an Insured or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while this Policy is in force. All injuries sustained by an Insured Person in any one accident are considered a single Injury.

Insured Person means either an Insured or an Insured Dependent. An **Insured** is an Employee of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) The spouse of an Insured whose coverage under this Policy has become effective and has not terminated; and
- (b) The dependent child or children of an Insured or of an Insured's spouse who are under [19-30] years of age and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

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

Policyholder means the Employer in whose name the Policy is issued, as shown on the cover page of the Policy.

Physician means a qualified licensed Physician other than an Insured Person or a member of his Immediate Family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in this Policy. This includes, but is not limited to, medical doctors, chiropractors, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

Pregnancy means a pregnancy which is terminated by childbirth, other than an elective cesarean section; or an elective abortion.

Schedule means the schedule in the Policy or Certificate which contains the benefits provided by the Policy.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured for whom the claim is made.

We means Companion Life Insurance Company. **Us, Our, Ours** and the **Company** also refers to Companion Life Insurance Company.

You, Your and **Yours** means the Insured.

ELIGIBILITY AND EFFECTIVE DATE

An Employee's Coverage will be effective as of the first of the month following approval of an eligible person's, as defined in the Policyholder's Application, individual application and payment of the first premium. In no event will coverage for any person become effective prior to the Effective Date of this Policy.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days. If, during this 31 days, the Insured notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption or placement for adoption, evidence of insurability will be required and the Pre-Existing Condition Limitation, if any, will apply.

A congenital defect or birth abnormality of a newborn child which requires Hospital Confinement will be considered a Sickness.

We will pay benefits for a newborn child of the Insured until that child is 90 days old. Coverage may be continued beyond 90 days if the Insured notifies Us of the child's birth and pays the required premium, if any.

Adopted children will be covered on the same basis as a newborn child from the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the date of birth. Coverage will cease on the date the child is removed from placement and the Insured's legal obligation terminates.

In no event will coverage for such child become effective before the Insured's Effective Date.

LATE ENROLLEES

If You do not apply for coverage on Your initial eligibility date, You may not apply for coverage for Yourself and/or any Dependents until the next Policy Anniversary Date.

BENEFITS

The following benefits are payable if the Insured Person is covered by a Health Benefit Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions and [Benefit Year] [Calendar Year] Maximums as described herein.

Inpatient Hospital Benefit - If, as a result of an Injury or Sickness an Insured Person is Hospital Confined, under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Health Benefit Plan, the Company will pay up to the Inpatient Hospital Benefit per [Benefit Year] [Calendar Year] stated in the Policy Schedule. Hospital Confinement must begin after the Effective Date.

Such benefits are limited to:

- (a) The Deductible the Insured Person is required to pay under his Health Benefit Plan.
- (b) The Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.

Benefits also will be payable for Hospital emergency room treatment as follows:

- (a) Injury – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision.
- (b) Sickness – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision, if the Sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

Outpatient Benefit – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under this Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. Same or related conditions will apply to the same Sickness or Injury, unless separated by a period of [60-120] consecutive days. Outpatient benefits include treatment under the regular care and attendance of a Physician at a hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital emergency room benefit in the Inpatient Hospital Benefit.]

Outpatient Benefit II – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. A “per Covered Person, per [Benefit Year] [Calendar Year] Maximum” equal to 50% of the Family [Benefit Year] [Calendar Year] Maximum also applies. Outpatient benefits include treatment under the regular care and attendance of a Physician at a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital Emergency Room benefit in the Inpatient Hospital Benefit.]

Physician Benefit – If, as a result of Injury or Sickness, an Insured Person receives treatment by a Physician in the Physician’s office, Hospital, emergency facility or outpatient facility, We will pay a benefit as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.]

