Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Cancer - Platinum	SERFF Tr Num: GTLI-128017382	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved	State Tr Num:
Sub-TOI: H07I.002A Dread Disease - Cancer Only	Co Tr Num: AMHNGLCANARP	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Donna Lambert
	Author: Antoinette Hess	Disposition Date: 02/08/2012
	Date Submitted: 01/24/2012	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date: 03/08/2012
State Filing Description:		

General Information

Project Name: NGL	Status of Filing in Domicile: Authorized
Project Number: AMHNGLCANARP	Date Approved in Domicile: 01/19/2012
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 02/08/2012
	State Status Changed: 02/08/2012
Deemer Date:	Created By: Antoinette Hess
Submitted By: Antoinette Hess	Corresponding Filing Tracking Number:

Filing Description:

SUBMISSION

Amendment Rider – Form Number NRA11-3

(For Use With Cancer Benefit Policy Form Number N1030AR – Approved 3/18/11)

Cancer Lump Sum and Reoccurrence Benefit Rider – Form Number RN11PCLS

Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider – Form Number RN11PHSLS

Outline of Coverage – Form Number OCN1030P

Application – Form Number NAPPH7-11

Guarantee Trust Life Insurance Company is submitting the above-captioned forms and rates for the Department's

review and approval on behalf of National Guardian Life Insurance Company.

The Amendment Rider and rider forms being submitted are for use with a previously approved form. The Cancer Benefit Policy and rates were approved on March 18, 2011 under SERFF File GTLI-126968775.

Please note the actuarial memorandum/rates being submitted reflect additional rates for ages 81-90 for the base form and all other riders approved under the SERFF File noted above.

Amendment Rider Form Number NRA11-3
The purpose of this amendment rider is to expand the Eligibility of Dependents in the Cancer Benefit Policy Form G1030KS. In addition, language is also being added to the Hospital Confinement Benefit and the Diagnostic Testing Benefit and Cancer Surgical Procedures Benefits to avoid duplicate benefit payments.

Rider Form RN11PCLS – Cancer Lump Sum and Reoccurrence Benefit Rider
The rider will pay an indemnity benefit of $1,000 per unit when a covered person is diagnosed with internal Cancer or Cancer in Situ. A reoccurrence benefit is available if a covered person is cancer free for a period of 365 days.

Rider Form RN11PHSLS – Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider
The rider will pay an indemnity benefit of $1,000 per unit when a covered person is diagnosed with a Heart Attack or Stroke. This benefit is payable only once for each covered person. A reoccurrence benefit is available if 365 days have passed following payment of the indemnity benefit for heart attack or stroke, if a subsequent Heart Attack or Stroke occurs.

The outline of coverage being submitted includes all possible variables and summarizes the benefits available. The application which will be used for this product is also included with the filing.
Once approved under this filing, the application and Rider Form RN11PHSLS will also be used with the form/rates being submitted under SERFF File Number
GTLI-128013899.

The forms are subject to variations in formatting, duplexing, shading and fonts. In addition, the Application may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Guarantee Trust Life appreciates the Department’s time and consideration in the review of this filing for National Guardian Life Insurance Company.

Company and Contact

Filing Contact Information

Toni Hess, Consultant
1275 Milwaukee Ave.
Glenview, IL 60025
toni.hess@hesscc.com
352-486-8405 [Phone]

Filing Company Information

(This filing was made by a third party - GTLI02)

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
Two East Gillman Street	Group Code: 1211	Company Type: Life and Health
P.O. Box 1191	Group Name:	State ID Number:
Madison, WI 53701-1191	FEIN Number: 39-0493780	
(800) 988-0826 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$300.00
Retaliatory?	No
Fee Explanation:	$50 Per Rate Filing $250 - $50 per form -5 forms submitted
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	$300.00	01/24/2012	55746631

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	02/08/2012	02/08/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Donna Lambert	01/25/2012	01/25/2012	Antoinette Hess	02/08/2012	02/08/2012
Pending Industry Response	Donna Lambert	01/24/2012	01/24/2012	Antoinette Hess	01/24/2012	01/24/2012

Disposition

Disposition Date: 02/08/2012

Implementation Date: 03/08/2012

Status: Approved

Comment:

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

SERFF Tracking Number:	*GTLI-128017382*	*State:*	*Arkansas*
Filing Company:	*National Guardian Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*AMHNGLCANARP*		
TOI:	*H07I Individual Health - Specified Disease - Limited Benefit*	*Sub-TOI:*	*H07I.002A Dread Disease - Cancer Only*
Product Name:	*Cancer - Platinum*		
Project Name/Number:	*NGL/AMHNGLCANARP*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document *(revised)*	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document	Authorization Letter	Approved	Yes
Form	Amendment Rider	Approved	Yes
Form *(revised)*	Cancer Lump Sum and Reoccurrence Benefit Rider	Approved	Yes
Form	Cancer Lump Sum and Reoccurrence Benefit Rider	Replaced	Yes
Form *(revised)*	Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	Approved	Yes
Form	Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	Replaced	Yes
Form	Outline of Coverage	Approved	Yes
Rate	Rate Pages	Approved	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/25/2012
Submitted Date	01/25/2012
Respond By Date	02/27/2012

Dear Toni Hess,

Objection 1

- Cancer Lump Sum and Reoccurrence Benefit Rider, RN11PCLS (Form)
- Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider, RN11PHSLS (Form)

Comment: Regarding the Rider Waiting Period, it is stated that the covered person has the option to cancel the rider and receive a full refund if cancer/heart attack/stroke is diagnosed during the waiting period. After what period of time will benefits be payable if the condition is diagnosed during the waiting period and the insured does not choose to cancel? It would be helpful if the exclusion period is stated in the rider even if the information about a waiting period is contained in the policy.

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

Please feel free to contact me if you have questions.
Sincerely,
Donna Lambert

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/08/2012
Submitted Date	02/08/2012

Dear Donna Lambert,

Comments:
This is in response to the objection of 1/25/12.

Response 1

Comments: The Rider Waiting Period in both Riders have been revised. Additional language has been added to the Rider Waiting Period in both Riders to clarify that no benefits will be available to the Covered Person who receives a "first diagnosis" of the condition. The Insured will have the option to cancel the Rider.

Related Objection 1

Applies To:

- Cancer Lump Sum and Reoccurrence Benefit Rider, RN11PCLS (Form)
- Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider, RN11PHSLS (Form)

Comment:

Regarding the Rider Waiting Period, it is stated that the covered person has the option to cancel the rider and receive a full refund if cancer/heart attack/stroke is diagnosed during the waiting period. After what period of time will benefits be payable if the condition is diagnosed during the waiting period and the insured does not choose to cancel? It would be helpful if the exclusion period is stated in the rider even if the information about a waiting period is contained in the policy.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document

				Data		
Cancer Lump Sum and Reoccurrence Benefit Rider	RN11PCL SAR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		42.400	RN11PCL SAR.pdf
Previous Version						
Cancer Lump Sum and Reoccurrence Benefit Rider	*RN11PCL S*	*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*		*42.400*	RN11PCL S.pdf
Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	RN11PHS LSAR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45.200	RN11PHS LSAR.pdf
Previous Version						
Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	*RN11PHS LS*	*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*		*45.200*	RN11PHS LS.pdf

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Antoinette Hess

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/24/2012
Submitted Date	01/24/2012
Respond By Date	02/24/2012

Dear Toni Hess,

If the Outline of Coverage is a new or revised form, it should be attached to the Form Schedule tab for approval. The Outline of Coverage field under the Supporting Documentation tab is for previously approved forms.

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

Please feel free to contact me if you have questions.
Sincerely,
Donna Lambert

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/24/2012
Submitted Date	01/24/2012

Dear Donna Lambert,

Comments:
This is in response to the objection of today, January 24, 2012

Response 1

Comments: The outline has been removed from the Supporting Documentation tab and added under the Form Schedule tab.

Changed Items:

Supporting Document Schedule Item Changes
Bypassed -Name: Outline of Coverage
Comment:
Bypass Reason: The Outline of Coverage is new and is located under the Form Schedule tab.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Outline of Coverage	OCN1030P		Outline of Coverage	Initial		45.200	OCN1030P.pdf

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Antoinette Hess

Form Schedule

Lead Form Number: NRA11-3

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 02/08/2012	NRA11-3	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Amendment Rider	Initial		42.200	NRA11-3.pdf
Approved 02/08/2012	RN11PCLSAR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cancer Lump Sum and Reoccurrence Benefit Rider	Initial		42.400	RN11PCLSAR.pdf
Approved 02/08/2012	RN11PHSLSAR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	Initial		45.200	RN11PHSLSAR.pdf
Approved 02/08/2012	OCN1030P	Outline of Coverage	Outline of Coverage	Initial		45.200	OCN1030P.pdf

National Guardian® Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

AMENDMENT RIDER

EFFECTIVE DATE: _____

This Rider is made a part of Your Policy / Certificate as of the Effective Date shown above. If no date is shown, it is effective as of the Effective Date of the Policy / Certificate to which this Rider is attached.

The Policy / Certificate is hereby amended as follows:

I. The provision titled **"ELIGIBILITY OF DEPENDENTS"** is deleted and replaced with:

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents for coverage under Your Policy / Certificate. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy / Certificate; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of marriage.
Natural Child: On the date of birth
Adopted Child: On the date You are a party in a suit in which the adoption of the child by You is sought.
Stepchild: On the date of Your marriage to the child's parent.

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable Newborn Addition provision shown below.

