

SERFF Tracking Number: NTAL-128004481 State: Arkansas
Filing Company: National Teachers Associates Life Insurance Company State Tracking Number:
Company Tracking Number: GRC-2005-AR (11/11)
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer 4 Policy and Application
Project Name/Number: /

Filing at a Glance

Company: National Teachers Associates Life Insurance Company
Product Name: Cancer 4 Policy and Application SERFF Tr Num: NTAL-128004481 State: Arkansas
TOI: H071 Individual Health - Specified Disease SERFF Status: Closed-Approved State Tr Num:
- Limited Benefit
Sub-TOI: H071.002A Dread Disease - Cancer Co Tr Num: GRC-2005-AR (11/11) State Status: Approved-Closed
Only
Filing Type: Form/Rate Reviewer(s): Donna Lambert
Authors: Wm. Bradley Cox, David Mather, Pam Day Disposition Date: 02/08/2012
Date Submitted: 01/19/2012 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 03/08/2012
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed Exempt
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: Wm. Bradley Cox
Submitted By: Wm. Bradley Cox Corresponding Filing Tracking Number:
Filing Description:
These forms are new and do not replace any previously approved forms. The cancer policy will provide benefits for hospital confinement and other medical and professional services arising out of the diagnosis and treatment of cancer. It will be marketed by independent agents to individuals.

Rider GR-2045-AR (11/11) is similar to the previously approved GR-1045-AR (8/98) rider form (approved February 22, 2007) in that they both provide benefits in the event that a person is diagnosed with a specified disease from the list contained in the rider. The newer form has an expanded list of specified diseases for which benefits are provided as well

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as a new benefit for the initial diagnosis of such a disease.

Application form 75-405-B (11/11) will be used by applicants for the enclosed cancer policy form, including exchanges from older cancer policy forms, and related riders. However, the application is designed for completion by heart/stroke insurance policy applicants as well. It will be used when individuals apply for policy form GRH-1004-AR (9/06), which was filed and approved by your department on February 22, 2007.

In addition to the above referenced forms, applicants may also use the new application to apply for the following riders:

Rider Approved

GR-2015 (1/03) June 16, 2003
 GR-1056 (10/04) January 3, 2005

Company and Contact

Filing Contact Information

David Mather, Compliance Analyst david.mather@ntalife.com
 4949 Keller Springs Road 972-532-2133 [Phone] 2577 [Ext]
 Addison, TX 75001 972-532-2194 [FAX]

Filing Company Information

National Teachers Associates Life Insurance Company CoCode: 87963 State of Domicile: Texas
 4949 Keller Springs Road Group Code: Company Type: LAH
 Addison, TX 75001 Group Name: State ID Number:
 (972) 532-2100 ext. [Phone] FEIN Number: 75-1623431

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: 50 per form (policy, application, outline of coverage, rider, and rates)
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Teachers Associates Life Insurance Company	\$250.00	01/19/2012	55609823

SERFF Tracking Number: NTAL-128004481 State: Arkansas
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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	01/24/2012	01/24/2012	Wm. Bradley Cox	02/03/2012	02/03/2012
Pending Industry Response	Donna Lambert	01/24/2012	01/24/2012	Wm. Bradley Cox	02/03/2012	02/03/2012

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Disposition

Disposition Date: 02/08/2012

Implementation Date: 03/08/2012

Status: Approved

Comment: Thank you for your comments to my objections. Your response to Objection 4 will be acceptable.

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 Teachers Associates Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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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	Outline of Coverage	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form (revised)	Cancer Insurance Policy	Approved	Yes
Form	Cancer Insurance Policy	Replaced	Yes
Form	Outline of Coverage	Approved	Yes
Form	Application for Supplemental Health Insurance	Approved	Yes
Form	Specified Disease Rider	Approved	Yes
Rate	Premium Rates	Approved	Yes

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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 David Mather,

Objection 1

- Outline of Coverage, GRC-2005-AR.OC (11/11) (Form)

Comment: Any riders issued with the policy need to be explained in the Outline. Please add the benefits and limitations of the Specified Disease Rider to the Outline of Coverage.

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

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/03/2012
Submitted Date 02/03/2012

Dear Donna Lambert,

Comments:

Thank you for your correspondence.

Response 1

Comments: NTAL wishes to request reconsideration of this requested change. The Outline of Coverage is a digest of what is contained in the specific Policy identified by form number on the Outline of Coverage face page. Although Specified Disease Rider GR-2045-AR (11/11) was submitted for your review and approval in the same package of documents, it is not being "issued with" the cancer policy. It is a separate document which covers specified diseases other than cancer, is only purchased as an add-on if the policyholder elects and is eligible for purchase with other policies too. In other words, the rider is not "issued with" but "in addition to" an underlying policy in the policyholder's sole discretion. Since not everyone will purchase the rider with the cancer policy, including the rider terms on the cancer policy Outline of Coverage might erroneously lead people to believe they have rider coverage when they really do not. For these reasons, NTAL believes it is inappropriate to include the rider information in the cancer policy Outline of Coverage.

Related Objection 1

Applies To:

- Outline of Coverage, GRC-2005-AR.OC (11/11) (Form)

Comment:

Any riders issued with the policy need to be explained in the Outline. Please add the benefits and limitations of the Specified Disease Rider to the Outline of Coverage.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Thank you for your assistance and continued review.

Sincerely,
David Mather, Pam Day, Wm. Bradley Cox

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Project Name/Number: /

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 David Mather,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Insurance Policy, GRC-2005-AR (11/11) (Form)

Comment: 1. Although rehabilitation facilities are licensed as hospitals in Arkansas, they are included in the definition of convalescent nursing homes (skilled nursing facilities) according to RR 18 Sec. 5C. Since your definition of a skilled nursing facility excludes hospitals, please indicate that benefits are provided for confinement in a rehabilitation facility.

2. The Incontestable period is 3 years, not 2. Please revise the Incontestable provision. 23-85-107.

3. The Succession of Ownership provision should be expanded to include the conditions stated in 23-85-114.

4. Please add a provision stating that riders and amendments reducing benefits or increasing premiums due to an increase in benefits must be signed by the policyholder. See RR 18 Sec. 8A(2).

5. Please add the information required by 23-79-138. See Bulletin 15-2009.

Objection 2

- Outline of Coverage, GRC-2005-AR.OC (11/11) (Form)

Comment: If this policy will be issued to persons eligible for Medicare by reason of age, the following language must be printed on or attached to the first page of the Outline: This policy IS NOT A MEDICARE SUPPLEMENT 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.

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/03/2012
Submitted Date	02/03/2012

Dear Donna Lambert,

Comments:

Thank you for your correspondence,

Response 1

Comments: Comment 1: The requested definitional change has been made. A Skilled Nursing Facility now includes a licensed rehabilitation facility.

Comment 2: Although NTAL believes that a 2 year Incontestable period is more favorable to Arkansas policyholders, we have changed the period to 3 years as requested.

Comment 3: NTAL wishes to request reconsideration of this requested change. The Succession of Ownership provision addresses only what happens to the Policy if the Owner dies. §23-85-114 appears to address the issue of payment of claims to named beneficiaries where an indemnity for loss of life exists. Since our Policy does not provide benefits for loss of life and no provision was made for beneficiary designations on the Policy Application because of that, we believe that the statute does not apply.

Comment 4: NTAL has reviewed RR 18, §8A (2) as suggested. We believe our business practices already meet these requirements. Riders are used by NTAL only to provide additional benefits or coverage, never to eliminate or decrease benefits or coverage in an existing policy. Riders are offered to policyholders on an optional basis. If a policyholder is interested in taking advantage of the rider offering, he/she must sign an application for those rider benefits. So the signed acceptance requirement would be met. With respect to endorsements, NTAL only endorses a policy where it is required by law or to expand benefits or coverage without an additional premium, neither of which would require signed acceptance under the statute. We are glad to provide a certification to this effect if you wish.

Comment 5: NTAL has compared the requirements of §23-79-138 and Bulletin 15-2009 against our policy and application information and believe we comply. Please see (a) the IMPORTANT NOTICE on Policy page 2 which contains the items addressed in the Bulletin and (b) the Application 75-405-B (11/11), which is incorporated into the Policy by reference in the Entire Contracts provision of the Policy, and also contains the company and agent contact

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information. We therefore request reconsideration of this requested change.

Related Objection 1

Applies To:

- Cancer Insurance Policy, GRC-2005-AR (11/11) (Form)

Comment:

1. Although rehabilitation facilities are licensed as hospitals in Arkansas, they are included in the definition of convalescent nursing homes (skilled nursing facilities) according to RR 18 Sec. 5C. Since your definition of a skilled nursing facility excludes hospitals, please indicate that benefits are provided for confinement in a rehabilitation facility.
2. The Incontestable period is 3 years, not 2. Please revise the Incontestable provision. 23-85-107.
3. The Succession of Ownership provision should be expanded to include the conditions stated in 23-85-114.
4. Please add a provision stating that riders and amendments reducing benefits or increasing premiums due to an increase in benefits must be signed by the policyholder. See RR 18 Sec. 8A(2).
5. Please add the information required by 23-79-138. See Bulletin 15-2009.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Insurance Policy	GRC-2005-AR (11/11)		Policy/Contract/Fraternal Certificate	Initial		51.700	GRC-2005-AR (11.11) rev 1.pdf
Previous Version							
Cancer Insurance	GRC-		Policy/Contract/Fraternal	Initial		51.700	GRC-

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Product Name: Cancer 4 Policy and Application
Project Name/Number: /
Policy 2005-AR Certificate 2005-AR
(11/11) (11.11) file
ready.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: Comment 1: NTAL wishes to request reconsideration of this requested change. Please see our Policy Application 75-405-B (11/11). At the top of the front page, just above the personal information box is a statement that the maximum age for issuance of our policies is 64. Also, in the paragraph just above the signature line on the back of the Application is a representation that no person to be covered under the Policy is receiving benefits under Medicare. Based upon our stated intent that the policies not be issued to Medicare age-eligible persons, we believe this request does not apply.

Related Objection 1

Applies To:

- Outline of Coverage, GRC-2005-AR.OC (11/11) (Form)

Comment:

If this policy will be issued to persons eligible for Medicare by reason of age, the following language must be printed on or attached to the first page of the Outline: This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
David Mather, Pam Day, Wm. Bradley Cox

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 02/08/2012	GRC-2005-AR (11/11)	Policy/Cont	Cancer Insurance ract/Fratern Policy al Certificate	Initial		51.700	GRC-2005-AR (11.11) rev 1.pdf
Approved 02/08/2012	GRC-2005-AR.OC (11/11)	Outline of Coverage	Outline of Coverage	Initial		53.500	GRC-2005-AR.OC (11.11) file ready.pdf
Approved 02/08/2012	75-405-B (11/11)	Application/ Enrollment Form	Application for Supplemental Health Insurance	Initial		52.100	75-405-B (11.11).pdf
Approved 02/08/2012	GR-2045-AR (11/11)	Policy/Cont	Specified Disease ract/Fratern Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.300	GR-2045-AR (11.11) file ready.pdf



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

[4949 Keller Springs Road, Addison, Texas 75001 • PO Box 802207, Dallas, Texas 75380]
[(888) 671-6771 • www.ntalife.com]

CANCER INSURANCE POLICY – SERIES IV

**PLEASE READ THIS POLICY CAREFULLY.
THIS POLICY IS A LEGAL CONTRACT BETWEEN THE OWNER AND THE COMPANY.**

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. This Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we will not cancel the Policy. Renewal premiums will be at the premium rates in effect on each Renewal Date. Premium rates may change, but only if we do so for all policies in the same class.

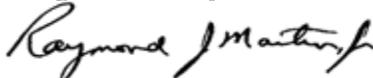
NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY. If the Owner is not satisfied with the Policy for any reason, the Owner may return it to us within 10 days after it is received. Once returned, we will refund the premiums paid, and the Policy will be voided from the original Issue Date.

IMPORTANT NOTICE! REVIEW THE ATTACHED INSURANCE APPLICATION. This Policy was issued based on the answers to the questions in the Application (a copy of which is attached to and made a part of this Policy). If there is a misstatement in the Application, or if any information concerning the medical history of any Covered Person has been omitted, the Owner or Covered Person must notify us immediately. If any answers on the Application are incomplete, incorrect, or untrue, we may have the right to deny benefits, reform the Policy, or even void the Policy (subject to the *Incontestable* provision and/or applicable laws governing insurance fraud). The best time to clear up any misunderstanding is now, before a claim arises.

WARNING! WE ARE REQUIRED TO REPORT INSURANCE FRAUD. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

THIS POLICY CONTAINS AN EXCLUSION FOR PRE-EXISTING CONDITIONS. This Policy, and any Owner-requested changes approved by us which increase Policy benefits, do not cover Preexisting Conditions for a Covered Person for the first 2 years following the Coverage Effective Date for that person. Please see the definition of Preexisting Condition and the *Exclusions and Limitations* provision for further details.

This Policy is signed for us by:

[]

[President and Chief Executive Officer]

[]

[Vice President and Corporate Secretary]

CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE. THIS IS A CANCER-ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. IF CANCER IS FIRST DIAGNOSED WITHIN 30 DAYS FOLLOWING THE COVERAGE EFFECTIVE DATE FOR A COVERED PERSON, THE EXPRESS PAYMENT BENEFIT WILL NOT BE PAYABLE, AND BENEFITS FOR ANY CARE AND TREATMENT OF THAT SPECIFIC CONDITION WILL ONLY BE PAID FOR THE CARE AND TREATMENT RECEIVED MORE THAN 2 YEARS AFTER THE COVERAGE EFFECTIVE DATE.

POLICY INDEX GUIDEPAGE

ADDING OR DELETING COVERED PERSONS 18
APPLICATION.....Attached
BENEFITS..... 9
CLAIM PROVISIONS 19
CONSIDERATION 5
CONVERSION AND CONTINUATION PRIVILEGE 18
DEFINITIONS..... 5
EXCLUSIONS AND LIMITATIONS 16
GENERAL PROVISIONS 20
INSURING PROVISION 5
NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY 1
POLICY BENEFITS SCHEDULE..... 4
PREMIUMS..... 17
PREEXISTING CONDITIONS LIMITATION 16
RENEWAL CONDITIONS..... 1
SCHEDULE PAGE 3
TERMINATION OF COVERAGE 17
TOLL-FREE TELEPHONE & COMPLAINT PROCEDURES 2

IMPORTANT NOTICE

To obtain information or make a complaint:

1. You may contact your agent at (972) 532-2100.
2. You may call National Teachers Associates Life Insurance Company's toll-free telephone number:

1-888-671-6771

3. You may also write to National Teachers Associates Life Insurance Company:

P. O. Box 802207
Dallas, Texas 75380
FAX# (972) 532-2194

4. **Premium or Claim Disputes:** Should you have a dispute concerning your premium or about a claim, **contact the Company first.** We will appreciate the opportunity to help you right away. If we at National Teachers Associates Life Insurance Company fail to provide you with reasonable and adequate service, you should contact the **Arkansas Insurance Department, Consumer Services Division**, 1200 West Third Street, Little Rock, AR 72201. Phones: 1-501-371-2640 or toll-free 1-800-852-5494.
5. This notice is for information only and does not become a part or condition of the attached document.

National Teachers Associates Life Insurance Company

4/15/03

SCHEDULE PAGE

THIS SCHEDULE PAGE CONTAINS IMPORTANT INFORMATION ABOUT BENEFIT PLANS YOU HAVE SELECTED AND THE PREMIUM AMOUNT FOR THOSE PLANS.

Policy Number: C000123456 **Plan:** Family **Issue** **Eff/Rev**
Insured: John E Doe **Policy Plan Date:** 4/15/11 4/15/11
Owner: John E Doe
1234 Alphabet Lane
Dallas, TX 75210

Attachments Exist:

MODE OF PAYMENT: Monthly \$23.30

<u>FORM</u>	<u>DESCRIPTION</u>	<u>ANNUAL PREMIUM</u>
BASE POLICY SELECTED: GRC-2005-AR (11/11)	CANCER POLICY - GREEN PROGRAM	\$\$\$\$
OPTIONAL RIDERS: GR-2045-AR (11/11)	SPECIFIED DISEASE RIDER – GREEN PROGRAM SPECIFIC LIMITATIONS MAY APPLY. SEE RIDERS FOR COMPLETE DETAILS.	\$\$\$\$
Total Annual Premium and Policy Fee (if applicable)		\$\$\$\$.\$\$

COVERED PERSONS

<u>Name</u>	<u>Original Coverage Effective Date</u>
Primary Insured: JOHN E. DOE	May 1, 2003
Spouse: JANE DOE	May 1, 2003
Children:	This Policy covers persons who meet the definition of a child in this Policy in accordance with the type of Plan selected unless a person is excluded from coverage as indicated in the Application or any endorsement to this Policy.

POLICY BENEFITS SCHEDULE

THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR ADDITIONAL LIMITATIONS AND COMPLETE DETAILS.