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- (a) Declared or undeclared war or any act thereof;
- (b) Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- (c) Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- (d) Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- (f) Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- (g) Mental or nervous disorders;
- (h) Alcoholism, drug addiction or complications thereof;
- (i) Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, or similar legislation;
- (j) Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- (k) Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Health Benefit Plan;
- (l) Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Health Benefit Plan, Our sole obligation will then be to refund all premiums paid for that Insured Person;
- (m) An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations;
- (n) Prescription drugs;
- (o) Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment;
- (p) Well newborn care, whether inpatient or outpatient; and
- (q) Wellness or preventive care.

LIMITATIONS

Pregnancy. Hospital Confinements due to Pregnancy are payable if the Pregnancy is payable under the Insured Person's Health Benefit Plan.

Benefits for Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) On the date this Policy is terminated;
 - (b) As of the premium due date when the required premium remains unpaid, subject to the grace period;
 - (c) On the premium due date following the date the Insured ceases to be an Employee of the Policyholder; or
 - (d) On the premium due date following the date the Insured Person's coverage under a Health Benefit Plan is no longer in effect.
- (2) As to an Insured Dependent spouse:
 - (a) On the premium due date following the date the spouse ceases to be an eligible spouse.
- (3) As to Insured Dependent children:
 - (a) On the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an Insured Dependent child from self-support when he reaches the termination age, he may remain as an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company within 31 days of the child's attainment of the termination age. Proof may be required by Us, but not more frequently than annually after the two-year period following the child's attainment of the limiting age. Coverage will continue as long as coverage remains in force and the Insured Dependent child is incapable of self-support.

Termination of the insurance of any Insured Person will be without prejudice to any Hospital Confinement or other covered treatment for Injury or Sickness that begins before the date of termination.

PREMIUMS

Premiums must be paid on time to keep this Policy in force. This section explains how and when premiums are to be paid.

PAYMENTS

Premiums are payable at the Company's Home Office or to any of the Company's authorized agents. The first premium is due on the Effective Date. Each subsequent premium is due on the first day following the interval for which the preceding premium was paid.

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to this Policy on any premium due date by giving written notice to the Insured and Policyholder at least 31 days in advance of the date premium is to be changed.

RENEWAL/TERMINATION

This Policy is a renewable plan and may be renewed at the option of the Company. The Policyholder or the Company may terminate this Policy on any date on or after the first Policy Anniversary Date by giving at least 30 days written notice to the other party.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice must be given by or on behalf of the claimant to the Company or its administrator at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223] or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy number and nature of the loss.

CLAIM FORM

When the Company or its administrator receives the notice of claim, forms will be sent to the Insured Person for filing proof of loss. If these forms are not provided within 15 days, the Insured Person will meet the proof of loss requirements by giving the Company or its administrator a signed written statement of the nature and extent of the loss within the limit stated in the proof of loss provision.

PROOF OF LOSS

Written proof of loss must be given to the Company or its administrator within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, the Company 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 Insured Person is legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Any benefit payable under this Policy will be paid not more than 60 days after the Company or its administrator receives proper written proof of such loss.

PAYMENT OF CLAIMS

All benefits will be payable to the Insured, unless the Company or its administrator receives written assignment of benefits to a provider of covered services. Any accrued benefits unpaid at the Insured's death will be paid to the estate of the Insured.

FACILITY OF PAYMENT

If any benefit is payable to an Insured's estate or to a minor or person not otherwise competent to give a valid release, the Company or its administrator may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage who the Company or its administrator considered to be entitled to the benefit. Any payment made by the Company in good faith pursuant to this provision will fully discharge the Company to the extent of such payment.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, the Policyholder's Application, along with the Insured's individual application, if any, and any endorsements and/or riders, is the entire contract between the Policyholder and the Company. All statements made by the Insured or the Policyholder, in the absence of fraud will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under this Policy or be used in defense of a claim unless it is contained in a written application and a copy is provided to the Insured Person or beneficiary. No change in this Policy will be valid until approved by one of our officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first premium payment. This Policy is in force during this period.

TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date the Insured Person becomes covered under this Policy, no misstatements, except fraudulent misstatements made by the Insured in the Insured's application will be used to void coverage or to deny a claim for a loss that begins after the two year period.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy that is in conflict with the laws of the state where the Policyholder is located on its effective date is amended to conform to minimum requirements.