Individual Plan – Newborn Addition: If Your coverage is an Individual Plan (as shown on the Policy / Certificate Schedule), adding Your newborn child will require Us to convert coverage from an Individual Plan to a Family Plan. You must notify Us and pay the additional premium within 60 days of such birth in order for Us to continue coverage for the newborn child beyond the 60-day period. If timely notice is not received, We may refuse to continue coverage beyond the 60-day period.

Family Plan – Newborn Addition: If coverage is already a Family Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy / Certificate, may result in a denial of a claim.

For any Dependent, except Your newborn child, added after the effective date of this Policy / Certificate, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's / Certificate's Waiting Period.

II. **THE FOLLOWING CHANGE APPLIES ONLY TO A POLICY / CERTIFICATE THAT INCLUDES COVERAGE FOR INTENSIVE CARE.**

The following benefit limitation is added to the *HOSPITAL CONFINEMENT BENEFIT* and *INTENSIVE CARE BENEFIT*:

In the event coverage under this Policy / Certificate includes benefits for Intensive Care, (including any Intensive Care coverage that is attached to and made part of this Policy / Certificate by Benefit Rider), and a Covered Person is Hospital Confined in an Intensive Care Unit or Step Down Unit, this Policy / Certificate will not pay multiple daily benefits for the same confinement. Daily benefits will be payable at the greater of the Hospital Confinement benefit amount, Intensive Care Unit Confinement benefit amount, OR the Step-Down Unit Confinement benefit amount.

III. **THE FOLLOWING CHANGE APPLIES ONLY TO A POLICY / CERTIFICATE THAT INCLUDES COVERAGE FOR CANCER SURGICAL PROCEDURES.**

The following benefit limitation is added to the *DIAGNOSTIC TESTING BENEFIT* and *CANCER SURGICAL PROCEDURES BENEFIT:*

This Policy / Certificate will pay benefits for biopsy at the greater of the Diagnostic Testing Benefit Amount shown in the Policy / Certificate Schedule OR the Surgical Benefit Amount as shown in the *Cancer Surgical Procedures Benefit Rider*. We will **not** pay benefits under both the Policy / Certificate's *Diagnostic Testing Benefit* provision and the Cancer Surgical Procedures Benefit Rider for the same biopsy.

This Rider is subject to all terms, provisions, limitations and exclusions of the Policy / Certificate except when specifically changed by this rider."

Signed for National Guardian Life Insurance Company at Madison, Wisconsin by

Secretary

President

Licensed Resident Agent (If Required): _____

National Guardian® Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

Administrative Office:
1275 Milwaukee Avenue Glenview, Illinois 60025
[(800)338-7452]

CANCER LUMP SUM AND REOCCURRENCE BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Documented Medical Evidence includes but is not limited to appropriate radiology, diagnostic testing, laboratory testing, and physical examination by an Oncologist.

First Diagnosis Lump Sum Benefit means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Rider upon a First Diagnosis of Cancer or Cancer In Situ. The Lump Sum Benefit amount is shown in the Rider Schedule.

Oncologist means a medical Doctor, other than You or a member of Your Immediate Family, specializing in the diagnosis and treatment of Cancer.

Period of Remission means for at least one (1) full year during which a Covered Person has been free of Cancer treatment(s) as supported by Documented Medical Evidence. Cancer treatment does not include follow-up visits or testing that is performed for purposes that confirm Cancer is in remission.

Reoccurrence Benefit means the benefit amount We will pay when Cancer reoccurs after a Period of Remission from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This benefit is payable for a previously diagnosed or newly diagnosed Cancer. For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Rider Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Cancer is made during the Rider Waiting Period, benefits will not be available under this Rider for the Covered Person diagnosed with the Cancer. The Insured has the option to cancel the Rider and receive a refund of all premiums paid.

BENEFIT PROVISIONS

FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT: We will pay the First Diagnosis Cancer Lump Sum benefit if the Covered Person is First Diagnosed with Cancer after such person's Effective Date of coverage and while this Rider is in force. The First Diagnosis Cancer Lump Sum benefit is shown in the Rider Schedule.

Benefits under this provision are limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

REOCCURRENCE BENEFIT: We will pay the Reoccurrence Benefit amount after a Covered Person has been in a Period of Remission for at least one (1) full year from a previously diagnosed Cancer and for which We have paid benefits under this Rider. This Reoccurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer.

For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit percentages are shown in the Rider Schedule. Benefits payable under the Reoccurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to Documented Medical Evidence that supports a Cancer's Period of Remission. We retain the right to have such Documented Medical Evidence reviewed by an Oncologist of our choice.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We will provide You with advance written notice in the time required by Your state.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for National Guardian Life Insurance Company at Madison, Wisconsin by

Secretary

President

CANCER LUMP SUM AND REOCCURRENCE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits per Covered Person.

	Lump Sum Benefit Amount
First Diagnosis Cancer	[$]

Reoccurrence Benefit

NUMBER OF FULL YEARS ELAPSED	% OF FIRST DIAGNOSIS BENEFIT
LESS THAN 1	0%
1	10%
2	25%
3	25%
4	50%
5+	100%

Rider Waiting Period	XX Days

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HEART ATTACK OR STROKE LUMP SUM AND REOCCURRENCE BENEFIT RIDER

(Includes Limited Lump Sum Benefit Payment for Coronary Angioplasty and Coronary Artery Bypass Surgery)

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Coronary Angioplasty means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

Coronary Artery Bypass Surgery means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

First Diagnosis: The first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor; AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities such as a diagnostic abnormality in the CK-MB isoenzyme (Creatine Kinase-MB) fraction; OR
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date of this Rider.

Heart Attack: An acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Reoccurrence Benefit means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year (365 days) from the date We paid the First Diagnosis Lump Sum Benefit.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stoke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

RIDER DEFINITIONS Continued

Rider Waiting Period: The number of days after the covered Person's Effective Date, before We will pay benefits for loss due to Heart Attack, Stroke, Coronary Angioplasty and Coronary Artery Bypass Surgery. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Heart Attack, Stroke, Coronary Angioplasty or Coronary Artery Bypass Surgery is made during the Rider Waiting Period, benefits will not be available under this Rider for the Covered Person diagnosed with a Heart Attack, Stroke, Coronary Angioplasty or Coronary Artery Bypass Surgery. The Insured has the option to cancel the Rider and receive a refund of all premiums paid.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

ELIGIBILITY FOR BENEFITS

After the Effective Date of Coverage and while insured under this Rider, a Covered Person will be eligible for benefits under this Rider if all the following conditions are met:

1. For Heart Attack or Stroke:
   a. First Diagnosis and treatment are after the Rider Waiting Period;
   b. Heart Attack or Stroke is First Diagnosed and treated while insured under this Rider.
2. For Coronary Angioplasty:
   a. Medical advice to undergo Coronary Angioplasty is received after the Rider Waiting Period;
   b. Coronary Angioplasty is performed after the Rider Waiting Period and while insured under this Rider; and
   c. Coronary Angioplasty is not performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.
3. For Coronary Artery Bypass Surgery:
   a. Medical advice to undergo Coronary Artery Bypass Surgery is received after the Rider Waiting Period;
   b. Coronary Artery Bypass Surgery is performed after the Rider Waiting Period and while insured under this Rider; and
   c. Coronary Artery Bypass Surgery is not performed as a direct result of a Heart Attack which immediately preceded the Coronary Artery Bypass Surgery procedure.

Eligibility for lump sum benefits payable under this Rider will not be precluded if diagnosis of a Heart Attack or Stroke is determined after the Covered Person's death.

LUMP SUM RIDER BENEFIT PROVISIONS

Heart Attack or Stroke: Subject to meeting the requirements set forth in the *Eligibility for Benefits* provision, We will pay the Heart Attack or Stroke Lump Sum Benefit Amount, as shown on the Rider Benefits Schedule.

Reoccurrence Benefit: We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be separated by at least one (1) full year (365 days) from the date We paid benefits for a First Diagnosis Heart Attack or Stroke under this Rider. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stoke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Coronary Angioplasty: Subject to meeting the requirements set forth in the *Eligibility For Benefits* provision, We will pay the Coronary Angioplasty Benefit Amount, as shown on the Rider Benefits Schedule.

Coronary Artery Bypass Surgery: Subject to meeting the requirements set forth in the *Eligibility For Benefits* provision, We will pay the Coronary Artery Bypass Surgery Benefit Amount, as shown on the Rider Benefits Schedule.

RIDER LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are limited for each Covered Person's lifetime to:

1. one (1) lump sum payment for the First Diagnosis of a Heart Attack or a Stroke, with no further payments; and
2. one (1) lump sum payment for Coronary Angioplasty, with no further payments; and
3. one (1) lump sum payment for Coronary Artery Bypass Surgery, with no further payments.

Benefits for Coronary Angioplasty or for Coronary Artery Bypass Surgery are not payable if such procedure is performed as a direct result of a Heart Attack for which benefits would also be payable under the terms of this Rider. In that event, any benefits payable for Coronary Angioplasty or Coronary Artery Bypass Surgery will be limited to those benefits payable under the Surgical Procedure Benefits Schedule, if such coverage is included in or attached to the Policy.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the earlier of:

1. The date the Policy to which this Rider is attached ends; or
2. Upon our payment of the allowable First Diagnosis Heart Attack or Stroke, Coronary Angioplasty Lump Sum and Coronary Artery Bypass Surgery benefits described in this Rider to the Covered Person. Or, in the event of family coverage, and subject to the Continuation of Insurance provision, payment is made to the remaining Covered Person insured under this Rider.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for National Guardian Life Insurance Company at Madison, Wisconsin by

Secretary

President

HEART ATTACK OR STROKE LUMP SUM OR REOCCURRENCE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits per Covered Person.