[BASIC, GREEN, GOLD] PROGRAM

PART A BENEFITS—CANCER

1. Cancer Diagnosis Benefits

- A. Express Payment Benefit** [\$1,000; \$2,000; \$3,000]
1st diagnosis for internal Cancer or melanoma only
Not payable for Child/Children diagnosis
- B. Express Payment Child Benefit** [\$1,500; \$3,000; \$4,500]
1st diagnosis for internal Cancer or melanoma only
Not payable for Primary Insured or Spouse diagnosis

2. Cancer Screening and Testing Benefits

- A. Wellness Benefit** [\$25; \$50; \$75]/Calendar Year
- B. National Cancer Institute Evaluation/Consultation Benefit**
One-time consultation benefit [\$250; \$500; \$750]
One-time transportation benefit [\$100; \$200; \$300]

3. Hospitalization Benefits

- A. Hospital Confinement Benefit**
1st through 60th Day [\$100; \$200; \$300]/Day
- B. Extended Confinement Benefit**
61st consecutive Day and thereafter [\$300; \$600; \$900]/Day
Paid in lieu of all other benefits except Waiver of Premium
- C. Private Duty Hospital Nurse Benefit** [\$50; \$100; \$150]/Day
- D. Hospital Drugs and Testing Benefit** [\$100; \$200; \$300]/One Period
of Confinement
Maximum benefit [\$200; \$400; \$600]/Calendar Year

4. Chemotherapy, Radiation, Immunotherapy, and Related Benefits

- A. Inpatient/Outpatient Injected Chemotherapy Benefit** [\$100; \$200; \$300]/day of service
- B. In-Home Injected Chemotherapy Benefit** [\$200; \$400; \$600]/month
- C. Non-Hormonal Oral Chemotherapy Benefit** [\$400; \$800; \$1,200]/month
- D. Radiation Benefit** [\$100; \$200; \$300]/day of service

POLICY BENEFITS SCHEDULE—[BASIC, GREEN, GOLD] PROGRAM CONT.

E. Immunotherapy and Hormonal Therapy Benefit [\$200; \$400; \$600]/month

F. Blood, Plasma and Platelets Benefit [\$25; \$50; \$75]/unit
Maximum units administered 50 units/Calendar Year

5. Transportation and Travel Benefits

A. Ambulance Benefit

Ground Ambulance [\$100; \$200; \$300/trip]

Maximum 2 trips per One Period of Confinement

Air Ambulance

[\$1,000; \$2,000; \$3,000]/trip

Maximum 2 trips per One Period of Confinement

B. Covered Person and Family Transportation Benefit

[\$0.25; \$0.50; \$0.75]/mile

Maximum benefit per round trip

[\$500; \$1,000; \$1,500]/round trip

Maximum 2 round trips per Calendar Year

For Covered Person and accompanying family members

C. Outpatient Lodging Benefit

[\$25; \$50; \$75]/day

Maximum 2 days per qualifying treatment

Maximum 90 days per Calendar Year

D. Family Member Lodging Benefit

[\$25; \$50; \$75]/day

Maximum 14 days per qualifying treatment

Maximum 90 days per Calendar Year

6. Surgical Benefits

A. 2nd/3rd Surgical Opinion Benefit

[\$100; \$200; \$300]/opinion

B. Surgical Facility Benefit

[\$100; \$200; \$300]/surgical facility

C. Surgeon's Fee Benefit

Maximum benefit per operation

[\$2,750; \$5,500; \$8,250]

Relative Value Unit Factor

[\$35.00; \$70.00; \$105.00]/unit

D. Anesthesia Benefit

25% of Surgeon's Fee Benefit

E. Bone Marrow Transplant Benefit

Paid only once per Covered Person

Inpatient benefit

[\$5,000; \$10,000; \$15,000]

Outpatient benefit

[\$2,500; \$5,000; \$7,500]

Donor benefit

[\$500; \$1,000; \$1,500]

F. Stem Cell Transplant Benefit

[\$4,000; \$8,000; \$12,000]

Paid only once per Covered Person

G. Surgically Implanted Prosthesis Benefit

Maximum 2 prostheses per Covered Person

[\$1,000; \$2,000; \$3,000]/device

POLICY BENEFITS SCHEDULE—[BASIC, GREEN, GOLD] PROGRAM CONT.

7. Continuing Care Benefits

- A. Annual Treatment Support Benefit** [\\$175; \\$350; \\$525]/Calendar Year
Payable from 1st full Calendar Year after Cancer diagnosis
Maximum 5 annual payments per Covered Person
- B. Dental Services Benefit** [\\$200; \\$400; \\$600]
Payable once per Covered Person
- C. Post-Hospitalization Extra Care Benefit** [\\$50; \\$100; \\$150]/day
Maximum benefit period per Covered Person 30 days/Calendar Year
- D. Hospice Benefit**
1st through 30th day [\\$50; \\$100; \\$150]/day
31st day and thereafter [\\$25; \\$50; \\$75]/day
Maximum benefit per Covered Person [\\$6,000; \\$12,000; \\$18,000]
- E. Non-surgical Prosthesis Benefit** [\\$100; \\$200; \\$300]/Calendar Year

8. Peace of Mind Benefits

- A. Pain Management and Alternative Care Benefit** [\\$25; \\$50; \\$75]/month
Maximum 12 months per Covered Person
Not payable for Skin Cancer
- B. Experimental Treatment Benefit** [\\$100; \\$200; \\$300]/Day
- C. Fertility Treatment Benefit** [\\$1,000; \\$2,000; \\$3,000]
Payable only once per Covered Person
- D. Pet Boarding Benefit** [\\$10; \\$20; \\$30]/day
Payable same number of days as Hospital Confined
Payable to board one pet only
- E. Waiver of Premium Benefit**
Begins on 91st day of Total Disability due to Cancer of the Primary Insured,
if under age 60.

If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

INSURING PROVISION

We agree to pay the benefits provided by this Policy and any Riders attached to it, subject to the definitions, provisions, exclusions and limitations contained in the Policy and/or Riders.

CONSIDERATION

We have issued this Policy in consideration of the Application and payment of the first premium on or before the Coverage Effective Date. Coverage begins on the Coverage Effective Date at 12:01 a.m. in the time zone where the initial application was signed.

The Policy will remain in force for any period for which the premium is paid when due or during the Grace Period. If the Policy terminates due to nonpayment of premium, it will terminate on the Renewal Date at 12:01 a.m. in the time zone where the initial application was signed (subject to the Grace Period).

DEFINITIONS

This section provides the meaning of special terms used in this Policy.

Application means the application(s) for coverage under this Policy, application(s) for additional benefits, and any application amendment(s). Applications are attached to and made a part of this Policy.

Calendar Year begins on the Issue Date and continues through December 31 of that year; thereafter, January 1 through December 31.

Cancer means a disease which is First Diagnosed by the presence of a malignant tumor or disorder characterized by the uncontrolled and abnormal growth and spread of malignant cells and the invasion of normal tissue. "Cancer," for purposes of Policy benefits, also includes Hodgkin's Disease, Leukemia, myelodysplastic disorder, and myeloproliferative disorder. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Cancer for purposes of this Policy.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the American Osteopathic Board of Pathology upon the basis of microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). If a positive diagnosis of Cancer cannot be made, clinical diagnosis will be accepted, provided that the medical evidence substantially documents the diagnosis of Cancer and definitive treatment for Cancer is initiated on the basis of the diagnosis.

Chemotherapy Treatment means:

1. drugs and medicines used for the purpose of modification or destruction of Cancer, which are approved by the United States Food and Drug Administration (FDA) as antineoplastic drugs;
2. drugs and medicines approved for treatment of a specific type of Cancer in Standard Reference Compendia or Medical Literature (if not otherwise approved by the FDA for that type of Cancer); and
3. medical equipment and supplies used in the administration of such drugs and medicines.

Chemotherapy Treatment, however, does not extend to non-approved drugs, drugs found by the FDA to be contraindicated, drugs considered by the FDA to be experimental, hormonal therapy, or immunotherapy.

Child or Children (unless specifically excluded from coverage as indicated in the Application, Schedule Page, or on any endorsement to this Policy) means:

1. the Primary Insured's children by birth;
2. the Primary Insured's adopted children;
3. the Primary Insured's stepchildren at the time of the application for coverage of the stepchildren; and

4. the children of the Primary Insured's children at the time of the initial application for such coverage for whom the Primary Insured is legally obligated to provide medical support.

Additionally, a Child meeting the criteria of any of the categories listed above must also be:

1. unmarried; and
2. either under age 27 or legally incapacitated and unable to support himself/herself because of a medically ascertainable mental or physical handicap.

"Adopted children" shall mean children under the age of 18 adopted by the Primary Insured, regardless of whether a final decree of adoption has been entered, provided that a petition has been duly filed and is pursued to a final decree of adoption.

Proof of incapacity must be given with the Application if the Child is then incapacitated and older than age 26. If the incapacity occurs after the Application is completed, proof of incapacity must also be provided if the incapacity persists after the Child's 27th birthday. We reserve the right to require additional proof that the Child is still incapacitated and dependent on the Primary Insured. After 2 years of continuous incapacity, we will not require such proof more often than once each year.

If the Owner has selected the One Parent Plan or the Family Plan, Children born to the Primary Insured or adopted by the Primary Insured after the Issue Date are covered from the date of live birth or date of adoption if they meet the conditions listed above. A Child's insurance will terminate at the end of the Policy month in which that Child ceases to meet the above conditions.

Coverage Effective Date for a Covered Person means the later of:

1. the Issue Date as to the person(s) listed on the original Application,
2. the date we approve any additional Covered Persons under the *Adding New Covered Persons* provision; or
3. the date we approve any increase in Policy or rider benefits.

The original Coverage Effective Dates for all Covered Persons are listed on the Schedule Page.

Covered Person means the person(s) described by the type of Plan selected.

1. an "Individual Plan" means the Primary Insured is covered.
2. a "One Parent Plan" means the Primary Insured and the Primary Insured's Children are covered.
3. a "Family Plan" means the Primary Insured, the Primary Insured's Spouse and the Primary Insured's Children are covered.

Covered Surgery means a surgery which is covered by this Policy and:

1. performed for the care and treatment of Cancer;
2. performed as reconstructive surgery arising out of a Covered Surgery under part (1) of this definition; or
3. performed for the care and treatment of an infected incision arising out of a Covered Surgery under part (1) or (2) of this definition.

Day means an overnight stay in a Hospital that is expressly billed by the Hospital:

1. as an inpatient confinement; or
2. on an hourly basis for twenty-four or more continuous hours.

First Diagnosed means when the earliest of the following takes place:

1. Cancer is first positively diagnosed by a pathology-certified Physician based upon microscopic examination of tissue; or
2. Cancer is first positively diagnosed by a Physician based on generally accepted clinical criteria if diagnosis from tissue cannot be made.

Please see the definition of Cancer for more details on clinical diagnosis and pathology certification requirements.

Grace Period means the 31-day period after the Renewal Date. Please refer to the *Grace Period* provision.

Home Office means the primary corporate office of National Teachers Associates Life Insurance Company at PO Box 802207, Dallas, Texas 75380 or such other location designated by us in writing to the Owner.

Hospice means a facility or service provider licensed, certified, or registered in accordance with state law which provides a formal program of care that is:

1. for Terminally Ill patients;
2. provided on an inpatient or outpatient basis; and
3. directed by a Physician.

Hospital means an institution legally licensed that:

1. provides diagnostic, medical, and surgical treatment to sick or injured persons on an Inpatient basis (or has such surgical facilities available on a prearranged contractual basis);
2. provides 24-hour nursing care by or under the supervision of a Nurse; and
3. is under the supervision of at least one licensed Physician practicing within the scope of his/her license.

Hospital does not include a: Hospice; rehabilitation facility; convalescent, nursing or rest home; home for the aged; facility for the care or treatment of drug addiction or alcoholism; hotel units, residential annexes or nurse administered units in or associated with a hospital; or special ward, floor, or other accommodation for: (1) convalescent, nursing, rehabilitation, ambulatory, or extended care, or (2) the care or treatment of drug addiction or alcoholism.

Inpatient means a Covered Person who is confined in a Hospital for one or more Days due to Cancer.

Issue Date means the effective date of this Policy shown on the Schedule Page. The Issue Date may be later than the date the Application was signed.

Medical Literature means two scientific studies from major peer-reviewed professional medical journals unless two other scientific studies from peer-reviewed professional journals have asserted to the contrary. Peer-reviewed medical literature shall not include publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier.

Medically Necessary means medical care or treatment that is appropriate to the diagnosis, essential to proper patient care, and widely accepted as prudent by the Physician's peer group. The fact that a provider prescribes or approves a service or supply, or that a court orders a service or supply does not make it Medically Necessary. Drugs and medicines provided must be approved by the United States Food and Drug Administration, administered for the purpose for which they are currently approved subject to the Radiation and Chemotherapy Benefit of this Policy, and commercially available. Care, treatment, drugs, or medicines provided must not be experimental, investigative, or illegal. This definition does not apply to the Experimental Treatment benefit.

National Cancer Institute (NCI) Cancer Centers means an institution that is recognized by the NCI as an NCI-designated Cancer Center.

Nurse means a Registered Nurse (R.N.); a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). Nurse does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

One Period Of Confinement means:

1. one continuous Hospital confinement as an Inpatient; or
2. two or more separate Hospital confinements as an Inpatient, for the same or a related cause, that are each separated by less than 30 days.

Outpatient means treatment is received in an Outpatient Care Facility.

Outpatient Care Facility means any facility licensed by a state, where medical care and treatment is provided by a Physician on an outpatient basis. Such facility must be:

1. an outpatient department of a Hospital;
2. a Physician's office or clinic; or
3. an ambulatory surgical center the primary purpose of which is to perform outpatient surgical procedures and that has a staff of at least one Physician on call at all times.

Outpatient Care Facility does not include any facility that provides services or accommodations for patients to stay overnight.

Owner means the person named on the Schedule Page as the owner of the Policy. The Owner has the right to make all changes to the Policy and receive benefits under the Policy.

Physician means a medical practitioner who is:

1. duly licensed by the state in which he or she practices medicine; and
2. acting within the scope of his or her medical license.

Physician does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

Plan means the scope of persons insured under this Policy as selected on the application and shown on the Schedule Page. See the definition of "Covered Person."

Preexisting Condition means a condition, whether known or unknown, for which:

1. medical advice, consultation, or treatment was recommended by or received from a Physician within the 2-year period before the Coverage Effective Date; or
2. symptoms existed within the 2-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

Primary Insured means the person named on the Schedule Page as the Primary Insured under this Policy.

Relative Value Unit means those indicated by the Department of Health and Human Services, Center for Medicare and Medicaid Services, in Federal Register Vol. 75, No.228, November 29, 2010, in an amount not to exceed the Relative Value Unit in the column titled "Fully Implemented Facility Total" for the operation multiplied by the applicable unit factor. The unit factor is shown in the Policy Benefits Schedule.

Renewal Date means the date to which premiums are paid and the date on which the next premium is due to continue this Policy in force.

Skilled Nursing Facility means a facility which is legally licensed and operated as a skilled nursing facility, and which:

1. provides skilled nursing care under the supervision of a Physician or registered nurse;
2. provides 24-hour nursing services supervised by or under a registered nurse; and
3. maintains a daily medical record of each patient which is available for our review.

Skilled nursing facility does not include a: Hospital or clinic; boarding home; home for the aged or mentally ill; rest home; community living center; place that provides domiciliary, residential, or retirement care; place which operates primarily for the treatment of alcoholism or drug addiction; or Hospice. Skilled nursing facility includes a licensed rehabilitation facility under Arkansas law.

Skin Cancer means any type of Cancer affecting the skin, other than melanoma.

Spouse means the insurable person named as the spouse on the Application and married to the Primary Insured as of the date the Application is signed. Where a state legally recognizes civil unions, a Spouse may include a Primary

Insured's partner in that recognized civil union. Where state law provides for registered domestic partnerships, a Spouse may include a Primary Insured's registered domestic partner. We reserve the right to request proof of the legally recognized status of a marriage, civil union, or domestic partnership. *Any reference in the Policy to divorce shall also include the legal dissolution of a civil union or domestic partnership.*

The Owner may terminate the Spouse's insurance by notifying us in writing. If the Primary Insured divorces and remarries (or terminates a civil union or domestic partnership and enters into a new one, where appropriate), the person designated as Spouse may be changed by following the procedures under the *Adding New Covered Persons* provision of the Policy. Only one person may be insured as a Spouse at any given time.

Standard Fertility Preservation Treatment means a procedure undergone by a Covered Person in connection with Cancer treatment to mitigate reproductive harm. For purposes of Policy benefits, covered procedures are limited to the following:

1. radical trachelectomy;
2. ovarian transposition;
3. sperm cryopreservation;
4. embryo cryopreservation;
5. oocyte cryopreservation;
6. ovarian tissue freezing;
7. in vitro fertilization; or
8. storage of harvested sperm or ova.

Standard Reference Compendia means:

1. the United States Pharmacopoeia Drug Information;
2. the American Medical Association Drug Evaluation; and
3. the American Hospital Formulary Service Drug Information.

Terminally Ill means the Covered Person is no longer receiving definitive Cancer treatment and is expected by the Covered Person's primary Physician to live for six months or less.