INDIVIDUAL CERTIFICATES

The Company will issue a Certificate for each Insured which will describe:

1. the benefits to which an Insured Person is entitled under this Policy;
2. to whom such benefits are payable;
3. the limitations and requirements of this Policy; and
4. where this Policy may be inspected.

Nothing in the Certificate will change, modify or invalidate any of the terms and conditions of this Policy.

POLICY INSPECTION

This Policy may be inspected by any Insured Person any time during the regular business hours of the Policyholder.

POLICY AMENDMENTS

Subject to the laws of the state in which this Policy is issued, it may be changed, at any time by written amendment agreed to by the Company and the Policyholder. Premium rates may be changed according to the Premiums provision. Any amendments to this Policy will be binding on all Insured Persons whether insured prior to or after the effective date of the amendment.

LEGAL ACTIONS

No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy. No such action may be brought after three years (five years in Kansas, six years in South Carolina, and the applicable statute of limitations in Florida) from the time written proof of loss is required.

MISSTATEMENT OF AGE

If the age of any Insured Person is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we know the correct information.

CLERICAL ERROR

Clerical errors or delays in keeping records for this Policy:

- a. will not deny insurance which would otherwise have been granted;
- b. will not continue insurance which otherwise would have ceased; and
- c. will call for an adjustment of premium benefits to correct the error.

WORKERS' COMPENSATION & WORKMEN'S COMPENSATION NOT AFFECTED

This Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance or Workmen's Compensation Insurance.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, at Our own expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at Our own expense, will have the right to make an autopsy in case of death, unless it is forbidden by law.

ADDING INSUREDS

Additional Insureds may be added to the original group under this Policy, from time to time, according to the terms of this Policy.



Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, South Carolina 29223
(the "Company")

POLICY NUMBER: [123456]
POLICYHOLDER: [ABC Policyholder]
STATE OF ISSUE: [State]
CERTIFICATE EFFECTIVE DATE: [Month, Day, Year]

The Certificate is issued to Insureds of the Policyholder whose coverage is in effect according to the Company's records.

The policy will be administered on our behalf by "the Administrator," [ABC Administrator, Any Street, Any City, Any State 00000].

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 A.M. Local Time, at the Policyholder's business address.

This Certificate replaces all certificates that may have been previously issued to the Insured under the policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Companion Life Insurance Company at Columbia, South Carolina on the Policy Effective Date.

COMPANION LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read 'Companion Life', is written over a faint, larger version of the company logo.

President

THIS IS A LIMITED BENEFIT CERTIFICATE

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
NON-PARTICIPATING**

For service or complaints about the policy, please address any inquiries to the Administrator's address shown above or call [123-456-7890].

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SCHEDULE

INPATIENT HOSPITAL BENEFIT

per Insured Person up to [\$500 - \$10,000] per [Benefit Year] [Calendar Year]

[OUTPATIENT BENEFIT*]

per Sickness or Injury up to [\$200 - \$5,000]
[Benefit Year] [Calendar Year] Maximum four (4) Outpatient occurrences per family,
per [Benefit Year] [Calendar Year]]

[OUTPATIENT BENEFIT II]

Per family, per [Benefit Year] [Calendar Year] Maximum up to [\$500 - \$5,000]
Per Insured Person, per [Benefit Year] [Calendar Year] Maximum 50% of per family,
Per [Benefit Year] [Calendar Year]]

[PHYSICIAN BENEFIT]

per Physician visit [[\$10-\$50] up to the lesser of [\$80-\$600] or
[8-12] visits per family, per [Benefit Year] [Calendar Year]]

All benefits listed above are subject to Exclusions and Limitations as outlined in the Certificate.

[*The [Benefit Year] [Calendar Year] maximum applies to the entire family unit regardless of the number of Covered Persons within the family unit. An “occurrence” is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the outpatient maximum for one occurrence, regardless of whether such treatment is received in more than one [Benefit Year] [Calendar Year].]

