

**State:** Arkansas **Filing Company:** Combined Insurance Company of America  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

## Filing at a Glance

Company: Combined Insurance Company of America  
Product Name: Accident/Sickness Recovery  
State: Arkansas  
TOI: H21 Health - Other  
Sub-TOI: H21.000 Health - Other  
Filing Type: Form  
Date Submitted: 10/19/2012  
SERFF Tr Num: CMBD-128708182  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 14072-AR  
  
Implementation: On Approval  
Date Requested:  
Author(s): Anita Sibley  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 10/26/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
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**Filing Company:** Combined Insurance Company of America

## General Information

Project Name: 14072-AR  
 Project Number: 14072-AR  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Anita Sibley

PPACA Notes: null  
 Include Exchange Intentions:

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type: Individual  
 Filing Status Changed: 10/26/2012  
 State Status Changed: 10/26/2012  
 Created By: Anita Sibley  
 Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related

No

### Filing Description:

Individual Accident and Health – Limited Benefit Health Plan

This is a new filing. The following forms are new forms that will not replace and existing forms.

14072-AR – Accident Only Recovery Policy  
 12583-AR – Sickness Only Recovery Rider  
 14073-AR – Spouse Accident Only Recovery Rider  
 12584-AR – Spouse Sickness Only Recovery Rider  
 14076 – Accident Only Increased Benefits Rider  
 12587 – Accident and Sickness Increased Benefits Rider  
 14077 – Spouse Accident Only Increased Benefits Rider  
 12588 – Spouse Accident and Sickness Increased Benefits Rider  
 014072-AR – Accident Only Recovery Outline of Coverage  
 012583-AR – Sickness Only Recovery Outline of Coverage  
 164027-AR – Application for Accident and Health Insurance  
 164027-1H – Conditional Receipt  
 164028-AR – Supplemental Application for Accident and Sickness Recovery Insurance  
 7146 – Rate Sheet for Policy 14072-AR and Rider 14076  
 7147 – Rate Sheet for Rider 12583-AR and Rider 12587  
 7148 – Rate Sheet for Rider 14073-AR and Rider 14077  
 7149 – Rate Sheet for Rider 12584-AR and Rider 12588

The policy and riders are guaranteed renewable to age 72. The forms provide monthly benefits when a covered person is unable to work (or perform his/her normal activities if unemployed) while recovering from a covered accident or sickness.

The Accident Only Recovery Policy, the Sickness Only Recovery Rider, and the corresponding Spouse Riders will be offered with the initial application. After a policy is issued, all riders not purchased with the original sale, as well as the Increased Benefits Riders will be made available using the Supplemental Application in the event a policyholder wishes to add a rider or increase the monthly benefits of existing coverage.

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This limited benefit health product will be offered to persons from age 18 to age 67 who are employed at the time of application. The above listed forms will be marketed by our individual agents, by our Worksite Solutions Division's sales force with premiums paid through payroll deduction, and/or by direct marketing methods. In cases where an application is taken electronically, we certify that we will comply with your state statutes regarding electronic signatures.

At this time, we also wish to extend the approval of Exclusionary Rider (Form No. 10306) and Exclusionary Removal Rider (Form No. 10306-REM-AR) for use with the above-referenced policy and riders. The Exclusionary Rider and Exclusionary Removal Rider were approved by your department on 05/23/2012, under SERFF Filing No. CMBD-128398816.

Also included with this submission are:

1. the Outlines of Coverage, which will be provided to the applicant at time of application;
2. the Actuarial Memorandums and applicable Rate Sheets;
3. a Variability Memorandum;
4. the required Flesch Certification; and
5. the required Compliance Certification.

Your attention to this filing is very much appreciated. If you have any questions or concerns regarding the submission, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Anita Sibley, Policy Analyst Anita.Sibley@combined.com  
 1000 N Milwaukee Avenue 847-953-1526 [Phone]  
 6th Floor 847-953-1557 [FAX]  
 Glenview, IL 60025

### Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 Milwaukee Avenue	Group Code: 626	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 953-1531 ext. [Phone]	FEIN Number: 36-2136262	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$800.00
Retaliatory?	No
Fee Explanation:	\$50 x 12 forms, plus \$50 x 4 rate sheets = \$800
Per Company:	No

Company	Amount	Date Processed	Transaction #
Combined Insurance Company of America	\$800.00	10/19/2012	64075233

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/26/2012	10/26/2012
Approved-Closed	Rosalind Minor	10/22/2012	10/22/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accident Only Recovery Policy	Anita Sibley	10/24/2012	10/24/2012
Form	Spouse Accident Only Increased Benefit Rider	Anita Sibley	10/24/2012	10/24/2012
Form	Spouse Accident & Sickness Increased Benefit Rider	Anita Sibley	10/24/2012	10/24/2012
Form	Accident Only Outline of Coverage	Anita Sibley	10/24/2012	10/24/2012
Rate	Rate Sheet 7146	Anita Sibley	10/24/2012	10/24/2012
Rate	Rate Sheet 7147	Anita Sibley	10/24/2012	10/24/2012
Rate	Rate Sheet 7148	Anita Sibley	10/24/2012	10/24/2012
Rate	Rate Sheet 7149	Anita Sibley	10/24/2012	10/24/2012
Supporting Document	Health - Actuarial Justification	Anita Sibley	10/24/2012	10/24/2012

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
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**Filing Company:** Combined Insurance Company of America

## Disposition

Disposition Date: 10/26/2012

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

At your request, this submission was re-opened in order for you to make corrections to some forms within the filing.

The replaced forms is approved effective on the date. The forms that were not replaced will maintain the approval date of 10/22/12.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Variability Memorandum	Approved-Closed	Yes
Form (revised)	Accident Only Recovery Policy	Approved-Closed	Yes
Form	Accident Only Recovery Policy	Replaced	Yes
Form	Sickness Only Recovery Rider	Approved-Closed	Yes
Form	Spouse Accident Only Recovery Rider	Approved-Closed	Yes
Form	Spouse Sickness Only Recovery Rider	Approved-Closed	Yes

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Accident Only Increased Benefit Rider	Approved-Closed	Yes
Form	Accident & Sickness Increased Benefit Rider	Approved-Closed	Yes
Form (revised)	Spouse Accident Only Increased Benefit Rider	Approved-Closed	Yes
Form	Spouse Accident Only Increased Benefit Rider	Replaced	Yes
Form (revised)	Spouse Accident & Sickness Increased Benefit Rider	Approved-Closed	Yes
Form	Spouse Accident & Sickness Increased Benefit Rider	Replaced	Yes
Form (revised)	Accident Only Outline of Coverage	Approved-Closed	Yes
Form	Accident Only Outline of Coverage	Replaced	Yes
Form	Sickness Only Outline of Coverage	Approved-Closed	Yes
Form	Application for Accident & Health Insurance	Approved-Closed	Yes
Form	Supplement Application for Accident & Sickness Recovery	Approved-Closed	Yes
Rate (revised)	Rate Sheet 7146	Approved-Closed	Yes
Rate	Rate Sheet 7146	Replaced	Yes
Rate (revised)	Rate Sheet 7147	Approved-Closed	Yes
Rate	Rate Sheet 7147	Replaced	Yes
Rate (revised)	Rate Sheet 7148	Approved-Closed	Yes
Rate	Rate Sheet 7148	Replaced	Yes
Rate (revised)	Rate Sheet 7149	Approved-Closed	Yes
Rate	Rate Sheet 7149	Replaced	Yes

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

**Filing Company:** Combined Insurance Company of America

## Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed by Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Variability Memorandum	Approved-Closed	Yes
Form (revised)	Accident Only Recovery Policy	Approved-Closed	Yes
Form	Accident Only Recovery Policy	Replaced	Yes
Form	Sickness Only Recovery Rider	Approved-Closed	Yes
Form	Spouse Accident Only Recovery Rider	Approved-Closed	Yes
Form	Spouse Sickness Only Recovery Rider	Approved-Closed	Yes
Form	Accident Only Increased Benefit Rider	Approved-Closed	Yes
Form	Accident & Sickness Increased Benefit Rider	Approved-Closed	Yes
Form (revised)	Spouse Accident Only Increased Benefit Rider	Approved-Closed	Yes

SERFF Tracking #:

CMBD-128708182

State Tracking #:

Company Tracking #:

14072-AR

State:

Arkansas

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

Accident/Sickness Recovery

Project Name/Number:

14072-AR/14072-AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Spouse Accident Only Increased Benefit Rider	Replaced	Yes
Form (revised)	Spouse Accident & Sickness Increased Benefit Rider	Approved-Closed	Yes
Form	Spouse Accident & Sickness Increased Benefit Rider	Replaced	Yes
Form (revised)	Accident Only Outline of Coverage	Approved-Closed	Yes
Form	Accident Only Outline of Coverage	Replaced	Yes
Form	Sickness Only Outline of Coverage	Approved-Closed	Yes
Form	Application for Accident & Health Insurance	Approved-Closed	Yes
Form	Supplement Application for Accident & Sickness Recovery	Approved-Closed	Yes
Rate (revised)	Rate Sheet 7146	Approved-Closed	Yes
Rate	Rate Sheet 7146	Replaced	Yes
Rate (revised)	Rate Sheet 7147	Approved-Closed	Yes
Rate	Rate Sheet 7147	Replaced	Yes
Rate (revised)	Rate Sheet 7148	Approved-Closed	Yes
Rate	Rate Sheet 7148	Replaced	Yes
Rate (revised)	Rate Sheet 7149	Approved-Closed	Yes
Rate	Rate Sheet 7149	Replaced	Yes

**State:**

Arkansas

**Filing Company:**

Combined Insurance Company of America

**TOI/Sub-TOI:**

H21 Health - Other/H21.000 Health - Other

**Product Name:**

Accident/Sickness Recovery

**Project Name/Number:**

14072-AR/14072-AR

## Amendment Letter

Submitted Date: 10/24/2012

**Comments:**

Rosalind,

Thank you for re-opening this filing submission so that I could make minor corrections to some of the forms and rates.

The following changes have been made:

14072-AR: On page 5, section B - The term Ruptured Disc was replaced with Herniated Disc. On page 9 (Schedule), The term Ruptured Disc (in section B of Accident Recovery Benefits) was replaced with Herniated Disc, and the term Specified Critical Conditions (in section B of Sickness Recovery Benefits) was replaced with Serious Illnesses.

14077: The Title was changed from "Spouse Increased Benefits Rider-Accident Only Recovery Policy" to Spouse Increased Benefits Rider-Accident Only Recovery Rider".

12588: The Title was changed from "Spouse Increased Benefits Rider-Accident Only Recovery Policy & Sickness Recovery Rider" to Spouse Increased Benefits Rider-Accident Only Recovery Rider & Sickness Recovery Rider".

014072-AR: In section (4)(ii), the term "sickness or sicknesses" was changed to "injury or injuries".

Actuarial Memo 14072, Rate Sheet 7146, and Rate Sheet 7148: References to the term Ruptured Disc were changed to Herniated Disc.

Actuarial memo 12584, Rate Sheet 7147, and Rate Sheet 7149: References to the Term Dismemberment were changed to Amputation.

Your assistance and continued attention to this submission is very much appreciated. If you have any questions or concerns, please let me know.

Sincerely,

Anita M. Sibley

Tele.: (847) 953-1526

Changed Items:

State: Arkansas  
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other  
 Product Name: Accident/Sickness Recovery  
 Project Name/Number: 14072-AR/14072-AR

Filing Company: Combined Insurance Company of America

### Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Accident Only Recovery Policy	14072-AR	POL	Initial		60.531	14072-AR.pdf	Date Submitted: 10/24/2012 By:
<i>Previous Version</i>								
1	<i>Accident Only Recovery Policy</i>	<i>14072-AR</i>	<i>POL</i>	<i>Initial</i>		<i>60.531</i>	<i>14072-AR.pdf</i>	<i>Date Submitted: 10/19/2012 By: Anita Sibley</i>
2	Spouse Accident Only Increased Benefit Rider	14077	POLA	Initial		57.181	14077.pdf	Date Submitted: 10/24/2012 By:
<i>Previous Version</i>								
2	<i>Spouse Accident Only Increased Benefit Rider</i>	<i>14077</i>	<i>POLA</i>	<i>Initial</i>		<i>57.181</i>	<i>14077.pdf</i>	<i>Date Submitted: 10/19/2012 By: Anita Sibley</i>
3	Spouse Accident & Sickness Increased Benefit Rider	12588	POLA	Initial		56.727	12588.pdf	Date Submitted: 10/24/2012 By:
<i>Previous Version</i>								
3	<i>Spouse Accident &amp; Sickness Increased Benefit Rider</i>	<i>12588</i>	<i>POLA</i>	<i>Initial</i>		<i>56.727</i>	<i>12588.pdf</i>	<i>Date Submitted: 10/19/2012 By: Anita Sibley</i>
4	Accident Only Outline of Coverage	014072-AR	OUT	Initial		50.371	014072-AR.pdf	Date Submitted: 10/24/2012 By:

SERFF Tracking #:

CMBD-128708182

State Tracking #:

Company Tracking #:

14072-AR

State:

Arkansas

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

Accident/Sickness Recovery

Project Name/Number:

14072-AR/14072-AR

**Form Schedule Item Changes:**

**Form Schedule Item Changes**

*Previous Version*

4	Accident Only Outline of Coverage	014072-AR	OUT	Initial		50.371	014072-AR.pdf	Date Submitted: 10/19/2012 By: Anita Sibley
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SERFF Tracking #:

CMBD-128708182

State Tracking #:

Company Tracking #:

14072-AR

State: Arkansas

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: Accident/Sickness Recovery

Project Name/Number: 14072-AR/14072-AR

## Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Sheet 7146	14072-AR, 14076	New		Rate Sheet 7146.pdf,	10/24/2012 By:
<i>Previous Version</i>						
1	<i>Rate Sheet 7146</i>	<i>14072-AR, 14076</i>	<i>New</i>		<i>Rate Sheet 7146.pdf,</i>	<i>10/19/2012 By: Anita Sibley</i>
2	Rate Sheet 7147	12583-AR, 12587	New		Rate Sheet 7147.pdf,	10/24/2012 By:
<i>Previous Version</i>						
2	<i>Rate Sheet 7147</i>	<i>12583-AR, 12587</i>	<i>New</i>		<i>Rate Sheet 7147.pdf,</i>	<i>10/19/2012 By: Anita Sibley</i>
3	Rate Sheet 7148	14053-AR, 14077	New		Rate Sheet 7148.pdf,	10/24/2012 By:
<i>Previous Version</i>						
3	<i>Rate Sheet 7148</i>	<i>14053-AR, 14077</i>	<i>New</i>		<i>Rate Sheet 7148.pdf,</i>	<i>10/19/2012 By: Anita Sibley</i>
4	Rate Sheet 7149	12584-AR, 12588	New		Rate Sheet 7149.pdf,	10/24/2012 By:
<i>Previous Version</i>						
4	<i>Rate Sheet 7149</i>	<i>12584-AR, 12588</i>	<i>New</i>		<i>Rate Sheet 7149.pdf,</i>	<i>10/19/2012 By: Anita Sibley</i>

SERFF Tracking #:

CMBD-128708182

State Tracking #:

Company Tracking #:

14072-AR

State:

Arkansas

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

Accident/Sickness Recovery

Project Name/Number:

14072-AR/14072-AR

### Supporting Document Schedule Item Changes

Satisfied - Item:

Health - Actuarial Justification

Comments:

Attachment(s):

Actuarial Memo 14072 - AR Final.pdf

Actuarial Memo 12583 - AR Final.pdf

### *Previous Version*

*Satisfied - Item:*

*Health - Actuarial Justification*

*Comments:*

*Attachment(s):*

*Actuarial Memo 14072 - AR Final.pdf*

*Actuarial Memo 12583 - AR Final.pdf*

State: Arkansas  
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other  
 Product Name: Accident/Sickness Recovery  
 Project Name/Number: 14072-AR/14072-AR

Filing Company: Combined Insurance Company of America

## Form Schedule

Lead Form Number: 14072-AR								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/26/2012	Accident Only Recovery Policy	14072-AR	POL	Initial		60.531	14072-AR.pdf
2	Approved-Closed 10/22/2012	Sickness Only Recovery Rider	12583-AR	POLA	Initial		52.607	12583-AR.pdf
3	Approved-Closed 10/22/2012	Spouse Accident Only Recovery Rider	14073-AR	POLA	Initial		57.196	14073-AR.pdf
4	Approved-Closed 10/22/2012	Spouse Sickness Only Recovery Rider	12584-AR	POLA	Initial		52.567	12584-AR.pdf
5	Approved-Closed 10/22/2012	Accident Only Increased Benefit Rider	14076	POLA	Initial		54.945	14076.pdf
6	Approved-Closed 10/22/2012	Accident & Sickness Increased Benefit Rider	12587	POLA	Initial		53.089	12587.pdf
7	Approved-Closed 10/26/2012	Spouse Accident Only Increased Benefit Rider	14077	POLA	Initial		57.181	14077.pdf
8	Approved-Closed 10/26/2012	Spouse Accident & Sickness Increased Benefit Rider	12588	POLA	Initial		56.727	12588.pdf
9	Approved-Closed 10/26/2012	Accident Only Outline of Coverage	014072-AR	OUT	Initial		50.371	014072-AR.pdf
10	Approved-Closed 10/22/2012	Sickness Only Outline of Coverage	012583-AR	OUT	Initial		53.843	012583-AR.pdf
11	Approved-Closed 10/22/2012	Application for Accident & Health Insurance	164027-AR	AEF	Initial		50.920	164027-AR.pdf

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

**Filing Company:** Combined Insurance Company of America

**Lead Form Number: 14072-AR**

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
12	Approved-Closed 10/22/2012	Supplement Application for Accident & Sickness Recovery	164028-AR	AEF	Initial		52.102	164028-AR.pdf

**Form Type Legend:**

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**GUARANTEED RENEWABLE TO AGE 72  
ACCIDENT ONLY RECOVERY POLICY**

**THIS IS A LIMITED BENEFIT ACCIDENT ONLY POLICY AND IT DOES NOT PROVIDE BENEFITS FOR LOSS FROM ANY OTHER CAUSE. READ YOUR POLICY CAREFULLY.**



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation

**Home Office:**  
[111 East Wacker Drive · Suite 700  
Chicago, Illinois 60601  
1-800-225-4500]

**Policyholder Service Address:**  
[P. O. Box 6703  
Scranton, PA 18505-0703]

In this policy the Insured named in the Schedule of Benefits is also referred to as You and Your. Combined Insurance Company of America is herein referred to as Combined, We, Us, or Our.