Total Disability or Totally Disabled means the Primary Insured is unable to perform all of the substantial and material duties of his or her regular occupation as required by his or her employer (if any). Total Disability must be certified by the Primary Insured's Physician. The Primary Insured is deemed Totally Disabled during any period of Hospital Confinement.

We, us, our means National Teachers Associates Life Insurance Company.

BENEFITS

Subject to the terms, conditions, limitations, and exclusions of the Policy, and upon receipt of proof of loss, we will pay the benefits described below for the Medically Necessary care and treatment of a Covered Person for Cancer that is First Diagnosed more than 30 days following the Coverage Effective Date for that person. The care and treatment must be the direct result of Cancer, or a surgical incision infection arising directly out of a Covered Surgery, and must be incurred while the Policy is in force for the Covered Person for any benefits to be payable. The care and treatment must be furnished by or under the supervision of a Physician. The benefit amounts and any applicable maximums payable for each benefit are shown in the Policy Benefits Schedule, unless otherwise stated in the benefit itself.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. The Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than incision infections arising directly out of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

1. CANCER DIAGNOSIS BENEFITS

A. Express Payment Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when Cancer, other than Skin Cancer, is First Diagnosed in the Primary Insured or Spouse more than 30 days following the Coverage Effective date for that individual. Claims for this benefit must be accompanied by a copy of the pathology report or a medical record which evidences Cancer, consistent with the requirements stated the definition of Cancer. We will pay this benefit even when Cancer is not diagnosed until after death. We will pay this benefit only once for each Primary Insured or Spouse, regardless of the number of Cancer diagnoses the person experiences. This benefit is not payable for Skin Cancer. This benefit is not payable for Cancer that is First Diagnosed in a Child.

B. Express Payment Child Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when Cancer, other than Skin Cancer, is First Diagnosed in a covered Child more than 30 days following the Coverage Effective date for that Child. Claims for this benefit must be accompanied by a copy of the pathology report or a medical record which evidences Cancer, consistent with the requirements stated the definition of Cancer. We will pay this benefit even when Cancer is not diagnosed until after death. We will pay this benefit only once for a covered Child, regardless of the number of Cancer diagnoses the Child experiences. This benefit is not payable for Skin Cancer. This benefit is not payable for Cancer that is First Diagnosed in the Primary Insured or Spouse.

2. CANCER SCREENING AND TESTING BENEFITS

A. Wellness Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes or receives documented services for any individual or combination of the following screening exams, if or when the exam used for the detection of Cancer: Human Papilloma Virus test; mammogram; CT scan; breast ultrasound sonogram; manual breast exam by Physician; pap smear (lab only); flexible sigmoidoscopy; x-ray; thermography; colonoscopy; virtual colonoscopy; blood test to detect Cancer; and biopsy which does not result in a diagnosis of Cancer. This benefit will also be paid for vaccinations intended to prevent diseases which are commonly associated with or which commonly develop into Cancer. This benefit is payable only once per Calendar Year for each Covered Person.

B. National Cancer Institute Evaluation/Consultation Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services for consultation or evaluation at a National Cancer Institute Cancer Center to determine the appropriate course of his or her Cancer treatment. We will also pay the benefit amount shown in the Policy Benefits Schedule for the Covered Person's transportation to the National Cancer Institute Cancer Center if the center is more than 100 miles from the Covered Person's home. This Transportation for Consultation Benefit is not payable on the same day that the Covered Person Transportation Benefit is paid. The Consultation Benefit is not payable as a Second and Third Surgical Opinion Benefit. This benefit is payable only once per Covered Person.

3. HOSPITALIZATION BENEFITS

A. Hospital Confinement Benefit.

During the first 60 Days that a Covered Person is Hospital confined as an Inpatient for any One Period of Confinement, we will pay the daily benefit amount shown in the Policy Benefits Schedule. The Hospital confinement must be for the care and treatment of Cancer. If Cancer cannot be positively diagnosed until after

the death of the Covered Person, this benefit will not be paid for more than 45 days of continuous confinement prior to the date of death.

B. Extended Confinement Benefit.

Beginning on the 61st Day of any One Period of Confinement for a Covered Person as an Inpatient in a Hospital, we will pay the daily benefit amount shown in the Policy Benefits Schedule. The Hospital confinement must be for the care and treatment of Cancer. This benefit is **payable in lieu of all other benefits, other than Waiver of Premium**, which may otherwise arise during such extended confinement.

C. Private Duty Hospital Nurse Benefit.

During the first 60 Days of One Period of Confinement for the care and treatment of Cancer, we will pay the daily amount shown in the Policy Benefits Schedule if the Covered Person receives a minimum of four hours of the documented services of a private duty Nurse. Such services must be Medically Necessary and ordered by the attending Physician.

D. Hospital Drugs and Testing Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented drugs or diagnostic testing administered during One Period of Confinement for the care and treatment of Cancer. Calendar Year maximum applies.

4. CHEMOTHERAPY, RADIATION, IMMUNOTHERAPY AND RELATED BENEFITS

Drugs and medicines are covered under benefits 4(A-C) below if they are used for the purpose of modification or destruction of Cancer (please see the definition of Chemotherapy Treatment for more details). These drugs and medicines must be approved as antineoplastic drugs by the United States Food and Drug Administration (FDA). We will not deny coverage of a drug solely on the grounds that it has not been approved by the FDA for the treatment of the specific type of Cancer for which it has been prescribed, provided that such drug is recognized for treatment of that specific type of Cancer in one of the Standard Reference Compendia or in Medical Literature. Coverage does not extend to non-approved drugs, drugs found by the FDA to be contraindicated or considered by them to be experimental.

Benefits are not payable under this section for medication, such as anti-nausea medication, which is used to treat the side effects of chemotherapy, radiation, immunotherapy, and hormonal therapy. These benefits are not payable for the treatment planning, physical examinations, checkups, diagnostic x-rays, or laboratory tests that are related to radiation therapy, Chemotherapy Treatment, immunotherapy, or hormonal therapy treatment. However, such medications and procedures may be covered by other benefits under this Policy. These benefits are not payable on the same day that the Experimental Treatment Benefit is paid.

A. Inpatient/Outpatient Injected Chemotherapy Benefit.

We will pay the daily benefit amount shown in the Policy Benefits Schedule for each day in which a Covered Person receives documented services for the professional administration, by injection, of Chemotherapy Treatment which he or she receives during the first 60 Days of One Period of Confinement in a Hospital or on an Outpatient basis in an Outpatient Care Facility. This benefit is not payable for medications that are payable under Immunotherapy or Hormonal Therapy Benefit.

B. In-Home Injected Chemotherapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services, such as the filling of a prescription, for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump. This benefit is not payable for medications that are payable under Immunotherapy or Hormonal Therapy Benefit.

C. Non-Hormonal Oral Chemotherapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services, such as the filling of a prescription, for oral Chemotherapy Treatment. This benefit is not

payable for medications that are payable under the Inpatient/Outpatient Injected Chemotherapy Benefit, In-Home Injected Chemotherapy Benefit, or Immunotherapy or Hormonal Therapy Benefit.

D. Radiation Benefit.

We will pay the daily benefit amount as shown in the Policy Benefits Schedule for each day in which a Covered Person undergoes or receives documented services for any radiation therapy which is received during the first 60 days of One Period of Confinement in a Hospital or on an Outpatient basis in an Outpatient Care Facility. The radiation therapy must be for the purpose of modification or destruction of Cancer.

E. Immunotherapy or Hormonal Therapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes or receives documented services for prescribed immunotherapy or hormonal therapy treatment for Cancer. This benefit is designed to cover immunotherapy drugs (such as Rituxan, Herceptin, Filgrastim, and similar medications), hormonal therapy drugs (such as Tamoxifen, Arimidex, Zoladex, and similar medications), and the administration thereof. This benefit is not payable for medications that are payable under the Inpatient/Outpatient Injected Chemotherapy Benefit, In-Home Injected Chemotherapy Benefit, or Non-Hormonal Oral Chemotherapy Benefit.

F. Blood, Plasma and Platelets Benefit.

During the first 60 days of One Period of Confinement or in an Outpatient Care Facility, we will pay the benefit amount shown in the Policy Benefits Schedule for each unit of blood, plasma and platelets, and the administration thereof, a Covered Person receives in connection with the care and treatment of Cancer. Calendar Year maximum applies for units administered.

5. TRANSPORTATION AND TRAVEL BENEFITS

A. Ambulance Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule for two one-way trips, per One Period of Confinement, by ground and air ambulance to or from a Hospital if a Covered Person receives the documented services of a licensed professional ambulance company. The benefit is only payable if the primary cause of the Hospital visit is the evaluation of symptoms of Cancer or the Medically Necessary care or treatment of Cancer. Benefit amount differs for ground ambulance and air ambulance.

B. Covered Person and Family Transportation Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule, per round trip, if a Covered Person or any family member of the Covered Person incurs charges for qualifying travel. Where a Covered Person travels alone or with any accompanying family members, qualifying travel must be: (1) for the purpose of care or treatment of the Covered Person's Cancer; and (2) to and from a Hospital or Outpatient Care Facility more than 100 miles from the (patient) Covered Person's home. The Cancer care or treatment for which the Covered Person is traveling must be prescribed by the Covered Person's Physician.

Where a family member is traveling without the company of the Covered Person, the benefit is payable only for the mileage of a family member over the age of 18. The family member's qualifying travel must be: (1) to accompany or visit a Covered Person who is receiving treatment for Cancer on an Inpatient or Outpatient basis; and (2) to and from a Hospital or Outpatient Care Facility more than 100 miles from the (patient) Covered Person's home. The travel must be solely for the purpose of accompanying or visiting a Covered Person who is receiving Cancer treatment prescribed by his or her Physician.

This benefit is a mileage allowance for travel using the most direct route, regardless of the method of travel. Benefits will not exceed the benefit amount shown in the Policy Benefits Schedule. This benefit is limited to 2 round trips per Calendar Year, regardless of the number of Covered Persons or family members traveling on each round trip. Calendar Year maximum applies.

C. Outpatient Lodging Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person incurs charges for qualifying lodging in a motel or hotel room. The qualifying lodging must: (1) be used by the Covered Person; and (2) take place while the Covered Person receives qualifying treatment. Qualifying treatment means care or treatment for Cancer at a Hospital or Outpatient Care Facility that is more than 100 miles from the Covered Person's home. The treatment must be prescribed by the Covered Person's Physician. Benefits will not exceed the maximum daily benefit amount or maximum number of days shown in the Policy Benefits Schedule. Calendar Year maximum applies.

D. Family Member Lodging Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person's family member, who is over the age of 18, incurs charges for qualifying lodging in a motel or hotel room. The purpose of the qualifying lodging must be to accompany or visit a Covered Person who is Hospital confined for qualifying treatment. Qualifying treatment means Cancer care or treatment that is: (1) prescribed by the Covered Person's Physician; (2) received at a Hospital more than 100 miles from the (patient) Covered Person's home; and (3) received on an Inpatient basis. Benefits will not exceed the maximum daily benefit amount or maximum number of days shown in the Policy Benefits Schedule. This benefit is not payable if the Outpatient Lodging benefit is paid for the same hotel or motel room. Calendar Year maximum applies.

6. SURGICAL BENEFITS

A. Second and Third Surgical Opinion Benefit.

Once a Covered Person has received a positive Cancer diagnosis for which the attending Physician has recommended surgery, we will pay the benefit amount shown in the Policy Benefits Schedule if the Covered Person receives a documented second surgical opinion. If the second opinion contradicts the first Physician's opinion, we will also pay this benefit if the Covered Person receives a documented third opinion. The second and/or third opinion must be given by Physicians who are not associated with the Physician(s) providing the previous surgical opinions. This benefit is not payable on the same day that the National Cancer Institute Evaluation/Consultation Benefit is paid.

B. Surgical Facility Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person undergoes a Covered Surgery and receives documented services for the use of a surgical facility (e.g., operating room) within a Hospital or Outpatient Care Facility. This benefit is not to exceed the per-facility amount shown on the Policy Benefits Schedule for a surgical facility billed by a Hospital or Outpatient Care Facility for a Covered Surgery. This benefit is not payable for Skin Cancer.

C. Surgeon's Fee Benefit.

We will pay this benefit when a Covered Person undergoes or receives documented services for a Covered Surgery for the care and treatment of Cancer during the first 60 days of One Period of Confinement or in an Outpatient Care Facility. We will pay the lesser of the following for each covered operation: (1) the benefit amount shown in the Policy Benefits Schedule; or (2) the Relative Value Units for the operation multiplied by the value of the unit factor shown in the Policy Benefits Schedule. The amount payable under this benefit includes charges made by the surgeon for postoperative care.

Two or more surgical procedures performed through the same incision will be considered one operation. In this case, we will pay for the procedure with the greatest benefit amount. However, we will not consider the two procedures to be one operation if the second procedure is a Covered Surgery for the care and treatment of an infected incision resulting from a previous Covered Surgery.

A Covered Surgery that is a reconstructive surgery must be performed within three years of a Covered Surgery (for the care and treatment of Cancer) for which we paid a Surgeon's Fee benefit in order to be payable. A covered reconstructive surgery, as to breast surgery, includes coverage for all stages of surgery performed on a

non-diseased breast to establish symmetry with the diseased breast when reconstructive surgery is performed on a diseased breast.

D. Anesthesia Benefit.

We will pay the benefit amount shown on the Policy Benefits Schedule for anesthesia drugs and documented anesthesia services which the Covered Person receives from a Hospital, Outpatient Care Facility, or Physician. Anesthesia benefits will only be provided for a Covered Surgery or related reconstructive surgery performed during the first 60 days of One Period of Confinement or in an Outpatient Care Facility.

E. Bone Marrow Transplant Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes the permanent implantation of human bone marrow tissue solely in connection with treatment for the Covered Person's Cancer, whether such treatment is approved or experimental. If the Covered Person receives bone marrow from another person, we will also pay the Owner the Donor Benefit amount shown in the Policy Benefits Schedule. These benefits are not payable on the same day that the Experimental Treatment Benefit is paid. Benefits under this section are payable only once per Covered Person. This benefit is in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

F. Stem Cell Transplant Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes a peripheral stem cell transplant for the treatment of his or her Cancer. We will only pay this benefit once per Covered Person. This benefit is in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

G. Surgically Implanted Prosthesis Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule, per prosthetic device, if a Covered Person receives documented services for the surgical implantation of a prosthetic device made necessary as the direct result of a Covered Surgery. Maximum two surgically implanted prosthetic devices per Covered Person.

7. CONTINUING CARE BENEFITS

A. Annual Treatment Support Benefit.

We will pay the benefit amount listed on the Policy Benefits Schedule for each full Calendar Year following the Calendar Year during which the Covered Person was diagnosed with Cancer, if we are provided with proof that the Covered Person remains under the active care of a Physician for Cancer. This benefit is designed to cover Outpatient laboratory testing, such as routine blood work or urinalysis, and other generalized care and screening following chemotherapy and radiation treatments. This benefit is not payable for Skin Cancer and is available only for the first five years following the Calendar Year during which the Covered Person's Cancer was First Diagnosed.

B. Dental Care Services Benefit.

We will pay the benefit amount listed on the Policy Benefits Schedule if Covered Person undergoes dental services performed by a Physician or doctor of dental surgery (D.D.S.) after experiencing tooth or jaw loss, damage, or decay as a direct result of Cancer or the treatment thereof. Covered dental services include tooth extraction and reconstructive work received during Cancer treatment or within five years following the date on which the Covered Person's Cancer was First Diagnosed. Limit one benefit payment for dental services per Covered Person.

C. Post-Hospitalization Extra Care Services Benefit.

After a Covered Person has been Hospital Confined as the result Cancer for which benefits have been paid under this Policy, we will pay the daily benefit amount shown in the Policy Benefits Schedule if the Covered Person is documented as: (1) being confined for an overnight stay in a Skilled Nursing Facility; (2) being confined for an overnight stay in a rehabilitation facility; (3) receiving the service of a private duty Nurse for at least four hours during a day while confined at home; (4) receiving care from a home health care service while

confined at home; or (5) receiving the services of a registered physiotherapist other than on an Inpatient basis. The services covered under this benefit must begin during the immediate 14 days following One Period of Confinement in a Hospital. All services must be Medically Necessary and ordered by the attending Physician. This benefit will not be paid for any care or treatment more than 180 days after discharge from a Hospital confinement. This benefit is only payable for the maximum number of days shown on the Policy Benefits Schedule for each covered One Period of Confinement. The daily maximum for this benefit is the daily benefit amount shown in the Policy Benefits Schedule, regardless of the number of treatments received or the combination of covered services. This benefit is not payable on the same day the Hospital Confinement Benefit is payable for the Covered Person.

D. Hospice Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule where documented care is provided by a licensed Hospice facility or service provider to a Covered Person who is Terminally Ill. Benefit amount reduces by 50% on the 31st day of Hospice care. Lifetime maximum applies.

E. Non-Surgical Prosthesis Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person receives documentation evidencing the use or procurement of prosthetic devices or related supplies, prescribed as a direct result of Cancer treatment and that do not require surgical implantation. This benefit is payable for such devices as special bras, ostomy pouches, wigs, and hairpieces.