DEFINITIONS

[Benefit Year means a period of one year that starts and ends at midnight on the dates shown in the Employer's application.]

[Calendar Year means the period that starts with the Insured Person's effective date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.]

Coinsurance means that dollar amount of covered medical expenses, after Deductible, not payable under the Insured Person(s) Health Benefit Plan.

Complications of Pregnancy means:

- (a) a condition which, while affected by Pregnancy, is still classed by accepted medical standards as a Sickness, disease or Injury apart from the normal bodily changes that accompany Pregnancy;
- (b) a non-elective cesarean section;
- (c) an extrauterine or ectopic Pregnancy; or
- (d) a spontaneous termination of Pregnancy during a period of gestation in which a viable birth is not possible.

Deductible means the dollar amount of Deductible that applies to all the covered medical expenses under the Insured Person(s) Health Benefit Plan.

Employee means a person employed by the Policyholder and meeting the minimum hourly requirements shown in the Policyholder's application. If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Expenses Incurred means the charge made for a service or supply that is covered by the Policy and given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Health Benefit Plan means any group major medical or comprehensive medical plan through which an Insured Person has coverage. It may be a self-funded plan or provided through insurance. Health Benefit Plan does not include any limited medical program, Medicare, Medicaid, CHAMPUS, or TRICARE.

Home Office means the Company's office located at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223].

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confined/Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of [15-23] consecutive hours.

Immediate Family means an Insured or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while this Policy is in force. All injuries sustained by an Insured Person in any one accident are considered a single Injury.

Insured Person means either an Insured or an Insured Dependent. An **Insured** is an Employee of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) The spouse of an Insured whose coverage under the Policy has become effective and has not terminated; and
- (b) The dependent child or children of an Insured or of an Insured's spouse who are under [19-30] years of age and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

- (a) it is provided only as a convenience to the Insured Person or provider;
- (b) it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
- (c) it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
- (d) it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

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

Policyholder means the Employer in whose name the Policy is issued, as shown on the cover page of this Certificate.

Physician means a qualified licensed Physician other than an Insured Person or a member of his Immediate Family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in this Policy. This includes, but is not limited to, medical doctors, chiropractors, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

Pregnancy means a pregnancy which is terminated by childbirth, other than an elective cesarean section; or an elective abortion.

Schedule means the schedule in the Policy or Certificate which contains the benefits provided by the Policy.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured for whom the claim is made.

We means Companion Life Insurance Company. **Us, Our, Ours** and the **Company** also refers to Companion Life Insurance Company.

You, Your and **Yours** means the Insured.

ELIGIBILITY AND EFFECTIVE DATE

An Employee's Coverage will be effective as of the first of the month following approval of an eligible person's, as defined in the Policyholder's Application, individual application and payment of the first premium. In no event will coverage for any person become effective prior to the Effective Date of the Policy.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days. If, during this 31 days, the Insured notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption or placement for adoption, evidence of insurability will be required and the Pre-Existing Condition Limitation, if any, will apply.

A congenital defect or birth abnormality of a newborn child which requires Hospital Confinement will be considered a Sickness.

We will pay benefits for a newborn child of the Insured until that child is 90 days old. Coverage may be continued beyond 90 days if the Insured notifies Us of the child's birth and pays the required premium, if any.

Adopted children will be covered on the same basis as a newborn child from the date of the filing of a petition for adoption if the Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage will begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the date of birth. Coverage will cease on the date the child is removed from placement and the Insured legal obligation terminates.

In no event will coverage for such child become effective before the Insured's Effective Date.

LATE ENROLLEES

If You do not apply for coverage on Your initial eligibility date, You may not apply for coverage for Yourself and/or any Dependents until the next Policy Anniversary Date.

BENEFITS

The following benefits are payable if the Insured Person is covered by a Health Benefit Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions and [Benefit Year] [Calendar Year] Maximums as described herein.