**THIRTY DAY RIGHT TO EXAMINE POLICY**

If this policy is not satisfactory for any reason, within 30 Days of policy issuance the Insured can return the policy to Combined. Any premium paid will be refunded and this policy will be void from its beginning.

**GUARANTEED RENEWABLE TO AGE 72**

Combined guarantees Your right to renew this policy until the first premium due date following Your 72<sup>nd</sup> birthday. It shall continue in force so long as the premium is paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis. Combined will notify You in writing, at Your last address of record, of any change in premium at least 30 Days before the date it is to become effective.

This policy is a legal contract between the Insured and Combined. READ YOUR POLICY CAREFULLY.

**GUIDE TO YOUR POLICY**

<b><i>Benefit</i></b>	<b>Page(s)</b>
<b>Section A</b>	<b>4</b>
<b>Accidental Injury Recovery Period – Fracture, Outpatient Surgery or Hospital Confinement</b>	
<b>Section B</b>	<b>5</b>
<b>Accidental Injury Recovery Period – Spinal Fracture, Fractured Hip, Herniated Disc, Paralysis, Dismemberment, Blindness, or Severe Burns</b>	
<b>Section C</b>	<b>5</b>
<b>Accidental Injury Recovery Period - Other Accidental Injury</b>	
<b><i>Claim Information</i></b>	<b>7</b>
<b><i>Definitions</i></b>	<b>3-4</b>
<b><i>Exclusions</i></b>	<b>6</b>
<b><i>General Provisions</i></b>	<b>8</b>
<b><i>Grace Period</i></b>	<b>6-7</b>
<b><i>Reinstatement</i></b>	<b>6</b>
<b><i>Right to Examine Policy</i></b>	<b>1</b>
<b><i>Schedule of Benefits</i></b>	<b>9</b>
<b><i>Termination</i></b>	<b>6</b>
<b><i>Uniform Provisions</i></b>	<b>6-8</b>

## **CONSIDERATION**

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This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

Combined agrees to pay the Insured the benefits shown in the Schedule of Benefits (herein also referred to as "Schedule") for this policy. Benefits will be paid when the Insured is in a covered Accidental Injury Recovery Period (as defined by this policy) which begins while this policy is in force, subject to the terms and limitations of the policy.

## **DEFINITIONS**

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**"Blindness"** means total loss of sight in one, or both eyes, measured as visual acuity of 20/200 or worse, corrected, in at least one eye which is diagnosed by a Physician.

**"Dismemberment"** means the loss by actual and complete severance of one or more Limbs.

**"Effective Date"** the date indicated by Combined on the Schedule as the Effective Date.

**"Fracture of the Hip"** means fracture of the "neck" of the femur (the long bone that comprises the upper part of the leg), an intertrochanteric fracture, a sub-capital fracture, an acetabular fracture, or a fracture of the pelvic bone.

**"Herniated Disc"** means a disc abnormality caused by Accidental Injury where there is evidence of negative impact on nerves or nerve compression / involvement based on a neurological examination (including evaluation of muscle strength, deep tendon reflexes, abnormal reflexes, sensory examination, mobility, electromyogram (EMG) or nerve conduction studies (NCV)) with or without MRI evidence.

**"Hospital"** means an institution in the United States or Canada which meets all of the following requirements:

- (1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- (2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- (3) provides 24 hour nursing service;
- (4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- (5) has a staff of at least one licensed Physician available at all times.

**"Hospital"** does not include a nursing home or convalescent care facility, whether such facility is independent of or associated with a Hospital.

**"Injury" or "Accidental Injury"** means a bodily Injury, caused by an accident occurring after the Effective Date of this policy, which is the direct cause of loss, independent of disease or bodily infirmity, and occurring while coverage is in force.

**"Inpatient"** means Hospital confinement which the Hospital classifies as Inpatient. It does not mean confinement on an Outpatient basis. Hospitalization overnight in the emergency room of a hospital is not considered as an inpatient hospitalization.

**"Insured"** means the named Insured listed on the Schedule.

“**Limb**” means an entire hand or foot at or above the wrist or ankle.

“**Maximum Benefit Period**” means the maximum number of months for which monthly Accidental Injury Recovery Period benefits may be paid.

“**Outpatient Surgery**” means any outpatient medical procedure performed by a Physician which the Physician has classified as “surgery” or has identified using a CPT surgical code.

“**Paralysis**” means complete loss of sensory and motor functions of one or more Limbs which is diagnosed by a Physician.

“**Physician**” means a physician that is duly licensed in the United States or Canada and acting within the scope of his or her license in treating an injury or sickness. It does not include you or a member of your family.

“**Policy Year**” means each continuous 12 month period the policy is in force beginning from the Effective Date of the policy.

“**Pro-rata Benefit**” means that if a Recovery Period or any portion thereof is less than a full month, the benefit payable for each day the Insured is in a Recovery Period is 1/30<sup>th</sup> of the monthly benefit.

“**Severe Burns**” means third degree burns covering at least 20% of your body, which are diagnosed by a Physician.

“**Spinal Fracture**” means breaks in the vertebra, vertebrae or vertebral compression fractures.

## **ACCIDENTAL INJURY RECOVERY PERIOD**

“**Accidental Injury Recovery Period**” or “**Recovery Period**” means the period following a covered accident during which the Insured is recovering at home, in a hospital, convalescent center, or elsewhere, and the Insured is unable to work because he/she cannot perform all the material duties of his/her regular occupation due to injury or injuries sustained in a covered accident. If not employed, the Insured must be unable to perform his/her normal activities due to injuries sustained in a covered accident. Examples of normal activities include but are not limited to: housekeeping; shopping; driving; and/or child care. The Insured must be under the regular care of a Physician due to the injury or injuries which resulted in the Insured being in a Recovery Period.

## **ACCIDENTAL INJURY RECOVERY BENEFITS**

### **SECTION A: ACCIDENTAL INJURY RECOVERY PERIOD - FRACTURE, OUTPATIENT SURGERY, OR HOSPITAL CONFINEMENT**

If, because of Accidental Injury, and within 30 days of the accident that caused the Injury, the Insured is diagnosed by a Physician as having a Fracture, required Outpatient Surgery, or is confined overnight as an inpatient in a Hospital as a result of the Accidental Injury, Combined will pay the monthly benefit shown in the Schedule for the Insured, while the Insured is in an Accidental Injury Recovery Period (as defined by this policy), beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of four months.

"Fracture" means the breaking of any bone except the hip, pelvis or spine.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**SECTION B: ACCIDENTAL INJURY RECOVERY PERIOD – SPINAL FRACTURE, FRACTURED HIP, HERNIATED DISC, PARALYSIS, DISMEMBERMENT, BLINDNESS, OR SEVERE BURNS**

If, because of Accidental Injury and within 30 days of the accident that caused the Injury, the Insured is diagnosed by a Physician as having a Spinal Fracture, a Fracture of the Hip, a Herniated Disc, Paralysis, Dismemberment, Blindness, or Severe Burns, Combined will pay the monthly benefit shown in the Schedule for the Insured, for each month the Insured is in an Accidental Injury Recovery Period (as defined by this policy), beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of six months.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**SECTION C: ACCIDENTAL INJURY RECOVERY PERIOD - OTHER ACCIDENTAL INJURY**

If, because of Accidental Injury and within 30 days of the accident that caused the Injury, the Insured is in an Accidental Injury Recovery Period (as defined by this policy), due to an Accidental Injury not covered under Sections A & B above, Combined will pay the monthly benefit shown in the Schedule for the Insured, for each month the Insured is in an Accidental Injury Recovery Period, beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of two months.

The Accidental Injury Recovery Period Benefit under this Section C is payable for a maximum of two months for each Insured each Policy Year for Recovery Periods that commence in that Policy Year.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a pro rata benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**CONCURRENT RECOVERY PERIODS**

If the Insured is in an Accidental Injury Recovery Period as the result of more than one injury or more than one accident, only one Accidental Injury Recovery Period Benefit, the one with the longest maximum benefit period, will be payable at any one time.

### **RECURRENT RECOVERY PERIODS**

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Successive Recovery Periods will be considered one Recovery Period unless such periods are separated by at least 180 consecutive days or the Recovery Periods resulted from different or unrelated injuries.

### **EXCLUSIONS**

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This policy will not pay Accidental Injury Recovery Period Benefits for Accidental Injury directly caused by or resulting from:

- (1) any sickness or disease; or
- (2) attempted suicide or intentionally self-inflicted injury

### **PAYABLE IN ADDITION TO ALL OTHER INSURANCE**

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Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

### **TERMINATION**

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Coverage under this policy shall terminate when the first of the following occurs:

- (1) the date a required premium is not paid, subject to the Grace Period Provision;
- (2) upon Your death; or
- (3) the first premium due date after Your 72<sup>nd</sup> birthday.

Termination of coverage will not prejudice any claim for loss which began while coverage was in force

### **UNIFORM PROVISIONS**

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- (1) **ENTIRE CONTRACT; CHANGES:** This policy with the application and attached papers, if any, is the entire contract between the Insured and Combined. No change in this policy will be effective until approved by an officer of Combined. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (2) **TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two year period.
- (3) **GRACE PERIOD:** This policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 Days. During the grace period, the policy will stay in force.
- (4) **REINSTATEMENT:** If the renewal premium for this policy and/or any attached riders is not paid before the grace period ends, the policy and any attached riders (if any) will lapse. Later acceptance of the premium by Combined (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy and applicable riders (if any).

If Combined or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy and applicable riders (if any) will be reinstated as of the approval date. Lacking such approval, the policy and applicable riders (if any) will be reinstated on the 45<sup>th</sup> day after the date of the conditional receipt unless Combined has previously written the Insured of its disapproval.

The reinstated policy and attached riders (if any) will only cover: an Accidental Injury Recovery Period that results from an injury sustained after the reinstatement date; or if applicable, a Sickness Recovery Period that results from a sickness that starts more than 10 days after the rider reinstatement date. In all respects the rights of the Insured and Combined will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Combined accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 Days before the reinstatement date.

- (5) **NOTICE OF CLAIM:** Written notice of claim must be given within 30 Days after a covered loss starts or as soon as reasonably possible. The notice can be given to Combined at its Home Office or to Combined's agent. Notice should include the name of the Insured and the policy number. A completed claim form is acceptable notice of claim.
- (6) **CLAIM FORMS:** When Combined receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 Days, the claimant will meet the proof of loss requirements by giving Combined a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section. Claim forms are available online at [ [www.combinedinsurance.com](http://www.combinedinsurance.com) ].
- (7) **PROOF OF LOSS:** If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Combined within 90 days after the end of each period for which Combined is liable. For any other loss, written proof must be given within 90 days after such loss.  
  
If it was not reasonably possible to give written proof in the time required, Combined shall 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 1 year from the time specified unless the claimant was legally incapacitated.
- (8) **TIME OF PAYMENT OF CLAIM:** After receiving written proof of loss, Combined will pay monthly all benefits then due the Insured for a covered Recovery Period. Benefits for any other loss covered by this policy will be paid as soon as Combined receives proper written proof.
- (9) **PAYMENT OF CLAIM:** The benefit will be paid to the Insured. Any benefit unpaid at death will be paid to the Insured's named beneficiary. In the event, the named beneficiary has predeceased the Insured, is otherwise disqualified, or if there is not a named beneficiary, any benefit unpaid at the Insured's death will be paid to the Insured's estate.
- (10) **PHYSICAL EXAMINATIONS:** Combined, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.
- (11) **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 the expiration of 3 years from the time written proof of loss is required to be given.

- (12) **CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.
- (13) **CHANGE OF BENEFICIARY:** The Insured can change the beneficiary at any time by giving Combined a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is received by Combined at its home office.

### **GENERAL PROVISIONS**

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- A. **TERM:** This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Effective Date shown on the Schedule of Benefits.
- B. **PAYMENT OF PREMIUM:** This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft not honored the policy shall be void.
- C. **YOUR RIGHT TO CANCEL:** You may cancel this policy at any time by writing Combined. Coverage will end on the date the notice is received or on a later date you specify. Combined will return any unearned premium.
- D. **REFUND OF UNEARNED PREMIUM:** Upon the death of the Insured, any proceeds payable shall include a refund of premium paid for the policy for any period beyond the end of the policy month in which death occurred.

This Policy is issued by Combined Insurance Company of America.



Brad Bennett, President



Carmine A. Giganti, Vice President and Secretary

**SCHEDULE OF BENEFITS**

Insured:  
 Insured's Issue Age:  
 Insured's Rating Class:

Policy Number:  
 Policy Effective Date:  
 [Sickness Recovery Rider Effective Date:]

}	Spouse:	Spouse Accident Recovery Rider Effective Date:
	Spouse's Issue Age:	[Spouse Sickness Recovery Rider Effective Date:]
	Spouse's Rating Class:	

**Total Annual Premium:** [\$X,XXX.XX]

**ACCIDENT RECOVERY BENEFITS**

<u>Description of Benefit</u>	<b>Form No. 14072 Insured Benefits Accident Recovery Policy</b>	<b>Form No. 14073 Spouse Benefits Accident Recovery Rider</b>
For a covered Accident under Sections A, B and C:	[\$800 per month]	[\$800 per month]
<b>Section A:</b> Accidental Injury Recovery Period – Fracture, Outpatient Surgery or Hospital Confinement	<b>Maximum Benefit Period</b> Up to four months	<b>Maximum Benefit Period</b> Up to four months
<b>Section B:</b> Accidental Injury Recovery Period – Fractured Spine, Fractured Hip, Herniated Disc, Paralysis, Dismemberment or Severe Burns	<b>Maximum Benefit Period</b> Up to six months	<b>Maximum Benefit Period</b> Up to six months
<b>Section C:</b> Accidental Injury Recovery Period – Other Accidental Injuries	<b>Maximum Benefit Period</b> Up to two months per policy year	<b>Maximum Benefit Period</b> Up to two months per policy year
<i><b>The Section C benefit is only payable for a maximum of two months for each covered person each policy year.</b></i>		
<b>Annual Premium:</b>	[\$X,XXX.XX]	[\$X,XXX.XX]

**SICKNESS RECOVERY BENEFITS**

<u>Description of Benefit</u>	<b>Form No. 12583 Insured Benefits Sickness Recovery Rider</b>	<b>Form No. 12584 Spouse Benefits Sickness Recovery Rider</b>
For a covered Sickness under Sections A, B and C:	[\$800 per month]	[\$800 per month]
<b>Section A:</b> Sickness Recovery Period – Outpatient Surgery or Hospital Confinement	<b>Maximum Benefit Period</b> Up to four months	<b>Maximum Benefit Period</b> Up to four months
<b>Section B:</b> Sickness Recovery Period – Recovery from Serious Illnesses named in the Sickness Only Recovery Rider	<b>Maximum Benefit Period</b> Up to six months	<b>Maximum Benefit Period</b> Up to six months
<b>Section C:</b> Sickness Recovery Period – Other Sicknesses	<b>Maximum Benefit Period</b> Up to two months per policy year	<b>Maximum Benefit Period</b> Up to two months per policy year
<i><b>The Section C benefit is only payable for a maximum of two months for each covered person each policy year.</b></i>		
<b>Annual Premium:</b>	[\$X,XXX.XX]	[\$X,XXX.XX]

**GUARANTEED RENEWABLE TO AGE 72  
SICKNESS ONLY RECOVERY RIDER**

**THIS IS A LIMITED BENEFIT SICKNESS ONLY RIDER AND IT DOES NOT PROVIDE  
BENEFITS FOR LOSS FROM ANY OTHER CAUSE. READ YOUR RIDER CAREFULLY.**



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation

**Home Office:**

[111 East Wacker Drive · Suite 700  
Chicago, Illinois 60601  
1-800-225-4500]

**Policyholder Service Address:**

[P. O. Box 6703  
Scranton, PA 18505-0703]

In this rider the Insured named in the Schedule of Benefits is also referred to as You and Your. Combined Insurance Company of America is herein referred to as Combined, We, Us, or Our.

**THIRTY DAY RIGHT TO EXAMINE RIDER**

If this rider is not satisfactory for any reason, within 30 Days of the Effective Date of this rider You can return the rider to Combined. Any premium paid will be refunded and this rider will be void from its beginning.

**GUARANTEED RENEWABLE TO AGE 72**

Combined guarantees Your right to renew this rider until the first premium due date following Your 72<sup>nd</sup> birthday. It shall continue in force so long as the premium for the base policy and this rider is paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis. Combined will notify You in writing, at Your last address of record, of any change in premium at least 30 Days before the date it is to become effective.

**PRE-EXISTING CONDITION LIMITATION**

Loss caused by a Pre-existing Condition is not covered unless such loss begins after 24 months from the Effective Date of this rider.

The policy with this rider is a legal contract between the Insured and Combined. READ YOUR RIDER CAREFULLY.

**GUIDE TO YOUR RIDER**

<b><i>Benefit</i></b>	<b>Page(s)</b>
<b>Section A</b>	<b>3-4</b>
<b>Sickness Recovery Period – Outpatient Surgery or Hospital Confinement</b>	
<b>Section B</b>	<b>4-5</b>
<b>Sickness Recovery Period – Heart Attack, Cancer, Stroke, Multiple Sclerosis, Heart Surgery, Brain Tumor, Kidney failure, Organ Transplant, Amputation, Paralysis or Blindness</b>	
<b>Section C</b>	<b>5-6</b>
<b>Sickness Recovery Period - Other Sicknesses</b>	
<b><i>Additional Rider Provisions</i></b>	<b>6-7</b>
<b><i>Definitions</i></b>	<b>3</b>
<b><i>Exclusions</i></b>	<b>6</b>
<b><i>General Provisions</i></b>	<b>7</b>
<b><i>Pre-Existing Condition Limitation</i></b>	<b>1</b>
<b><i>Right to Examine Rider</i></b>	<b>1</b>
<b><i>Termination</i></b>	<b>6</b>

## **CONSIDERATION**

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This rider is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the base policy.