	Lump Sum Benefit Amount
Heart Attack or Stroke Lump Sum Benefit	[$]

Reoccurrence Benefit

NUMBER OF FULL YEARS ELAPSED	% OF FIRST DIAGNOSIS BENEFIT
LESS THAN 1	0%
1	10%
2	25%
3	25%
4	50%
5+	100%

Coronary Angioplasty Benefit	[$]
Coronary Artery Bypass Surgery Benefit	[$]
Rider Waiting Period	XX Days

National Guardian Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

Administrative Office
1275 Milwaukee Avenue
Glenview, Illinois 60025
[(800)338-7452]

SPECIFIED DISEASE COVERAGE

CANCER BENEFIT POLICY

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

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

PLEASE READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFIT ELIGIBILITY

In order for a benefit to become payable under the policy, Cancer must be First Diagnosed in one of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.
2. **Clinical Diagnosis:** A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

Waiting Period - This is the number of days after the covered person's effective date, before we will pay benefits for loss due to cancer. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of Cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

CANCER POLICY BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit[s] [plan] selected, for the loss resulting from a first diagnosis of cancer.
[The benefit amounts are per unit.]
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Cancer.
Days 1 through 90 – Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]
Days 91+ – Benefit Amount: $[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

CANCER POLICY BENEFITS (Continued)

Hospice Care pays a daily indemnity benefit when receiving Hospice Care confinement due to a Cancer.
Days 1 through 90 – Benefit Amount:$[62.50, 125, 187.50, 250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50,1000, 1062.50, 1125]
Days 91 through 180– Benefit Amount: $ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a new Cancer.
Benefit Amount: $[250, 500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of Cancer and when confined as an inpatient in a hospital.
Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services of an attending doctor while confined as an inpatient in a hospital as the direct result of Cancer.
Benefit Amount: $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a doctor visit in which diagnostic testing is performed to screen for Cancer. Limited to one payment per calendar year.
Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a nurse while hospital confined, other than those nursing services provided by hospital.
Benefit Amount: $250 per day

Ambulance Benefit pays an indemnity benefit for licensed surface and air ambulance services for transportation to or from a hospital where you are confined as an inpatient. Benefit is limited to 4 times per year for surface ambulance and one time per year for air ambulance.
Surface Ambulance Benefit Amount: Up to $250 per trip
Air Ambulance Benefit Amount: Up to $1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital.
Benefit Amount: $250 per day

Transportation Benefit pays for a coach round trip (air, rail, bus) or by private vehicle for you and an adult companion to a treatment facility more than 50 miles from home.
Round Trip Coach Fare Benefit Amount: Up to $2,000.
Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to $2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.
Benefit Amount: $100 per day

Experimental Treatment Benefit pays an indemnity benefit for experimental treatment received in the United States for the treatment of Cancer.
Benefit Amount: $[2500, 5000, 7500, 10,000, 12,500, 15,000, 17,500, 20,000, 22,500, 25,000, 27,500, 30,000, 32,500, 35,000, 37,500, 40,000, 42,500, 45,000]

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for Cancer per calendar year. Limited to 5 times.
Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Waiver of Premium Benefit – Premium payments will not be required if the insured is diagnosed as having Cancer after the waiting period and while covered under the policy and are disabled for more than 90 continuous days.

Optional Riders Available

[Cancer Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is first diagnosed with internal cancer. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]

Benefit Amount: $[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000 **]**

[Cancer Radiation and Chemotherapy Benefit Rider

This rider pays for radiation and chemotherapy treatments. In addition benefits are provided for Anti-Nausea Drugs, Immunotherapy, Supportive Drugs and Transfusions.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Chemotherapy Oral (Up to 3 drugs) Per Month for 36 Months

$[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Chemotherapy Injected Per Day $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Radiation Per Day $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Anti-Nausea Per Month $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Immunotherapy Benefit Per Month (Up to $2,500 lifetime maximum)

$[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Benefit Amount: Supportive Drug Per Month $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Transfusion Per Day $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

[Cancer Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit, a benefit for Second & Third Surgical Opinions, a Skin Cancer Benefit and a Prosthesis Benefit are also included.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.

$[3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]

Benefit Amount: Anesthesia 30% of Surgical Procedure $[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20,250]

Benefit Amount: Second and Third Surgical Opinion $300

Benefit Amount: Skin Cancer $[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Surgically Implanted Prosthetic Devise $[1250, 2500, 3750, 5000, 6250, 7500, 8750, 10,000, 11,250, 12,500, 13,750, 15,000, 16,250, 17,500, 18,750, 20,000, 21,250, 22,500]

Benefit Amount: Non-Surgically Implanted Prosthetic Device $$[312.50, 625, 937.50, 1250, 1562.50, 1875, 2187.50, 2500, 2812.50, 3125, 3437.50, 3750, 4062.50, 4375, 4687.50, 5000, 5312.50, 5625 **]**

Optional Riders Available(Continued)

[Heart Attack or Stroke Benefit Rider

This rider provides an insured with the same benefits as the Cancer Benefit Policy excluding the Experimental Treatment when loss is due to a Heart Attack or Stroke.

[The benefit amounts are per unit.]

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Days 91+ – Benefit Amount: $[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750, 4000, 4250, 4500]

Hospice Care pays a daily indemnity benefit when receiving Hospice Care confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount:$[62.50, 125, 187.50 ,250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50, 1000, 1062.50, 1125]

Days 91 through 180– Benefit Amount: $ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a Heart Attack or Stroke.

Benefit Amount: $[250, 500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of a Heart Attack or Stroke when confined as an inpatient in a hospital.

Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services of an attending doctor while confined as an inpatient in a hospital as the direct result of a Heart Attack or Stroke.

Benefit Amount: $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a doctor visit in which diagnostic testing is performed to screen for a Heart Attack or Stroke. Limited to one payment per calendar year.

Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a nurse while hospital confined, other than those nursing services provided by hospital as a result of a Heart Attack or Stroke..

Benefit Amount: $250 per day

Ambulance Benefit pays an indemnity benefit for licensed surface and air ambulance services for transportation to or from a hospital where you are confined as an inpatient for a Heart Attack or Stroke. Benefit is limited to 4 times per year for surface ambulance and one time per year for air ambulance.

Surface Ambulance Benefit Amount: Up to $250 per trip

Air Ambulance Benefit Amount: Up to $1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital as a direct result of a Heart Attack or Stroke.

Benefit Amount: $250 per day

Transportation Benefit pays for coach fare for a round trip (air, rail, bus) or by private vehicle for you and an adult companion to a treatment facility for a Heart Attack or Stroke more than 50 miles from home.

Round Trip Coach Fare Benefit Amount: Up to $2,000.

Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to $2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.

Benefit Amount: $100 per day

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for a Heart Attack or Stroke per calendar year. Limited to 5 times.

Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Optional Riders Available(Continued)

[Heart Attack or Stroke Benefit Rider Continued

Heart Transplant Benefit pays an indemnity benefit for a human heart transplant. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.
Benefit Amount: $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]

Transfusion Benefit pays an indemnity benefit per day for a transfusion which is needed as a direct result of a heart attack or stroke.
Benefit Amount: $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Waiver of Premium Benefit – Premium payments will not be required if the insured is diagnosed as having a Heart Attack or Stroke after the waiting period and while covered under the policy and are disabled for more than 90 continuous days. **]**

[Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is diagnosed as having a Heart Attack or Stroke. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence. A benefit is also available for Coronary Angioplasty or a Coronary Bypass.
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]
Benefit Amount: $[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000 **]**
Benefit Amount: Coronary Angioplasty or Bypass $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 2000, 2500, 3000**]**

[Heart Attack or Stroke Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery performed due to a Heart Attack or Stroke. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also available.
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.
$[3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]
Benefit Amount: Anesthesia 30% of Surgical Procedure $[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 11250, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20, 250]
Benefit Amount: Second and Third Surgical Opinion $[300]

[Transplant Benefit Rider

This rider provides an indemnity benefit for transplants of a human organ, bone marrow or stem cell transplant. A donor benefit is also available at 50% of the transplant benefit. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to a take place on each policy anniversary for a period not to exceed 10 years.
Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Benefit Amount: Organ Transplant $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]
Benefit Amount: Bone Marrow $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]
Benefit Amount: Stem Cell Benefit Amount: $[2500, 5000, 7500, 10,000, 12,500, 15,000, 17,500, 20,000, 22,500, 25,000, 27,500, 30,000, 32,500, 35,000, 37,500, 40,000, 42,500, 45,000]
Benefit Amount: Organ & Bone Marrow Donor Benefit $[3125, 6250, 9375, 12,500, 15,625, 18,750, 21,875, 25,000, 28,125, 31,250, 34,375, 37,500, 40,625, 43,750, 46,875, 50,000, 53,125, 56,250 **]**
Benefit Amount: Stem Cell Donor Benefit $[1250, 2500, 3750, 5000, 6250, 7500, 8750, 10,000, 11,250, 12,500, 13,750, 15,000, 16,250, 17,500, 18,750, 20,000, 21,250, 22,500 **]**

Optional Riders Available(Continued)

[Intensive Care Benefit Rider

This rider pays a benefit for confinement in an intensive care unit. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident.

Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Intensive Care Unit $[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Step Down Unit $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

[Therapy and Wellness Benefit Rider

This rider pays an indemnity per unit for specified tests. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Health & Wellness Once Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Educational Services Twelve Sessions Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Hearing, Occupational, Physical & Speech Therapies $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Mental Health Benefit Five Sessions Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Health Lifestyle Benefit Once Per Year $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Alternative Care Benefit

Benefit Amount: Integrative Assessment & Education One Time Benefit $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

Benefit Amount: Ameliorative Twenty Visits Per Year$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Lifestyle – Twenty Visits Per Year $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450**]**

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

Exclusions

The policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer, Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Cancer, Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person’s Immediate Family.

Additional Exclusions that apply to Optional Benefit Riders for Intensive Care and Therapy and Wellness:

1. Intentionally self-inflicted Injury; violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

Premium Change - We may change the premium rates for the policy. The change will be based on a new table of rates. We can only change the premium if we change it for all policies like yours in your class and in the same state where your policy was issued.

Renewability - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

[Coverage Selection (Select One):]
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 25, 30]

[Cancer With [Cancer Lump Sum & Reoccurrence Benefit Rider] [Cancer Radiation & Chemotherapy Benefit Rider] [Cancer Surgical Procedures Benefit Rider] [Heart Attack or Stroke Benefit Rider] [Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider] [Heart Attack or Stroke Surgical Procedures Benefit Rider] [Transplant Benefit Rider] [Intensive Care Benefit Rider] [Therapy & Wellness Rider]

Premium:

[You have selected Plan] **The premium for coverage is** $XXXX

[You have selected _____Unit(s)]

[You have also selected the following optional riders:]

☐	**[Cancer Lump Sum & Reoccurrence Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Cancer Radiation & Chemotherapy Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Cancer Surgical Procedures Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Lump Sum & Reoccurrence Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Surgical Procedures Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Transplant Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Intensive Care Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Return of Premium Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Therapy & Wellness Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
		Total Premium	**[$XXXX]**

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	NA

Company Rate Information

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

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 02/08/2012	Rate Pages	N1030AR, RN11PCLS, RN10CR, RN10CSB, RN20HAS, RN11PHSLS, RN10HSSB, RN10T, RN10CTW, RN10IC, RN10ROP15, RN10ROP20, RN10ROP25, RN10ROPD	New		NGL Cancer Rates 50% LR.pdf

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	1 Unit Issued		2 Units Issued		3 Units Issued		4 Units Issued		5+ Units Issued	
		Individual	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
Cancer Benefit Policy* ***Form Number N1030***	0-39	24.14	41.11	20.59	34.98	19.65	33.36	18.70	31.75	17.95	30.48
	40-49	26.28	44.74	22.23	37.85	21.22	36.14	20.21	34.41	19.40	33.03
	50-54	31.77	54.52	26.75	45.69	25.53	43.63	24.31	41.55	23.34	39.89
	55-59	38.91	66.58	32.92	56.34	31.43	53.78	29.92	51.22	28.72	49.17
	60-64	50.18	85.36	42.38	72.22	40.47	68.90	38.56	65.58	37.02	62.96
	65-69	54.79	93.30	46.37	78.95	44.25	75.36	42.14	71.78	40.46	68.90
	70-80	76.30	129.68	64.56	109.73	61.62	104.74	58.69	99.76	56.34	95.77
	81-90	87.20	147.12	73.78	124.48	70.42	118.82	67.07	113.17	64.39	108.65
Cancer Radiation and Chemotherapy Benefit Rider ***Form Number RN10CR***	0-39	26.65	45.53	22.73	38.73	21.69	36.94	20.65	35.15	19.83	33.75
	40-49	29.02	49.52	24.55	41.91	23.44	40.01	22.32	38.09	21.43	36.56
	50-54	33.14	56.76	28.04	48.03	26.77	45.86	25.49	43.67	24.47	41.92
	55-59	37.25	64.00	31.52	54.15	30.09	51.70	28.66	49.24	27.51	47.27
	60-64	41.67	71.27	35.20	60.29	33.61	57.53	32.01	54.76	30.73	52.57
	65-69	45.50	77.90	38.50	65.92	36.75	62.93	35.00	59.93	33.61	57.53
	70-80	52.57	90.07	44.47	76.21	42.46	72.74	40.44	69.28	38.82	66.51
	81-90	60.08	102.18	50.82	86.46	48.53	82.52	46.22	78.59	44.37	75.45
Cancer Surgical Procedures Benefit Rider ***Form Number RN10CSB***	0-39	19.63	33.36	16.74	28.39	15.98	27.08	15.20	25.76	14.59	24.74
	40-49	21.36	36.30	18.07	30.72	17.26	29.33	16.43	27.93	15.77	26.81
	50-54	25.45	43.67	21.44	36.60	20.46	34.94	19.48	33.28	18.70	31.94
	55-59	31.17	53.33	26.38	45.12	25.18	43.08	23.98	41.02	23.02	39.38
	60-64	40.38	68.66	34.10	58.08	32.56	55.42	31.02	52.75	29.78	50.63
	65-69	44.09	75.05	37.30	63.50	35.61	60.62	33.91	57.73	32.56	55.42
	70-80	60.64	103.06	51.32	87.20	48.98	83.24	46.64	79.28	44.77	76.11
	81-90	69.30	116.92	58.65	98.92	55.98	94.43	53.30	89.94	51.17	86.34

* Annual Policy Fee = $55.00

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	1 Unit Issued		2 Units Issued		3 Units Issued		4 Units Issued		5+ Units Issued	
		Individual	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*
Heart Attack or Stroke Benefit Rider ***Form Number RN10HAS***	0-39	25.09	43.90	18.51	32.11	16.47	28.36	14.41	24.61	13.83	23.63
	40-49	38.84	66.05	28.24	48.03	24.98	42.47	21.70	36.89	20.82	35.42
	50-54	64.33	109.90	48.05	82.27	42.04	72.24	35.99	62.19	34.55	59.71
	55-59	83.64	143.14	61.65	105.50	54.07	92.52	46.48	79.52	44.62	76.34
	60-64	100.89	172.57	71.85	122.55	63.97	109.20	56.11	95.83	53.86	92.00
	65-69	116.80	198.91	83.29	141.86	74.10	126.20	64.89	110.51	62.29	106.09
	70-80	146.81	249.52	108.22	183.92	94.90	161.29	81.56	138.62	78.30	133.07
	81-90	172.12	293.25	126.88	216.15	111.26	189.56	95.62	162.91	91.80	156.39
Heart Attack or Stroke Surgical Procedures Benefit Rider ***Form Number RN10HSSB***	0-39	17.48	30.57	12.90	22.34	11.47	19.75	10.04	17.13	9.64	16.45
	40-49	27.06	45.98	19.67	33.43	17.40	29.56	15.11	25.68	14.51	24.65
	50-54	45.10	77.02	33.69	57.66	29.46	50.63	25.24	43.58	24.24	41.84
	55-59	58.62	100.31	43.22	73.94	37.90	64.84	32.57	55.73	31.27	53.51
	60-64	71.63	122.47	51.01	86.98	45.43	77.50	39.84	68.01	38.25	65.30
	65-69	82.92	141.17	59.14	100.67	52.60	89.55	46.07	78.43	44.22	75.30
	70-80	103.70	176.22	76.43	129.89	67.02	113.89	57.61	97.90	55.31	93.98
	81-90	121.58	207.10	89.61	152.65	78.58	133.85	67.54	115.06	64.85	110.45
Transplant Benefit Rider ***Form Number RN10T***	0-39	26.26	44.21	22.40	37.61	21.38	35.88	20.34	34.14	19.53	32.78
	40-49	28.59	48.10	24.19	40.70	23.09	38.85	21.99	37.00	21.11	35.52
	50-54	31.00	52.59	26.23	44.50	25.03	42.48	23.84	40.46	22.89	38.84
	55-59	33.40	57.08	28.26	48.30	26.97	46.11	25.69	43.91	24.66	42.15
	60-64	38.48	65.42	32.49	55.34	31.03	52.80	29.56	50.26	28.38	48.25
	65-69	42.01	71.51	35.55	60.51	33.94	57.76	32.32	55.01	31.02	52.81
	70-80	52.61	89.40	44.52	75.65	42.49	72.22	40.47	68.77	38.85	66.02
	81-90	60.90	103.24	51.54	87.36	49.19	83.40	46.85	79.42	44.97	76.24

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		Individual	*Family*
Intensive Care Benefit Rider ***Form Number RN10IC***	0-49	10.74	21.37
	50-59	16.12	28.57
	60-69	24.02	41.95
	70-80	35.62	61.73
	81-90	41.23	71.29
Therapy and Wellness Benefit Rider ***Form Number RN10CTW***	0-49	19.87	35.48
	50-59	21.30	36.47
	60-69	23.87	40.66
	70-80	29.84	50.71
	81-90	34.54	58.56

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Annual Premium Rates per Unit

Coverage	Issue Age	Per Unit Issued	
		Individual	*Family*
Cancer Lump Sum Benefit Rider ***Form Number RN11PCLS***	0-39	11.50	19.50
	40-49	14.50	24.50
	50-54	17.50	29.50
	55-59	20.50	34.50
	60-64	24.50	41.50
	65-69	27.50	46.00
	70-80	35.00	59.50
	81-90	40.00	67.50
Heart Attack or Stroke Lump Sum Benefit Rider ***Form Number RN11PHSLS***	0-39	4.50	8.00
	40-49	7.00	12.00
	50-54	11.50	19.50
	55-59	15.00	25.50
	60-64	18.50	31.00
	65-69	21.50	36.50
	70-80	29.00	48.50
	81-90	34.00	57.00

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Benefit Rider

Form Numbers RN10ROP15, RN10ROP20, RN10ROP25

Issue Age*	Return of Premium Period	Rate per $1 of annual premium*
	15 years	0.80
0-65	20 years	0.55
	25 years	0.40

* Rider factor applied to total policy premium including any other riders

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

EXHIBIT B

Return of Premium Upon Death Benefit Rider

Form Number RN10ROPD

Issue Age	Rate per $1 of annual premium*
0-79	0.25

* Rider factor applied to total policy premium including any other riders

Modal Loadings:

Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly	0.090

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	02/08/2012

Comments:

Attachments:

NGL Cancer Arkansas Rule Reg 19.pdf
NGL Cancer Arkansas Rule Reg 49.pdf
Cancer NRA11 3 Readability 1192012.pdf
NGL CONSUMER NOTICE.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	02/08/2012

Comments:

Attachment:

NAPPH7 11.pdf

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved	02/08/2012

Comments:

Attachment:

NGL CAN GN AJ_rev2.pdf

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	02/08/2012

Bypass Reason: The Outline of Coverage is new and is located under the Form Schedule tab.