8. PEACE OF MIND BENEFITS

A. Pain Management and Alternative Care Benefit.

We will pay the monthly benefit amount listed in the Policy Benefits Schedule if a Covered Person receives documented services for pain management or alternative care during Cancer care or treatment, including follow-up care. The care must be received for the purpose of alleviating the effects of Cancer or the effects of Cancer treatment itself. The care must be administered or prescribed by a licensed health care practitioner or licensed mental health care professional. This benefit is payable for care and treatment such as acupuncture, behavioral or emotional counseling, pain medication (other than over-the-counter medication), respiratory therapy, magnetic therapy, and herbal medicine. The benefit also covers other chemical substances and related medical supplies that are administered, or used in administration, in connection with antineoplastic drugs, including anti-nausea drugs and other medication prescribed for the side effects of chemotherapy and radiation therapy. To receive this benefit for drugs and medicines, we must be provided with evidence of a filled prescription. This benefit is not payable for Skin Cancer and is not available while the Hospice Benefit is payable for the Covered Person. This benefit is not payable for chiropractic care. This benefit is payable for a maximum of 12 months following the date on which the Covered Person's Cancer was First Diagnosed.

B. Experimental Treatment Benefit.

We will pay the daily benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes experimental Cancer treatment for the purpose of modifying or destroying abnormal tissue. Treatment must be consistent with one or more National Cancer Institute-sponsored protocols. This benefit is not payable for laboratory tests, diagnostic x-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. However, such procedures may be covered by other Policy benefits. This benefit is not payable on the same day that any Inpatient/Outpatient Injected Chemotherapy Benefit, Radiation Benefit, or Bone Marrow Transplant Benefit is paid.

C. Fertility Treatment Benefit.

We will pay the benefit amount shown on the Policy Benefits Schedule if a Covered Person undergoes Standard Fertility Preservation Treatments after the Coverage Effective Date, and after Cancer other than Skin Cancer is First Diagnosed, if a Physician has determined that treatment for Cancer may directly or indirectly cause the Covered Person to suffer iatrogenic infertility. This benefit is a lump sum that is payable only once per Covered Person. Cancer must be First Diagnosed following the Coverage Effective Date of the Policy.

D. Pet Boarding Benefit.

We will pay the daily benefit amount shown on the Policy Benefits Schedule if a Covered Person incurs charges for boarding services at a licensed kennel or veterinarian's office for his or her pet or pets while that Covered Person is Hospital confined for Cancer treatment. This benefit is payable the same number of days that a Covered Person is payable as a single benefit, regardless of the number of pets boarded.

E. Waiver of Premium Benefit.

If the Primary Insured becomes Totally Disabled for more than 90 days as the result of Cancer which is First Diagnosed more than 30 days after the Coverage Effective Date, we will waive the premiums that fall due for this Policy and any attached Riders while the Total Disability continues. The Total Disability must begin before the Policy anniversary following the Primary Insured's 60th birthday. Upon approval of this benefit, waiver of premium will begin on the Renewal Date next following 90 days of continuous Total Disability. The premium must be paid during this waiting period. Once the Total Disability ends for at least 30 days, any future Total Disability will be considered a new period of Total Disability. After the period of Total Disability ends for which premiums have been waived, the Policy will continue in force by timely payment of premiums as they become due. This benefit does not apply to the disability of a Spouse or Child insured under this Policy. This benefit is payable in addition to the Extended Confinement Benefit.

EXCLUSIONS AND LIMITATIONS

No benefits are provided for services or supplies that are not Medically Necessary. We will not pay benefits for care or treatment that is:

1. not due to Cancer;
2. made necessary due to medical malpractice occurring during the treatment of Cancer;
3. in excess of any maximum benefit amount in the Policy Benefits Schedule or otherwise described in this Policy; or
4. attributable to Cancer that is First Diagnosed within 30 days following the Coverage Effective Date. If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. This Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

If a covered Hospital confinement or expense is due to more than one covered Cancer, benefits will be payable only for the covered Cancer with the greater expense. If a confinement or expense due to a covered Cancer is also due to a disease that is not covered, benefits will be payable only for the part of the confinement or expense attributable to the covered Cancer.

PREEXISTING CONDITIONS LIMITATION

This Policy and any Riders attached to the Policy, including any changes approved by us which the Owner requests which increase Policy or Rider benefits, do not cover Preexisting Conditions for a Covered Person for the 2 years following the Coverage Effective Date for that person.

Persons or conditions excluded in the Application are never covered unless there is an amendment attached to this Policy that waives the exclusion. The preexisting condition limitation does not apply to a Child born to or adopted by the Primary Insured after this Policy is in force.

PREMIUMS

Payment of Premium. The first premium is due on the Issue Date. This Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due on the last day of the term for which the most recent premium was paid. The premium for this Policy may change, as stated in the *Renewal Premiums* provision below.

Refund of Prepaid Premiums. If the death of a Covered Person requires a change to the Plan selected (for instance, changing from a Family Plan to a One Parent Plan), we will refund to the Owner any prepaid premiums attributable to the Covered Person for any period beyond the end of the Policy month in which the death occurred. The refund will be available when we are provided written notice and proper evidence of the death. It is the duty of the Owner, executor, or administrator of the estate of the Covered Person, or their designee, to provide us with prompt notice of the death of the Covered Person.

Renewal Premiums. Renewal premiums will be at the premium rates in effect on each Renewal Date. We may change the premium rates for this Policy. If we do change the premium rates, we will do so only if we change the premium rates for all policies of this form number and premium classification issued in the same state as this Policy. Premium classification is determined by issue age, type and level of benefits, underwriting classification, and payment method. We will notify the Owner in writing at the Owner's last known address at least 31 days before the change becomes effective.

TERMINATION OF COVERAGE

Termination of Policy. This Policy will terminate and coverage will end for all Covered Persons on the earliest of:

1. the Renewal Date if the required premium is not paid when due, subject to the Grace Period; or
2. the date of the Owner's death, subject to the *Continuation of Policy After Owner's Death* provision.

No benefits for Cancer treatment incurred after the termination of this Policy will be payable for any Covered Person except for Hospital confinement benefits, if the Hospital confinement begins before the coverage ended and ends after the coverage has terminated. Hospital confinement benefits will be paid for a period not to exceed 90 days.

Grace Period. This Policy has a 31-day Grace Period. This means that if a premium is not paid on or before the Renewal Date, it may be paid during the 31 days following the Renewal Date.

Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse as of the Renewal Date. After the Policy lapses, if we accept premium but do not require a completed application for reinstatement, we will reinstate this Policy, effective on the date we accept the premium.

If we require an application for reinstatement, our Home Office will send the Owner a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. The application will be deemed approved on the 45th day after the date of the conditional receipt, unless we have previously written the Owner of our disapproval. If the Policy is reinstated, the reinstatement application will be subject to the *Incontestable* provision beginning from the reinstatement approval date.

If the Policy is reinstated, we will pay benefits only for Cancer that is First Diagnosed after the 10th day following the reinstatement approval date, unless the Cancer was First Diagnosed previously while the Policy was in force. For purposes of any Riders, the reinstated coverage will cover only loss from injury sustained after the reinstatement approval date, or sickness that is First Diagnosed or other covered procedures that are incurred after the 10th day

following the reinstatement approval date. Except for any conditions added because of reinstatement, both the Owner's rights and ours will be the same as before the Policy or any Rider lapsed.

Plan Changes. In the event of the death of the Primary Insured's Spouse (if such Spouse is a Covered Person), upon written notice of such death and written request to change the Plan from the Owner, we will change the Plan of insurance to one which reflects the termination of the Spouse's coverage.

A Child's insurance will automatically terminate at the end of the Policy month in which that Child ceases to meet the definition of a Child. The Owner must notify us of any request to change the Plan type (e.g., if the Primary Insured does not have any remaining covered Children, and the Owner wishes to change from a One Parent Plan to an Individual Plan).

Changes of any Plan type which result in a lower premium due to a termination in coverage of a Child or Spouse may be made up to 12 months retroactive to the date of the request, but not earlier than the date on which there were no persons meeting the definition of a Child or Spouse (as appropriate). Premiums will be refunded for the difference between the old Plan and the new Plan, but no refunds greater than this excess for 12 months will be made. Our acceptance of premium for such terminated Covered Person does not mean that we will provide benefits under the Policy.

ADDING OR DELETING COVERED PERSONS

Adding New Covered Persons. An application must be completed and approved by the Home Office if: (1) the Individual Plan or One Parent Plan was initially selected, and the Owner wishes to add coverage for the Primary Insured's Spouse and/or Children; or (2) the Family Plan was initially selected, coverage was terminated on the Primary Insured's former spouse, and the Owner wishes to add coverage for the Primary Insured's new spouse and/or new stepchildren.

Proof must be furnished that the persons are insurable by our underwriting standards, and any additional premium due because of a change in the Plan type must be paid. The additional coverage requested will not be effective until the application has been approved by our Home Office. The new Covered Person's coverage will be subject to the exclusions for Preexisting Conditions and waiting period. The Coverage Effective Date for a Covered Person added after the Issue Date will be shown on a revised Schedule Page.

Deletion of Covered Persons. If a plan was initially selected which included the Primary Insured's Spouse and/or Children, the Owner may change the plan to delete coverage for the Spouse and/or Children. To change the plan type to delete Covered Persons, the Owner must notify us in writing. The change will be effective as of the end of the Policy month next following the date we receive notice, or at the end of a later Policy month if requested.

If we accept premium for a Covered Person whose coverage is terminated, we will refund any excess premium paid for the terminated Covered Person effective as of the end of the Policy month in which the coverage was terminated. Our acceptance of premium for such terminated Covered Person does not provide benefits under the Policy other than a return of the excess premium.

CONVERSION AND CONTINUATION PRIVILEGE

Conversion Of Child's Coverage. When a Child's coverage ends because he or she is no longer eligible as a Child, coverage for the Child may be converted to a new policy. An application must be completed for the new policy and the required premium paid within 31 days of the date that the Child's coverage terminates. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the child's state of residence which is most similar to this Policy, and the new policy will contain any limitations contained in this Policy for the child. All waiting periods that have been satisfied under this Policy will be considered as being met under the new policy. Coverage under the new policy will begin on the date next following the date the Child's coverage terminates under this Policy.

Conversion Of Spouse's Coverage. When the Owner requests termination of a covered Spouse's coverage due to divorce or legal separation, the Spouse may convert his/her coverage to a new policy. To be issued a new policy, the Spouse must complete an application and pay any required premium within 31 days of the date that the Spouse's coverage under this Policy ends. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Spouse's state of residence which is most similar to this Policy, and the new policy will contain any limitations contained in this Policy for the Spouse. All waiting periods that have been satisfied under this Policy will be considered as being met under the new policy. Coverage under the new policy will begin on the date next following the date the Spouse's coverage terminates under this Policy. At the option of the Spouse, any Children covered under this Policy (for whom the Spouse has the legal obligation of support) may also be converted to the new policy. Conversion for any Children is subject to the same conditions as the Spouse's conversion.

Continuation Of Policy After Owner's Death. In the event of the Owner's death, Covered Persons insured under this Policy have the right to continue their coverage by paying the required premium when due or within the Grace Period.

CLAIM PROVISIONS

Notice Of Claim. Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice must be given to us at our Home Office. Notice should include the name of the Covered Person and Policy number. Providing a proper notice of claim within the provisions contained in this Policy is an express condition precedent to any claim payment. Failure to submit a notice of claim within these provisions will be deemed prejudicial to us.

Claim Forms. When we receive notice of claim, we will send forms for filing proof of loss. If these forms are not sent within 15 days after we receive proper notice of claim, proof of loss requirements will be met by the Owner providing us with billing records evidencing the nature and extent of the loss. We must receive this statement within the time limit stated in the *Proof of Loss* provision.

Proof of Loss. As an express condition precedent to receiving any benefits under this policy, written proof of loss must be furnished to us within 90 days after the covered loss starts. It is the Owner's responsibility to provide proof of loss documents to the Company. It is not the responsibility of the Company to retrieve such documents from the medical facility or health care provider. Except in the absence of legal capacity, proof must be furnished as soon as reasonably possible, and in no event later than 12 months from the start of the covered loss. Failure to submit proof of loss within these provisions will be deemed prejudicial to us.

Authorization To Obtain Medical Information. If necessary to determine our liability, as part of proof of loss, we may require: (1) proof of eligibility; (2) itemized bills stating the extent of loss; and (3) other information that might affect our liability. We may request your authorization for release of medical data from providers of medical services and from other sources. If any information is not furnished or the release of data is not authorized, we reserve the right to withhold benefits.

Fraud Warning. Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a crime. Penalties include imprisonment, fines and denial of insurance benefits.

Time Of Payment Of Claims. Benefits payable under this Policy will be paid as soon as we receive proper written proof of loss.

Payment Of Claims. We will pay all benefits to the Owner. If the company reasonably believes that it faces a possibility of competing claims for the Policy proceeds, it will be permitted to interplead the Policy proceeds into a court's registry. Such action is not to be construed as a breach of contract or bad faith. Unless prohibited by law, the Company may offset the Policy proceeds for any expenses incurred in relation to this judicial proceeding.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Claim Appeal Process. Our practice is to treat each claim submission fairly, based on the facts we are provided. We will inform the Owner if a claim or any part of a claim is denied. The Owner may have additional information that could change a claim decision. If the Owner believes that our decision is in error, we will re-evaluate the claim. The request for re-evaluation must be in writing and should include the names, addresses, and telephone numbers of any Physicians who treated the Covered Person or facilities that provided care or treatment. The request should be sent to us within 3 years of the time written notice of proof of loss was filed or should have been filed. After we re-evaluate the claim, we will notify the Owner of our decision in writing. Any benefits due as a result of our re-evaluation will be paid as provided in the *Time of Payment of Claims* provision.

Physical Examination and Autopsy. At our expense, we have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending and, where it is not prohibited by law, to require an autopsy when death occurs. We also reserve the right to have a Physician of our choice and at our expense review the medical records to confirm the diagnosis.

GENERAL PROVISIONS

Assignment. This Policy may be assigned. However, to be binding on the Company, any assignment of this Policy must: (1) be in writing; (2) specifically reference our Company by name; and (3) be received by Company prior to the payment of benefits. The Company shall not be charged with notice of assignment until it is recorded in the books and records of the Home Office. The Company is not responsible for the validity of any assignment. The Company shall have no liability for any reasonable decision or action made based on an invalid assignment, including the distribution of Policy benefits. After the Company receives a signed copy of the notarized assignment, the rights of the Owner, the interest of any Covered Person, or the interest of any other person will be subject to the assignment. The rights of any assignee shall be inferior to any indebtedness on this Policy, whether created before or after such assignment.

Conformity with State Statutes. Any provision of this Policy which conflicts with the laws of the state in which the Application for this Policy was signed is amended to conform to the minimum requirements of such state's laws.

Contact Information. The Owner is responsible for notifying the Company of a change of address or telephone number for a party relevant to this Policy (Owner, Primary Insured, Covered Person, Policy payor, etc.). Failure to ensure the Company has the correct telephone number or address may result in a delay or inability to receive premium notices, general correspondence, or other important information regarding this Policy. If the Owner fails to submit and/or maintain current contact information on file with the Company, we will not be responsible for any information not received.

Duplicate Policy Request. At the request of the Owner, we will provide a copy of the insurance policy. An administrative fee may be charged for this service. By ordering a duplicate Policy, the Owner is attesting that the Policy has been lost or destroyed, and that the Policy has not been assigned, hypothecated, or pledged in any way without previously notifying the Company. If the original Policy is found, the Owner agrees to return the duplicate policy to us, our successors, or our assignees.

Entire Contract; Changes. This Policy is a legal contract between the Company and the Owner. This contract is comprised of: (1) this Policy; (2) the initial Application (a copy of which is attached to and made a part of this Policy); (3) any later Applications which we may require for increases in benefits, additional benefit riders, or reinstatement; (4) any riders attached to this Policy; and (5) any endorsements.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy (unless we state otherwise in writing). Any statement made in the Application(s) by or on behalf of any Covered Person will be, in the absence of fraud, considered a representation and not a warranty. Any

written or verbally recorded statement made in or regarding the Application(s) may be used to deny a claim or void this Policy, subject to the *Incontestable* provision.

In order to become effective, any change or waiver of the Policy terms must be: (1) in writing; (2) signed by the President, Vice President, or Secretary of the Company; and (3) endorsed on this Policy. Only these individuals have the authority to change, amend, or waive any provision of this contract.

Incontestable. After this Policy has been in force for a period of 3 years during the Covered Person's lifetime (excluding any period during which he or she is disabled) or 3 years after the date of reinstatement, if later, the Policy shall become incontestable as to the statements contained in the Application regarding the applicable Covered Person, except for fraudulent misstatements. If the Owner applies and is approved for an increase of benefits under this Policy (e.g. upgrading from the Basic Program to the Green Program, or adding a new rider), the increase in benefits shall become incontestable as to the statements contained in the application for increase in benefits after 3 years from the date of such Application (except for fraudulent misstatements).

Legal Action. No legal action may be brought to recover on this Policy: (1) unless notice of claim and proof of loss was provided to the Company within the provisions contained in this Policy; (2) within 60 days after written proof of loss has been given as required by this Policy; and (3) after 3 years from the time written proof of loss is required to be provided to the Company.