Combined agrees to pay the Insured the benefits shown in the Schedule of Benefits (herein also referred to as "Schedule") for this rider. Benefits will be paid when the Insured is in a covered Sickness Recovery Period (as defined by this rider) which begins while the policy and this rider are in force, subject to the terms and limitations of the policy and this rider.

## **DEFINITIONS**

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**"Maximum Benefit Period"** means the maximum period for which monthly Sickness Recovery Period benefits are payable.

**"Pre-existing Condition"** means a bodily illness or disease which was diagnosed or treated by a Physician within the 24 months preceding the Effective Date of this rider.

**"Recovery Period"** means an Accidental Injury or Sickness Recovery Period.

**"Rider Year"** means each continuous 12 month period the rider is in force beginning from the Effective Date of the rider.

**"Sickness"** means a bodily sickness or disease the Insured incurs, including complications of pregnancy, diagnosed or treated after the Effective Date of this rider and while the policy and rider are in force.

## **SICKNESS RECOVERY PERIOD**

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**"Sickness Recovery Period"** means the period following a covered Sickness during which the Insured is recovering at home, in a hospital, convalescent center, or elsewhere, and the Insured is unable to work because he/she cannot perform all the material duties of his/her regular occupation due to a covered Sickness. If not employed, the Insured must be unable to perform his/her normal activities due to a covered Sickness. Examples of normal activities include but are not limited to: housekeeping; shopping; driving; and/or child care. The Insured must be under the regular care of a Physician due to the sickness or sicknesses which resulted in the Insured being in a Sickness Recovery Period.

## **SICKNESS RECOVERY BENEFITS**

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### **SECTION A: SICKNESS RECOVERY PERIOD – OUTPATIENT SURGERY OR HOSPITAL CONFINEMENT**

If, because of Sickness, the Insured required Outpatient Surgery, or is confined overnight as an inpatient in a Hospital, Combined will pay the monthly benefit shown in the Schedule under Insured Benefits Sickness Recovery Rider, while the Insured is in a Sickness Recovery Period (as defined by this rider), beginning the first day the Insured is considered to be in such recovery period. The monthly benefit is payable while the Insured remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of four months.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-Rata Benefit based on the number of days the Insured is in a Sickness Recovery Period.

**SECTION B: SICKNESS RECOVERY PERIOD – RECOVERY FROM SERIOUS ILLNESS**

If the Insured is diagnosed and/or treated by a Physician for one of the serious illnesses listed in this Section, Combined will pay the monthly benefit, as shown in the Schedule under Insured Sickness Recovery Rider, for each month the Insured is in a Sickness Recovery Period (as defined by this rider), beginning the first day the Insured is considered to be in such recovery period. The monthly benefit is payable while the Insured remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of six months.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a pro rata benefit based on the number of days the Insured is in a Sickness Recovery Period.

The serious illnesses for which the Sickness Recovery Period Benefit is payable are as listed below:

**Amputation**

“Amputation” means the surgical removal of one or more Limbs due to a covered Sickness.  
“*Limb*” means an entire hand or foot at or above the wrist or ankle.

**Blindness**

“Blindness” means total loss of sight in one eye or both eyes, measured as visual acuity of 20/200 or worse, corrected, in each eye which is diagnosed by a Physician.

**Brain Tumor**

“Brain Tumor” means a benign tumor of the brain which is diagnosed by a Physician and which is determined to require the performance of surgery.

**Cancer**

“Cancer” means leukemia or Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

**Heart Attack**

“Heart Attack” means acute myocardial infarction, acute coronary thrombosis, or acute coronary occlusion which results in the death of a portion of the heart muscle. The Heart Attack must be diagnosed by a Physician based upon an electrocardiogram (EKG) and elevated cardiac enzyme above generally accepted laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used.)

**Heart Surgery**

“Heart Surgery” means coronary by-pass surgery, aorta surgery, transmyocardial laser revascularization, cardiomyoplasty, or replacement of one or more heart valves performed at a Hospital by a Physician.

**Kidney Failure**

"Kidney Failure" means the diagnosis of complete and permanent failure of both kidneys requiring regular dialysis which is prescribed by a Physician.

**Multiple Sclerosis**

"Multiple Sclerosis" means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this rider, a Neurologist must make a definitive diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques. A Neurologist means a doctor of medicine certified by the American Board of Psychiatry and Neurology.

**Organ Transplant - Heart, Kidney, Liver, Lung, or Pancreas**

"Organ Transplant" means medically necessary replacement of your heart, kidney, liver, lung, or pancreas, at a Hospital by a Physician. The actual transplant operation must be performed.

**Paralysis**

"Paralysis" means complete and irrecoverable loss of sensory and motor functions of one or more Limbs which is diagnosed by a Physician. "**Limb**" means an entire hand or foot at or above the wrist or ankle

**Stroke**

"Stroke" means a sudden neurologic impairment of sensory and motor functions, due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery which results in permanent damage to the nervous system and is diagnosed by a Physician. Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**SECTION C: SICKNESS RECOVERY PERIOD - OTHER SICKNESSES**

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If, because of a covered Sickness, the Insured is in a Sickness Recovery Period (as defined by this rider), due to a Sickness not covered under either Section A or B above, Combined will pay the monthly benefit shown in the Schedule under Insured Benefits Sickness Recovery Rider, for each month the Insured is in a Sickness Recovery Period, beginning the first day the Insured is considered to be in such recovery period. The monthly benefit is payable while the Insured remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of two months.

The Sickness Recovery Period Benefit under this Section C is payable for a maximum of two months for each Insured each Policy Year for Recovery Periods that commence in that Policy Year.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-Rata Benefit based on the number of days the Insured is in a Sickness Recovery Period.

**CONCURRENT RECOVERY PERIODS**

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If the Insured is in a Sickness Recovery Period as the result of more than one covered Sickness, only one Sickness Recovery Period Benefit, the one with the longest maximum benefit period, will be payable at any one time.

If the Insured is in a Sickness Recovery Period under this rider and an Accidental Injury Recovery Period under the base policy at the same time, only one Recovery Period Benefit under the policy and this rider, the one with the longest maximum benefit period, will be payable at any one time.

### **RECURRENT RECOVERY PERIODS**

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Successive Recovery Periods will be considered one Recovery Period unless such periods are separated by at least 180 consecutive days or the Recovery Periods resulted from different or unrelated sicknesses.

### **EXCLUSIONS**

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Sickness Recovery Period benefits under this rider will not be payable if loss results from the Insured's:

- (1) attempted suicide or intentionally self-inflicted injury;
- (2) accidental bodily injury;
- (3) alcoholism or drug addiction;
- (4) mental or emotional disorders;
- (5) normal pregnancy or childbirth;
- (6) cosmetic surgery or other elective procedures which are not medically necessary; or
- (7) any other condition excluded by name or specific description.

### **TERMINATION**

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Coverage under this rider shall terminate when the first of the following occurs:

- (1) the date a required premium for the base policy and/or this rider is not paid, subject to the Grace Period Provision;
- (2) upon Your death;
- (3) the date the base accident policy terminates; or
- (4) the first premium due date after Your 72<sup>nd</sup> birthday.

Termination of coverage will not prejudice any claim for a Recovery Period which began while coverage was in force.

### **ADDITIONAL RIDER PROVISIONS**

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- (1) **TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatements in the Application. After two years from the issue date of this rider, only fraudulent misstatements made by the applicant in the application may be used to void this rider or deny a claim for loss incurred after the two year period. (b) Pre-existing Conditions. No claim for loss that starts after two years from the issue date of this rider will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

- (2) **MISSTATEMENT OF AGE:** If a Covered Person's age has been misstated, any amount payable will be that which the premium paid would have purchased at the correct age. But, if the misstatement of age caused this rider to be issued to You beyond the age set by Combined for issuance of this rider, then Combined's liability is limited to a return of all premiums paid. If the misstatement of age caused this rider to be continued or renewed beyond the date set for the rider to terminate, then Combined's liability for loss occurring after that date is limited to a return of the premiums paid after that date.

**GENERAL PROVISIONS**

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- A. **TERM:** This rider is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where You reside. It is effective on the Effective Date shown on the Schedule of Benefits for the Sickness Rider.
- B. **PAYMENT OF PREMIUM:** This rider is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft not honored the rider shall be void.
- C. **YOUR RIGHT TO CANCEL:** You may cancel this rider at any time by writing Combined. Coverage will end on the date the notice is received or on a later date you specify. Combined will return any unearned premium.
- D. **REFUND OF UNEARNED PREMIUM:** Upon the death of the Insured, any proceeds payable shall include a refund of premium paid for this rider for any period beyond the end of the policy month in which death occurred.

All terms and limitations of the policy apply to the benefits provided by the rider. Except as stated in this rider, nothing in this rider shall change any of the terms or limitations of the policy.

The premium for this rider is shown in the Schedule.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

**GUARANTEED RENEWABLE TO AGE 72  
SPOUSE ACCIDENT ONLY RECOVERY RIDER**

**THIS IS A LIMITED BENEFIT ACCIDENT ONLY RIDER AND IT DOES NOT PROVIDE BENEFITS FOR LOSS FROM ANY OTHER CAUSE. READ YOUR RIDER CAREFULLY.**



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation

**Home Office:**  
[111 East Wacker Drive · Suite 700  
Chicago, Illinois 60601  
1-800-225-4500]

**Policyholder Service Address:**  
[P. O. Box 6703  
Scranton, PA 18505-0703]

In this rider the Insured named in the Schedule of Benefits is also referred to as You and Your. Combined Insurance Company of America is herein referred to as Combined, We, Us, or Our.

**THIRTY DAY RIGHT TO EXAMINE RIDER**

If this rider is not satisfactory for any reason, within 30 Days of the Effective Date of this rider You can return the rider to Combined. Any premium paid will be refunded and this rider will be void from its beginning.

**GUARANTEED RENEWABLE TO AGE 72**

Combined guarantees Your right to renew this rider until the first premium due date following Your Spouse's 72<sup>nd</sup> birthday. It shall continue in force so long as the premium for the base policy and this rider are paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis. Combined will notify You in writing, at Your last address of record, of any change in premium at least 30 Days before the date it is to become effective.

**CONSIDERATION**

This rider is issued in consideration of the statements in the application and the payment of the additional premium for this rider.

Combined agrees to pay the Insured the benefits shown in the Schedule of Benefits (herein also referred to as "Schedule") for this rider. Benefits will be paid when the Spouse named in the Schedule is in a covered Accidental Injury Recovery Period (as defined by this policy) which begins while the policy and this rider are in force, subject to the terms and limitations of the policy.

The policy with this rider is a legal contract between the Insured and Combined. READ YOUR RIDER CAREFULLY.

## **SPOUSE BENEFIT**

If, due to a covered accident, Your Spouse is in an Accidental Injury Recovery Period which begins while this rider is in force, We will pay You, the Insured, the applicable Monthly Benefit payable (if any) under Section A, B, or C of Your policy up to the Maximum Benefit Period for the applicable Section. The monthly benefit amount payable while your Spouse is in an Accidental Injury Recovery Period, will be the Monthly Benefit amount as shown on the Schedule of Benefits under *Spouse Benefits Accident Recovery Rider*. Benefits payable are subject to all the terms and limitations of the policy.

## **TERMINATION**

Coverage under this Spouse rider shall terminate when the first of the following occurs:

- (1) the date a required premium for the base policy and/or this rider is not paid, subject to the Grace Period provision; or
- (2) the date the base policy terminates; or
- (3) the first premium due date following Your Spouse's 72nd birthday; or
- (4) upon Your Spouse's death.

Termination of coverage will not prejudice any claim for loss which began while coverage was in force.

## **CONTINUATION OF COVERAGE**

If this Spouse Rider is in force and Your Spouse remains eligible for coverage hereunder on the date You become ineligible for coverage under the policy, either on the premium due date following Your 72<sup>nd</sup> birthday or death, Your Spouse will become the primary Insured under the policy with the same coverage type and benefit amount as the coverage provided under this Spouse rider and any other Spouse riders attached to the base policy at the time You become ineligible for coverage. Premiums for Your Spouse's existing coverage will remain the same.

## **CONVERSION PRIVILEGE**

In the event of divorce, Your Spouse may convert the coverage under this rider to an individual policy of insurance without furnishing evidence of insurability, by submitting a written request to Combined, within 31 days after the divorce.

The individual policy will be substantially similar to coverage provided under this rider and any other Spouse rider(s) attached to Your base policy. For Your Spouse's individual policy to take effect: (1) Your Spouse must be alive on the date the new policy is applied for; and (2) Your Spouse must be living when the first full premium for the new policy is paid. The effective date of the new policy will be the date of application.

Premiums for the new policy shall be determined according to the premium rates of Combined in effect at the time of conversion for the Insured Spouse's issue age.

**ADDITIONAL RIDER PROVISIONS**

**TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatements in the Application. After two years from the issue date of this rider, only fraudulent misstatements made by the applicant in the application may be used to void this rider or deny a claim for loss incurred after the two year period.

**MISSTATEMENT OF AGE:** If a Covered Person's age has been misstated, any amount payable will be that which the premium paid would have purchased at the correct age. But, if the misstatement of age caused this rider to be issued to You beyond the age set by Combined for issuance of this rider, then Combined's liability is limited to a return of all premiums paid. If the misstatement of age caused this rider to be continued or renewed beyond the date set for the rider to terminate, then Combined's liability for loss occurring after that date is limited to a return of the premiums paid after that date.

**GENERAL PROVISIONS**

- A. **TERM:** This rider is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where You reside. It is effective on the Effective Date shown on the Schedule of Benefits for the Spouse Accident Only Recovery Rider.
- B. **PAYMENT OF PREMIUM:** This rider is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft not honored the rider shall be void.
- C. **YOUR RIGHT TO CANCEL:** You may cancel this rider at any time by writing Combined. Coverage will end on the date the notice is received or on a later date you specify. Combined will return any unearned premium.
- D. **REFUND OF UNEARNED PREMIUM:** Upon the death of the Spouse, any proceeds payable shall include a refund of premium paid for this rider for any period beyond the end of the policy month in which death occurred

All terms and limitations of the policy apply to the benefits provided by the rider. Except as stated in this rider, nothing in this rider shall change any of the terms or limitations of the policy.

The premium for this rider is shown in the Schedule.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

**GUARANTEED RENEWABLE TO AGE 72  
SPOUSE SICKNESS ONLY RECOVERY RIDER**

**THIS IS A LIMITED BENEFIT SICKNESS ONLY RIDER AND IT DOES NOT PROVIDE BENEFITS FOR LOSS FROM ANY OTHER CAUSE. READ YOUR RIDER CAREFULLY.**



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation

**Home Office:**

[111 East Wacker Drive · Suite 700  
Chicago, Illinois 60601  
1-800-225-4500]

**Policyholder Service Address:**

[P. O. Box 6703  
Scranton, PA 18505-0703]

In this rider the Insured named in the Schedule of Benefits is also referred to as You and Your. Combined Insurance Company of America is herein referred to as Combined, We, Us, or Our.

**THIRTY DAY RIGHT TO EXAMINE RIDER**

If this rider is not satisfactory for any reason, within 30 Days of the Effective Date of this rider You can return the rider to Combined. Any premium paid will be refunded and this rider will be void from its beginning.

**GUARANTEED RENEWABLE TO AGE 72**

Combined guarantees Your right to renew this rider until the first premium due date following Your Spouse's 72<sup>nd</sup> birthday. It shall continue in force so long as the premium for the base policy, the Spouse Accident Only Recovery Rider and this rider are paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis. Combined will notify You in writing, at Your last address of record, of any change in premium at least 30 Days before the date it is to become effective.

**PRE-EXISTING CONDITION LIMITATION**

Loss caused by a Pre-existing Condition is not covered unless such loss begins after 24 months from the Effective Date of this rider.

The policy with the Spouse Accident Only Recovery Rider and this rider is a legal contract between the Insured and Combined. READ YOUR RIDER CAREFULLY.

**GUIDE TO YOUR RIDER**

<b><u>Benefit</u></b>	<b>Page(s)</b>
<b>Section A</b>	<b>3</b>
Sickness Recovery Period – Outpatient Surgery or Hospital Confinement	
<b>Section B</b>	<b>4-5</b>
Sickness Recovery Period – Heart Attack, Cancer, Stroke, Multiple Sclerosis, Heart Surgery, Brain Tumor, Kidney failure, Organ Transplant, Amputation, Paralysis, or Blindness	
<b>Section C</b>	<b>5</b>
Sickness Recovery Period - Other Sicknesses	
<b><u>Additional Rider Provisions</u></b>	<b>6</b>
<b><u>Definitions</u></b>	<b>3</b>
<b><u>Exclusions</u></b>	<b>6</b>
<b><u>General Provisions</u></b>	<b>7</b>
<b><u>Pre-Existing Condition Limitation</u></b>	<b>1</b>
<b><u>Right to Examine Rider</u></b>	<b>1</b>
<b><u>Termination</u></b>	<b>6</b>

## **CONSIDERATION**

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This rider is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the base policy.

Combined agrees to pay the Insured the benefits shown in the Schedule of Benefits (herein also referred to as "Schedule") for the Spouse's Sickness Recovery rider. Benefits will be paid when the Spouse named in the Schedule is in a covered Sickness Recovery Period (as defined by this rider) which begins while the policy and this rider are in force, subject to the terms and limitations of the policy and this rider.

## **DEFINITIONS**

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**"Maximum Benefit Period"** means the maximum period for which monthly Sickness Recovery Period benefits are payable.

**"Pre-existing Condition"** means a bodily illness or disease which was diagnosed or treated by a Physician within the 24 months preceding the Effective Date of this rider.

**"Recovery Period"** means either an Accidental Injury or Sickness Recovery Period.

**"Rider Year"** means each continuous 12 month period the rider is in force beginning from the Effective Date of the rider.