Comments:

Attachment:

OCN1030P.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Authorization Letter	Approved	02/08/2012

Comments:

Attachment:

Authorization Letter 12.28.2011.pdf

Arkansas

Rule and Regulation 19 Certification

Form Number(s)	Type and/or Title of Form(s)
NRA11-3	**Amendment Rider**
NAPPH7 11	**Application**
OCN1030P	**Outline of Coverage**
RN11PCLS	**Cancer Lump Sum and Reoccurrence Benefit Rider**
RN11PHSLS	**Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider**

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 19, the Unfair sex Discrimination of the State of Insurance.

Antoinette M. Hess

Digitally signed by Antoinette M. Hess
DN: cn=Antoinette M. Hess, o, ou, email=toni.hess@hesscc.om, c=US
Date: 2012.01.24 10:01:21 -05'00'

Signature

Antoinette M. Hess

Name

Compliance Consultant

Title

Arkansas

Rule and Regulation 49 Certification

Form Number(s)	Type and/or Title of Form(s)
NRA11-3	**Amendment Rider**
NAPPH7 11	**Application**
OCN1030P	**Outline of Coverage**
RN11PCLS	**Cancer Lump Sum and Reoccurrence Benefit Rider**
RN11PHSLS	**Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider**

I hereby certify that the above noted forms meet the provisions of Rule and Regulation 49, the Life & Health Guaranty Association Notice.

Antoinette M. Hess

Digitally signed by Antoinette M. Hess
DN: cn=Antoinette M. Hess, o, ou, email=toni.hess@hesscc.om, c=US
Date: 2012.01.24 10:03:02 -05'00'

Signature

Antoinette M. Hess

Name

Compliance Consultant

Title

READABILITY COMPLIANCE CERTIFICATION

National Guardian Life Insurance Company
2 East Gilman Street
Madison, Wisconsin 53701-1191

I hereby certify that the Flesch Reading Ease Test Score of the listed forms are as follows:

Form Number(s)	Type and/or Title of Form(s)	Flesch Score
NRA11-3	Amendment Rider	42.2
NAPPH7 11	Application	41.1
OCN1030P	Outline of Coverage	45.2
RN11PCLS	Cancer Lump Sum and Reoccurrence Benefit Rider	42.4
RN11PHSLS	Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider	45.2

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department of this state.

Signature

Mark C. Neidinger
Name

Associate General Counsel
Title

CONSUMER NOTICE

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Policyholder Service Office of Company: National Guardian Life Insurance Company
Address: 2 East Gilman Street
Madison, WI 53701-1191
Administrative Telephone Number: 847-699-0600

Agent: [Fred Smith]
Address: [123 First Street, Any Town, Arkansas
Telephone Number: [555-555-1234]

If we at Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

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

Please direct your inquiries as to this bulletin to the Legal Division of this Department at (501) 371-2820.

APPLICATION FOR CANCER, HEART ATTACK or STROKE INSURANCE

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Home Office: 2 EAST GILLMAN STREET, MADISON, WI 53701-1191

Submit Application to Our Administrative Office: 1275 Milwaukee Avenue, Glenview, IL 60025

AGENT NOTE: Please pre-qualify the Applicant(s) with Section C prior to completing the application.

Application for: ☐ **New Coverage** ☐ **Reinstatement** ☐ **Increase of Benefits** ☐ **Conversion**

If Reinstatement, conversion or Increase requested, please print NGL policy/certificate number(s) affected:

A. APPLICANT(S) INFORMATION

APPL	1. Last Name_____ 2. First Name_____ 3. M.I._____ 4. Soc. Sec # _____ 5. Sex_____ 6. Age_____ 7. Birth Date _____
SPOUSE	8. Last Name_____ 9. First Name_____ 10. M.I._____ 11. Soc. Sec # _____ 12. Sex_____ 13. Age_____ 14. Birth Date _____
DEPENDENTS	D1. _____ _____ _____ _____ _____ Last Name First Name M.I. Sex Age Birth Date
	D2. _____ _____ _____ _____ _____ Last Name First Name M.I. Sex Age Birth Date
	D3. _____ _____ _____ _____ _____ Last Name First Name M.I. Sex Age Birth Date
	D4. _____ _____ _____ _____ _____ Last Name First Name M.I. Sex Age Birth Date
	For additional dependents, please attach a separate piece of paper, signed by the applicant, including the above information for each dependent.
CONTACT	15. Telephone (Day):_____ 16. Telephone (Night):_____ 17. Street Address:_____ 18. E-Mail Address:_____ 19. City:_____ 20. State:_____ 21. Zip Code: _____ 22. County:_____ 23 Township:_____ 24. Section:_____

[B. COVERAGE SELECTION & PREMIUMS

1. PlanType: ❑ Individual ❑ Family

2. ❑ Cancer Policy (N1030 & RG10HAS):
Coverage includes Rider Benefits For: Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care; Lump Sum Payment; & Heart Attack/Stroke (including Surgical Procedures and Lump Sum Payment)

2a. ❑ Cancer Policy (N1030)
Coverage includes Rider Benefits For: Chemotherapy/Radiation; Surgical Procedures; Transplants; Intensive Care and Lump Sum Payment

2b. ❑ Heart Attack / Stroke Policy (N1031):
Coverage includes Rider Benefits For Surgical Procedures; Intensive Care; and Lump Sum Payment

3. Benefit Plan (Hospital Confinement Benefit Per Day):
❑ A ($250) ❑ B ($500) ❑ C ($750)
❑ D ($1,000) ❑ E ($1,250) ❑ F ($1,500)

4. Return of Premium Rider:
❑ 20 Years ❑ Upon Death

5. Premium Payment Mode:
❑ Monthly Bank Draft ❑ Annual Direct Bill
❑ Payroll Deduct Draft/Bill Date:_____

6. Beneficiary / Relationship Section:

7._____ **+** _____ **=** _____
Premium **Policy Fee** **Total**

C. PRE-QUALIFICATION, MEDICAL INFORMATION & EXCLUSIONS

1). Within the past 5 years, has any person to be insured been diagnosed as having, received medication for or been treated by a medical practitioner for Leukemia, Hodgkin's Disease, malignant melanoma, sarcoma or any internal cancer, or had radiation or chemotherapy for any of these conditions.

2). In the past 5 years has any person to be insured had, ever been diagnosed as having, received medication for or been treated by a medical practitioner for:

a. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Condition (ARC)?
b. Heart Attack, heart bypass, angioplasty or stent placement, angina, stroke, or Transient Ischemic Attack (TIA)?
c. Renal failure, dialysis treatment, cirrhosis or chronic liver disease?

3). For any of the above conditions which benefits are being applied for, within the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a practitioner but has not done so or experienced any symptoms that would have caused an ordinarily prudent person to seek advice from a medical practitioner?

Applicant's Answers

Question	YES	NO	Action _____
1.	❑	❑	If Yes, applicant does not qualify for cancer benefits. Date of last treatment:_____ Submit for Heart Attack / Stroke Policy Base
2.a.	❑	❑	If Yes, do not submit application
2.b.	❑	❑	If Yes, applicant does not qualify for Heart Attack or Stroke Plan Benefits. Date of last treatment:_____
2.c.	❑	❑	If yes, applicant does not qualify for Organ Transplant Benefits
3.	❑	❑	If yes, do not submit application

Spouse's Answers

Question	YES	NO	Action _____
1.	❑	❑	If Yes, spouse is excluded from cancer benefits. Date of last treatment:_____
2.a.	❑	❑	If Yes, spouse is excluded from the plan
2.b.	❑	❑	If Yes, spouse is excluded from Heart Attack/Stroke benefits Date of last treatment:_____
2.c.	❑	❑	If Yes, spouse is excluded from Organ Transplant benefits
3.	❑	❑	If Yes, spouse is excluded from the plan

Dependent's Answers

Question	YES	NO	Action _____
1.	❑	❑	If Yes, dependent(s) _____ is/are excluded from cancer benefits Date of last treatment:_____
2.a.	❑	❑	If Yes, dependent(s) _____ is/are excluded from the plan
2.b.	❑	❑	If Yes, dependent(s) _____ is/are excluded from Heart Attack/Stroke benefits Date of last treatment:_____
2.c.	❑	❑	If Yes, dependent(s) _____ is/are excluded from Organ Transplant benefits
3.	❑	❑	If Yes, dependent(s) _____ is/are excluded from the plan

D. COVERAGE INFORMATION

	YES	NO
1. Will any existing in force health insurance be replaced or changed if the proposed coverage is issued? (If "YES," please complete the Replacement Form.) If "YES," with which company? _____ Policy Number: _____	❑	❑

AGENT STATEMENT

I certify that I have accurately recorded the information supplied by the Applicant(s). I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by National Guardian Life Insurance Company. To the best of my knowledge and belief, the insurance applied for ❑is or ❑is not likely to replace or change existing health insurance.