Misstatement Of Age. If, due to misstatement of a Covered Person's age, premiums paid for the plan purchased were incorrect, the plan will be changed to a correct plan which the amount paid would have purchased, if such plan is available; otherwise, total benefits paid under the Policy will be limited to the amount of premiums paid.

Nonparticipation. This Policy shall not participate in the surplus of the Company.

Other Insurance With Us. A Covered Person cannot be covered under more than one of our Cancer policies at a time. If we issue more than one such policy, the Owner must select one policy to cancel. We will refund the premiums paid for the cancelled policy for the time duplicate coverage was in effect. If the Owner does not select one policy to cancel, we will automatically cancel the policy purchased most recently.

Ownership. The Owner may exercise all rights and receive all benefits subject to: any written assignment of record with the Company that complies with the *Assignment* provision; and any limitations contained in the application or endorsed on the Policy. These rights include: assigning this Policy; changing ownership; adding or deleting Covered Persons; increasing or decreasing benefits; enjoying all Policy benefits; and exercising all Policy options.

Succession of Ownership. In the event of the Owner's death, the rights of ownership shall pass to the estate of the deceased Owner. Alternatively, the Owner may name a contingent owner in writing if the Owner submits a written request which is: (1) submitted prior to the death of the Owner; (2) received and approved by the Home Office; and (3) recorded in the books and records of the Home Office. This would allow the rights of ownership to pass to the contingent owner upon the death of the Owner.

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

CANCER INSURANCE POLICY

CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE. THIS IS A CANCER-ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. IF CANCER IS FIRST DIAGNOSED WITHIN 30 DAYS FOLLOWING THE COVERAGE EFFECTIVE DATE FOR A COVERED PERSON, BENEFITS FOR ANY CARE AND TREATMENT OF THAT SPECIFIC CONDITION WILL ONLY BE PAID FOR THE CARE AND TREATMENT RECEIVED MORE THAN 2 YEARS AFTER THE COVERAGE EFFECTIVE DATE.

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. BOX 802207 · DALLAS, TEXAS 75380



**OUTLINE OF COVERAGE
FOR CANCER POLICY SERIES GRC-2005-AR (11/11)**

- (1) This **Outline of Coverage** provides a very brief description of some of the important features of your Policy. All capitalized words are defined in the Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) This coverage is designed to provide you with benefits only when certain losses occur as a direct result of Cancer. Coverage is provided for the benefits listed on the back of this Outline of Coverage and described in the *Benefits* section. The benefits described in the *Benefits* section may be limited by the *Exclusions and Limitations* section.
- (3) **BENEFITS.** We will pay benefits for the Medically Necessary care and treatment of a Covered Person for Cancer that is First Diagnosed more than 30 days following the Coverage Effective Date for that person. Such care and treatment must be the direct result of Cancer or a surgical incision infection arising directly out of a Covered Surgery, incurred while the Policy is in force for the Covered Person, and furnished by or under the supervision of a Physician.

POLICY BENEFITS SCHEDULE

THIS IS ONLY A SUMMARY OF BENEFITS. REFER TO THE ACTUAL POLICY PROVISIONS FOR SPECIFIC LIMITATIONS AND COMPLETE DETAILS. PREMIUMS AND BENEFITS VARY WITH THE PLAN AND PROGRAM SELECTED.

Program Selected	[BASIC PROGRAM]	[GREEN PROGRAM]	[GOLD PROGRAM]
1. CANCER DIAGNOSIS BENEFITS			
A. Express Payment Benefit	[\$1,000]	[\$2,000]	[\$3,000]
1st diagnosis for internal Cancer or melanoma only Not payable for Child/Children diagnosis			
B. Express Payment Child Benefit	[\$1,500]	[\$3,000]	[\$4,500]
1st diagnosis for internal Cancer or melanoma only Not payable for Primary Insured or Spouse diagnosis			
2. CANCER SCREENING AND TESTING BENEFITS			
A. Wellness Benefit	[\$25/Calendar Year]	[\$50/Calendar Year]	[\$75/Calendar Year]
B. National Cancer Institute Evaluation/Consultation Benefit			
One-time consultation benefit	[\$250]	[\$500]	[\$750]
One-time transportation benefit	[\$100]	[\$200]	[\$300]
3. HOSPITALIZATION BENEFITS			
A. Hospital Confinement Benefit	[\$100/Day]	[\$200/Day]	[\$300/Day]
1st through 60th Day			
B. Extended Confinement Benefit	[\$300/Day]	[\$600/Day]	[\$900/Day]
61st consecutive Day and thereafter Paid in lieu of all benefits except Waiver of Premium			
C. Private Duty Hospital Nurse Benefit	[\$50/Day]	[\$100/Day]	[\$150/Day]
D. Hospital Drugs and Testing Benefit			
Amount per One Period of Confinement	[\$100]	[\$200]	[\$300]
Maximum benefit amount per Calendar Year	[\$200]	[\$400]	[\$600]
4. CHEMOTHERAPY, RADIATION, IMMUNOTHERAPY, AND RELATED BENEFITS			
A. Inpatient/Outpatient Injected Chemotherapy Benefit	[\$100/day of service]	[\$200/day of service]	[\$300/day of service]
B. In-Home Injected Chemotherapy Benefit	[\$200/month]	[\$400/month]	[\$600/month]
C. Non-Hormonal Oral Chemotherapy Benefit	[\$400/month]	[\$800/month]	[\$1,200/month]
D. Radiation Benefit	[\$100/day of service]	[\$200/day of service]	[\$300/day of service]

POLICY BENEFITS SCHEDULE (cont.)

E. Immunotherapy and Hormonal Therapy Benefit	[\$200/month]	[\$400/month]	[\$600/month]
F. Blood, Plasma, and Platelets Benefit	[\$25/unit]	[\$50/unit]	[\$75/unit]
Maximum units per Calendar Year	50 units	50 units	50 units

5. TRANSPORTATION AND TRAVEL BENEFITS

A. Ambulance Benefit			
Ground Ambulance	[\$100/trip]	[\$200/trip]	[\$300/trip]
Maximum 2 trips per One Period of Confinement			
Air Ambulance	[\$1,000/trip]	[\$2,000/trip]	[\$3,000/trip]
Maximum 2 trips per One Period of Confinement			
B. Covered Person and Family Transportation Benefit	[\$0.25/mile]	[\$0.50/mile]	[\$0.75/mile]
Maximum benefit per round trip	[\$500]	[\$1,000]	[\$1,500]
Maximum 2 round trips per Calendar Year			
C. Outpatient Lodging Benefit	[\$25/day]	[\$50/day]	[\$75/day]
Maximum 2 days per qualifying treatment			
Maximum 90 days per Calendar Year			
D. Family Member Lodging Benefit	[\$25/day]	[\$50/day]	[\$75/day]
Maximum 14 days per qualifying treatment			
Maximum 90 days per Calendar Year			

6. SURGICAL BENEFITS

A. 2nd/3rd Surgical Opinion Benefit	[\$100/opinion]	[\$200/opinion]	[\$300/opinion]
B. Surgical Facility Benefit	[\$100/surgical facility]	[\$200/surgical facility]	[\$300/surgical facility]
C. Surgeon's Fee Benefit			
Maximum benefit amount per operation	[\$2,750]	[\$5,500]	[\$8,250]
Relative Unit Factor	[\$35/unit]	[\$70/unit]	[\$105/unit]
D. Anesthesia Benefit		25% of Surgeon's Fee Benefit	
E. Bone Marrow Transplant Benefit			
Paid only once per Covered Person			
Inpatient benefit	[\$5,000]	[\$10,000]	[\$15,000]
Outpatient benefit	[\$2,500]	[\$5,000]	[\$7,500]
Donor benefit	[\$500]	[\$1,000]	[\$1,500]
F. Stem Cell Transplant Benefit			
Paid only once per Covered Person	[\$4,000]	[\$8,000]	[\$12,000]
G. Surgically Implanted Prosthesis Benefit	[\$1,000/device]	[\$2,000/device]	[\$3,000/device]
Maximum 2 prostheses per Covered Person			

7. CONTINUING CARE BENEFITS

A. Annual Treatment Support Benefit	[\$175/Calendar Year]	[\$350/Calendar Year]	[\$525/Calendar Year]
Payable from 1 st full Calendar Year after diagnosis			
Maximum 5 annual payments per Covered Person			
B. Dental Services Benefit	[\$200]	[\$400]	[\$600]
Payable only once per Covered Person			
C. Post-Hospitalization Extra Care Benefit	[\$50/day]	[\$100/day]	[\$150/day]
Maximum benefit period per Covered Person	30 days/Calendar Year	30 days/Calendar Year	30 days/Calendar Year
D. Hospice Benefit			
1st through 30th day	[\$50/day]	[\$100/day]	[\$150/day]
31st day and thereafter	[\$25/day]	[\$50/day]	[\$75/day]
Maximum benefit per Covered Person	[\$6,000]	[\$12,000]	[\$18,000]
E. Non-Surgical Prosthesis Benefit	[\$100/Calendar Year]	[\$200/Calendar Year]	[\$300/Calendar Year]

8. PEACE OF MIND BENEFITS

A. Pain Management and Alternative Care Benefit	[\$25/month]	[\$50/month]	[\$75/month]
Maximum 12 months per Covered Person			
Not payable for Skin Cancer			
B. Experimental Treatment Benefit	[\$100/day]	[\$200/day]	[\$300/day]

POLICY BENEFITS SCHEDULE (cont.)

C. Fertility Treatment Benefit

Payable only once per Covered Person

[\$1,000]

[\$2,000]

[\$3,000]

D. Pet Boarding Benefit

Payable same number of days as Hospital Confined

[\$10/day]

[\$20/day]

[\$30/day]

Payable to board one pet only

E. Waiver of Premium Benefit

Begins on 91st day of Total Disability due to Cancer of the Primary Insured, if under age 60.

(4) EXCLUSIONS AND LIMITATIONS. No benefits are provided for services or supplies that are not Medically Necessary. We will not pay benefits for care or treatment that is:

- (1) not due to Cancer;
- (2) made necessary due to medical malpractice occurring during the treatment of Cancer;
- (3) in excess of any maximum benefit amount in the Policy Benefits Schedule or otherwise described in this Policy; or
- (4) attributable to Cancer that is First Diagnosed within the first 30 days following the Coverage Effective Date. If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. This Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

Preexisting Conditions Limitation. This Policy, and any Owner-requested changes approved by us which increase Policy benefits, do not cover Preexisting Conditions for a Covered Person for the first 2 years following the Coverage Effective Date for that person. **Preexisting Condition** means a condition, whether known or unknown, for which: (1) medical advice, consultation, or treatment was recommended by or received from a Physician within the 2-year period before the Coverage Effective Date; or (2) symptoms existed within the 2-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

Persons or conditions excluded in the Application are never covered unless there is an amendment attached to this Policy that waives the exclusion. The preexisting condition limitation does not apply to a Child born to or adopted by the Primary Insured after this Policy is in force.

Other Exclusions and Limitations. This Policy does not cover any disease, sickness, or incapacity other than Cancer, except for surgical incision infections arising directly out of a Covered Surgery. For example, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication.

If a covered Hospital confinement or expense is due to more than one covered Cancer, benefits will be payable only for the covered Cancer with the greater expense. If a confinement or expense due to a covered Cancer is also due to a disease that is not covered, benefits will be payable only for the part of the confinement or expense attributable to the covered Cancer. You may have only one cancer policy with us. Excess premiums will be returned to you.

(5) RENEWABILITY. The Policy is guaranteed renewable for life if you pay the premium when due or within the Grace Period. If you pay the premium on time, we cannot cancel the Policy or place any restrictions on it. Renewal premiums will be at the premium rates in effect on each Renewal Date.

(6) PREMIUMS. The first premium is due on the Issue Date. You may continue the Policy to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due on the last day of the term for which the most recent premium was paid. You have a 31-day Grace Period in which to pay your premium.

**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

P.O. Box 802207, Dallas, Texas 75380
Phone (888) 671-6771 Fax (972) 532-2180

**APPLICATION FOR SUPPLEMENTAL
HEALTH INSURANCE**

Check if applicable:

- Exchange* HRT CAN
- Name Change
- Policy Reinstatement
- Plan Change:
Policy # _____
- Other _____



Please supply the following information for each person applying for coverage. Age, height, weight, and medical information below will be used to determine eligibility for coverage. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ()		Work Phone ()		Cell Phone ()		Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____			
School System			School or Business			Occupation			

Complete only if Spouse is proposed to be a Covered Person under this policy or rider.

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No. - -

Answer the following questions for all proposed insureds (including children) for the Listed Policies and Riders.

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 6, 7	2, 3, 5, 6, 7	1 - 7	3, 4, 6, 7

For questions 1-4: Within the past 5 years, has any person proposed for coverage: (i) had symptoms of (other than question 3); (ii) received medical advice for; (iii) been diagnosed with or treated for; or (iv) been prescribed medication for:

1. No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
2. a. No Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
 b. No Yes Any disease, disorder, or abnormality of the circulatory system, such as arteries, veins, vessels, or lymph nodes (including blood clots; excluding high blood pressure if controlled)?
 c. No Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?
If yes to any part of question 2, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.
3. No Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, _____ is/are excluded from benefits under all policies and riders.**
4. No Yes Lupus Erythematosus, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Scleroderma, or Sickle Cell Anemia? **If yes, _____ is/are excluded from benefits for _____ disease(s) under the Specified Disease Rider and All Purpose ICU Rider.**
5. No Yes Has anyone proposed to be insured: (i) ever been diagnosed with diabetes while under age 40 (excluding diabetes associated with pregnancy); or (ii) been prescribed insulin or insulin refills within the past 5 years? **If yes, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.**



I have reviewed all responses provided in this application for accuracy.

Initial _____



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. BOX 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.
President & CEO

PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

[Continued on the Reverse Side]

75-295 (10/08)



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company (“NTA Life”) and its affiliates to use my name, my employer’s name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the “Consent”). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life’s Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life’s Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN



75-326 (8/10)

INFORMATION WE MAY COLLECT

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

AFFILIATES

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

HIPAA NOTICE OF PRIVACY PRACTICES

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at www.ntalife.com or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

NOTICE OF INFORMATION PRACTICES

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

75-295 (10/08)

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



**Please Return the Privacy Consent
and Authorization Form to the Home Office.**



If you have a general question about this Privacy Notice, you may contact our Customer Service Department toll-free at (888) 671-6771 on Monday through Friday from 8:00 a.m. to 6:00 p.m. (central).

75-326 (8/10)



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

[4949 Keller Springs Road, Addison, Texas 75001 • PO Box 802207, Dallas, Texas 75380]
[(888) 671-6771 • www.ntalife.com]

SPECIFIED DISEASE BENEFIT RIDER

NOTICE. This Rider is made a part of the Policy to which it is attached and is subject to all of the Policy definitions, provisions, and exclusions and limitations that are not inconsistent with the provisions of this Rider. These benefits are provided in consideration of the Application and payment of the premium for this Rider.

RIDER BENEFITS SCHEDULE

If a Specified Disease is First Diagnosed within 30 days following the Rider Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and any benefits for that specific condition will only be paid for Hospital confinement which begins more than 2 years after the Rider Effective Date.

<u>BENEFIT</u>	<u>[BASIC / GREEN / GOLD] BENEFIT AMOUNT</u>
1. Express Payment Benefit 1st diagnosis of a Specified Disease Payable once per Specified Disease Maximum one payment per Calendar Year	[\$2,000 / \$4,000 / \$6,000]
2. Hospital Confinement Benefit 1st through 30th Day	[\$500 / \$1,000 / \$1,500] per Day
3. Extended Confinement Benefit 31st consecutive Day and thereafter Maximum 30 Days	[\$1,000 / \$2,000 / \$3,000] per Day

DEFINITIONS

This section provides the meaning of special terms use in this Rider.

Specified Disease means any of the following conditions which are First Diagnosed more than 30 days after the Rider Effective date for the affected Covered Person:

- | | | |
|----------------------------------|---------------------------|--------------------------|
| 1. Addison's Disease | 12. Lupus Erythematosus | 23. Reye's Syndrome |
| 2. Amyotrophic Lateral Sclerosis | 13. Mad Cow Disease | 24. Scarlet Fever |
| 3. Botulism | 14. Malaria | 25. Scleroderma |
| 4. Bubonic Plague | 15. Meningitis | 26. Sickle Cell Anemia |
| 5. Cerebral Palsy | 16. Multiple Sclerosis | 27. Tetanus |
| 6. Cholera | 17. Muscular Dystrophy | 28. Toxic Shock Syndrome |
| 7. Cystic Fibrosis | 18. Myasthenia Gravis | 29. Tuberculosis |
| 8. Diphtheria | 19. Necrotizing Fasciitis | 30. Tularemia |
| 9. Encephalitis | 20. Osteomyelitis | 31. Typhoid Fever |
| 10. Huntington's Disease | 21. Poliomyelitis | 32. Yellow Fever |
| 11. Legionnaire's Disease | 22. Rabies | |

First Diagnosed means when a Specified Disease is first positively diagnosed by a Physician based on generally accepted clinical and laboratory criteria.