**"Sickness"** means a bodily sickness or disease the Spouse incurs, including complications of pregnancy, diagnosed or treated after the Effective Date of this rider and while the policy and rider are in force.

## **SICKNESS RECOVERY PERIOD**

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**"Sickness Recovery Period"** means the period following a covered Sickness during which the Spouse is recovering at home, in a hospital, convalescent center, or elsewhere, and the Spouse is unable to work because he/she can not perform the duties of his/her regular occupation due to a covered Sickness. If not employed, the Insured must be unable to perform his/her normal activities due to a covered Sickness. Examples of normal activities include but are not limited to: housekeeping; shopping; driving; and/or child care. The Spouse must be under the regular care of a Physician due to the sickness or sicknesses which resulted in the Spouse being in a Sickness Recovery Period.

## **SICKNESS RECOVERY BENEFITS**

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### **SECTION A: SICKNESS RECOVERY PERIOD – OUTPATIENT SURGERY OR HOSPITAL CONFINEMENT**

If, because of Sickness, the Spouse required Outpatient Surgery, or is confined overnight as an inpatient in a Hospital, Combined will pay the monthly benefit shown in the Schedule for the Spouse Sickness Recovery Rider while the Spouse is in a Sickness Recovery Period (as defined by this rider), beginning the first day the Spouse is considered to be in such recovery period. The monthly benefit is payable while the Spouse remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of four months.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Spouse is in a Sickness Recovery Period.

**SECTION B: SICKNESS RECOVERY PERIOD – RECOVERY FROM SERIOUS ILLNESS**

If the Spouse is diagnosed and/or treated by a Physician for one of the serious illnesses listed in this Section, Combined will pay the monthly benefit shown in the Schedule for the Spouse Sickness Recovery Rider, for each month the Spouse is in a Sickness Recovery Period (as defined by this rider), beginning the first day the Spouse is considered to be in such recovery period. The monthly benefit is payable while the Spouse remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of six months.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Spouse is in a Sickness Recovery Period.

The serious illnesses for which the Sickness Recovery Period Benefit is payable are as listed below:

**Amputation**

“Amputation” means the surgical removal of one or more Limbs due to a covered Sickness.

“**Limb**” means an entire hand or foot at or above the wrist or ankle.

**Blindness**

“Blindness” means total loss of sight in one or both eyes, measured as visual acuity of 20/200 or worse, corrected, in each eye which is diagnosed by a Physician.

**Brain Tumor**

“Brain Tumor” means a benign tumor of the brain which is diagnosed by a Physician and which is determined to require the performance of surgery.

**Cancer**

“Cancer” means leukemia or Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

**Heart Attack**

“Heart Attack” means acute myocardial infarction, acute coronary thrombosis, or acute coronary occlusion which results in the death of a portion of the heart muscle. The Heart Attack must be diagnosed by a Physician based upon an electrocardiogram (EKG) and elevated cardiac enzyme above generally accepted laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used.)

**Heart Surgery**

“Heart Surgery” means coronary by-pass surgery, aorta surgery, transmyocardial laser revascularization, cardiomyoplasty, or replacement of one or more heart valves performed at a Hospital by a Physician.

**Kidney Failure**

“Kidney Failure” means the diagnosis of complete and permanent failure of both kidneys requiring regular dialysis which is prescribed by a Physician.

**Multiple Sclerosis**

"Multiple Sclerosis" means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system. In order for Multiple Sclerosis to be covered under this rider, a Neurologist must make a definitive diagnosis of Multiple Sclerosis, supported by modern imaging and/or investigative techniques. A Neurologist means a doctor of medicine certified by the American Board of Psychiatry and Neurology.

**Organ Transplant - Heart, Kidney, Liver, Lung, or Pancreas**

"Organ Transplant" means medically necessary replacement of your heart, kidney, liver, lung, or pancreas, at a Hospital by a Physician. The actual transplant operation must be performed.

**Paralysis**

"Paralysis" means complete and irrecoverable loss of sensory and motor functions of one or more Limbs which is diagnosed by a Physician. "**Limb**" means an entire hand or foot at or above the wrist or ankle.

**Stroke**

"Stroke" means a sudden neurologic impairment of sensory and motor functions, due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery which results in permanent damage to the nervous system and is diagnosed by a Physician. Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**SECTION C: SICKNESS RECOVERY PERIOD - OTHER SICKNESSES**

If, because of a covered Sickness, the Spouse is in a Sickness Recovery Period (as defined by this rider), due to a Sickness not covered under either Section A or B above, Combined will pay the monthly benefit shown in the Schedule for the *Spouse Sickness Recovery Rider*, for each month the Spouse is in a Sickness Recovery Period, beginning the first day the Spouse is considered to be in such recovery period. The monthly benefit is payable while the Spouse remains in a Sickness Recovery Period, for up to a Maximum Benefit Period of two months.

The Sickness Recovery Period Benefit payable under this Section C is payable for a maximum of two months for the Spouse each Rider Year for Recovery Periods that commence in that Rider Year.

If a Sickness Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Spouse is in a Sickness Recovery Period.

**CONCURRENT RECOVERY PERIODS**

If the Spouse is in a Sickness Recovery Period as the result of more than one covered Sickness, only one Sickness Recovery Period Benefit, the one with the longest maximum benefit period, will be payable at any one time.

If the Spouse is in a Sickness Recovery Period under this rider and an Accidental Injury Recovery Period under an Accident Only Recovery Rider at the same time, only one Recovery Period Benefit under the Accident Only Recovery Rider and this Sickness Recovery Rider, the one with the longest maximum benefit period, will be payable at any one time.

## **RECURRENT RECOVERY PERIODS**

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Successive Recovery Periods will be considered one Recovery Period unless such periods are separated by at least 180 consecutive days or the Recovery Periods resulted from different or unrelated sicknesses.

## **EXCLUSIONS**

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Sickness Recovery Period benefits under this rider will not be payable if loss results from the Spouse's:

- (1) attempted suicide or intentionally self-inflicted injury;
- (2) accidental bodily injury;
- (3) alcoholism or drug addiction;
- (4) mental or emotional disorders;
- (5) normal pregnancy or childbirth;
- (6) cosmetic surgery or other elective procedures which are not medically necessary; or
- (7) any other condition excluded by name or specific description.

## **TERMINATION**

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Coverage under this rider shall terminate when the first of the following occurs:

- (1) the date a required premium for the base policy, the Spouse Accident Only Recovery Rider and/or this rider are not paid, subject to the Grace Period Provision;
- (2) the date the Spouse Accident Only Recovery Rider terminates;
- (3) the date the base Accident Only Recover Policy terminates;
- (4) the first premium due date after Your Spouse's 72<sup>nd</sup> birthday; or
- (5) upon Your Spouse's death.

Termination of coverage will not prejudice any claim for loss which began while coverage was in force

## **ADDITIONAL RIDER PROVISIONS**

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**TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatements in the Application. After two years from the issue date of this rider, only fraudulent misstatements made by the applicant in the application may be used to void this rider or deny a claim for loss incurred after the two year period. (b) Pre-existing Conditions. No claim for loss that starts after two years from the issue date of this rider will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

**MISSTATEMENT OF AGE:** If a Covered Person's age has been misstated, any amount payable will be that which the premium paid would have purchased at the correct age. But, if the misstatement of age caused this rider to be issued to You beyond the age set by Combined for issuance of this rider, then Combined's liability is limited to a return of all premiums paid. If the misstatement of age caused this rider to be continued or renewed beyond the date set for the rider to terminate, then Combined's liability for loss occurring after that date is limited to a return of the premiums paid after that date.

**GENERAL PROVISIONS**

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- A. **TERM:** This rider is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where You reside. It is effective on the Effective Date shown on the Schedule of Benefits for the Spouse Sickness Recovery Rider.
- B. **PAYMENT OF PREMIUM:** This rider is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft not honored the rider shall be void.
- C. **YOUR RIGHT TO CANCEL:** You may cancel this rider at any time by writing Combined. Coverage will end on the date the notice is received or on a later date you specify. Combined will return any unearned premium.
- D. **REFUND OF UNEARNED PREMIUM:** Upon the death of the Spouse, any proceeds payable shall include a refund of premium paid for this rider for any period beyond the end of the policy month in which death occurred.

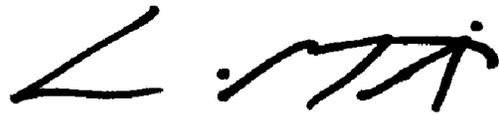
All terms and limitations of the policy apply to the benefits provided by the rider. Except as stated in this rider, nothing in this rider shall change any of the terms or limitations of the policy.

The premium for this rider is shown in the Schedule.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.



Brad Bennett, President



Carmine A. Giganti, Vice President and Secretary

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Insured: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**INCREASED BENEFITS RIDER – ACCIDENT ONLY RECOVERY POLICY**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Insured's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Insured under Sections A, B, and C of the Accident Only Recovery Policy by the Rider Benefit Amount shown above.

The Monthly Benefit amount payable during a covered Accidental Injury Recovery Period as provided by this rider will be effective as of the Effective Date shown above. The benefit provided by this rider is subject to a new Contestability Period as defined in the policy, beginning from the rider effective date.

This rider will terminate when the first of the following occurs:

- (1) When the policy terminates;
- (2) the date a required premium for the policy, or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after Your 72<sup>nd</sup> birthday; or
- (4) upon Your death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

	
Brad Bennett, President	Carmine A. Giganti, Vice President and Secretary

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Insured: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**INCREASED BENEFITS RIDER  
ACCIDENT ONLY RECOVERY POLICY AND SICKNESS RECOVERY RIDER**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Insured's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Insured under Sections A, B, and C of the Accident Only Recovery Policy and the Sickness Only Recovery Rider by the Rider Benefit Amount shown above.

The Monthly Benefit amount payable during a covered Accidental Injury or Sickness Recovery Period as provided by this rider will be effective as of the Rider Effective date shown above. The benefit provided by this rider is subject to a new Pre-Existing Condition Limitation Period and Contestability Period as defined in the policy, beginning from the Rider Effective Date.

This rider will terminate when the first of the following occurs:

- (1) When the policy or sickness rider terminates;
- (2) the date a required premium for the policy, the sickness rider or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after Your 72<sup>nd</sup> birthday or,
- (4) upon Your death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Spouse: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**SPOUSE INCREASED BENEFITS RIDER – ACCIDENT ONLY RECOVERY RIDER**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Spouse's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Spouse under Sections A, B, and C of the Spouse Accident Only Recovery Rider by the Rider Benefit Amount shown above.

The Monthly Benefit amount payable during a covered Accidental Injury Recovery Period as provided by this rider will be effective as of the Effective Date shown above. The benefit provided by this rider is subject to a new Contestability Period as defined in the policy, beginning from the Rider Effective Date.

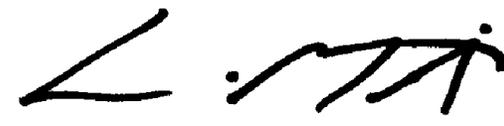
This rider will terminate when the first of the following occurs:

- (1) When the policy or Spouse Accident Only Rider terminates;
- (2) the date a required premium for the policy, the Spouse Accident Rider or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after Your Spouse's 72<sup>nd</sup> birthday; or
- (4) upon Your Spouse's death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14073-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Spouse: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**SPOUSE INCREASED BENEFITS RIDER  
ACCIDENT ONLY RECOVERY RIDER & SICKNESS RECOVERY RIDER**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Spouse's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Spouse under Sections A, B, and C of the Spouse Accident Only Recovery Rider and the Spouse Sickness Only Recovery Rider by the Rider Benefit Amount shown above.

The Monthly Benefit amount payable during a covered Accidental Injury or Sickness Recovery Period as provided by this rider will be effective as of the Rider Effective Date shown above. The benefit provided by this rider is subject to a new Pre-Existing Condition Limitation Period and Contestability Period as defined in the policy, beginning from the Rider Effective Date.

This rider will terminate when the first of the following occurs:

- (1) When the policy or Spouse Riders terminate;
- (2) the date a required premium for the policy, the Spouse Riders or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after the Spouse's 72<sup>nd</sup> birthday; or
- (4) upon Your Spouse's death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

LIMITED BENEFIT HEALTH COVERAGE  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE  
NOT INTENDED TO COVER MEDICAL EXPENSES  
OUTLINE OF COVERAGE  
For Accident Only Recovery Policy Form No. 14072-AR

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

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

(2) **Limited benefit health coverage** is designed to provide, to persons insured, limited or supplemental coverage.

(3) **Benefits** – The Accident Only Recovery Policy and optional Spouse Accident Only Recovery Rider provide monthly benefits to insured persons who are unable to work, or if unemployed, unable to perform their normal activities, as a result of a covered accident. The maximum benefit period varies by the nature of the covered accident.

**ACCIDENT RECOVERY BENEFITS**

<u>Description of Benefit</u>	<u>Insured Benefits Accident Recovery Policy</u>	<u>Spouse Benefits Accident Recovery Rider</u>
For a covered Accident under Sections A, B, and C	\$ [X,XXX.XX] per month	\$ [X,XXX.XX] per month

**Section A:** Provides coverage for an Accidental Injury Recovery Period as a result of a Fracture, Outpatient Surgery or Hospital Confinement. The benefit under this section is payable for a Maximum Benefit Period of up to four months.

**Section B:** Provides coverage for an Accidental Injury Recovery Period as a result of a Spinal Fracture, Fractured Hip, Herniated Disc, Paralysis, Dismemberment, Blindness, or Severe Burns. The benefit under this section is payable for a Maximum Benefit Period of up to six months.

**Section C:** Provides coverage for an Accidental Injury Recovery Period as a result of covered accidental injuries not included under Sections A or B. The benefit under this section is payable for a Maximum Benefit Period or Periods of up to two months per calendar year.

(4) **Exclusions and Limitations** – Under the Accident Only Recovery Policy and/or optional Spouse Accident Only Recovery Rider:

(i) Benefits will not be payable if loss is directly caused by or results from: any sickness or disease; or a covered person's attempted suicide or intentionally self inflicted injury.

(ii) To be eligible for benefits, a covered person must be unable to work because he/she cannot perform all the material duties of his/her regular occupation, or if unemployed, must be unable to perform his/her normal activities as a result of a covered accidental injury; and the covered person must be under the regular care of a physician due to the injury or injuries which resulted in the covered person being in a Recovery Period.

(5) **Renewability.** This policy and rider are guaranteed renewable until the first premium due date after the insured's 72<sup>nd</sup> birthday, at which time coverage terminates. Combined reserves the right to change the premium on a class basis.

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

**LIMITED BENEFIT HEALTH COVERAGE**  
**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE**  
**NOT INTENDED TO COVER MEDICAL EXPENSES**  
**OUTLINE OF COVERAGE**  
**For Sickness Only Recovery Rider Form No. [12583-AR]**

(1) **Read Your Rider Carefully** – This outline of coverage provides a very brief description of the important features of your rider. This is not the insurance contract and only the actual policy and rider provisions will control. The policy itself with the rider sets forth in detail the rights and obligation of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY!

(2) **Limited benefit health coverage** is designed to provide, to persons insured, limited or supplemental coverage.

(3) **Benefits** – The optional Sickness Only Recovery Rider and optional Spouse Sickness Only Recovery Rider provide monthly benefits to insured persons who are unable to work, or if unemployed, unable to perform their normal activities as a result of a covered sickness. The maximum benefit period varies by the nature of the covered sickness.

**SICKNESS RECOVERY BENEFITS**

<u>Description of Benefit</u>	<u>Insured Benefits Sickness Recovery Rider</u>	<u>Spouse Benefits Sickness Recovery Rider</u>
For a covered Sickness under Sections A, B, and C:	\$ [X,XXX.XX] per month	\$ [X,XXX.XX] per month

**Section A:** Provides coverage for a Sickness Recovery Period as a result of an Outpatient Surgery or Hospital Confinement. The benefit under this section is payable for a Maximum Benefit Period of up to four months.

**Section B:** Provides coverage for a Sickness Recovery Period as a result of a Heart Attack, Cancer, Stroke, Multiple Sclerosis, Heart Surgery, Brain Tumor, Kidney Failure, Organ Transplant, Amputation, Paralysis, or Blindness. The benefit under this section is payable for a Maximum Benefit Period of up to six months.

**Section C:** Provides coverage for a Sickness Recovery Period as a result of a covered sickness not included under Sections A or B. The benefit under this section is payable for a Maximum Benefit Period or Periods of up to two months per calendar year.

(4) **Exclusions and Limitations** - Under the Sickness Only Recovery Rider and/or Spouse Sickness Only Recovery Rider:

(i) Benefits will not be payable if loss results from the covered person's: attempted suicide or intentionally self-inflicted injury; accidental bodily injury; alcoholism or drug addiction; mental or emotional disorders; normal pregnancy or childbirth; cosmetic surgery or other elective procedures which are not medically necessary; or any other condition excluded by name or specific description.

(ii) For the first two years, benefits will not be payable for a loss caused by a pre-existing condition. A "pre-existing condition" is a bodily illness or disease which was diagnosed or treated by a physician within the 24 months preceding the effective date of the rider providing benefits for Sickness Only Recovery benefits.

(iii) To be eligible for benefits, a covered person must be unable to work because he/she cannot perform all the material duties of his/her regular occupation, or if unemployed, must be unable to perform his/her normal activities as a result of a covered sickness; and the covered person must be under the regular care of a physician due to the sickness or sicknesses which resulted in the covered person being in a Recovery Period.

(5) **Renewability.** This policy and riders are guaranteed renewable until the first premium due date after the insured's 72<sup>nd</sup> birthday, at which time coverage terminates. Combined reserves the right to change the premium on a class basis.