Agent's Name (Printed):_____ Agent Code:_____

Agent's Signature:_____ Date:_____

ACKNOWLEDGEMENTS & AUTHORIZATION

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF [MY (OUR)] KNOWLEDGE AND BELIEF [I (WE)] UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. [I (WE)] UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

[I (We)] understand that any changes in [my (our)] health conditions or that of [my (our)] dependents (if applying for dependent coverage), from the date of this application until insurance becomes effective, may result in the declination of [my (our)] coverage. No agent or other representative of NGL has required, permitted, or encouraged [me (us)] to answer any question inaccurately or has waived any conditions of this application. [I (We)] have received a copy of the Pre-Notice which describes how information is obtained and used by NGL, the outline of coverage, and if applicable, the Guide to Health Insurance for people with Medicare. If this application is completed electronically, [I (We)] understand the Pre-Notice and outline of coverage can be delivered electronically. [I (We)] understand that insurance applied for will not become effective until: (a) approved and issued by NGL; (b) [I (We)] have been furnished written notice of the effective date; and (c) premiums have been paid in full.
If this is a conversion, the new coverage will be treated as a renewal of any current Cancer/Specified Disease coverage with National Guardian Life. Any loss that begins before the effective date of the new coverage will be considered within the limit of benefits contained within both new and converted coverage, subject to the applicable Time Limit On Certain Defenses provision. If the new coverage includes an increase in benefit amounts, the Waiting Period will apply only to the amount of benefits in excess of the benefit amounts under the converted policy. The Waiting Period for the increase in benefit amounts begins with the Effective Date of the new coverage.

AUTHORIZATION: [I (We)] authorize National Guardian Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes), such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the MIB, Inc. This Authorization includes all information about drugs, alcoholism, and mental illness. [I (We)] understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process. Although federal regulations require that the Company inform Me (Us) of the potentional that information disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected if such information is disclosed to a person or entity not covered by federal privacy regulation, all such information received by the Company pursuant to this authorization will be protected by federal and state privacy laws and regulations. [I (We)] agree that this Authorization will be valid for 24 months from the date signed, and know that [I (We)] or [my (our)] authorized representative may have a photocopy of it.

[I (We)] understand that [I (we)] have the right to revoke this Authorization, in writing, at any time by sending written notification to [my (our)] agent or to the Company at the above address. [I (We)] understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or, so long as NGL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to [my (our)] agent or to the attention of the Underwriting Manager.

[I (We)] understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. [I (We)] also understand that [my (our)] application for insurance can be declined if [I (we)] choose not to sign this Authorization.

[I (We)] understand that the coverage applied for is not intended to be a small group health plan. I further understand that this plan is intended to supplement existing hospital, medical expense, major medical or comprehensive health coverage and is not a substitute for such coverage.
I am applying as an individual and will be individually underwritten.

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Signed at: Date:_____ City and State:_____

Applicant's Signature:_____Spouse's Signature_____

National Guardian Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

Administrative Office
1275 Milwaukee Avenue
Glenview, Illinois 60025
[(800)338-7452]

SPECIFIED DISEASE COVERAGE

CANCER BENEFIT POLICY

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

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

PLEASE READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of a specified disease. The policy provides coverage for loss resulting from a first diagnosis of cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

BENEFIT ELIGIBILITY

In order for a benefit to become payable under the policy, Cancer must be First Diagnosed in one of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.
2. **Clinical Diagnosis:** A clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the Covered Person's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the Covered Person for Cancer.
3. **Other Diagnosis:** We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

Waiting Period - This is the number of days after the covered person's effective date, before we will pay benefits for loss due to cancer. The waiting period, if any, will be shown on the policy schedule page. If the First Diagnosis of Cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

CANCER POLICY BENEFITS

Subject to the policy waiting period, definitions, limitations, exclusions and other provisions of the policy, we will pay the following benefits, dependent upon the benefit[s] [plan] selected, for the loss resulting from a first diagnosis of cancer.
[The benefit amounts are per unit.]
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Cancer.
Days 1 through 90 – Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]
Days 91+ – Benefit Amount: $[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

CANCER POLICY BENEFITS (Continued)

Hospice Care pays a daily indemnity benefit when receiving Hospice Care confinement due to a Cancer.
Days 1 through 90 – Benefit Amount:$[62.50, 125, 187.50, 250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50,1000, 1062.50, 1125]
Days 91 through 180– Benefit Amount: $ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a new Cancer.
Benefit Amount: $[250, 500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of Cancer and when confined as an inpatient in a hospital.
Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services of an attending doctor while confined as an inpatient in a hospital as the direct result of Cancer.
Benefit Amount: $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a doctor visit in which diagnostic testing is performed to screen for Cancer. Limited to one payment per calendar year.
Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a nurse while hospital confined, other than those nursing services provided by hospital.
Benefit Amount: $250 per day

Ambulance Benefit pays an indemnity benefit for licensed surface and air ambulance services for transportation to or from a hospital where you are confined as an inpatient. Benefit is limited to 4 times per year for surface ambulance and one time per year for air ambulance.
Surface Ambulance Benefit Amount: Up to $250 per trip
Air Ambulance Benefit Amount: Up to $1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital.
Benefit Amount: $250 per day

Transportation Benefit pays for a coach round trip (air, rail, bus) or by private vehicle for you and an adult companion to a treatment facility more than 50 miles from home.
Round Trip Coach Fare Benefit Amount: Up to $2,000.
Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to $2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.
Benefit Amount: $100 per day

Experimental Treatment Benefit pays an indemnity benefit for experimental treatment received in the United States for the treatment of Cancer.
Benefit Amount: $[2500, 5000, 7500, 10,000, 12,500, 15,000, 17,500, 20,000, 22,500, 25,000, 27,500, 30,000, 32,500, 35,000, 37,500, 40,000, 42,500, 45,000]

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for Cancer per calendar year. Limited to 5 times.
Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Waiver of Premium Benefit – Premium payments will not be required if the insured is diagnosed as having Cancer after the waiting period and while covered under the policy and are disabled for more than 90 continuous days.

Optional Riders Available

[Cancer Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is first diagnosed with internal cancer. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]

Benefit Amount: $[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000 **]**

[Cancer Radiation and Chemotherapy Benefit Rider

This rider pays for radiation and chemotherapy treatments. In addition benefits are provided for Anti-Nausea Drugs, Immunotherapy, Supportive Drugs and Transfusions.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Chemotherapy Oral (Up to 3 drugs) Per Month for 36 Months

$[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Chemotherapy Injected Per Day $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Radiation Per Day $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 1600, 1700, 1800 **]**

Benefit Amount: Anti-Nausea Per Month $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Immunotherapy Benefit Per Month (Up to $2,500 lifetime maximum)

$[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Benefit Amount: Supportive Drug Per Month $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Transfusion Per Day $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

[Cancer Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit, a benefit for Second & Third Surgical Opinions, a Skin Cancer Benefit and a Prosthesis Benefit are also included.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.

$[3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]

Benefit Amount: Anesthesia 30% of Surgical Procedure $[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20,250]

Benefit Amount: Second and Third Surgical Opinion $300

Benefit Amount: Skin Cancer $[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Surgically Implanted Prosthetic Devise $[1250, 2500, 3750, 5000, 6250, 7500, 8750, 10,000, 11,250, 12,500, 13,750, 15,000, 16,250, 17,500, 18,750, 20,000, 21,250, 22,500]

Benefit Amount: Non-Surgically Implanted Prosthetic Device $$[312.50, 625, 937.50, 1250, 1562.50, 1875, 2187.50, 2500, 2812.50, 3125, 3437.50, 3750, 4062.50, 4375, 4687.50, 5000, 5312.50, 5625 **]**

Optional Riders Available(Continued)

[Heart Attack or Stroke Benefit Rider

This rider provides an insured with the same benefits as the Cancer Benefit Policy excluding the Experimental Treatment when loss is due to a Heart Attack or Stroke.

[The benefit amounts are per unit.]

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Hospital Confinement pays a daily indemnity benefit for each day of hospital confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Days 91+ – Benefit Amount: $[250,500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750, 4000, 4250, 4500]

Hospice Care pays a daily indemnity benefit when receiving Hospice Care confinement due to a Heart Attack or Stroke.

Days 1 through 90 – Benefit Amount:$[62.50, 125, 187.50 ,250, 312.50, 375, 437.50, 500, 562.50, 625, 687.50, 750, 812.50, 875, 937.50, 1000, 1062.50, 1125]

Days 91 through 180– Benefit Amount: $ [125, 250, 375, 500, 625, 750, 875, 1000, 1125, 1250, 1375, 1500, 1625, 1750, 1875, 2000, 2125, 2250]

Diagnostic Testing pays an indemnity benefit for diagnostic x-rays and laboratory tests involved with a positive diagnosis of a Heart Attack or Stroke.

Benefit Amount: $[250, 500,750,1000,1250,1500,1750,2000,2250,2500,2750,3000,3250,3500,3750,4000, 4250, 4500]

Drugs and Medicines pays an indemnity benefit for drugs and medicines administered as the direct result of a Heart Attack or Stroke when confined as an inpatient in a hospital.

Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Attending Doctor pays an indemnity benefit for the services of an attending doctor while confined as an inpatient in a hospital as the direct result of a Heart Attack or Stroke.

Benefit Amount: $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Screening Benefit pays an indemnity benefit for a doctor visit in which diagnostic testing is performed to screen for a Heart Attack or Stroke. Limited to one payment per calendar year.

Benefit Amount: $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Private Nurse pays an indemnity benefit for full-time services of a nurse while hospital confined, other than those nursing services provided by hospital as a result of a Heart Attack or Stroke..

Benefit Amount: $250 per day

Ambulance Benefit pays an indemnity benefit for licensed surface and air ambulance services for transportation to or from a hospital where you are confined as an inpatient for a Heart Attack or Stroke. Benefit is limited to 4 times per year for surface ambulance and one time per year for air ambulance.

Surface Ambulance Benefit Amount: Up to $250 per trip

Air Ambulance Benefit Amount: Up to $1500 per trip

Skilled Nursing Benefit pays an indemnity benefit for confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital as a direct result of a Heart Attack or Stroke.

Benefit Amount: $250 per day

Transportation Benefit pays for coach fare for a round trip (air, rail, bus) or by private vehicle for you and an adult companion to a treatment facility for a Heart Attack or Stroke more than 50 miles from home.

Round Trip Coach Fare Benefit Amount: Up to $2,000.

Private Vehicle Ground Trip Benefit Amount: 60¢ per mile up to $2,000.

Lodging Benefit pays an indemnity benefit per day for lodging expense incurred by a Covered Person or adult traveling companion while you are receiving treatment that is more than 50 miles from your home.

Benefit Amount: $100 per day

Annual Check-Up Benefit pays an indemnity benefit for annual check-ups after a positive diagnosis for a Heart Attack or Stroke per calendar year. Limited to 5 times.

Benefit Amount: $[125,250,375,500,625,750,875,1000,1125,1250,1375,1500,1625,1750,1875, 2000, 2125, 2250]

Optional Riders Available(Continued)

[Heart Attack or Stroke Benefit Rider Continued

Heart Transplant Benefit pays an indemnity benefit for a human heart transplant. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to take place on each policy anniversary for a period not to exceed 10 years.
Benefit Amount: $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]

Transfusion Benefit pays an indemnity benefit per day for a transfusion which is needed as a direct result of a heart attack or stroke.
Benefit Amount: $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350]

Waiver of Premium Benefit – Premium payments will not be required if the insured is diagnosed as having a Heart Attack or Stroke after the waiting period and while covered under the policy and are disabled for more than 90 continuous days. **]**

[Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider

This rider pays a benefit when an insured is diagnosed as having a Heart Attack or Stroke. It is payable once per covered person. A reoccurrence benefit is available after the insured is cancer free for a period of 365 days. The lump sum payable varies with the year of the reoccurrence. A benefit is also available for Coronary Angioplasty or a Coronary Bypass.
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 20, 25, 30]
Benefit Amount: $[1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10,000, 11,000, 12,000, 13,000, 14,000, 15,000, 20,000, 25,000, 30,000 **]**
Benefit Amount: Coronary Angioplasty or Bypass $[100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, 1200, 1300, 1400, 1500, 2000, 2500, 3000**]**

[Heart Attack or Stroke Surgical Procedures Benefit Rider

This rider provides benefits for inpatient or outpatient surgery performed due to a Heart Attack or Stroke. The benefit amount is per the surgical schedule up to a maximum per surgery. An Anesthesia Benefit and a benefit for Second & Third Surgical Opinions are also available.
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Benefit Amount: Surgical Procedure Up to Maximum on Surgical Schedule – see actual rider for schedule.
$[3750, 7500, 11,250, 15,000, 18,750, 22,500, 26,250, 30,000, 33,750, 37,500, 41,250, 45,000, 48,750, 52,500, 56,250, 60,000, 63,750, 67,500]
Benefit Amount: Anesthesia 30% of Surgical Procedure $[1125, 2250, 3375, 4500, 5625, 6750, 7875, 9000, 10,125, 11250, 12,375, 13,500, 14,625, 15,750, 16,875, 18,000, 19,125, 20, 250]
Benefit Amount: Second and Third Surgical Opinion $[300]

[Transplant Benefit Rider

This rider provides an indemnity benefit for transplants of a human organ, bone marrow or stem cell transplant. A donor benefit is also available at 50% of the transplant benefit. After coverage has been in force for one year, the initial benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such instances will continue to a take place on each policy anniversary for a period not to exceed 10 years.
Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]
Benefit Amount: Organ Transplant $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]
Benefit Amount: Bone Marrow $[6250, 12,500, 18,750, 25,000, 31,250, 37,500, 43,750, 50,000, 56,250, 62,500, 68,750, 75,000, 81,250, 87,500, 93,750, 100,000, 106,250, 112,500]
Benefit Amount: Stem Cell Benefit Amount: $[2500, 5000, 7500, 10,000, 12,500, 15,000, 17,500, 20,000, 22,500, 25,000, 27,500, 30,000, 32,500, 35,000, 37,500, 40,000, 42,500, 45,000]
Benefit Amount: Organ & Bone Marrow Donor Benefit $[3125, 6250, 9375, 12,500, 15,625, 18,750, 21,875, 25,000, 28,125, 31,250, 34,375, 37,500, 40,625, 43,750, 46,875, 50,000, 53,125, 56,250 **]**
Benefit Amount: Stem Cell Donor Benefit $[1250, 2500, 3750, 5000, 6250, 7500, 8750, 10,000, 11,250, 12,500, 13,750, 15,000, 16,250, 17,500, 18,750, 20,000, 21,250, 22,500 **]**

Optional Riders Available(Continued)

[Intensive Care Benefit Rider

This rider pays a benefit for confinement in an intensive care unit. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident.

Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Intensive Care Unit $[150, 300, 450, 600, 750, 900, 1050, 1200, 1350, 1500, 1650, 1800, 1950, 2100, 2250, 2400, 2550, 2700]

Benefit Amount: Step Down Unit $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

[Therapy and Wellness Benefit Rider

This rider pays an indemnity per unit for specified tests. Also included are benefits for educational services, mental health, healthy lifestyles and alternative care.

[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]

[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18]

Benefit Amount: Health & Wellness Once Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Educational Services Twelve Sessions Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Hearing, Occupational, Physical & Speech Therapies $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Mental Health Benefit Five Sessions Per Year $[50, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600, 650, 700, 750, 800, 850, 900]

Benefit Amount: Health Lifestyle Benefit Once Per Year $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Alternative Care Benefit

Benefit Amount: Integrative Assessment & Education One Time Benefit $[75, 150, 225, 300, 375, 450, 525, 600, 675, 750, 825, 900, 975, 1050, 1125, 1200, 1275, 1350 **]**

Benefit Amount: Ameliorative Twenty Visits Per Year$[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450]

Benefit Amount: Lifestyle – Twenty Visits Per Year $[25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375, 400, 425, 450**]**

[Optional 15 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 20 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional 25 Year Return of Premium Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

[Optional Return of Premium Upon Death Benefit Rider - The rider provides for the return of premium under certain circumstances. The rider should be reviewed for details.]

Exclusions

The policy does not pay benefits for:

1. Any loss due to injury, disease, sickness or incapacity, unless such Definitive Treatment is directly related to or attributable to Cancer, Heart Attack or Stroke as defined;
2. Care received outside the United States;
3. Experimental drugs or substances not approved by the U.S. Food & Drug Administration for the treatment of Cancer, Heart Attack or Stroke;
4. Experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate Medical Society except as provided for in the Experimental Treatment Benefit of the policy;
5. Courses of treatment available without a Doctor's prescription; or
6. Treatment, services or supplies received from a Covered Person’s Immediate Family.

Additional Exclusions that apply to Optional Benefit Riders for Intensive Care and Therapy and Wellness:

1. Intentionally self-inflicted Injury; violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.

Premium Change - We may change the premium rates for the policy. The change will be based on a new table of rates. We can only change the premium if we change it for all policies like yours in your class and in the same state where your policy was issued.

Renewability - The policy is guaranteed renewable for life. We will renew the policy each time you send us a premium. It must be paid on or before the date it is due or during the 31 days that follow.

[Coverage Selection (Select One):]
[Plan: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R]
[Units: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 25, 30]

[Cancer With [Cancer Lump Sum & Reoccurrence Benefit Rider] [Cancer Radiation & Chemotherapy Benefit Rider] [Cancer Surgical Procedures Benefit Rider] [Heart Attack or Stroke Benefit Rider] [Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider] [Heart Attack or Stroke Surgical Procedures Benefit Rider] [Transplant Benefit Rider] [Intensive Care Benefit Rider] [Therapy & Wellness Rider]

Premium:

[You have selected Plan] **The premium for coverage is** $XXXX

[You have selected _____Unit(s)]

[You have also selected the following optional riders:]

☐	**[Cancer Lump Sum & Reoccurrence Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Cancer Radiation & Chemotherapy Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Cancer Surgical Procedures Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Lump Sum & Reoccurrence Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Heart Attack or Stroke Surgical Procedures Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Transplant Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Intensive Care Benefit Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Return of Premium Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
☐	**[Therapy & Wellness Rider** **_____Unit(s)**	**The premium for rider is:**	**$XXXX]**
		Total Premium	**[$XXXX]**

NGL®
It's about people.