Preexisting Condition means a condition, whether known or unknown, for which:

1. medical advice, consultation, or treatment was recommended by or received from a Physician within the 2-year period before the Rider Effective Date; or
2. symptoms existed within the 2-year period before the Rider Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

Rider Effective Date for a Covered Person means the latest of:

1. the Issue Date of the Policy;
2. the Issue Date of the Rider;
3. the date we approve the Covered Person under the *Adding New Covered Persons* provision of the Policy; or
4. the date of any increase in Rider benefits which are requested by the Owner and subsequently approved by us.

RIDER BENEFITS

Subject to the terms, conditions, limitations, and exclusions of the Policy, we will pay the benefits described below for the Medically Necessary care and treatment of a Covered Person for a Specified Disease which is First Diagnosed more than 30 days following the Rider Effective Date.

1. EXPRESS PAYMENT BENEFIT

We will pay the benefit amount shown in the Rider Benefits Schedule when a Covered Person is diagnosed for the first time as having a Specified Disease. Claims for this benefit must be accompanied by a copy of a pathology report or other medical record clearly showing the diagnosis or date on which the Specified Disease was First Diagnosed. We will pay this benefit even when the Specified Disease is not diagnosed until after death. We will pay this benefit only once per Calendar Year for any Covered Person. *This benefit is only payable once per Specified Disease. This benefit is payable only once per Calendar Year, regardless of the number of Specified Diseases that may be diagnosed in that year.*

2. HOSPITAL CONFINEMENT BENEFIT

During the first 30 Days that a Covered Person is confined as an Inpatient to a Hospital for any One Period of Confinement due to a Specified Disease, we will pay the daily benefit amount as shown in the Rider Benefits Schedule. If a Specified Disease cannot be positively diagnosed until after the death of the Covered Person, this benefit will not be paid for more than 30 days of continuous confinement prior to the date of death.

3. EXTENDED CONFINEMENT BENEFIT

Beginning on the 31st Day of any One Period of Confinement for a Covered Person as an Inpatient in a Hospital due to a Specified Disease, we will pay the daily benefit amount shown in the Rider Benefits Schedule. If a Specified Disease cannot be positively diagnosed until after the death of the Covered Person, this benefit will not be paid for more than 30 days of continuous confinement prior to the date of death.

PREEXISTING CONDITIONS LIMITATION

This Rider, including any changes approved by us which the Owner requests which increase Rider benefits, do not cover Preexisting Conditions for a Covered Person for the 2 years following the Rider Effective Date for that person.

Persons or conditions excluded in the Application are never covered unless there is an amendment attached to this Rider that waives the exclusion. The preexisting condition limitation does not apply to a Child born to or adopted by the Primary Insured after this Rider is in force.

OTHER EXCLUSIONS AND LIMITATIONS

No benefits are payable under the Policy for a Specified Disease other than as provided by this Rider. In addition to any other exclusions and limitations described in the Policy or this Rider, no benefits are provided for Hospital confinement that is not Medically Necessary. We will not pay any benefits for care or treatment, regardless of medical necessity, that is:

1. not due to a Specified Disease;
2. made necessary due to medical malpractice occurring during the treatment of a Specified Disease; or
3. attributable to a Specified Disease that is First Diagnosed within 30 days following the Rider Effective Date. If the Specified Disease is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for Hospital Confinement which begins more than 2 years after the Rider Effective Date.

This Rider is designed to cover Specified Diseases only. This Rider will also provide benefits for Hospital confinement for a condition or disease directly caused or aggravated by a Specified Disease (for which benefits are payable under this Rider) or the treatment of the Specified Disease. However, benefits will not be provided for Hospital confinement for such illnesses as pneumonia, thrombosis, bacterial or viral infection, adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a Specified Disease or the treatment of a Specified Disease. If a covered Hospital confinement or expense is due to more than one Specified Disease, benefits will be payable only for one Specified Disease. If a Specified Disease is diagnosed while a Covered Person is confined to a Hospital for care and treatment other than the Specified Disease, we will pay beginning with the date of diagnosis; however, we will only pay the part of the Hospital confinement attributable to the Specified Disease.

REINSTATEMENT

If the renewal premium is not paid before the Grace Period ends, this Rider will lapse as of the Renewal Date. After the Rider lapses, if we accept premium but do not require a completed application for reinstatement, we will reinstate the Rider, effective on the date we accept the premium.

If we require an application for reinstatement, our Home Office will send the Owner a conditional receipt for the premium. If the application is approved, the Rider will be reinstated as of the approval date. The application will be deemed approved on the 45th day after the date of the conditional receipt, unless we have previously written the Owner of our disapproval. If the Rider is reinstated, the reinstatement application will be subject to the *Incontestable* provision beginning from the reinstatement approval date.

If the Rider is reinstated, the reinstated coverage will only cover a Specified Disease that is First Diagnosed after the 10th day following the reinstatement approval date, unless the Specified Disease was First Diagnosed while the Rider was previously in force. Except for any conditions added because of reinstatement, both the Owner's rights and ours will be the same as before the Policy or any Rider lapsed.

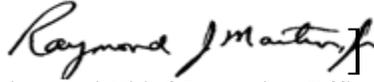
TERMINATION

This Rider will terminate and coverage will end for all Covered Persons at the earliest of the times described below:

1. when the Policy to which this Rider is attached terminates;
2. when any premium for this Rider is not paid before the end of the Grace Period; or
3. at the end of the Policy month in which we receive written notification to terminate this Rider.

No benefits will be available for any charges incurred by any Covered Person there after. Coverage for a Spouse or Child will terminate at the end of the Policy month when he or she becomes ineligible for coverage under the Policy to which this Rider is attached. See the *Plan Changes* provision of the Policy for more details.

This Rider is signed for us by: [



[President and Chief Executive Officer]

SERFF Tracking Number: NTAL-128004481 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number:
 Company Tracking Number: GRC-2005-AR (11/11)
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer 4 Policy and Application
 Project Name/Number: /

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:

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 Teachers Associates Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: NTAL-128004481 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance State Tracking Number:
 Company
 Company Tracking Number: GRC-2005-AR (11/11)
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer 4 Policy and Application
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 02/08/2012	Premium Rates	GRC-2005-AR (11/11), GR-2045-AR (11/11)	New		GRC-2005 and GR-2045 Rates.pdf

Policy: GRC-2005 (11/11) & Rider: GR-2045 (11/11)

Generic Premiums	Nationwide									
	Individual			One Parent Family			Family			
	Basic	Green	Gold	Basic	Green	Gold	Basic	Green	Gold	
18 - 64	10.75	21.50	32.25	11.95	23.90	35.85	19.95	39.90	59.85	
SDR Rider	1.05	2.10	3.15	1.20	2.40	3.60	1.95	3.90	5.85	

SERFF Tracking Number: NTAL-128004481 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number:
 Company Tracking Number: GRC-2005-AR (11/11)
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer 4 Policy and Application
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Read Cert.pdf AR Rule and Reg 19.pdf	Approved	02/08/2012

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Filed for approval under Form Schedule tab. Attachment: 75-405-B (11 11).pdf	Approved	02/08/2012

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: GRC-2005 Act Memo and Rates.pdf	Approved	02/08/2012

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: Filed under Form Schedule tab for approval. Attachment: GRC-2005-AR.OC (11.11) file ready.pdf	Approved	02/08/2012

SERFF Tracking Number: NTAL-128004481 State: Arkansas
Filing Company: National Teachers Associates Life Insurance State Tracking Number:
Company
Company Tracking Number: GRC-2005-AR (11/11)
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer 4 Policy and Application
Project Name/Number: /

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	02/08/2012
Comments:			
Attachment:			
AR Cov Letter.pdf			



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

4949 Keller Springs Road • Addison, Texas 75001-5910
(972) 532-2100 • Fax (972) 532-2194
www.ntalife.com

ARKANSAS

I hereby certify that to the best of my knowledge and belief the following forms, according to the
Flesh test, have these readability scores:

Defined terms and headings have been excluded for purposes of the calculation of the
Readability score.

FORM	FORM NO.	SCORE
Cancer Insurance Policy – Series IV	GRC-2005-AR (11/11)	51.7
Application for Supplemental Health Insurance	75-405-B (11/11)	52.1
Outline of Coverage	GRC-2005-AR.OC (11/11)	53.5
Specified Disease Rider	GR-2045-AR (11/11)	51.3

Signed *Lindsay L. Hickland*
Lindsay L Hickland
Assistant Vice President of Legal and
Regulatory Affairs

Date 01/19/2012



**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

4949 Keller Springs Road • Addison, Texas 75001-5910
(972) 532-2100 • Fax (972) 532-2194
www.ntalife.com

ARKANSAS

To the best of my knowledge, this submission meets the requirements of the Rule and Regulation 19 and the applicable requirements of the Arkansas Department of Insurance.

Signed *Lindsay L. Hickland*
Lindsay L. Hickland
Assistant Vice President of Legal and
Regulatory Affairs

Date 01/19/2012

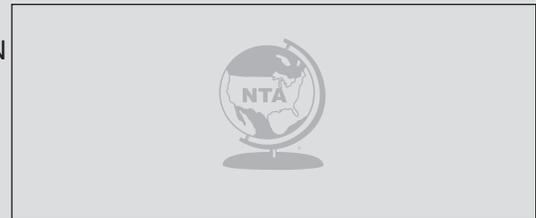
**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

P.O. Box 802207, Dallas, Texas 75380
Phone (888) 671-6771 Fax (972) 532-2180

**APPLICATION FOR SUPPLEMENTAL
HEALTH INSURANCE**

Check if applicable:

- Exchange* HRT CAN
- Name Change
- Policy Reinstatement
- Plan Change:
Policy # _____
- Other _____



Please supply the following information for each person applying for coverage. Age, height, weight, and medical information below will be used to determine eligibility for coverage. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ()		Work Phone ()		Cell Phone ()		Best place and time to call (before 5 pm) <input type="checkbox"/> HM <input type="checkbox"/> WK <input type="checkbox"/> CELL / <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____			
School System			School or Business			Occupation			

Complete only if Spouse is proposed to be a Covered Person under this policy or rider.

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No. - -

Answer the following questions for all proposed insureds (including children) for the Listed Policies and Riders.

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 6, 7	2, 3, 5, 6, 7	1 - 7	3, 4, 6, 7

For questions 1-4: Within the past 5 years, has any person proposed for coverage: (i) had symptoms of (other than question 3); (ii) received medical advice for; (iii) been diagnosed with or treated for; or (iv) been prescribed medication for:

1. No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
2. a. No Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
 b. No Yes Any disease, disorder, or abnormality of the circulatory system, such as arteries, veins, vessels, or lymph nodes (including blood clots; excluding high blood pressure if controlled)?
 c. No Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?
If yes to any part of question 2, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.
3. No Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, _____ is/are excluded from benefits under all policies and riders.**
4. No Yes Lupus Erythematosus, Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Scleroderma, or Sickle Cell Anemia? **If yes, _____ is/are excluded from benefits for _____ disease(s) under the Specified Disease Rider and All Purpose ICU Rider.**
5. No Yes Has anyone proposed to be insured: (i) ever been diagnosed with diabetes while under age 40 (excluding diabetes associated with pregnancy); or (ii) been prescribed insulin or insulin refills within the past 5 years? **If yes, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.**



I have reviewed all responses provided in this application for accuracy.

Initial _____



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. BOX 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.
President & CEO

PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

[Continued on the Reverse Side]

75-295 (10/08)



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company (“NTA Life”) and its affiliates to use my name, my employer’s name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the “Consent”). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life’s Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life’s Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN



75-326 (8/10)

INFORMATION WE MAY COLLECT

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

AFFILIATES

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

HIPAA NOTICE OF PRIVACY PRACTICES

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at www.ntalife.com or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

NOTICE OF INFORMATION PRACTICES

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

75-295 (10/08)

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



**Please Return the Privacy Consent
and Authorization Form to the Home Office.**



If you have a general question about this Privacy Notice, you may contact our Customer Service Department toll-free at (888) 671-6771 on Monday through Friday from 8:00 a.m. to 6:00 p.m. (central).

75-326 (8/10)

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. BOX 802207 · DALLAS, TEXAS 75380



**OUTLINE OF COVERAGE
FOR CANCER POLICY SERIES GRC-2005-AR (11/11)**

- (1) This **Outline of Coverage** provides a very brief description of some of the important features of your Policy. All capitalized words are defined in the Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and the Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) This coverage is designed to provide you with benefits only when certain losses occur as a direct result of Cancer. Coverage is provided for the benefits listed on the back of this Outline of Coverage and described in the *Benefits* section. The benefits described in the *Benefits* section may be limited by the *Exclusions and Limitations* section.
- (3) **BENEFITS.** We will pay benefits for the Medically Necessary care and treatment of a Covered Person for Cancer that is First Diagnosed more than 30 days following the Coverage Effective Date for that person. Such care and treatment must be the direct result of Cancer or a surgical incision infection arising directly out of a Covered Surgery, incurred while the Policy is in force for the Covered Person, and furnished by or under the supervision of a Physician.

POLICY BENEFITS SCHEDULE

THIS IS ONLY A SUMMARY OF BENEFITS. REFER TO THE ACTUAL POLICY PROVISIONS FOR SPECIFIC LIMITATIONS AND COMPLETE DETAILS. PREMIUMS AND BENEFITS VARY WITH THE PLAN AND PROGRAM SELECTED.

Program Selected	[BASIC PROGRAM]	[GREEN PROGRAM]	[GOLD PROGRAM]
1. CANCER DIAGNOSIS BENEFITS			
A. Express Payment Benefit	[\$1,000]	[\$2,000]	[\$3,000]
1st diagnosis for internal Cancer or melanoma only Not payable for Child/Children diagnosis			
B. Express Payment Child Benefit	[\$1,500]	[\$3,000]	[\$4,500]
1st diagnosis for internal Cancer or melanoma only Not payable for Primary Insured or Spouse diagnosis			
2. CANCER SCREENING AND TESTING BENEFITS			
A. Wellness Benefit	[\$25/Calendar Year]	[\$50/Calendar Year]	[\$75/Calendar Year]
B. National Cancer Institute Evaluation/Consultation Benefit			
One-time consultation benefit	[\$250]	[\$500]	[\$750]
One-time transportation benefit	[\$100]	[\$200]	[\$300]
3. HOSPITALIZATION BENEFITS			
A. Hospital Confinement Benefit	[\$100/Day]	[\$200/Day]	[\$300/Day]
1st through 60th Day			
B. Extended Confinement Benefit	[\$300/Day]	[\$600/Day]	[\$900/Day]
61st consecutive Day and thereafter Paid in lieu of all benefits except Waiver of Premium			
C. Private Duty Hospital Nurse Benefit	[\$50/Day]	[\$100/Day]	[\$150/Day]
D. Hospital Drugs and Testing Benefit			
Amount per One Period of Confinement	[\$100]	[\$200]	[\$300]
Maximum benefit amount per Calendar Year	[\$200]	[\$400]	[\$600]
4. CHEMOTHERAPY, RADIATION, IMMUNOTHERAPY, AND RELATED BENEFITS			
A. Inpatient/Outpatient Injected Chemotherapy Benefit	[\$100/day of service]	[\$200/day of service]	[\$300/day of service]
B. In-Home Injected Chemotherapy Benefit	[\$200/month]	[\$400/month]	[\$600/month]
C. Non-Hormonal Oral Chemotherapy Benefit	[\$400/month]	[\$800/month]	[\$1,200/month]
D. Radiation Benefit	[\$100/day of service]	[\$200/day of service]	[\$300/day of service]

POLICY BENEFITS SCHEDULE (cont.)