5401164027

**PERSONAL INFORMATION [(Required for all products)]**

LANGUAGE PREFERENCE  E  S  F

SEX  M  F PROPOSED INSURED'S FIRST NAME

MIDDLE INITIAL LAST NAME

[Grid for name input]

PROPOSED INSURED'S RESIDENCE ADDRESS

[Grid for residence address input]

CITY STATE ZIP CODE [Grids for city, state, and zip code input]

PLACE OF BIRTH (COUNTRY) [Grid for birth country input]

PROPOSED INSURED'S DATE OF BIRTH

PROPOSED INSURED'S AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

MM DD YYYY [Grid for date of birth input]

[Grid for age input]

[Grid for social security number input]

PHONE NUMBER - LANDLINE PHONE

PHONE NUMBER - MOBILE PHONE

[Grid for landline phone input]

[Grid for mobile phone input]

EMAIL

[Grid for email input]

May we contact you by email for marketing purposes?  YES  NO

MAILING ADDRESS FOR COMPANY CORRESPONDENCE (ONLY IF DIFFERENT FROM RESIDENCE ADDRESS)

[Grid for mailing address input]

CITY STATE ZIP CODE [Grids for city, state, and zip code input]

PROPOSED INSURED'S EMPLOYER NAME

EMPLOYER PHONE NUMBER

[Grid for employer name input]

[Grid for employer phone number input]

PROPOSED INSURED'S EMPLOYER ADDRESS

[Grid for employer address input]

CITY STATE ZIP [Grids for city, state, and zip code input]

Please provide any other Combined Insurance Policy Number [Grid for policy number input]

Please indicate where the Proposed Insured would like to receive annual notices, [policy contract], or related documents.

Email  Residence  Mailing Address  Business

Please indicate where the Proposed Insured would like to be contacted by an Agent.

Residence  Business

Will this policy replace any existing policies for the Proposed Insured and/or Spouse?  YES  NO

[(If "Yes" please complete Form 030921)]

Combined Insurance Policy No. [Grid for policy number input]

Other: Type of Policy Company Name Policy No. [Grids for other policy information]

Is the Proposed Insured and/or Spouse a U.S. Citizen or a legal U.S. Resident for [one] year or more?

Yes  No  Yes  No

**[Check the most convenient phone number and time to call:]**

An Authorized Interviewer may call to obtain additional information required to complete this application.

[Mobile]  [Landline]  Employer  Other ( ) [Grid for other phone type]

6:30 am - 8:00 am  8:00 am - 12:00 pm  12:00 pm - 3:00 pm  3:00 pm - 6:00 pm  After 6:00 pm



5402164027

APPLICATION NUMBER

5 4 0 2

### BENEFICIARY INFORMATION

BENEFICIARY'S FULL NAME

BENEFICIARY PHONE NUMBER

BENEFICIARY ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO PROPOSED INSURED

AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH

CONTINGENT BENEFICIARY FULL NAME

CONTINGENT BENEFICIARY PHONE NUMBER

CONTINGENT BENEFICIARY ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO PROPOSED INSURED

AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH

### QUALIFICATION QUESTIONS (Required for Accident Coverage)

I represent that the answers to the below questions are accurate and complete to the best of my knowledge and belief.

- |  | <u>Proposed Insured</u>  | <u>Spouse</u>  |
|--|--|--|
| 1. Is the Proposed Insured and/or Spouse unemployed or working less than [20] hours per week?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Within the past [twelve (12)] months has the Proposed Insured and/or Spouse been advised of the need for surgery for a hip, back, herniated disc, spine, shoulder or knee disorder? | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Is the Proposed Insured and/or Spouse earning an annual income of less than [\$15,000]?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If any of the above questions 1-3 are answered "Yes", the Proposed Insured and/or Spouse is not eligible for coverage.

### QUALIFICATION QUESTIONS (Required for Sickness Rider)

I represent that the answers to the below questions are accurate and complete to the best of my knowledge and belief.

- |   | <u>Proposed Insured</u>  | <u>Spouse</u>  |
|---|--|--|
| 1. Within the past 5 years, has the Proposed Insured and/or Spouse received medical advice or treatment from a member of the medical profession or taken any prescription medication for: |  |  |
| a. Heart attack, angina, coronary artery disease with angioplasty, stent placement, heart valve disorder or aorta disorder?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Stroke, transient ischemic attack, multiple sclerosis, or insulin dependent diabetes?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Cancer (except basal cell carcinoma or squamous cell carcinoma), leukemia, or brain tumor?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Kidney failure or organ transplant?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Manic depression, schizophrenia, psychosis, alcoholism or drug addiction?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Has the Proposed Insured and/or Spouse been diagnosed with high blood pressure requiring 3 or more medications?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Has the Proposed Insured and/or Spouse been diagnosed with non-Insulin diabetes under age 40?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If any of the above questions 1-3 are answered "Yes", the Proposed Insured and/or Spouse is not eligible for sickness coverage.





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APPLICATION NUMBER

5 4 0 4

PLAN SELECTION

FORM NUMBER

PLAN CODE

[Sick Pay Plus Accident Coverage]

1 4 0 7 2

S P A

Proposed Insured Monthly Benefit Amount  \$800  \$1,000  \$1,500  \$2,000

Spouse [/Domestic Partner/Civil Union Partner] Monthly Benefit Amount  \$800  \$1,000  \$1,500  \$2,000

Proposed Insured

Spouse

1. Within the past 12 months, has the Proposed Insured and/or Spouse missed [5] consecutive days or more of work as a result of an accidental injury? (If "Yes", provide details below.)

Yes  No  Yes  No

2. Does the Proposed Insured and/or Spouse have any disability coverage currently in force with another company (including through work) or with Combined? (If "Yes", provide company name, benefit period, and monthly benefit below.)

Yes  No  Yes  No

Blank lines for providing details for question 2.

PLAN SELECTION

FORM NUMBER

PLAN CODE

[Sick Pay Plus Sickness Coverage]

1 2 5 8 3

S P S

Proposed Insured Coverage

Spouse [/Domestic Partner/Civil Union Partner] Coverage

NOTE: If Sickness Coverage is selected, the Monthly Benefit Amount will be the same Monthly Benefit Amount selected above for the Proposed Insured and/or Spouse (if any) for the Accident Coverage.

Proposed Insured

Spouse

1. Within the past 12 months, has the Proposed Insured and/or Spouse missed [5] consecutive days or more because of his/her own sickness? (If "Yes", please provide details below.)

Yes  No  Yes  No

Blank lines for providing details for question 1.

Physician(s) Name: Address (Street, City, State, Zip) & Phone

Proposed Insured

Spouse



5405164027

APPLICATION NUMBER

5 4 0 5

### PREMIUM CALCULATION & BILLING INFORMATION

Proposed Insured

AGE	INDUSTRY RATE CLASS	HEALTH DISCOUNT
<input type="text"/>	<input type="text"/>	NONE <input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> TWO <input checked="" type="checkbox"/>

Premium \$

Spouse

AGE	INDUSTRY RATE CLASS	HEALTH DISCOUNT
<input type="text"/>	<input type="text"/>	NONE <input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> TWO <input checked="" type="checkbox"/>

Premium \$

RENEWAL

ANNL.  S.A.  APC  CC  LB

Please charge or debit my checking, savings, or credit card account monthly.

Preferred Billing Date  (1-28 only)

\$  TOTAL RENEWAL PREMIUM

Group List Bill No.

Form of Initial Premium Collected

Check  Cash  Money Order  Credit Card  EFT/Direct Debit

**(Required if Payor different from Proposed Insured.)**

PAYOR'S FIRST NAME (IF OTHER THAN PROPOSED INSURED)  MIDDLE INITIAL  LAST NAME

PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN PROPOSED INSURED)  PAYOR PHONE NUMBER

CITY  STATE  ZIP



5406164027

APPLICATION NUMBER

5 4 0 6

**DECLARATIONS – This section must be read, signed, and dated by Proposed Insured.**

**PLEASE READ CAREFULLY** - It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent/producer if any information is not correct or not complete or if any medical history has not been included. I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.

In applying for this coverage, I represent and affirm the following:

1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.
2. I received the Outline of Coverage and Notice of Information Practices and if applicable, the Medical Information Bureau (MIB) Disclosure Statement.

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION** - I authorize Combined Insurance Company of America or its reinsurers for the purpose of evaluating this application for insurance to acquire, review, research the release of information from any of the following: Hospital; Physician; Medical Practitioner; Clinic; Pharmacy; Pharmacy Benefits Manager or other pharmacy-related services organization; Health Plan; other medical or medically related facilities; Government Agency; MIB, Inc. (MIB); Consumer Reporting Agency; Combined Insurance's own records; and I authorize any of the foregoing parties that have any records or knowledge of me or my protected health information to give to Combined Insurance or its reinsurers, any such information. Combined Insurance Company of America will acquire through a personal phone interview or another means from the above any needed information on the Insured, his/her dependents including but not limited to copies of records, concerning advice, care or treatment, on past or present health, the use of drugs or alcohol, and information relating to mental illness. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any doctor, the MIB or any other insurance company in order to evaluate a claim or an application for insurance. I authorize Combined Insurance Company of America, or its reinsurers to make a brief report of my protected health information to MIB Inc. Federal and state laws protect the information disclosed pursuant to this authorization. I understand that any disclosure of information carries with it the potential for any unauthorized re-disclosure and the information may not be protected by the federal confidentiality rules. I understand this consent may be revoked in writing at any time with the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing.

A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company. You may revoke this authorization anytime by writing Combined Insurance; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined Insurance to evaluate or process this application and may be a basis for denying this application.

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.

I authorize Combined Insurance to show my name, firm name, occupation, city, and years with CICA as a policyholder to prospective Proposed Insureds.  YES  NO

X  Signature of Proposed Insured Date of Application: MM DD YYYY

City (where signed):  State:

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have delivered the Notice of Information Practices and Outline of Coverage. I have no knowledge of any unfavorable medical history not recorded on this Application. I certify that I have inspected this application for completeness and according to our field underwriting guidelines it may be submitted to the Home Office for further underwriting review.

Licensed Agent/Producer  (print) Agent's/Producer's Signature  Code #

Sales Manager  (print) Manager's Signature  Code #

Date MM DD YYYY

**Primary Agent/Producer contact information**

Agent's/Producer's phone
Agent's/Producer's e-mail address
Agent's/Producer's cell phone

**Home Office use only**

Complete this area when splitting commissions.

Primary	Secondary
Agent/Producer Name	Agent/Producer Name
Code #	Code #
Percentage	Percentage
Agent's/Producer's Signature	Agent's/Producer's Signature



5407164027

APPLICATION NUMBER

5 4 0 7

**AUTOMATIC PREMIUM COLLECTION (Automatic Premium for Monthly Mode ONLY)**

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

\_\_\_\_\_

Complete if adding policies from another application

NAME OF PAYOR APPEARING ON BANK/FINANCIAL INSTITUTION

\_\_\_\_\_

Charge my  Checking  Savings  Credit Card

Initial Premium Collected \$ \_\_\_\_\_

Policy Type (L = Life, H = Health)

Preferred Billing Date (1-28 only) \_\_\_\_\_

NAME OF CARDHOLDER

CARDHOLDER ZIP CODE

\_\_\_\_\_

ACCOUNT NUMBER

EXPIRES

MONTH

YEAR

CARD TYPE

VISA

MC

\_\_\_\_\_

**AUTHORIZATION FOR ELECTRONIC DEBIT:** I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings, or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

[I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule. I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.]

X \_\_\_\_\_ Date: MM DD YYYY \_\_\_\_\_  
Signature of Payor/Cardholder (Signature must be the same as on file at the bank/financial institution or represent an authorized signee for a business account.)

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www.combinedinsurance.com]**

**CONDITIONAL RECEIPT – IMPORTANT READ CAREFULLY**

Proposed Insured: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Application No. \_\_\_\_\_ Date of Application: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**THIS RECEIPT DOES NOT CREATE ANY TEMPORARY OR INTERIM INSURANCE. IT DOES, HOWEVER, SET THE DATE AND CONDITIONS UNDER WHICH THE INSURANCE BEING APPLIED FOR WILL BE EFFECTIVE. NO PRODUCER IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE REQUIREMENTS NOTED HEREIN.**

**Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Below Are Satisfied.**

**1. Effective Date:** As used herein, "Effective Date" means the latter of: (a) [fifteen (15)] days from the Date of Application; or, (b) the date the application is approved by Combined's Underwriting Department. The Policy Effective Date will be as shown in the Schedule of Benefits.

**2. Conditions:** The insurance in the amount and plan applied for will become effective as of the Effective Date **ONLY IF** all of the following conditions are met: (a) at least fifteen days have elapsed since the Date of Application; (b) the application is completed in full and is unconditionally accepted and approved by Combined's Underwriting Department; (c) the first full premium, according to the mode of premium payment chosen, has been paid and the check is honored upon the first presentation; and, (d) the policy is delivered to and accepted by the proposed insured.

**In the event Combined Insurance declines to issue a policy as applied for, the amount received by Combined Insurance will be refunded. The application shall be deemed declined if the policy is not issued within 75 days after the Date of Application.**

Signature of Applicant

Signature of Producer

Agent Code

**THIS FORM LIMITS OUR LIABILITY. KEEP THIS DOCUMENT. IT HAS IMPORTANT INFORMATION.**



5407164027

APPLICATION NUMBER

5 4 0 7

**AUTOMATIC PREMIUM COLLECTION (Automatic Premium for Monthly Mode ONLY)**

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

\_\_\_\_\_

Complete if adding policies from another application

NAME OF PAYOR APPEARING ON BANK/FINANCIAL INSTITUTION

\_\_\_\_\_

Charge my  Checking  Savings  Credit Card

Initial Premium Collected \$ \_\_\_\_\_

Policy Type (L = Life, H = Health)

Preferred Billing Date (1-28 only) \_\_\_\_\_

NAME OF CARDHOLDER

CARDHOLDER ZIP CODE

\_\_\_\_\_

ACCOUNT NUMBER

EXPIRES

MONTH

YEAR

CARD TYPE

VISA

MC

\_\_\_\_\_

**AUTHORIZATION FOR ELECTRONIC DEBIT:** I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings, or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

[I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule. I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.]

X \_\_\_\_\_ Date: MM DD YYYY \_\_\_\_\_  
Signature of Payor/Cardholder (Signature must be the same as on file at the bank/financial institution or represent an authorized signee for a business account.)

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www.combinedinsurance.com]**

**CONDITIONAL RECEIPT – IMPORTANT READ CAREFULLY**

Proposed Insured: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Application No. \_\_\_\_\_ Date of Application: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**THIS RECEIPT DOES NOT CREATE ANY TEMPORARY OR INTERIM INSURANCE. IT DOES, HOWEVER, SET THE DATE AND CONDITIONS UNDER WHICH THE INSURANCE BEING APPLIED FOR WILL BE EFFECTIVE. NO PRODUCER IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE REQUIREMENTS NOTED HEREIN.**

**Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Below Are Satisfied.**

**1. Effective Date:** As used herein, "Effective Date" means the latter of: (a) [fifteen (15)] days from the Date of Application; or, (b) the date the application is approved by Combined's Underwriting Department. The Policy Effective Date will be as shown in the Schedule of Benefits.

**2. Conditions:** The insurance in the amount and plan applied for will become effective as of the Effective Date **ONLY IF** all of the following conditions are met: (a) at least fifteen days have elapsed since the Date of Application; (b) the application is completed in full and is unconditionally accepted and approved by Combined's Underwriting Department; (c) the first full premium, according to the mode of premium payment chosen, has been paid and the check is honored upon the first presentation; and, (d) the policy is delivered to and accepted by the proposed insured.

**In the event Combined Insurance declines to issue a policy as applied for, the amount received by Combined Insurance will be refunded. The application shall be deemed declined if the policy is not issued within 75 days after the Date of Application.**

Signature of Applicant

Signature of Producer

Agent Code

**THIS FORM LIMITS OUR LIABILITY. KEEP THIS DOCUMENT. IT HAS IMPORTANT INFORMATION.**

**PERSONAL INFORMATION**

INSURED'S POLICY NUMBER

SEX  
M F  
INSURED'S FIRST NAME

MIDDLE  
INITIAL LAST NAME

INSURED'S RESIDENCE ADDRESS (ONLY IF DIFFERENT FROM RESIDENCE ADDRESS CURRENTLY ON FILE)

CITY

STATE ZIP CODE

INSURED'S DATE OF BIRTH

INSURED'S AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

PHONE NUMBER - LANDLINE PHONE

PHONE NUMBER - MOBILE PHONE

EMAIL

MAILING ADDRESS FOR COMPANY CORRESPONDENCE (ONLY IF DIFFERENT FROM RESIDENCE ADDRESS)

CITY

STATE ZIP CODE

INSURED'S EMPLOYER NAME

EMPLOYER PHONE NUMBER

INSURED'S EMPLOYER ADDRESS (ONLY IF DIFFERENT FROM ADDRESS CURRENTLY ON FILE)

CITY

STATE ZIP

**BENEFICIARY INFORMATION**

BENEFICIARY'S FULL NAME

BENEFICIARY PHONE NUMBER

BENEFICIARY ADDRESS

CITY

STATE ZIP

RELATIONSHIP TO INSURED

AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH

CONTINGENT BENEFICIARY FULL NAME

CONTINGENT BENEFICIARY PHONE NUMBER

CONTINGENT BENEFICIARY ADDRESS

CITY

STATE ZIP

RELATIONSHIP TO INSURED

AGE

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

DATE OF BIRTH

**QUALIFICATION QUESTIONS (Required for Accident Coverage)**

I represent that the answers to the below questions are accurate and complete to the best of my knowledge and belief.

- |   | <u>Insured</u>   | <u>Spouse</u>  |
|---|--|--|
| 1. Is the Insured and/or Spouse unemployed or working less than [20] hours per week?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Within the past [twelve (12)] months has the Insured and/or Spouse been advised of the need for surgery for a hip, back, herniated disc, spine, shoulder or knee disorder? | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Is the Insured and/or Spouse earning an annual income of less than [\$15,000]?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If any of the above questions 1-3 are answered "Yes", the Insured and/or Spouse is not eligible for increased coverage.

**QUALIFICATION QUESTIONS (Required for Sickness Rider)**

I represent that the answers to the below questions are accurate and complete to the best of my knowledge and belief.