December 28, 2011

To Whom It May Concern:

RE: Guarantee Trust Life Insurance Company
Policy Form Filing Authorization

National Guardian Life Insurance Company hereby authorizes Guarantee Trust Life Insurance Company to file a Heart Attack or Stroke Benefit Policy, a Cancer Benefit Policy, and related forms for approval with state insurance departments and to otherwise represent its interest in connection with this filing.

Sincerely,

Mathew J. Dew

Mathew J. Dew
Vice-President and General Counsel
National Guardian Life Insurance Company
608-443-5219

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/24/2012	Form	Cancer Lump Sum and Reoccurrence Benefit Rider	02/08/2012	RN11PCLS.pdf (Superceded)
01/24/2012	Form	Heart Attack or Stroke Lump Sum or Reoccurrence Benefit Rider	02/08/2012	RN11PHSLS.pdf (Superceded)
01/23/2012	Supporting Document	Outline of Coverage	01/24/2012	OCN1030P.pdf

National Guardian® Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

Administrative Office:
1275 Milwaukee Avenue Glenview, Illinois 60025
[(800)338-7452]

CANCER LUMP SUM AND REOCCURRENCE BENEFIT RIDER

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Documented Medical Evidence includes but is not limited to appropriate radiology, diagnostic testing, laboratory testing, and physical examination by an Oncologist.

First Diagnosis Lump Sum Benefit means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Rider upon a First Diagnosis of Cancer or Cancer In Situ. The Lump Sum Benefit amount is shown in the Rider Schedule.

Oncologist means a medical Doctor, other than You or a member of Your Immediate Family, specializing in the diagnosis and treatment of Cancer.

Period of Remission means for at least one (1) full year during which a Covered Person has been free of Cancer treatment(s) as supported by Documented Medical Evidence. Cancer treatment does not include follow-up visits or testing that is performed for purposes that confirm Cancer is in remission.

Reoccurrence Benefit means the benefit amount We will pay when Cancer reoccurs after a Period of Remission from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This benefit is payable for a previously diagnosed or newly diagnosed Cancer. For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Rider Waiting Period: The number of days after the Covered Person's Effective Date, before We will pay benefits for loss due to Cancer. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Cancer is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

BENEFIT PROVISIONS

FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT: We will pay the First Diagnosis Cancer Lump Sum benefit if the Covered Person is First Diagnosed with Cancer after such person's Effective Date of coverage and while this Rider is in force. The First Diagnosis Cancer Lump Sum benefit is shown in the Rider Schedule.

Benefits under this provision are limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

REOCCURRENCE BENEFIT: We will pay the Reoccurrence Benefit amount after a Covered Person has been in a Period of Remission for at least one (1) full year from a previously diagnosed Cancer and for which We have paid benefits under this Rider. This Reoccurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer.

For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit percentages are shown in the Rider Schedule. Benefits payable under the Reoccurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to Documented Medical Evidence that supports a Cancer's Period of Remission. We retain the right to have such Documented Medical Evidence reviewed by an Oncologist of our choice.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We will provide You with advance written notice in the time required by Your state.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for National Guardian Life Insurance Company at Madison, Wisconsin by

Secretary

President

CANCER LUMP SUM AND REOCCURRENCE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits per Covered Person.

	Lump Sum Benefit Amount
First Diagnosis Cancer	[$]

Reoccurrence Benefit

NUMBER OF FULL YEARS ELAPSED	% OF FIRST DIAGNOSIS BENEFIT
LESS THAN 1	0%
1	10%
2	25%
3	25%
4	50%
5+	100%

Rider Waiting Period	XX Days

National Guardian® Life Insurance Company

A Mutual Company Incorporated in 1909
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[(800)338-7452]

HEART ATTACK OR STROKE LUMP SUM AND REOCCURRENCE BENEFIT RIDER

(Includes Limited Lump Sum Benefit Payment for Coronary Angioplasty and Coronary Artery Bypass Surgery)

EFFECTIVE DATE: _____

This Rider is part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. It takes effect on the Effective Date shown above at 12:01 a.m. Standard Time where You live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If You are not satisfied with this Rider, You may return it to Us within ten (10) days of its receipt. You may return it to Us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

RIDER DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Coronary Angioplasty means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

Coronary Artery Bypass Surgery means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

First Diagnosis: The first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor; AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities such as a diagnostic abnormality in the CK-MB isoenzyme (Creatine Kinase-MB) fraction; OR
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date of this Rider.

Heart Attack: An acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Reoccurrence Benefit means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year (365 days) from the date We paid the First Diagnosis Lump Sum Benefit.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stoke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

RIDER DEFINITIONS Continued

Rider Waiting Period: The number of days after the covered Person's Effective Date, before We will pay benefits for loss due to Heart Attack, Stroke, Coronary Angioplasty and Coronary Artery Bypass Surgery. The Rider Waiting Period, if any, is shown in the Rider Benefit Schedule. If the First Diagnosis of Heart Attack or Stroke is made during the Rider Waiting Period, the Insured has the option to cancel the Rider and receive a refund of all premiums paid.

Stroke: An acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

ELIGIBILITY FOR BENEFITS

After the Effective Date of Coverage and while insured under this Rider, a Covered Person will be eligible for benefits under this Rider if all the following conditions are met:

1. For Heart Attack or Stroke:
   a. First Diagnosis and treatment are after the Rider Waiting Period;
   b. Heart Attack or Stroke is First Diagnosed and treated while insured under this Rider.
2. For Coronary Angioplasty:
   a. Medical advice to undergo Coronary Angioplasty is received after the Rider Waiting Period;
   b. Coronary Angioplasty is performed after the Rider Waiting Period and while insured under this Rider; and
   c. Coronary Angioplasty is not performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.
3. For Coronary Artery Bypass Surgery:
   a. Medical advice to undergo Coronary Artery Bypass Surgery is received after the Rider Waiting Period;
   b. Coronary Artery Bypass Surgery is performed after the Rider Waiting Period and while insured under this Rider; and
   c. Coronary Artery Bypass Surgery is not performed as a direct result of a Heart Attack which immediately preceded the Coronary Artery Bypass Surgery procedure.

Eligibility for lump sum benefits payable under this Rider will not be precluded if diagnosis of a Heart Attack or Stroke is determined after the Covered Person's death.

LUMP SUM RIDER BENEFIT PROVISIONS

Heart Attack or Stroke: Subject to meeting the requirements set forth in the *Eligibility for Benefits* provision, We will pay the Heart Attack or Stroke Lump Sum Benefit Amount, as shown on the Rider Benefits Schedule.

Reoccurrence Benefit: We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be separated by at least one (1) full year (365 days) from the date We paid benefits for a First Diagnosis Heart Attack or Stroke under this Rider. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stoke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Coronary Angioplasty: Subject to meeting the requirements set forth in the *Eligibility For Benefits* provision, We will pay the Coronary Angioplasty Benefit Amount, as shown on the Rider Benefits Schedule.

Coronary Artery Bypass Surgery: Subject to meeting the requirements set forth in the *Eligibility For Benefits* provision, We will pay the Coronary Artery Bypass Surgery Benefit Amount, as shown on the Rider Benefits Schedule.

RIDER LIMITATIONS AND EXCLUSIONS

Benefits under this Rider are limited for each Covered Person's lifetime to:

1. one (1) lump sum payment for the First Diagnosis of a Heart Attack or a Stroke, with no further payments; and
2. one (1) lump sum payment for Coronary Angioplasty, with no further payments; and
3. one (1) lump sum payment for Coronary Artery Bypass Surgery, with no further payments.

Benefits for Coronary Angioplasty or for Coronary Artery Bypass Surgery are not payable if such procedure is performed as a direct result of a Heart Attack for which benefits would also be payable under the terms of this Rider. In that event, any benefits payable for Coronary Angioplasty or Coronary Artery Bypass Surgery will be limited to those benefits payable under the Surgical Procedure Benefits Schedule, if such coverage is included in or attached to the Policy.

RENEWAL CONDITIONS AND PREMIUM

This rider is renewed when the Policy to which it is attached is renewed.

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this Rider is shown on the Policy Schedule.

We can change the premium for this Rider if We change it for all riders like Yours in Your state on a class basis. Before any change in premium becomes effective, We'll provide You with advance written notice in the time required by Your state.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the earlier of:

1. The date the Policy to which this Rider is attached ends; or
2. Upon our payment of the allowable First Diagnosis Heart Attack or Stroke, Coronary Angioplasty Lump Sum and Coronary Artery Bypass Surgery benefits described in this Rider to the Covered Person. Or, in the event of family coverage, and subject to the Continuation of Insurance provision, payment is made to the remaining Covered Person insured under this Rider.

CONDITIONS

This Rider is subject to all terms, definitions, provisions, limitations and exclusions of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for National Guardian Life Insurance Company at Madison, Wisconsin by

Secretary

President

HEART ATTACK OR STROKE LUMP SUM OR REOCCURRENCE BENEFIT RIDER

RIDER BENEFITS SCHEDULE

This is a summary of Rider benefits. Please read the entire contract for a full explanation of Policy and Rider benefits and limitations. All benefits per Covered Person.

	Lump Sum Benefit Amount
Heart Attack or Stroke Lump Sum Benefit	[$]

Reoccurrence Benefit

NUMBER OF FULL YEARS ELAPSED	% OF FIRST DIAGNOSIS BENEFIT
LESS THAN 1	0%
1	10%
2	25%
3	25%
4	50%
5+	100%

Coronary Angioplasty Benefit	[$]
Coronary Artery Bypass Surgery Benefit	[$]
Rider Waiting Period	XX Days