E. Immunotherapy and Hormonal Therapy Benefit	[\$200/month]	[\$400/month]	[\$600/month]
F. Blood, Plasma, and Platelets Benefit	[\$25/unit]	[\$50/unit]	[\$75/unit]
Maximum units per Calendar Year	50 units	50 units	50 units

5. TRANSPORTATION AND TRAVEL BENEFITS

A. Ambulance Benefit			
Ground Ambulance	[\$100/trip]	[\$200/trip]	[\$300/trip]
Maximum 2 trips per One Period of Confinement			
Air Ambulance	[\$1,000/trip]	[\$2,000/trip]	[\$3,000/trip]
Maximum 2 trips per One Period of Confinement			
B. Covered Person and Family Transportation Benefit			
Maximum benefit per round trip	[\$0.25/mile]	[\$0.50/mile]	[\$0.75/mile]
Maximum 2 round trips per Calendar Year	[\$500]	[\$1,000]	[\$1,500]
C. Outpatient Lodging Benefit			
Maximum 2 days per qualifying treatment	[\$25/day]	[\$50/day]	[\$75/day]
Maximum 90 days per Calendar Year			
D. Family Member Lodging Benefit			
Maximum 14 days per qualifying treatment	[\$25/day]	[\$50/day]	[\$75/day]
Maximum 90 days per Calendar Year			

6. SURGICAL BENEFITS

A. 2nd/3rd Surgical Opinion Benefit	[\$100/opinion]	[\$200/opinion]	[\$300/opinion]
B. Surgical Facility Benefit	[\$100/surgical facility]	[\$200/surgical facility]	[\$300/surgical facility]
C. Surgeon's Fee Benefit			
Maximum benefit amount per operation	[\$2,750]	[\$5,500]	[\$8,250]
Relative Unit Factor	[\$35/unit]	[\$70/unit]	[\$105/unit]
25% of Surgeon's Fee Benefit			
D. Anesthesia Benefit			
E. Bone Marrow Transplant Benefit			
Paid only once per Covered Person			
Inpatient benefit	[\$5,000]	[\$10,000]	[\$15,000]
Outpatient benefit	[\$2,500]	[\$5,000]	[\$7,500]
Donor benefit	[\$500]	[\$1,000]	[\$1,500]
F. Stem Cell Transplant Benefit			
Paid only once per Covered Person	[\$4,000]	[\$8,000]	[\$12,000]
G. Surgically Implanted Prosthesis Benefit			
Maximum 2 prostheses per Covered Person	[\$1,000/device]	[\$2,000/device]	[\$3,000/device]

7. CONTINUING CARE BENEFITS

A. Annual Treatment Support Benefit			
Payable from 1 st full Calendar Year after diagnosis	[\$175/Calendar Year]	[\$350/Calendar Year]	[\$525/Calendar Year]
Maximum 5 annual payments per Covered Person			
B. Dental Services Benefit			
Payable only once per Covered Person	[\$200]	[\$400]	[\$600]
C. Post-Hospitalization Extra Care Benefit			
Maximum benefit period per Covered Person	[\$50/day]	[\$100/day]	[\$150/day]
	30 days/Calendar Year	30 days/Calendar Year	30 days/Calendar Year
D. Hospice Benefit			
1st through 30th day	[\$50/day]	[\$100/day]	[\$150/day]
31st day and thereafter	[\$25/day]	[\$50/day]	[\$75/day]
Maximum benefit per Covered Person	[\$6,000]	[\$12,000]	[\$18,000]
E. Non-Surgical Prosthesis Benefit			
	[\$100/Calendar Year]	[\$200/Calendar Year]	[\$300/Calendar Year]

8. PEACE OF MIND BENEFITS

A. Pain Management and Alternative Care Benefit			
Maximum 12 months per Covered Person	[\$25/month]	[\$50/month]	[\$75/month]
Not payable for Skin Cancer			
B. Experimental Treatment Benefit			
	[\$100/day]	[\$200/day]	[\$300/day]

POLICY BENEFITS SCHEDULE (cont.)

C. Fertility Treatment Benefit

Payable only once per Covered Person

[\$1,000]

[\$2,000]

[\$3,000]

D. Pet Boarding Benefit

[\$10/day]

[\$20/day]

[\$30/day]

Payable same number of days as Hospital Confined

Payable to board one pet only

E. Waiver of Premium Benefit

Begins on 91st day of Total Disability due to Cancer of the Primary Insured, if under age 60.

(4) EXCLUSIONS AND LIMITATIONS. No benefits are provided for services or supplies that are not Medically Necessary. We will not pay benefits for care or treatment that is:

- (1) not due to Cancer;
- (2) made necessary due to medical malpractice occurring during the treatment of Cancer;
- (3) in excess of any maximum benefit amount in the Policy Benefits Schedule or otherwise described in this Policy; or
- (4) attributable to Cancer that is First Diagnosed within the first 30 days following the Coverage Effective Date. If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. This Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

Preexisting Conditions Limitation. This Policy, and any Owner-requested changes approved by us which increase Policy benefits, do not cover Preexisting Conditions for a Covered Person for the first 2 years following the Coverage Effective Date for that person. *Preexisting Condition* means a condition, whether known or unknown, for which: (1) medical advice, consultation, or treatment was recommended by or received from a Physician within the 2-year period before the Coverage Effective Date; or (2) symptoms existed within the 2-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

Persons or conditions excluded in the Application are never covered unless there is an amendment attached to this Policy that waives the exclusion. The preexisting condition limitation does not apply to a Child born to or adopted by the Primary Insured after this Policy is in force.

Other Exclusions and Limitations. This Policy does not cover any disease, sickness, or incapacity other than Cancer, except for surgical incision infections arising directly out of a Covered Surgery. For example, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication.

If a covered Hospital confinement or expense is due to more than one covered Cancer, benefits will be payable only for the covered Cancer with the greater expense. If a confinement or expense due to a covered Cancer is also due to a disease that is not covered, benefits will be payable only for the part of the confinement or expense attributable to the covered Cancer. You may have only one cancer policy with us. Excess premiums will be returned to you.

(5) RENEWABILITY. The Policy is guaranteed renewable for life if you pay the premium when due or within the Grace Period. If you pay the premium on time, we cannot cancel the Policy or place any restrictions on it. Renewal premiums will be at the premium rates in effect on each Renewal Date.

(6) PREMIUMS. The first premium is due on the Issue Date. You may continue the Policy to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due on the last day of the term for which the most recent premium was paid. You have a 31-day Grace Period in which to pay your premium.

January 19, 2011

Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: National Teachers Associates Life Insurance Company
NAIC # 87963
FEIN # 75-1623431
Forms: Cancer Policy GRC-2005-AR (11/11)
Outline of Coverage GRC-2005-AR.OC (11/11)
Specified Disease Rider GR-2045-AR (11/11)
Application for Supplemental
Health Insurance 75-405-B (11/11)

Dear Department of Insurance:

The above-referenced forms are enclosed in duplicate for your review and approval.

These forms are new and do not replace any previously approved forms. The cancer policy will provide benefits for hospital confinement and other medical and professional services arising out of the diagnosis and treatment of cancer. It will be marketed by independent agents to individuals.

Rider GR-2045-AR (11/11) is similar to the previously approved GR-1045-AR (8/98) rider form (approved February 22, 2007) in that they both provide benefits in the event that a person is diagnosed with a specified disease from the list contained in the rider. The newer form has an expanded list of specified diseases for which benefits are provided as well as a new benefit for the initial diagnosis of such a disease.

Application form 75-405-B (11/11) will be used by applicants for the enclosed cancer policy form, including exchanges from older cancer policy forms, and related riders. However, the application is designed for completion by heart/stroke insurance policy applicants as well. It will be used when individuals apply for policy form GRH-1004-AR (9/06), which was filed and approved by your department on February 22, 2007.

In addition to the above referenced forms, applicants may also use the new application to apply for the following riders:

<u>Rider</u>	<u>Approved</u>
GR-2015 (1/03)	June 16, 2003
GR-1056 (10/04)	January 3, 2005

The items necessary to complete this filing are enclosed, including actuarial memorandum and rates. Should you have any questions or need any additional information, please call me at 972-532-2156. I am also available electronically at david.mather@ntalife.com

Regards,

David R. Mather
Compliance Analyst

SERFF Tracking Number: NTAL-128004481 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance State Tracking Number:
 Company
 Company Tracking Number: GRC-2005-AR (11/11)
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer 4 Policy and Application
 Project Name/Number: /

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)
01/19/2012	Form	Cancer Insurance Policy	02/03/2012	GRC-2005-AR (11.11) file ready.pdf (Superceded)



**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

[4949 Keller Springs Road, Addison, Texas 75001 • PO Box 802207, Dallas, Texas 75380]
[(888) 671-6771 • www.ntalife.com]

CANCER INSURANCE POLICY – SERIES IV

**PLEASE READ THIS POLICY CAREFULLY.
THIS POLICY IS A LEGAL CONTRACT BETWEEN THE OWNER AND THE COMPANY.**

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. This Policy is guaranteed renewable for life if the premiums are paid when due or within the Grace Period. If the premiums are paid on time, we will not cancel the Policy. Renewal premiums will be at the premium rates in effect on each Renewal Date. Premium rates may change, but only if we do so for all policies in the same class.

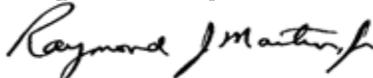
NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY. If the Owner is not satisfied with the Policy for any reason, the Owner may return it to us within 10 days after it is received. Once returned, we will refund the premiums paid, and the Policy will be voided from the original Issue Date.

IMPORTANT NOTICE! REVIEW THE ATTACHED INSURANCE APPLICATION. This Policy was issued based on the answers to the questions in the Application (a copy of which is attached to and made a part of this Policy). If there is a misstatement in the Application, or if any information concerning the medical history of any Covered Person has been omitted, the Owner or Covered Person must notify us immediately. If any answers on the Application are incomplete, incorrect, or untrue, we may have the right to deny benefits, reform the Policy, or even void the Policy (subject to the *Incontestable* provision and/or applicable laws governing insurance fraud). The best time to clear up any misunderstanding is now, before a claim arises.

WARNING! WE ARE REQUIRED TO REPORT INSURANCE FRAUD. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

THIS POLICY CONTAINS AN EXCLUSION FOR PRE-EXISTING CONDITIONS. This Policy, and any Owner-requested changes approved by us which increase Policy benefits, do not cover Preexisting Conditions for a Covered Person for the first 2 years following the Coverage Effective Date for that person. Please see the definition of Preexisting Condition and the *Exclusions and Limitations* provision for further details.

This Policy is signed for us by:

[]

[President and Chief Executive Officer]

[]

[Vice President and Corporate Secretary]

CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE. THIS IS A CANCER-ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. IF CANCER IS FIRST DIAGNOSED WITHIN 30 DAYS FOLLOWING THE COVERAGE EFFECTIVE DATE FOR A COVERED PERSON, THE EXPRESS PAYMENT BENEFIT WILL NOT BE PAYABLE, AND BENEFITS FOR ANY CARE AND TREATMENT OF THAT SPECIFIC CONDITION WILL ONLY BE PAID FOR THE CARE AND TREATMENT RECEIVED MORE THAN 2 YEARS AFTER THE COVERAGE EFFECTIVE DATE.

POLICY INDEX GUIDEPAGE

ADDING OR DELETING COVERED PERSONS 18
APPLICATION..... Attached
BENEFITS..... 9
CLAIM PROVISIONS 19
CONSIDERATION 5
CONVERSION AND CONTINUATION PRIVILEGE 18
DEFINITIONS..... 5
EXCLUSIONS AND LIMITATIONS 16
GENERAL PROVISIONS 20
INSURING PROVISION 5
NOTICE OF 10-DAY RIGHT TO EXAMINE POLICY 1
POLICY BENEFITS SCHEDULE..... 4
PREMIUMS..... 17
PREEXISTING CONDITIONS LIMITATION 16
RENEWAL CONDITIONS..... 1
SCHEDULE PAGE 3
TERMINATION OF COVERAGE 17
TOLL-FREE TELEPHONE & COMPLAINT PROCEDURES 2

IMPORTANT NOTICE

To obtain information or make a complaint:

1. You may contact your agent at (972) 532-2100.
2. You may call National Teachers Associates Life Insurance Company's toll-free telephone number:

1-888-671-6771

3. You may also write to National Teachers Associates Life Insurance Company:

P. O. Box 802207
Dallas, Texas 75380
FAX# (972) 532-2194

4. **Premium or Claim Disputes:** Should you have a dispute concerning your premium or about a claim, **contact the Company first.** We will appreciate the opportunity to help you right away. If we at National Teachers Associates Life Insurance Company fail to provide you with reasonable and adequate service, you should contact the **Arkansas Insurance Department, Consumer Services Division**, 1200 West Third Street, Little Rock, AR 72201. Phones: 1-501-371-2640 or toll-free 1-800-852-5494.
5. This notice is for information only and does not become a part or condition of the attached document.

National Teachers Associates Life Insurance Company

4/15/03

SCHEDULE PAGE

THIS SCHEDULE PAGE CONTAINS IMPORTANT INFORMATION ABOUT BENEFIT PLANS YOU HAVE SELECTED AND THE PREMIUM AMOUNT FOR THOSE PLANS.

Policy Number: C000123456 **Plan:** Family **Issue** **Eff/Rev**
Insured: John E Doe **Policy Plan Date:** 4/15/11 4/15/11
Owner: John E Doe
1234 Alphabet Lane
Dallas, TX 75210

Attachments Exist:

MODE OF PAYMENT: Monthly \$23.30

<u>FORM</u>	<u>DESCRIPTION</u>	<u>ANNUAL PREMIUM</u>
BASE POLICY SELECTED: GRC-2005-AR (11/11)	CANCER POLICY - GREEN PROGRAM	\$\$\$\$
OPTIONAL RIDERS: GR-2045-AR (11/11)	SPECIFIED DISEASE RIDER – GREEN PROGRAM SPECIFIC LIMITATIONS MAY APPLY. SEE RIDERS FOR COMPLETE DETAILS.	\$\$\$\$
Total Annual Premium and Policy Fee (if applicable)		\$\$\$\$.\$\$

COVERED PERSONS

<u>Name</u>	<u>Original Coverage Effective Date</u>
Primary Insured: JOHN E. DOE	May 1, 2003
Spouse: JANE DOE	May 1, 2003
Children:	This Policy covers persons who meet the definition of a child in this Policy in accordance with the type of Plan selected unless a person is excluded from coverage as indicated in the Application or any endorsement to this Policy.

POLICY BENEFITS SCHEDULE

THIS IS ONLY A SUMMARY. SEE THE ACTUAL POLICY PROVISIONS FOR ADDITIONAL LIMITATIONS AND COMPLETE DETAILS.

[BASIC, GREEN, GOLD] PROGRAM

PART A BENEFITS—CANCER

1. Cancer Diagnosis Benefits

- A. Express Payment Benefit** [\$1,000; \$2,000; \$3,000]
1st diagnosis for internal Cancer or melanoma only
Not payable for Child/Children diagnosis
- B. Express Payment Child Benefit** [\$1,500; \$3,000; \$4,500]
1st diagnosis for internal Cancer or melanoma only
Not payable for Primary Insured or Spouse diagnosis

2. Cancer Screening and Testing Benefits

- A. Wellness Benefit** [\$25; \$50; \$75]/Calendar Year
- B. National Cancer Institute Evaluation/Consultation Benefit**
One-time consultation benefit [\$250; \$500; \$750]
One-time transportation benefit [\$100; \$200; \$300]

3. Hospitalization Benefits

- A. Hospital Confinement Benefit**
1st through 60th Day [\$100; \$200; \$300]/Day
- B. Extended Confinement Benefit**
61st consecutive Day and thereafter [\$300; \$600; \$900]/Day
Paid in lieu of all other benefits except Waiver of Premium
- C. Private Duty Hospital Nurse Benefit** [\$50; \$100; \$150]/Day
- D. Hospital Drugs and Testing Benefit** [\$100; \$200; \$300]/One Period
of Confinement
Maximum benefit [\$200; \$400; \$600]/Calendar Year

4. Chemotherapy, Radiation, Immunotherapy, and Related Benefits

- A. Inpatient/Outpatient Injected Chemotherapy Benefit** [\$100; \$200; \$300]/day of service
- B. In-Home Injected Chemotherapy Benefit** [\$200; \$400; \$600]/month
- C. Non-Hormonal Oral Chemotherapy Benefit** [\$400; \$800; \$1,200]/month
- D. Radiation Benefit** [\$100; \$200; \$300]/day of service

POLICY BENEFITS SCHEDULE—[BASIC, GREEN, GOLD] PROGRAM CONT.

E. Immunotherapy and Hormonal Therapy Benefit [\$200; \$400; \$600]/month

F. Blood, Plasma and Platelets Benefit [\$25; \$50; \$75]/unit
Maximum units administered 50 units/Calendar Year

5. Transportation and Travel Benefits

A. Ambulance Benefit

Ground Ambulance [\$100; \$200; \$300/trip]

Maximum 2 trips per One Period of Confinement

Air Ambulance

[\$1,000; \$2,000; \$3,000]/trip

Maximum 2 trips per One Period of Confinement

B. Covered Person and Family Transportation Benefit

[\$0.25; \$0.50; \$0.75]/mile

Maximum benefit per round trip

[\$500; \$1,000; \$1,500]/round trip

Maximum 2 round trips per Calendar Year

For Covered Person and accompanying family members

C. Outpatient Lodging Benefit

[\$25; \$50; \$75]/day

Maximum 2 days per qualifying treatment

Maximum 90 days per Calendar Year

D. Family Member Lodging Benefit

[\$25; \$50; \$75]/day

Maximum 14 days per qualifying treatment

Maximum 90 days per Calendar Year

6. Surgical Benefits

A. 2nd/3rd Surgical Opinion Benefit

[\$100; \$200; \$300]/opinion

B. Surgical Facility Benefit

[\$100; \$200; \$300]/surgical facility

C. Surgeon's Fee Benefit

Maximum benefit per operation

[\$2,750; \$5,500; \$8,250]

Relative Value Unit Factor

[\$35.00; \$70.00; \$105.00]/unit

D. Anesthesia Benefit

25% of Surgeon's Fee Benefit

E. Bone Marrow Transplant Benefit

Paid only once per Covered Person

Inpatient benefit

[\$5,000; \$10,000; \$15,000]

Outpatient benefit

[\$2,500; \$5,000; \$7,500]

Donor benefit

[\$500; \$1,000; \$1,500]

F. Stem Cell Transplant Benefit

[\$4,000; \$8,000; \$12,000]

Paid only once per Covered Person

G. Surgically Implanted Prosthesis Benefit

Maximum 2 prostheses per Covered Person

[\$1,000; \$2,000; \$3,000]/device

POLICY BENEFITS SCHEDULE—[BASIC, GREEN, GOLD] PROGRAM CONT.