- |  | <u>Insured</u>   | <u>Spouse</u>  |
|--|--|--|
| 1. Within the past 5 years, has the Insured and/or Spouse received medical advice or treatment from a member of the medical profession or taken any prescription medication for: |  |  |
| a. Heart attack, angina, coronary artery disease with angioplasty, stent placement, heart valve disorder or aorta disorder?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Stroke, transient ischemic attack, multiple sclerosis, or insulin dependent diabetes?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Cancer (except basal cell carcinoma or squamous cell carcinoma), leukemia, or brain tumor?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Kidney failure or organ transplant?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Manic depression, schizophrenia, psychosis, alcoholism or drug addiction?   | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Has the Insured and/or Spouse been diagnosed with high blood pressure requiring 3 or more medications?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Has the Insured and/or Spouse been diagnosed with non-Insulin diabetes under age 40?  | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If any of the above questions 1-3 are answered "Yes", the Insured and/or Spouse is not eligible for increased sickness coverage.

**INSURED'S INFORMATION**

HEIGHT	WEIGHT	DRIVERS LICENSE NO.	STATE
<input type="text"/> FT. <input type="text"/> IN.	<input type="text"/> LBS.	<input type="text"/>	<input type="text"/>

1. Within the past 12 months, has the Insured used tobacco products?  Yes  No

2. Insured's Occupation:

3. Industry Occupation Code:  [ Industry Rate Class  ]

4. If self-employed, what is your net annual business income (business income minus business expenses)? \$  ,

5. If not self-employed, what are your gross annual earnings from your primary occupation? \$  ,



**PLAN SELECTION**

**[Sick Pay Plus Sickness Coverage]**

**NOTE: The Increased Monthly Benefit Amount for any Sickness Rider will be the same as amount selected above for the Insured and/or Spouse in the Accident Coverage Section.**

- Increase for Monthly Benefit Amount for the Sickness Rider for Insured
- Increase for Monthly Benefit Amount for the Sickness Rider for Spouse [/Domestic Partner/Civil Union Partner] Coverage
- Add Insured Sickness Rider
- Add Spouse Sickness Rider

**NOTE: Monthly Benefit under Sickness Rider will be the same as the Benefit for Accident Coverage.**

1. Within the past 12 months, has the Insured and/or Spouse missed [5] consecutive days or more because of their own sickness? (If "Yes", please provide details below.)

Yes    No     
  Yes    No


Physician(s) Name: Address (Street, City, State, Zip) & Phone	
Insured	Spouse

**PREMIUM CALCULATION & BILLING INFORMATION**

Insured	AGE	INDUSTRY RATE CLASS	HEALTH DISCOUNT NONE ONE TWO	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Premium \$
Spouse	AGE	INDUSTRY RATE CLASS	HEALTH DISCOUNT NONE ONE TWO	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Premium \$
\$					TOTAL RENEWAL PREMIUM

**(Required if Payor different from Insured.)**

PAYOR'S FIRST NAME (IF OTHER THAN INSURED)	MIDDLE INITIAL	LAST NAME
PAYOR'S RESIDENCE ADDRESS (IF OTHER THAN INSURED)		PAYOR PHONE NUMBER
CITY	STATE	ZIP

**DECLARATIONS – This section must be read, signed, and dated by Insured.**

**PLEASE READ CAREFULLY**

It is very important that you review the application carefully. Misstatements or omissions whether made in writing or orally for any portion(s) of the application that are completed through use of telephone or other electronic means, could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent/producer if any information is not correct or not complete or if any medical history has not been included. I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.

In applying for this coverage, I represent and affirm the following:

1. The information which I have given as recorded on this Application including income verification is true and complete to the best of my knowledge and belief.

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I authorize Combined Insurance Company of America or its reinsurers for the purpose of evaluating this application for insurance to acquire, review, research the release of information from any of the following: Hospital; Physician; Medical Practitioner; Clinic; Pharmacy; Pharmacy Benefits Manager or other pharmacy-related services organization; Health Plan; other medical or medically related facilities; Government Agency; MIB, Inc. (MIB); Consumer Reporting Agency; Combined Insurance's own records; and I authorize any of the foregoing parties that have any records or knowledge of me or my protected health information to give to Combined Insurance or its reinsurers, any such information. Combined Insurance Company of America will acquire through a personal phone interview or another means from the above any needed information on the Insured, his/her dependents including but not limited to copies of records, concerning advice, care or treatment, on past or present health, the use of drugs or alcohol, and information relating to mental illness. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any doctor, the MIB or any other insurance company in order to evaluate a claim or an application for insurance. I authorize Combined Insurance Company of America, or its reinsurers to make a brief report of my protected health information to MIB Inc. Federal and state laws protect the information disclosed pursuant to this authorization. I understand that any disclosure of information carries with it the potential for any unauthorized re-disclosure and the information may not be protected by the federal confidentiality rules. I understand this consent may be revoked in writing at any time with the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above named provider. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 90 days from the date of signing.

A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company. You may revoke this authorization anytime by writing Combined Insurance; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined Insurance to evaluate or process this application and may be a basis for denying this application.

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.

I authorize Combined Insurance to show my name, firm name, occupation, city, and years with CICA as a policyholder to prospective Insureds.

YES  NO

X  Signature of Insured Date of Application:

City (where signed):                    State:

I, the authorized agent/producer, have on the Date of Application recorded the information as given to me. I have no knowledge of any unfavorable medical history not recorded on this Application. I certify that I have inspected this application for completeness and according to our field underwriting guidelines it may be submitted to the Home Office for further underwriting review.

Licensed Agent/Producer	<input type="text"/>	Agent's/Producer's Signature	<input type="text"/>	Code #	<input type="text"/>
	(print)				
Sales Manager	<input type="text"/>	Manager's Signature	<input type="text"/>	Code #	<input type="text"/>
	(print)				

**AUTOMATIC PREMIUM COLLECTION (Automatic Premium for Monthly Mode ONLY)**

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

\_\_\_\_\_

Complete if adding policies  
from another application

NAME OF PAYOR APPEARING ON BANK/FINANCIAL INSTITUTION \_\_\_\_\_

Charge my  Checking  
 Savings  Credit Card

Initial Premium Collected \$ \_\_\_\_\_  
Policy Type (L = Life, H = Health) \_\_\_\_\_  
Preferred Billing Date (1-28 only) \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_ CARDHOLDER ZIP CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
CARD TYPE  VISA  MC  
EXPIRES \_\_\_\_\_

**AUTHORIZATION FOR ELECTRONIC DEBIT:** I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings, or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.  
[I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule. I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.]

X \_\_\_\_\_ Date: MM DD YYYY \_\_\_\_\_  
Signature of Payor/Cardholder (Signature must be the same as on file at the bank/financial institution or represent an authorized signee for a business account.)

**COMBINED INSURANCE COMPANY OF AMERICA • [111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601  
www.combinedinsurance.com]**

**CONDITIONAL RECEIPT – IMPORTANT READ CAREFULLY**

Proposed Insured: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Application No. \_\_\_\_\_ Date of Application: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**THIS RECEIPT DOES NOT CREATE ANY TEMPORARY OR INTERIM INSURANCE. IT DOES, HOWEVER, SET THE DATE AND CONDITIONS UNDER WHICH THE INSURANCE BEING APPLIED FOR WILL BE EFFECTIVE. NO PRODUCER IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE REQUIREMENTS NOTED HEREIN.**

**Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Below Are Satisfied.**

**1. Effective Date:** As used herein, "Effective Date" means the latter of: (a) [fifteen (15)] days from the Date of Application; or, (b) the date the application is approved by Combined's Underwriting Department. The Policy Effective Date will be as shown in the Schedule of Benefits.

**2. Conditions:** The insurance in the amount and plan applied for will become effective as of the Effective Date **ONLY IF** all of the following conditions are met: (a) at least fifteen days have elapsed since the Date of Application; (b) the application is completed in full and is unconditionally accepted and approved by Combined's Underwriting Department; (c) the first full premium, according to the mode of premium payment chosen, has been paid and the check is honored upon the first presentation; and, (d) the policy is delivered to and accepted by the proposed insured.

**In the event Combined Insurance declines to issue a policy as applied for, the amount received by Combined Insurance will be refunded. The application shall be deemed declined if the policy is not issued within 75 days after the Date of Application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Agent Code

**THIS FORM LIMITS OUR LIABILITY. KEEP THIS DOCUMENT. IT HAS IMPORTANT INFORMATION.**

**AUTOMATIC PREMIUM COLLECTION (Automatic Premium for Monthly Mode ONLY)**

Name of Financial Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

\_\_\_\_\_

Complete if adding policies from another application

NAME OF PAYOR APPEARING ON BANK/FINANCIAL INSTITUTION \_\_\_\_\_

Charge my  Checking  
 Savings  Credit Card

Initial Premium Collected \$ \_\_\_\_\_  
 Preferred Billing Date (1-28 only) \_\_\_\_\_

Policy Type → (L = Life, H = Health)

NAME OF CARDHOLDER \_\_\_\_\_ CARDHOLDER ZIP CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 CARD TYPE VISA  MC

**AUTHORIZATION FOR ELECTRONIC DEBIT:** I hereby authorize Combined Insurance Company ("Combined"), to initiate electronic debit entries or effect a change by any other commercially accepted method, to my checking, savings, or credit card account indicated above in the financial institution named above, hereinafter called Depository, to debit the same to such account. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination in such time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it.

[I understand that if any listed policy contains a premium and benefit increase provision, future premiums will increase as indicated in the policy Premium and Benefit schedule. I agree that if premiums are not paid within the grace period under the subject policy(ies), as in the event withdrawals are dishonored, the policy(ies) will terminate. Life policies may have non-forfeiture benefits.]

X \_\_\_\_\_ Date: MM DD YYYY \_\_\_\_\_  
 Signature of Payor/Cardholder (Signature must be the same as on file at the bank/financial institution or represent an authorized signee for a business account.)

**COMBINED INSURANCE COMPANY OF AMERICA • [111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601  
 www.combinedinsurance.com]**

**CONDITIONAL RECEIPT – IMPORTANT READ CAREFULLY**

Proposed Insured: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Application No. \_\_\_\_\_ Date of Application: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**THIS RECEIPT DOES NOT CREATE ANY TEMPORARY OR INTERIM INSURANCE. IT DOES, HOWEVER, SET THE DATE AND CONDITIONS UNDER WHICH THE INSURANCE BEING APPLIED FOR WILL BE EFFECTIVE. NO PRODUCER IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE REQUIREMENTS NOTED HEREIN.**

**Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Below Are Satisfied.**

**1. Effective Date:** As used herein, "Effective Date" means the latter of: (a) [fifteen (15)] days from the Date of Application; or, (b) the date the application is approved by Combined's Underwriting Department. The Policy Effective Date will be as shown in the Schedule of Benefits.

**2. Conditions:** The insurance in the amount and plan applied for will become effective as of the Effective Date **ONLY IF** all of the following conditions are met: (a) at least fifteen days have elapsed since the Date of Application; (b) the application is completed in full and is unconditionally accepted and approved by Combined's Underwriting Department; (c) the first full premium, according to the mode of premium payment chosen, has been paid and the check is honored upon the first presentation; and, (d) the policy is delivered to and accepted by the proposed insured.

**In the event Combined Insurance declines to issue a policy as applied for, the amount received by Combined Insurance will be refunded. The application shall be deemed declined if the policy is not issued within 75 days after the Date of Application.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Producer

\_\_\_\_\_  
 Agent Code

**THIS FORM LIMITS OUR LIABILITY. KEEP THIS DOCUMENT. IT HAS IMPORTANT INFORMATION.**

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

**Filing Company:** Combined Insurance Company of America

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 10/26/2012	Rate Sheet 7146	14072-AR, 14076	New		Rate Sheet 7146.pdf
2	Approved-Closed 10/26/2012	Rate Sheet 7147	12583-AR, 12587	New		Rate Sheet 7147.pdf
3	Approved-Closed 10/26/2012	Rate Sheet 7148	14053-AR, 14077	New		Rate Sheet 7148.pdf
4	Approved-Closed 10/26/2012	Rate Sheet 7149	12584-AR, 12588	New		Rate Sheet 7149.pdf

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Form #14072**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a herniated disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12583**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the insured is recovering from blindness, a brain tumor, cancer, amputation of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #14073**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the spouse of the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a herniated disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12584**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the spouse of the insured is recovering from blindness, a brain tumor, cancer, amputation of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.

SERFF Tracking #:

CMBD-128708182

State Tracking #:

Company Tracking #:

14072-AR

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

**Filing Company:** Combined Insurance Company of America

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	10/22/2012
Comments:			
Attachment(s):	Certification of Compliance.pdf Flesch Certification.pdf		
		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	10/22/2012
Bypass Reason:	The application for this product and a supplement application for future upgrades is included in the Forms Schedule.		
		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/22/2012
Bypass Reason:	The Outlines of Coverage for this product are included in the Forms Schedule.		
		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/22/2012
Bypass Reason:	This is not a PPACA Filing.		
		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Variability Memorandum	Approved-Closed	10/22/2012
Comments:			
Attachment(s):	Variability Memorandum.pdf		

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 14072-AR; 12583-AR; 14073-AR; 12584-AR; 14076; 12587; 14077;  
12588; 014072-AR; 012583-AR; 164027-AR; 164028-1H; 164028-AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



---

Signature of Company Officer

Michael J. Hollar  
Name

Assistant Secretary  
Title

October 19, 2012  
Date



October 19, 2012

## READABILITY CERTIFICATION

We hereby certify that the following forms have a Flesch Index Score of at least 50 and that they meet the reading ease requirements.

<b><u>Form Number and Description</u></b>	<b><u>Flesch Index Score</u></b>
14072-AR – Accident Only Recovery Policy	60.531
12583-AR – Sickness Only Recovery Rider	52.607
14073-AR – Spouse Accident Only Recovery Rider	57.196
12584-AR – Spouse Sickness Only Recovery Rider	52.567
14076 – Accident Only Increased Benefits Rider	54.945
12587 – Accident & Sickness Increased Benefits Rider	53.089
14077 – Spouse Accident Only Increased Benefits Rider	57.181
12588 – Spouse Accident & Sickness Increased Benefits Rider	56.727
014072-AR – Accident Only Recovery Outline of Coverage	50.371
012583-AR – Sickness Only Recovery Outline of Coverage	53.943
164027-AR/164027-1H – Application & Conditional Receipt	50.920
164028-AR – Supplemental Application	52.102

A handwritten signature in black ink that reads "Michael J. Hollar".

Michael J. Hollar  
Assistant Secretary



### Variability Memorandum

- Form No. 14072-AR – Accident Only Recovery Policy;
- Form No. 12583-AR – Sickness Only Recovery Rider
- Form No. 14073-AR – Spouse Accident Only Recovery Rider
- Form No. 12584-AR – Spouse Sickness Only Recovery Rider
- Form No. 14076 – Accident Only Increased Benefits Rider
- Form No. 12587– Accident and Sickness Increased Benefits Rider
- Form No. 14077 Spouse Accident Only Increased Benefits Rider
- Form No. 12588 – Spouse Accident and Sickness Increased Benefits Rider
- Form No. 014066-XX – Outline of Coverage
- 164027-AR/164027-1H – Application/Conditional Receipt
- 164028-AR – Supplemental Application

#### Variables for Form No. 14072-AR

Page	Bracketed Information	Option/Reasons
1	Home Office Address, Phone Number, and Policyholder Service Address	Bracketed to address any future change in our Addresses or Phone Number
All	Page Numbers	Bracketed to allow for page break variances that may occur in the system software used in the issuance process.
7	Website ( <a href="http://www.combinedinsurance.com">www.combinedinsurance.com</a> ) as referenced in the Claim Forms Provision	Bracketed to address any future change in our Corporate Website.
8	Officers' Names, Titles, and Signatures	Bracketed to address any future change of Officers and/or Titles
9	Personal Information for Insured and/or Spouse, such as Names, Ages, Effective Dates, Policy Number	Specific to each Covered Person
9	Sickness Recovery Rider Effective Date and/or Spouse Sickness Recovery Rider Effective Date	All inclusive. Delete if rider not purchased.
9	Spouse Sections, including Personal Data, Benefit Amounts/Maximums/Premiums under the Accident Recovery Rider and/or the Sickness Recovery Rider	All inclusive. Delete if spouse coverage is not purchased.
9	Total Annual Premium	Bracketed to identify total annual cost for coverage under the policy and all applicable riders.
9	Monthly Benefit(s) for Accident Recovery Policy, Spouse Accident Recovery Rider, Sickness Recovery Rider, Spouse Sickness Recovery Rider	Bracketed to identify the dollar amounts purchased. Maximum Benefit Amount for each benefit is \$2,000.
9	Annual Premium(s) for Accident Recovery Policy, Spouse Accident Recovery Rider, Sickness Recovery Rider, Spouse Sickness Recovery Rider	Bracketed to identify the annual cost for each benefit purchased, based on the covered person's age, rating class and amount of coverage purchased..
9	Sickness Recovery Benefits Section	All inclusive. Delete if Sickness Recovery Benefits are not purchased for neither the Insured nor Spouse
9	Sickness Recovery Benefit Amounts and Maximum Benefit Periods for the Insured	All inclusive. Delete if Sickness Recovery Rider is not purchased for the Insured.