Inpatient Hospital Benefit - If, as a result of an Injury or Sickness an Insured Person is Hospital Confined, under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Health Benefit Plan, the Company will pay up to the Inpatient Hospital Benefit per [Benefit Year] [Calendar Year] stated in the Policy Schedule. Hospital Confinement must begin after the Effective Date.

Such benefits are limited to:

- (a) The Deductible the Insured Person is required to pay under his Health Benefit Plan.
- (b) The Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.

Benefits also will be payable for Hospital emergency room treatment as follows:

- (a) Injury – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision.
- (b) Sickness – up to the Inpatient Hospital Benefit, subject to Exclusions, Limitations and the Other Insurance Provision, if the Sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

Outpatient Benefit – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under this Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. Same or related conditions will apply to the same Sickness or Injury, unless separated by a period of [60-120] consecutive days. Outpatient benefits include treatment under the regular care and attendance of a Physician at a hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital emergency room benefit in the Inpatient Hospital Benefit.]

Outpatient Benefit II – Benefits are payable for Medically Necessary outpatient treatment for Injury or Sickness as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan. A “per Covered Person, per [Benefit Year] [Calendar Year] Maximum” equal to 50% of the Family [Benefit Year] [Calendar Year] Maximum also applies. Outpatient benefits include treatment under the regular care and attendance of a Physician at a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment. Covered expenses under the outpatient benefit do not include physician office visit expenses.

This benefit is in lieu of any Hospital Emergency Room benefit in the Inpatient Hospital Benefit.]

Physician Benefit – If, as a result of Injury or Sickness, an Insured Person receives treatment by a Physician in the Physician’s office, Hospital, emergency facility or outpatient facility, We will pay a benefit as shown in the Schedule. Such benefits are limited to: (a) the Deductible or Co-Payments the Insured Person is required to pay under his Health Benefit Plan; and (b) the Coinsurance amount the Insured Person is required to pay under his Health Benefit Plan.]

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- (a) Declared or undeclared war or any act thereof;
- (b) Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- (c) Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- (d) Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- (f) Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- (g) Mental or nervous disorders;
- (h) Alcoholism, drug addiction or complications thereof;
- (i) Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, or similar legislation;
- (j) Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- (k) Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Health Benefit Plan;
- (l) Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Health Benefit Plan, Our sole obligation will then be to refund all premiums paid for that Insured Person;
- (m) An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations;
- (n) Prescription drugs;
- (o) Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment;
- (p) Well newborn care, whether inpatient or outpatient; and
- (q) Wellness or preventive care.

LIMITATIONS

Pregnancy. Hospital Confinements due to Pregnancy are payable if the Pregnancy is payable under the Insured Person's Health Benefit Plan.

Benefits for Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) On the date the Policy is terminated;
 - (b) As of the premium due date when the required premium remains unpaid, subject to the grace period;
 - (c) On the premium due date following the date the Insured ceases to be an Employee of the Policyholder; or
 - (d) On the premium due date following the date the Insured Person's coverage under a Health Benefit Plan is no longer in effect.
- (2) As to an Insured Dependent spouse:
 - (a) On the premium due date following the date the spouse ceases to be an eligible spouse.
- (3) As to Insured Dependent children:
 - (a) On the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an Insured Dependent child from self-support when he reaches the termination age, he may remain as an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company within 31 days of the child's attainment of the termination age. Proof may be required by Us, but not more frequently than annually after the two-year period following the child's attainment of the limiting age. Coverage will continue as long as coverage remains in force and the Insured Dependent child is incapable of self-support.

Termination of the insurance of any Insured Person will be without prejudice to any Hospital Confinement or other covered treatment for Injury or Sickness that begins before the date of termination.

PREMIUMS

Premiums must be paid on time to keep this Policy in force. This section explains how and when premiums are to be paid.

PAYMENTS

Premiums are payable at the Company's Home Office or to any of the Company's authorized agents. The first premium is due on the Effective Date. Each subsequent premium is due on the first day following the interval for which the preceding premium was paid.

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to the Policy on any premium due date by giving written notice to the Insured and Policyholder at least 31 days in advance of the date premium is to be changed.