#### Variables for Form No. 14073-AR / 12583-AR /12584-AR

Page	Bracketed Information	Option/Reasons
1	Home Office Address, Phone Number, and Policyholder Service Address	Bracketed to address any future change in our Addresses or Phone Number
All	Page Numbers	Bracketed to allow for page break variances that may occur in the system software used in the issuance process.
Last	Officers' Names, Titles, and Signatures	Bracketed to address any future change of Officers and/or Titles

**Variables for Form No. 14076 / 14077, 12587 / 12588**

Page	Bracketed Information	Option/Reasons
1	Home Office Address	Bracketed to address any future change in our Home Office Address
1	Personal Information for Insured and/or Spouse, such as Names, Ages, Effective Dates, Policy Number	Specific to each Covered Person
1	Officers' Names, Titles, and Signatures	Bracketed to address any future change of Officers and/or Titles

**Variables for Form No. 164027-AR / 164028-AR**

Page	Bracketed Information	Options/Reasons
All	Bar Code and Application Numbers	Internal Tracking and Scanning Information for each printed application. Numbering sequence may change depending on computer system(s) used.
1	Home Office Address	Bracketed to address any future change in our Home Office Address
1	Language Preference	The entire line will be removed if offered only in English. Individual check boxes may be removed depending on language options being offered.
1, 3	Place of Birth (Country)	All-inclusive. May be deleted if we decide not to use this field.
1,3	Social Security Number	Bracketed to allow us the option to: obtain the full SSN; limit the SSN to the last four digits; or remove the SSN in its entirety.
1	Mobile Phone or Landline Phone	Bracketed to accommodate changes in technology and or phone terminology.
1	May we Contact you by email for marketing purposes?	All-inclusive. May be deleted if we decide not to use this field.
1	Alternate Mailing Address	All-inclusive. May be deleted if not needed for business purposes.
1	Statement regarding receiving notices etc.	Bracketed Email and Mailing Address to allow for company decision to remove if not needed for business operations.
1	(If "Yes" please complete Form 030921)	Bracketed to allow removal if Company decides not to allow for policy form replacements.
1	Statement regarding convenient phone number and the time to call	All-inclusive. May be deleted if we decide not to use this field.
1	Check boxes with specific time frames.	All-inclusive. May be deleted if we decide not to use this field.
2 / 1	Beneficiary Information Section	All-inclusive. May be deleted in its entirety if we decide not to use these fields.
2 / 1	Contingent Beneficiary sub-section	All-inclusive. May be deleted in its entirety if we decide not to use this field.
2 / 1	Beneficiary or Contingent Beneficiary's Phone Number, Age, Social Security Number, Date of Birth	Each field may be deleted if we decide not to use them.
3 / 2	Drivers License No. (in Proposed Insured and/or Spouse sections)	All-inclusive. May be deleted if we decide not to use this field.
3 / 2	Rate Class (in Proposed Insured and/or Spouse sections)	All-inclusive. May be deleted if we decide not to use this field.
3	Spouse Section	All-inclusive. May be deleted in its entirety if spouse coverage is not being offered.
1-5	Domestic Partner/Civil Union (for use following all references to the term Spouse)	Bracketed to address current and/or future state mandates regarding coverage availability for Civil Unions or Domestic Partnerships. Options include: Spouse; Spouse/Domestic Partner; or Spouse/Civil Union Partner.
3	Spouse's Occupation, Employer Phone Number and Employer Address	All-inclusive. May be deleted if we decide not to use these fields.

**Variables for Form No. 164027-XX / 164028-XX**

<b>Page</b>	<b>Bracketed Information</b>	<b>Options/Reasons</b>
4 / 3	Sick Pay Plus Accident Coverage and Sick Pay Plus Sickness Coverage	Bracketed to address any future change in the Marketing Name for this product.
4	Form Numbers	Bracketed to allow for a different number in the event a similar product is approved for use with this application.
4	Plan Code: SPA and SPS	Bracketed to allow for a change to this internally used plan code.
4 / 3	Coverage and Plan Options	Bracketed to allow for us to remove or add to options without having to refile this application.
4	Spouse Coverage and Plan Options	May be deleted in its entirety if spouse coverage is not being offered; or may be modified to remove or add benefit amount options.
4	Question 2 regarding in force disability coverage...	All-inclusive. May be deleted if we decide not to use this field.
5 / 4	Spouse Premium	All inclusive. May be deleted in its entirety if spouse coverage is not being offered.
5	Renewal Modes	Bracketed to allow for the removal of one or more modal options.
5	Please charge or debit my checking, savings, or credit card account monthly.	May be removed in its entirety, or modified to remove one or more deduction options.
5	Group List Bill No.	All-inclusive. May be deleted if we decide not to use this field.
5	Form of Initial Payment Collected	All inclusive. May be deleted if premium not to be collected at time of application.
5 / 4	Payor Information, if different from Insured	All inclusive. May be deleted if not needed for business purposes.
6 / 5	Agent Declarations	All inclusive. May be deleted for Direct Response sales or upgrades.
6 / 5	Primary Agent/Producer contact information	All inclusive. May be deleted for Direct Response upgrades or reinstatements.
6	Home Office use only	All inclusive. May be deleted if Company decision is to not offer split commission.

**Variables for Form No. 164027-1H**

<b>Page</b>	<b>Bracketed Information</b>	<b>Options/Reasons</b>
	Automatic Premium Collection	All inclusive. May be deleted if it is decided to have Automatic Premium Collection as a separate document.
	Charge my: Checking; Savings; Credit Card	May be removed in its entirety, or modified to remove one or more deduction options.
	Preferred Billing Date (1-28 only)	All inclusive. May be deleted if we decide not to use this field.
	Name of Cardholder / Account Information	All inclusive. May be deleted if we decide not to use this field.
	Home Office Address	Bracketed to address any future change in our Home Office Address
	www.combinedinsurance.com	Bracketed to address any future change in our corporate website

**State:** Arkansas  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Accident/Sickness Recovery  
**Project Name/Number:** 14072-AR/14072-AR

**Filing Company:** Combined Insurance Company of America

## 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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/19/2012	Replaced 10/26/2012	Form	Accident Only Recovery Policy	10/24/2012	14072-AR.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Form	Spouse Accident Only Increased Benefit Rider	10/24/2012	14077.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Form	Spouse Accident & Sickness Increased Benefit Rider	10/24/2012	12588.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Form	Accident Only Outline of Coverage	10/24/2012	014072-AR.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Rate	Rate Sheet 7146	10/24/2012	Rate Sheet 7146.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Rate	Rate Sheet 7147	10/24/2012	Rate Sheet 7147.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Rate	Rate Sheet 7148	10/24/2012	Rate Sheet 7148.pdf (Superseded)
10/19/2012	Replaced 10/26/2012	Rate	Rate Sheet 7149	10/24/2012	Rate Sheet 7149.pdf (Superseded)
09/28/2012	Replaced 10/26/2012	Supporting Document	Health - Actuarial Justification	10/24/2012	Actuarial Memo 14072 - AR Final.pdf (Superseded) Actuarial Memo 12583 - AR Final.pdf (Superseded)

**GUARANTEED RENEWABLE TO AGE 72  
ACCIDENT ONLY RECOVERY POLICY**

**THIS IS A LIMITED BENEFIT ACCIDENT ONLY POLICY AND IT DOES NOT PROVIDE  
BENEFITS FOR LOSS FROM ANY OTHER CAUSE. READ YOUR POLICY CAREFULLY.**



**Combined Insurance Company of America**  
A Legal Reserve Stock Corporation

**Home Office:**  
[111 East Wacker Drive · Suite 700  
Chicago, Illinois 60601  
1-800-225-4500]

**Policyholder Service Address:**  
[P. O. Box 6703  
Scranton, PA 18505-0703]

In this policy the Insured named in the Schedule of Benefits is also referred to as You and Your. Combined Insurance Company of America is herein referred to as Combined, We, Us, or Our.

**THIRTY DAY RIGHT TO EXAMINE POLICY**

If this policy is not satisfactory for any reason, within 30 Days of policy issuance the Insured can return the policy to Combined. Any premium paid will be refunded and this policy will be void from its beginning.

**GUARANTEED RENEWABLE TO AGE 72**

Combined guarantees Your right to renew this policy until the first premium due date following Your 72<sup>nd</sup> birthday. It shall continue in force so long as the premium is paid on or before the due date or within the grace period. Combined reserves the right to change the premium on a class basis. Combined will notify You in writing, at Your last address of record, of any change in premium at least 30 Days before the date it is to become effective.

This policy is a legal contract between the Insured and Combined. READ YOUR POLICY CAREFULLY.

**GUIDE TO YOUR POLICY**

<b><i>Benefit</i></b>	<b>Page(s)</b>
<b>Section A</b>	<b>4</b>
<b>Accidental Injury Recovery Period – Fracture, Outpatient Surgery or Hospital Confinement</b>	
<b>Section B</b>	<b>5</b>
<b>Accidental Injury Recovery Period – Spinal Fracture, Fractured Hip, Herniated Disc, Paralysis, Dismemberment, Blindness, or Severe Burns</b>	
<b>Section C</b>	<b>5</b>
<b>Accidental Injury Recovery Period - Other Accidental Injury</b>	
<b><i>Claim Information</i></b>	<b>7</b>
<b><i>Definitions</i></b>	<b>3-4</b>
<b><i>Exclusions</i></b>	<b>6</b>
<b><i>General Provisions</i></b>	<b>8</b>
<b><i>Grace Period</i></b>	<b>6-7</b>
<b><i>Reinstatement</i></b>	<b>6</b>
<b><i>Right to Examine Policy</i></b>	<b>1</b>
<b><i>Schedule of Benefits</i></b>	<b>9</b>
<b><i>Termination</i></b>	<b>6</b>
<b><i>Uniform Provisions</i></b>	<b>6-8</b>

## **CONSIDERATION**

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This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

Combined agrees to pay the Insured the benefits shown in the Schedule of Benefits (herein also referred to as "Schedule") for this policy. Benefits will be paid when the Insured is in a covered Accidental Injury Recovery Period (as defined by this policy) which begins while this policy is in force, subject to the terms and limitations of the policy.

## **DEFINITIONS**

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**"Blindness"** means total loss of sight in one, or both eyes, measured as visual acuity of 20/200 or worse, corrected, in at least one eye which is diagnosed by a Physician.

**"Dismemberment"** means the loss by actual and complete severance of one or more Limbs.

**"Effective Date"** the date indicated by Combined on the Schedule as the Effective Date.

**"Fracture of the Hip"** means fracture of the "neck" of the femur (the long bone that comprises the upper part of the leg), an intertrochanteric fracture, a sub-capital fracture, an acetabular fracture, or a fracture of the pelvic bone.

**"Herniated Disc"** means a disc abnormality caused by Accidental Injury where there is evidence of negative impact on nerves or nerve compression / involvement based on a neurological examination (including evaluation of muscle strength, deep tendon reflexes, abnormal reflexes, sensory examination, mobility, electromyogram (EMG) or nerve conduction studies (NCV)) with or without MRI evidence.

**"Hospital"** means an institution in the United States or Canada which meets all of the following requirements:

- (1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- (2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- (3) provides 24 hour nursing service;
- (4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- (5) has a staff of at least one licensed Physician available at all times.

**"Hospital"** does not include a nursing home or convalescent care facility, whether such facility is independent of or associated with a Hospital.

**"Injury" or "Accidental Injury"** means a bodily Injury, caused by an accident occurring after the Effective Date of this policy, which is the direct cause of loss, independent of disease or bodily infirmity, and occurring while coverage is in force.

**"Inpatient"** means Hospital confinement which the Hospital classifies as Inpatient. It does not mean confinement on an Outpatient basis. Hospitalization overnight in the emergency room of a hospital is not considered as an inpatient hospitalization.

**"Insured"** means the named Insured listed on the Schedule.

“**Limb**” means an entire hand or foot at or above the wrist or ankle.

“**Maximum Benefit Period**” means the maximum number of months for which monthly Accidental Injury Recovery Period benefits may be paid.

“**Outpatient Surgery**” means any outpatient medical procedure performed by a Physician which the Physician has classified as “surgery” or has identified using a CPT surgical code.

“**Paralysis**” means complete loss of sensory and motor functions of one or more Limbs which is diagnosed by a Physician.

“**Physician**” means a physician that is duly licensed in the United States or Canada and acting within the scope of his or her license in treating an injury or sickness. It does not include you or a member of your family.

“**Policy Year**” means each continuous 12 month period the policy is in force beginning from the Effective Date of the policy.

“**Pro-rata Benefit**” means that if a Recovery Period or any portion thereof is less than a full month, the benefit payable for each day the Insured is in a Recovery Period is 1/30<sup>th</sup> of the monthly benefit.

“**Severe Burns**” means third degree burns covering at least 20% of your body, which are diagnosed by a Physician.

“**Spinal Fracture**” means breaks in the vertebra, vertebrae or vertebral compression fractures.

## **ACCIDENTAL INJURY RECOVERY PERIOD**

“**Accidental Injury Recovery Period**” or “**Recovery Period**” means the period following a covered accident during which the Insured is recovering at home, in a hospital, convalescent center, or elsewhere, and the Insured is unable to work because he/she cannot perform all the material duties of his/her regular occupation due to injury or injuries sustained in a covered accident. If not employed, the Insured must be unable to perform his/her normal activities due to injuries sustained in a covered accident. Examples of normal activities include but are not limited to: housekeeping; shopping; driving; and/or child care. The Insured must be under the regular care of a Physician due to the injury or injuries which resulted in the Insured being in a Recovery Period.

## **ACCIDENTAL INJURY RECOVERY BENEFITS**

### **SECTION A: ACCIDENTAL INJURY RECOVERY PERIOD - FRACTURE, OUTPATIENT SURGERY, OR HOSPITAL CONFINEMENT**

If, because of Accidental Injury, and within 30 days of the accident that caused the Injury, the Insured is diagnosed by a Physician as having a Fracture, required Outpatient Surgery, or is confined overnight as an inpatient in a Hospital as a result of the Accidental Injury, Combined will pay the monthly benefit shown in the Schedule for the Insured, while the Insured is in an Accidental Injury Recovery Period (as defined by this policy), beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of four months.

"Fracture" means the breaking of any bone except the hip, pelvis or spine.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**SECTION B: ACCIDENTAL INJURY RECOVERY PERIOD – SPINAL FRACTURE, FRACTURED HIP, RUPTURED DISC, PARALYSIS, DISMEMBERMENT, BLINDNESS, OR SEVERE BURNS**

If, because of Accidental Injury and within 30 days of the accident that caused the Injury, the Insured is diagnosed by a Physician as having a Spinal Fracture, a Fracture of the Hip, a Ruptured Disc, Paralysis, Dismemberment, Blindness, or Severe Burns, Combined will pay the monthly benefit shown in the Schedule for the Insured, for each month the Insured is in an Accidental Injury Recovery Period (as defined by this policy), beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of six months.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a Pro-rata Benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**SECTION C: ACCIDENTAL INJURY RECOVERY PERIOD - OTHER ACCIDENTAL INJURY**

If, because of Accidental Injury and within 30 days of the accident that caused the Injury, the Insured is in an Accidental Injury Recovery Period (as defined by this policy), due to an Accidental Injury not covered under Sections A & B above, Combined will pay the monthly benefit shown in the Schedule for the Insured, for each month the Insured is in an Accidental Injury Recovery Period, beginning the first day the Insured is considered to be in such Recovery Period. The monthly benefit is payable while the Insured remains in an Accidental Injury Recovery Period, for up to a Maximum Benefit Period of two months.

The Accidental Injury Recovery Period Benefit under this Section C is payable for a maximum of two months for each Insured each Policy Year for Recovery Periods that commence in that Policy Year.

If an Accidental Injury Recovery Period or any portion thereof, is less than a full month, Combined will pay a pro rata benefit based on the number of days the Insured is in an Accidental Injury Recovery Period.

**CONCURRENT RECOVERY PERIODS**

If the Insured is in an Accidental Injury Recovery Period as the result of more than one injury or more than one accident, only one Accidental Injury Recovery Period Benefit, the one with the longest maximum benefit period, will be payable at any one time.

### **RECURRENT RECOVERY PERIODS**

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Successive Recovery Periods will be considered one Recovery Period unless such periods are separated by at least 180 consecutive days or the Recovery Periods resulted from different or unrelated injuries.

### **EXCLUSIONS**

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This policy will not pay Accidental Injury Recovery Period Benefits for Accidental Injury directly caused by or resulting from:

- (1) any sickness or disease; or
- (2) attempted suicide or intentionally self-inflicted injury

### **PAYABLE IN ADDITION TO ALL OTHER INSURANCE**

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Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

### **TERMINATION**

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Coverage under this policy shall terminate when the first of the following occurs:

- (1) the date a required premium is not paid, subject to the Grace Period Provision;
- (2) upon Your death; or
- (3) the first premium due date after Your 72<sup>nd</sup> birthday.

Termination of coverage will not prejudice any claim for loss which began while coverage was in force

### **UNIFORM PROVISIONS**

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- (1) **ENTIRE CONTRACT; CHANGES:** This policy with the application and attached papers, if any, is the entire contract between the Insured and Combined. No change in this policy will be effective until approved by an officer of Combined. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (2) **TIME LIMIT ON CERTAIN DEFENSES:** (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two year period.
- (3) **GRACE PERIOD:** This policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 Days. During the grace period, the policy will stay in force.
- (4) **REINSTATEMENT:** If the renewal premium for this policy and/or any attached riders is not paid before the grace period ends, the policy and any attached riders (if any) will lapse. Later acceptance of the premium by Combined (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy and applicable riders (if any).

If Combined or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy and applicable riders (if any) will be reinstated as of the approval date. Lacking such approval, the policy and applicable riders (if any) will be reinstated on the 45<sup>th</sup> day after the date of the conditional receipt unless Combined has previously written the Insured of its disapproval.

The reinstated policy and attached riders (if any) will only cover: an Accidental Injury Recovery Period that results from an injury sustained after the reinstatement date; or if applicable, a Sickness Recovery Period that results from a sickness that starts more than 10 days after the rider reinstatement date. In all respects the rights of the Insured and Combined will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Combined accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 Days before the reinstatement date.

- (5) **NOTICE OF CLAIM:** Written notice of claim must be given within 30 Days after a covered loss starts or as soon as reasonably possible. The notice can be given to Combined at its Home Office or to Combined's agent. Notice should include the name of the Insured and the policy number. A completed claim form is acceptable notice of claim.
- (6) **CLAIM FORMS:** When Combined receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 Days, the claimant will meet the proof of loss requirements by giving Combined a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section. Claim forms are available online at [ [www.combinedinsurance.com](http://www.combinedinsurance.com) ].
- (7) **PROOF OF LOSS:** If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Combined within 90 days after the end of each period for which Combined is liable. For any other loss, written proof must be given within 90 days after such loss.  
  
If it was not reasonably possible to give written proof in the time required, Combined shall 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 1 year from the time specified unless the claimant was legally incapacitated.
- (8) **TIME OF PAYMENT OF CLAIM:** After receiving written proof of loss, Combined will pay monthly all benefits then due the Insured for a covered Recovery Period. Benefits for any other loss covered by this policy will be paid as soon as Combined receives proper written proof.
- (9) **PAYMENT OF CLAIM:** The benefit will be paid to the Insured. Any benefit unpaid at death will be paid to the Insured's named beneficiary. In the event, the named beneficiary has predeceased the Insured, is otherwise disqualified, or if there is not a named beneficiary, any benefit unpaid at the Insured's death will be paid to the Insured's estate.
- (10) **PHYSICAL EXAMINATIONS:** Combined, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.
- (11) **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 the expiration of 3 years from the time written proof of loss is required to be given.

- (12) **CONFORMITY WITH STATE STATUTES:** Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.
- (13) **CHANGE OF BENEFICIARY:** The Insured can change the beneficiary at any time by giving Combined a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is received by Combined at its home office.

### GENERAL PROVISIONS

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- A. **TERM:** This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Effective Date shown on the Schedule of Benefits.
- B. **PAYMENT OF PREMIUM:** This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft not honored the policy shall be void.
- C. **YOUR RIGHT TO CANCEL:** You may cancel this policy at any time by writing Combined. Coverage will end on the date the notice is received or on a later date you specify. Combined will return any unearned premium.
- D. **REFUND OF UNEARNED PREMIUM:** Upon the death of the Insured, any proceeds payable shall include a refund of premium paid for the policy for any period beyond the end of the policy month in which death occurred.

This Policy is issued by Combined Insurance Company of America.



Brad Bennett, President



Carmine A. Giganti, Vice President and Secretary

**SCHEDULE OF BENEFITS**

Insured:  
 Insured's Issue Age:  
 Insured's Rating Class:

Policy Number:  
 Policy Effective Date:  
 [Sickness Recovery Rider Effective Date:]

{	Spouse:	Spouse Accident Recovery Rider Effective Date:
	Spouse's Issue Age:	[Spouse Sickness Recovery Rider Effective Date:]
	Spouse's Rating Class:	

**Total Annual Premium:** [\$X,XXX.XX]

**ACCIDENT RECOVERY BENEFITS**

<u>Description of Benefit</u>	<b>Form No. 14072 Insured Benefits Accident Recovery Policy</b>	<b>Form No. 14073 Spouse Benefits Accident Recovery Rider</b>
For a covered Accident under Sections A, B and C:	[\$800 per month]	[\$800 per month]
<b>Section A:</b> Accidental Injury Recovery Period – Fracture, Outpatient Surgery or Hospital Confinement	<b>Maximum Benefit Period</b> Up to four months	<b>Maximum Benefit Period</b> Up to four months
<b>Section B:</b> Accidental Injury Recovery Period – Fractured Spine, Fractured Hip, Ruptured Disc, Paralysis, Dismemberment or Severe Burns	<b>Maximum Benefit Period</b> Up to six months	<b>Maximum Benefit Period</b> Up to six months
<b>Section C:</b> Accidental Injury Recovery Period – Other Accidental Injuries	<b>Maximum Benefit Period</b> Up to two months per policy year	<b>Maximum Benefit Period</b> Up to two months per policy year
<i><b>The Section C benefit is only payable for a maximum of two months for each covered person each policy year.</b></i>		
<b>Annual Premium:</b>	[\$X,XXX.XX]	[\$X,XXX.XX]

**SICKNESS RECOVERY BENEFITS**

<u>Description of Benefit</u>	<b>Form No. 12583 Insured Benefits Sickness Recovery Rider</b>	<b>Form No. 12584 Spouse Benefits Sickness Recovery Rider</b>
For a covered Sickness under Sections A, B and C:	[\$800 per month]	[\$800 per month]
<b>Section A:</b> Sickness Recovery Period – Outpatient Surgery or Hospital Confinement	<b>Maximum Benefit Period</b> Up to four months	<b>Maximum Benefit Period</b> Up to four months
<b>Section B:</b> Sickness Recovery Period – Recovery from Specified Critical Conditions named in the Sickness Only Recovery Rider	<b>Maximum Benefit Period</b> Up to six months	<b>Maximum Benefit Period</b> Up to six months
<b>Section C:</b> Sickness Recovery Period – Other Sicknesses	<b>Maximum Benefit Period</b> Up to two months per policy year	<b>Maximum Benefit Period</b> Up to two months per policy year
<i><b>The Section C benefit is only payable for a maximum of two months for each covered person each policy year.</b></i>		
<b>Annual Premium:</b>	[\$X,XXX.XX]	[\$X,XXX.XX]

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Spouse: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**SPOUSE INCREASED BENEFITS RIDER – ACCIDENT ONLY RECOVERY POLICY**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Spouse's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Spouse under Sections A, B, and C of the Spouse Accident Only Recovery Rider by the Rider Benefit Amount shown above.

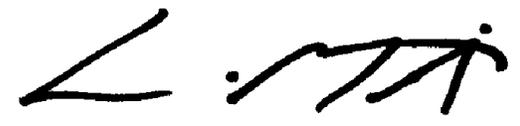
The Monthly Benefit amount payable during a covered Accidental Injury Recovery Period as provided by this rider will be effective as of the Effective Date shown above. The benefit provided by this rider is subject to a new Contestability Period as defined in the policy, beginning from the Rider Effective Date.

This rider will terminate when the first of the following occurs:

- (1) When the policy or Spouse Accident Only Rider terminates;
- (2) the date a required premium for the policy, the Spouse Accident Rider or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after Your Spouse's 72<sup>nd</sup> birthday; or
- (4) upon Your Spouse's death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14073-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

	
Brad Bennett, President	Carmine A. Giganti, Vice President and Secretary

**COMBINED INSURANCE COMPANY OF AMERICA**  
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

Spouse: [XXXXXXXXXX]

Policy Number: [XXXXXXXXXX]

Rider Issue Age: [XX]

Rider Effective Date: [XX/XX/XXXX]

Rider Benefit Amount: [\$X,XXX.XX]

Rider Annual Premium: [\$X,XXX.XX]

In this rider the Insured named in the Policy's Schedule of Benefits is also referred to as You and Your.

**SPOUSE INCREASED BENEFITS RIDER  
ACCIDENT ONLY RECOVERY POLICY & SICKNESS RECOVERY RIDER**

This rider is issued in consideration of the statements in the application for this rider and the payment of the first rider premium, which is based on the Spouse's age at the time of such application.

This rider increases the Monthly Benefit amount payable for the Spouse under Sections A, B, and C of the Spouse Accident Only Recovery Rider and the Spouse Sickness Only Recovery Rider by the Rider Benefit Amount shown above.

The Monthly Benefit amount payable during a covered Accidental Injury or Sickness Recovery Period as provided by this rider will be effective as of the Rider Effective Date shown above. The benefit provided by this rider is subject to a new Pre-Existing Condition Limitation Period and Contestability Period as defined in the policy, beginning from the Rider Effective Date.

This rider will terminate when the first of the following occurs:

- (1) When the policy or Spouse Riders terminate;
- (2) the date a required premium for the policy, the Spouse Riders or this rider is not paid, subject to the Grace Period Provision;
- (3) the first premium due date after the Spouse's 72<sup>nd</sup> birthday; or
- (4) upon Your Spouse's death.

This rider is part of the policy and is subject to all policy terms, limitations and provisions. Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider is part of Policy Form No. [14072-AR] issued by COMBINED INSURANCE COMPANY OF AMERICA.

  
Brad Bennett, President

  
Carmine A. Giganti, Vice President and Secretary

LIMITED BENEFIT HEALTH COVERAGE  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE  
NOT INTENDED TO COVER MEDICAL EXPENSES  
OUTLINE OF COVERAGE  
For Accident Only Recovery Policy Form No. 14072-AR

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

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

(2) **Limited benefit health coverage** is designed to provide, to persons insured, limited or supplemental coverage.

(3) **Benefits** – The Accident Only Recovery Policy and optional Spouse Accident Only Recovery Rider provide monthly benefits to insured persons who are unable to work, or if unemployed, unable to perform their normal activities, as a result of a covered accident. The maximum benefit period varies by the nature of the covered accident.

**ACCIDENT RECOVERY BENEFITS**

<u>Description of Benefit</u>	<u>Insured Benefits Accident Recovery Policy</u>	<u>Spouse Benefits Accident Recovery Rider</u>
For a covered Accident under Sections A, B, and C	\$ [X,XXX.XX] per month	\$ [X,XXX.XX] per month

**Section A:** Provides coverage for an Accidental Injury Recovery Period as a result of a Fracture, Outpatient Surgery or Hospital Confinement. The benefit under this section is payable for a Maximum Benefit Period of up to four months.

**Section B:** Provides coverage for an Accidental Injury Recovery Period as a result of a Spinal Fracture, Fractured Hip, Herniated Disc, Paralysis, Dismemberment, Blindness, or Severe Burns. The benefit under this section is payable for a Maximum Benefit Period of up to six months.

**Section C:** Provides coverage for an Accidental Injury Recovery Period as a result of covered accidental injuries not included under Sections A or B. The benefit under this section is payable for a Maximum Benefit Period or Periods of up to two months per calendar year.

(4) **Exclusions and Limitations** – Under the Accident Only Recovery Policy and/or optional Spouse Accident Only Recovery Rider:

(i) Benefits will not be payable if loss is directly caused by or results from: any sickness or disease; or a covered person's attempted suicide or intentionally self inflicted injury.

(ii) To be eligible for benefits, a covered person must be unable to work because he/she cannot perform all the material duties of his/her regular occupation, or if unemployed, must be unable to perform his/her normal activities as a result of a covered accidental injury; and the covered person must be under the regular care of a physician due to the sickness or sicknesses which resulted in the covered person being in a Recovery Period.

(5) **Renewability.** This policy and rider are guaranteed renewable until the first premium due date after the insured's 72<sup>nd</sup> birthday, at which time coverage terminates. Combined reserves the right to change the premium on a class basis.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Form #14072**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a ruptured disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12583**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the insured is recovering from blindness, a brain tumor, cancer, dismemberment of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #14073**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the spouse of the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a ruptured disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12584**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the spouse of the insured is recovering from blindness, a brain tumor, cancer, dismemberment of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640**

**ACTUARIAL MEMORANDUM  
Form Number 14072**

1. **Scope and Purpose of Filing**

This is a new filing.

2. **Name of Plan and Description of Benefits Provided**

**Accident Only Recovery Policy:** this policy provides first day coverage monthly income to the insured recovering from an accidental injury. The following benefits are per unit of coverage (including the possibility that fractional and multiple units of coverage may be sold).

**1) Recovery following:** inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture which is not covered in Section 2.

Pays first day coverage at the rate of \$1,000/month for up to four months.

**2) Recovery following:** paralysis (one or more limbs), blindness, severe burns, fractured spine or hip, ruptured disc or dismemberment of one or more limbs.

Pays first day coverage at the rate of \$1,000/month for up to six months.

**3) Recovery for All Other Accidental Injuries**

Pays first day coverage at the rate of \$1,000/month for up to two months.

The accidental injury recovery period in this section is payable for a maximum of two months per policy year.

**Optional Spouse Rider:** If the spouse of the insured is recovering due to an accident, the applicable monthly benefit (if any) is payable under Sections 1, 2 or 3 of the accident recovery policy.

**Optional Increased Benefit Riders:** Increased benefit riders are optional for the insured and the spouse of the insured. These riders increase the monthly benefit amount under Sections 1, 2 and 3 of the policy or spouse rider.

3. **Renewability Clause**

The policy is guaranteed renewable to age 72.

4. **Basis of Pricing**

The estimated net annual claim costs for this policy were derived from various sources including experience on similar benefits in existing products sold by the company. The data

was adjusted to account for changes in benefit duration, selection of risks, demographic and risk characteristics of the anticipated insured population and anticipated policy persistency. In addition, some judgment was used.

Using standard actuarial techniques, gross annual premiums were derived. Gross annual premiums are level over the life of the policy, based on the issue age of the insured.

5. **Issue Ages**

The policy is to be sold to those ages 18-67.

6. **Marketing Method**

This policy is to be individual agent marketed through point of sale, agent solicitations through telephone sales, as well as internet and other direct response marketing approaches.

7. **Average Annual Premium**

The expected average annual premium per policy sold is \$286.

8. **Anticipated Loss Ratio**

The anticipated loss ratio, the projected benefits incurred divided by the projected premiums earned over the lifetime of the policy, is expected to meet or exceed 50%.

9. **Actuarial Certification**

To the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws and regulations of this state and with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". The benefits provided are reasonable in relation to the proposed premiums.

**Patrick Flemming**

Patrick Flemming, A.S.A., M.A.A.A.

Staff Actuary

COMBINED INSURANCE COMPANY OF AMERICA

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Form #14072**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a ruptured disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #14073**

**PER UNIT BENEFITS**

**Accident Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from an accidental injury and had an inpatient hospitalization (minimum one night stay in the hospital), an outpatient surgery or a fracture that is not covered in Section 2, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, because of accidental injury, the spouse of the insured is recovering from paralysis (one or more limbs), blindness, severe burns, a fractured spine or hip, a ruptured disc or the dismemberment of one or more limbs, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering due to an accidental injury not covered in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Industry Rate Grouping					
Issue Age	A	B	C	D	E	F
18-39	\$12	\$14	\$16	\$20	\$22	\$24
40-49	\$12	\$14	\$16	\$20	\$22	\$24
50-59	\$16	\$18	\$20	\$24	\$26	\$28
60-64	\$22	\$24	\$28	\$32	\$36	\$40
65-67	\$28	\$30	\$34	\$42	\$46	\$50
Issue Age	G	H	I	J	K	
18-39	\$26	\$28	\$30	\$34	\$38	
40-49	\$26	\$28	\$30	\$34	\$38	
50-59	\$30	\$32	\$38	\$44	\$48	
60-64	\$44	\$46	\$52	\$58	\$64	
65-67	\$54	\$58	\$66	\$72	\$78	

Notes: Periodic premiums associated with other modes will be proportional.  
Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640**

**ACTUARIAL MEMORANDUM**

**Form Number 12583**

1. **Scope and Purpose of Filing**

This is a new filing.

2. **Name of Plan and Description of Benefits Provided**

**Sickness Only Recovery Rider:** this rider provides first day coverage monthly income to the insured recovering from a sickness. The following benefits are per unit of coverage (including the possibility that fractional and multiple units of coverage may be sold).

- 1) **Recovery following:** inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery.

Pays first day coverage at the rate of \$1,000/month for up to four months.

- 2) **Recovery following:** blindness, brain tumor, cancer, dismemberment of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke.

Pays first day coverage at the rate of \$1,000/month for up to six months.

- 3) **Recovery for All Other Conditions**

Pays first day coverage at the rate of \$1,000/month for up to two months.

The sickness recovery period in this section is payable for a maximum of two months per policy year.

**Optional Spouse Rider:** If the spouse of the insured is recovering due to a covered sickness, the applicable monthly benefit (if any) is payable under Sections 1, 2 or 3 of the sickness recovery policy.

**Optional Increased Benefit Riders:** Increased benefit riders are optional for the insured and the spouse of the insured. These riders increase the monthly benefit amount under Sections 1, 2 and 3 of the sickness recovery rider or spouse sickness recovery rider.

3. **Renewability Clause**

The rider is guaranteed renewable to age 72.

4. **Basis of Pricing**

The estimated net annual claim costs for this policy were derived from various sources including experience on similar benefits in existing products sold by the company. The data was adjusted to account for changes in benefit duration, selection of risks, demographic and risk characteristics of the anticipated insured population and anticipated policy persistency. In addition, some judgment was used.

Using standard actuarial techniques, gross annual premiums were derived. Gross annual premiums are level over the life of the policy, based on the issue age of the insured.

5. **Issue Ages**

The rider is to be sold to those ages 18-67.

6. **Marketing Method**

This policy is to be individual agent marketed through point of sale, agent solicitations through telephone sales, as well as internet and other direct response marketing approaches.

7. **Average Annual Premium**

The expected average annual premium per rider sold is \$348.

8. **Anticipated Loss Ratio**

The anticipated loss ratio, the projected benefits incurred divided by the projected premiums earned over the lifetime of the rider, is expected to meet or exceed 50%.

9. **Actuarial Certification**

To the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws and regulations of this state and with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". The benefits provided are reasonable in relation to the proposed premiums.

*Patrick Flemming*

Patrick Flemming, A.S.A., M.A.A.A.

Staff Actuary

COMBINED INSURANCE COMPANY OF AMERICA

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12583**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the insured is recovering from blindness, a brain tumor, cancer, dismemberment of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS 60640  
Rate Sheet for Rider Form #12584**

**PER UNIT BENEFITS**

**Sickness Recovery Benefits**

**Section 1:** If the spouse of the insured is recovering from a sickness and had an inpatient hospitalization (minimum one night stay in the hospital) or an outpatient surgery, this section pays a rate per unit of \$1,000/month for up to 4 months.

**Section 2:** If, due to sickness, the spouse of the insured is recovering from blindness, a brain tumor, cancer, dismemberment of one or more limbs, heart attack, heart surgery, kidney failure, multiple sclerosis, transplant of one of the following organs (heart, kidney, liver, lung or pancreas), paralysis or stroke, this section pays a rate per unit of \$1,000/month for up to 6 months.

**Section 3:** If the spouse of the insured is recovering from a sickness from any cause other than in sections 1 and 2, this section pays a rate of \$1,000/month for a maximum of 2 months per policy year.

**MONTHLY PREMIUM RATES PER UNIT**

	Health Class				
Issue Age	A	B	C	D	E
18-39	\$12	\$14	\$16	\$18	\$20
40-49	\$18	\$20	\$22	\$26	\$30
50-59	\$20	\$22	\$26	\$32	\$38
60-64	\$30	\$34	\$38	\$48	\$56
65-67	\$36	\$40	\$46	\$58	\$68
Issue Age	F	G	H	I	
18-39	\$24	\$26	\$30	\$34	
40-49	\$34	\$36	\$42	\$48	
50-59	\$42	\$48	\$54	\$60	
60-64	\$66	\$74	\$84	\$92	
65-67	\$80	\$90	\$102	\$112	

Notes: Periodic premiums associated with other modes will be proportional.  
 Premiums for other benefit amounts will be proportional to those provided above.