RENEWAL/TERMINATION

This Policy is a renewable plan and may be renewed at the option of the Company. The Policyholder or the Company may terminate the Policy on any date on or after the first Policy Anniversary Date by giving at least 30 days written notice to the other party.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice must be given by or on behalf of the claimant to the Company or its administrator at [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223] or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy number and nature of the loss.

CLAIM FORM

When the Company or its administrator receives the notice of claim, forms will be sent to the Insured Person for filing proof of loss. If these forms are not provided within 15 days, the Insured Person will meet the proof of loss requirements by giving the Company or its administrator a signed written statement of the nature and extent of the loss within the limit stated in the proof of loss provision.

PROOF OF LOSS

Written proof of loss must be given to the Company or its administrator within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, the Company 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 Insured Person is legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Any benefit payable under the Policy will be paid not more than 60 days after the Company or its administrator receives proper written proof of such loss.

PAYMENT OF CLAIMS

All benefits will be payable to the Insured, unless the Company or its administrator receives written assignment of benefits to a provider of covered services. Any accrued benefits unpaid at the Insured's death will be paid to the estate of the Insured.

FACILITY OF PAYMENT

If any benefit is payable to an Insured's estate or to a minor or person not otherwise competent to give a valid release, the Company or its administrator may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage who the Company or its administrator considered to be entitled to the benefit. Any payment made by the Company in good faith pursuant to this provision will fully discharge the Company to the extent of such payment.

GENERAL PROVISIONS

ENTIRE CONTRACT

The Policy, the Policyholder's Application, along with the Insured's individual application, if any, and any endorsements and/or riders, is the entire contract between the Policyholder and the Company. All statements made by the Insured or the Policyholder, in the absence of fraud will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under the Policy or be used in defense of a claim unless it is contained in a written application and a copy is provided to the Insured Person or beneficiary. No change in the Policy will be valid until approved by one of our officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first premium payment. The Policy is in force during this period.

TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date the Insured Person becomes covered under the Policy, no misstatements, except fraudulent misstatements made by the Insured in the Insured's application will be used to void coverage or to deny a claim for a loss that begins after the two year period.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy that is in conflict with the laws of the state where the Policyholder is located on its effective date is amended to conform to minimum requirements.

INDIVIDUAL CERTIFICATES

The Company will issue a Certificate for each Insured which will describe:

1. the benefits to which an Insured Person is entitled under the Policy;
2. to whom such benefits are payable;
3. the limitations and requirements of the Policy; and
4. where the Policy may be inspected.

Nothing in the Certificate will change, modify or invalidate any of the terms and conditions of the Policy.

POLICY INSPECTION

The Policy may be inspected by any Insured Person any time during the regular business hours of the Policyholder.

POLICY AMENDMENTS

Subject to the laws of the state in which the Policy is issued, it may be changed, at any time by written amendment agreed to by the Company and the Policyholder. Premium rates may be changed according to the Premiums provision. Any amendments to the Policy will be binding on all Insured Persons whether insured prior to or after the effective date of the amendment.

LEGAL ACTIONS

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after three years (five years in Kansas, six years in South Carolina, and the applicable statute of limitations in Florida) from the time written proof of loss is required.

MISSTATEMENT OF AGE

If the age of any Insured Person is incorrectly stated, we will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had we know the correct information.

CLERICAL ERROR

Clerical errors or delays in keeping records for the Policy:

- a. will not deny insurance which would otherwise have been granted;
- b. will not continue insurance which otherwise would have ceased; and
- c. will call for an adjustment of premium benefits to correct the error.

WORKERS' COMPENSATION & WORKMEN'S COMPENSATION NOT AFFECTED

The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance or Workmen's Compensation Insurance.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, at Our own expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at Our own expense, will have the right to make an autopsy in case of death, unless it is forbidden by law.

ADDING INSUREDS

Additional Insureds may be added to the original group under the Policy, from time to time, according to the terms of this Policy.