7. Continuing Care Benefits

- | | |
|--|---|
| A. Annual Treatment Support Benefit
Payable from 1st full Calendar Year after Cancer diagnosis
Maximum 5 annual payments per Covered Person | [\$175; \$350; \$525]/Calendar Year |
| B. Dental Services Benefit
Payable once per Covered Person | [\$200; \$400; \$600] |
| C. Post-Hospitalization Extra Care Benefit
Maximum benefit period per Covered Person | [\$50; \$100; \$150]/day
30 days/Calendar Year |
| D. Hospice Benefit
1st through 30th day
31st day and thereafter
Maximum benefit per Covered Person | [\$50; \$100; \$150]/day
[\$25; \$50; \$75]/day
[\$6,000; \$12,000; \$18,000] |
| E. Non-surgical Prosthesis Benefit | [\$100; \$200; \$300]/Calendar Year |

8. Peace of Mind Benefits

- | | |
|---|-----------------------------|
| A. Pain Management and Alternative Care Benefit
Maximum 12 months per Covered Person
Not payable for Skin Cancer | [\$25; \$50; \$75]/month |
| B. Experimental Treatment Benefit | [\$100; \$200; \$300]/Day |
| C. Fertility Treatment Benefit
Payable only once per Covered Person | [\$1,000; \$2,000; \$3,000] |
| D. Pet Boarding Benefit
Payable same number of days as Hospital Confined
Payable to board one pet only | [\$10; \$20; \$30]/day |
| E. Waiver of Premium Benefit
Begins on 91st day of Total Disability due to Cancer of the Primary Insured,
if under age 60. | |

If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

INSURING PROVISION

We agree to pay the benefits provided by this Policy and any Riders attached to it, subject to the definitions, provisions, exclusions and limitations contained in the Policy and/or Riders.

CONSIDERATION

We have issued this Policy in consideration of the Application and payment of the first premium on or before the Coverage Effective Date. Coverage begins on the Coverage Effective Date at 12:01 a.m. in the time zone where the initial application was signed.

The Policy will remain in force for any period for which the premium is paid when due or during the Grace Period. If the Policy terminates due to nonpayment of premium, it will terminate on the Renewal Date at 12:01 a.m. in the time zone where the initial application was signed (subject to the Grace Period).

DEFINITIONS

This section provides the meaning of special terms used in this Policy.

Application means the application(s) for coverage under this Policy, application(s) for additional benefits, and any application amendment(s). Applications are attached to and made a part of this Policy.

Calendar Year begins on the Issue Date and continues through December 31 of that year; thereafter, January 1 through December 31.

Cancer means a disease which is First Diagnosed by the presence of a malignant tumor or disorder characterized by the uncontrolled and abnormal growth and spread of malignant cells and the invasion of normal tissue. "Cancer," for purposes of Policy benefits, also includes Hodgkin's Disease, Leukemia, myelodysplastic disorder, and myeloproliferative disorder. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Cancer for purposes of this Policy.

Such Cancer must be positively diagnosed by a Physician certified by the American Board of Pathology or the American Osteopathic Board of Pathology upon the basis of microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). If a positive diagnosis of Cancer cannot be made, clinical diagnosis will be accepted, provided that the medical evidence substantially documents the diagnosis of Cancer and definitive treatment for Cancer is initiated on the basis of the diagnosis.

Chemotherapy Treatment means:

1. drugs and medicines used for the purpose of modification or destruction of Cancer, which are approved by the United States Food and Drug Administration (FDA) as antineoplastic drugs;
2. drugs and medicines approved for treatment of a specific type of Cancer in Standard Reference Compendia or Medical Literature (if not otherwise approved by the FDA for that type of Cancer); and
3. medical equipment and supplies used in the administration of such drugs and medicines.

Chemotherapy Treatment, however, does not extend to non-approved drugs, drugs found by the FDA to be contraindicated, drugs considered by the FDA to be experimental, hormonal therapy, or immunotherapy.

Child or Children (unless specifically excluded from coverage as indicated in the Application, Schedule Page, or on any endorsement to this Policy) means:

1. the Primary Insured's children by birth;
2. the Primary Insured's adopted children;
3. the Primary Insured's stepchildren at the time of the application for coverage of the stepchildren; and

4. the children of the Primary Insured's children at the time of the initial application for such coverage for whom the Primary Insured is legally obligated to provide medical support.

Additionally, a Child meeting the criteria of any of the categories listed above must also be:

1. unmarried; and
2. either under age 27 or legally incapacitated and unable to support himself/herself because of a medically ascertainable mental or physical handicap.

"Adopted children" shall mean children under the age of 18 adopted by the Primary Insured, regardless of whether a final decree of adoption has been entered, provided that a petition has been duly filed and is pursued to a final decree of adoption.

Proof of incapacity must be given with the Application if the Child is then incapacitated and older than age 26. If the incapacity occurs after the Application is completed, proof of incapacity must also be provided if the incapacity persists after the Child's 27th birthday. We reserve the right to require additional proof that the Child is still incapacitated and dependent on the Primary Insured. After 2 years of continuous incapacity, we will not require such proof more often than once each year.

If the Owner has selected the One Parent Plan or the Family Plan, Children born to the Primary Insured or adopted by the Primary Insured after the Issue Date are covered from the date of live birth or date of adoption if they meet the conditions listed above. A Child's insurance will terminate at the end of the Policy month in which that Child ceases to meet the above conditions.

Coverage Effective Date for a Covered Person means the later of:

1. the Issue Date as to the person(s) listed on the original Application,
2. the date we approve any additional Covered Persons under the *Adding New Covered Persons* provision; or
3. the date we approve any increase in Policy or rider benefits.

The original Coverage Effective Dates for all Covered Persons are listed on the Schedule Page.

Covered Person means the person(s) described by the type of Plan selected.

1. an "Individual Plan" means the Primary Insured is covered.
2. a "One Parent Plan" means the Primary Insured and the Primary Insured's Children are covered.
3. a "Family Plan" means the Primary Insured, the Primary Insured's Spouse and the Primary Insured's Children are covered.

Covered Surgery means a surgery which is covered by this Policy and:

1. performed for the care and treatment of Cancer;
2. performed as reconstructive surgery arising out of a Covered Surgery under part (1) of this definition; or
3. performed for the care and treatment of an infected incision arising out of a Covered Surgery under part (1) or (2) of this definition.

Day means an overnight stay in a Hospital that is expressly billed by the Hospital:

1. as an inpatient confinement; or
2. on an hourly basis for twenty-four or more continuous hours.

First Diagnosed means when the earliest of the following takes place:

1. Cancer is first positively diagnosed by a pathology-certified Physician based upon microscopic examination of tissue; or
2. Cancer is first positively diagnosed by a Physician based on generally accepted clinical criteria if diagnosis from tissue cannot be made.

Please see the definition of Cancer for more details on clinical diagnosis and pathology certification requirements.

Grace Period means the 31-day period after the Renewal Date. Please refer to the *Grace Period* provision.

Home Office means the primary corporate office of National Teachers Associates Life Insurance Company at PO Box 802207, Dallas, Texas 75380 or such other location designated by us in writing to the Owner.

Hospice means a facility or service provider licensed, certified, or registered in accordance with state law which provides a formal program of care that is:

1. for Terminally Ill patients;
2. provided on an inpatient or outpatient basis; and
3. directed by a Physician.

Hospital means an institution legally licensed that:

1. provides diagnostic, medical, and surgical treatment to sick or injured persons on an Inpatient basis (or has such surgical facilities available on a prearranged contractual basis);
2. provides 24-hour nursing care by or under the supervision of a Nurse; and
3. is under the supervision of at least one licensed Physician practicing within the scope of his/her license.

Hospital does not include a: Hospice; rehabilitation facility; convalescent, nursing or rest home; home for the aged; facility for the care or treatment of drug addiction or alcoholism; hotel units, residential annexes or nurse administered units in or associated with a hospital; or special ward, floor, or other accommodation for: (1) convalescent, nursing, rehabilitation, ambulatory, or extended care, or (2) the care or treatment of drug addiction or alcoholism.

Inpatient means a Covered Person who is confined in a Hospital for one or more Days due to Cancer.

Issue Date means the effective date of this Policy shown on the Schedule Page. The Issue Date may be later than the date the Application was signed.

Medical Literature means two scientific studies from major peer-reviewed professional medical journals unless two other scientific studies from peer-reviewed professional journals have asserted to the contrary. Peer-reviewed medical literature shall not include publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier.

Medically Necessary means medical care or treatment that is appropriate to the diagnosis, essential to proper patient care, and widely accepted as prudent by the Physician's peer group. The fact that a provider prescribes or approves a service or supply, or that a court orders a service or supply does not make it Medically Necessary. Drugs and medicines provided must be approved by the United States Food and Drug Administration, administered for the purpose for which they are currently approved subject to the Radiation and Chemotherapy Benefit of this Policy, and commercially available. Care, treatment, drugs, or medicines provided must not be experimental, investigative, or illegal. This definition does not apply to the Experimental Treatment benefit.

National Cancer Institute (NCI) Cancer Centers means an institution that is recognized by the NCI as an NCI-designated Cancer Center.

Nurse means a Registered Nurse (R.N.); a Licensed Practical Nurse (L.P.N.); or a Licensed Vocational Nurse (L.V.N.). Nurse does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

One Period Of Confinement means:

1. one continuous Hospital confinement as an Inpatient; or
2. two or more separate Hospital confinements as an Inpatient, for the same or a related cause, that are each separated by less than 30 days.

Outpatient means treatment is received in an Outpatient Care Facility.

Outpatient Care Facility means any facility licensed by a state, where medical care and treatment is provided by a Physician on an outpatient basis. Such facility must be:

1. an outpatient department of a Hospital;
2. a Physician's office or clinic; or
3. an ambulatory surgical center the primary purpose of which is to perform outpatient surgical procedures and that has a staff of at least one Physician on call at all times.

Outpatient Care Facility does not include any facility that provides services or accommodations for patients to stay overnight.

Owner means the person named on the Schedule Page as the owner of the Policy. The Owner has the right to make all changes to the Policy and receive benefits under the Policy.

Physician means a medical practitioner who is:

1. duly licensed by the state in which he or she practices medicine; and
2. acting within the scope of his or her medical license.

Physician does not include a Covered Person or a Covered Person's spouse, parents, stepparents, in-laws, brothers, sisters, stepbrothers, stepsisters, children or grandchildren.

Plan means the scope of persons insured under this Policy as selected on the application and shown on the Schedule Page. See the definition of "Covered Person."

Preexisting Condition means a condition, whether known or unknown, for which:

1. medical advice, consultation, or treatment was recommended by or received from a Physician within the 2-year period before the Coverage Effective Date; or
2. symptoms existed within the 2-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

Primary Insured means the person named on the Schedule Page as the Primary Insured under this Policy.

Relative Value Unit means those indicated by the Department of Health and Human Services, Center for Medicare and Medicaid Services, in Federal Register Vol. 75, No.228, November 29, 2010, in an amount not to exceed the Relative Value Unit in the column titled "Fully Implemented Facility Total" for the operation multiplied by the applicable unit factor. The unit factor is shown in the Policy Benefits Schedule.

Renewal Date means the date to which premiums are paid and the date on which the next premium is due to continue this Policy in force.

Skilled Nursing Facility means a facility which is legally licensed and operated as a skilled nursing facility, and which:

1. provides skilled nursing care under the supervision of a Physician or registered nurse;
2. provides 24-hour nursing services supervised by or under a registered nurse; and
3. maintains a daily medical record of each patient which is available for our review.

Skilled nursing facility does not include a: Hospital or clinic; boarding home; home for the aged or mentally ill; rest home; community living center; place that provides domiciliary, residential, or retirement care; place which operates primarily for the treatment of alcoholism or drug addiction; or Hospice.

Skin Cancer means any type of Cancer affecting the skin, other than melanoma.

Spouse means the insurable person named as the spouse on the Application and married to the Primary Insured as of the date the Application is signed. Where a state legally recognizes civil unions, a Spouse may include a Primary Insured's partner in that recognized civil union. Where state law provides for registered domestic partnerships, a

Spouse may include a Primary Insured's registered domestic partner. We reserve the right to request proof of the legally recognized status of a marriage, civil union, or domestic partnership. *Any reference in the Policy to divorce shall also include the legal dissolution of a civil union or domestic partnership.*

The Owner may terminate the Spouse's insurance by notifying us in writing. If the Primary Insured divorces and remarries (or terminates a civil union or domestic partnership and enters into a new one, where appropriate), the person designated as Spouse may be changed by following the procedures under the *Adding New Covered Persons* provision of the Policy. Only one person may be insured as a Spouse at any given time.

Standard Fertility Preservation Treatment means a procedure undergone by a Covered Person in connection with Cancer treatment to mitigate reproductive harm. For purposes of Policy benefits, covered procedures are limited to the following:

1. radical trachelectomy;
2. ovarian transposition;
3. sperm cryopreservation;
4. embryo cryopreservation;
5. oocyte cryopreservation;
6. ovarian tissue freezing;
7. in vitro fertilization; or
8. storage of harvested sperm or ova.

Standard Reference Compendia means:

1. the United States Pharmacopoeia Drug Information;
2. the American Medical Association Drug Evaluation; and
3. the American Hospital Formulary Service Drug Information.

Terminally Ill means the Covered Person is no longer receiving definitive Cancer treatment and is expected by the Covered Person's primary Physician to live for six months or less.

Total Disability or Totally Disabled means the Primary Insured is unable to perform all of the substantial and material duties of his or her regular occupation as required by his or her employer (if any). Total Disability must be certified by the Primary Insured's Physician. The Primary Insured is deemed Totally Disabled during any period of Hospital Confinement.

We, us, our means National Teachers Associates Life Insurance Company.

BENEFITS

Subject to the terms, conditions, limitations, and exclusions of the Policy, and upon receipt of proof of loss, we will pay the benefits described below for the Medically Necessary care and treatment of a Covered Person for Cancer that is First Diagnosed more than 30 days following the Coverage Effective Date for that person. The care and treatment must be the direct result of Cancer, or a surgical incision infection arising directly out of a Covered Surgery, and must be incurred while the Policy is in force for the Covered Person for any benefits to be payable. The care and treatment must be furnished by or under the supervision of a Physician. The benefit amounts and any applicable maximums payable for each benefit are shown in the Policy Benefits Schedule, unless otherwise stated in the benefit itself.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. The Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than incision infections arising directly out of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

1. CANCER DIAGNOSIS BENEFITS

A. Express Payment Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when Cancer, other than Skin Cancer, is First Diagnosed in the Primary Insured or Spouse more than 30 days following the Coverage Effective date for that individual. Claims for this benefit must be accompanied by a copy of the pathology report or a medical record which evidences Cancer, consistent with the requirements stated the definition of Cancer. We will pay this benefit even when Cancer is not diagnosed until after death. We will pay this benefit only once for each Primary Insured or Spouse, regardless of the number of Cancer diagnoses the person experiences. This benefit is not payable for Skin Cancer. This benefit is not payable for Cancer that is First Diagnosed in a Child.

B. Express Payment Child Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when Cancer, other than Skin Cancer, is First Diagnosed in a covered Child more than 30 days following the Coverage Effective date for that Child. Claims for this benefit must be accompanied by a copy of the pathology report or a medical record which evidences Cancer, consistent with the requirements stated the definition of Cancer. We will pay this benefit even when Cancer is not diagnosed until after death. We will pay this benefit only once for a covered Child, regardless of the number of Cancer diagnoses the Child experiences. This benefit is not payable for Skin Cancer. This benefit is not payable for Cancer that is First Diagnosed in the Primary Insured or Spouse.

2. CANCER SCREENING AND TESTING BENEFITS

A. Wellness Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes or receives documented services for any individual or combination of the following screening exams, if or when the exam used for the detection of Cancer: Human Papilloma Virus test; mammogram; CT scan; breast ultrasound sonogram; manual breast exam by Physician; pap smear (lab only); flexible sigmoidoscopy; x-ray; thermography; colonoscopy; virtual colonoscopy; blood test to detect Cancer; and biopsy which does not result in a diagnosis of Cancer. This benefit will also be paid for vaccinations intended to prevent diseases which are commonly associated with or which commonly develop into Cancer. This benefit is payable only once per Calendar Year for each Covered Person.

B. National Cancer Institute Evaluation/Consultation Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services for consultation or evaluation at a National Cancer Institute Cancer Center to determine the appropriate course of his or her Cancer treatment. We will also pay the benefit amount shown in the Policy Benefits Schedule for the Covered Person's transportation to the National Cancer Institute Cancer Center if the center is more than 100 miles from the Covered Person's home. This Transportation for Consultation Benefit is not payable on the same day that the Covered Person Transportation Benefit is paid. The Consultation Benefit is not payable as a Second and Third Surgical Opinion Benefit. This benefit is payable only once per Covered Person.

3. HOSPITALIZATION BENEFITS

A. Hospital Confinement Benefit.

During the first 60 Days that a Covered Person is Hospital confined as an Inpatient for any One Period of Confinement, we will pay the daily benefit amount shown in the Policy Benefits Schedule. The Hospital confinement must be for the care and treatment of Cancer. If Cancer cannot be positively diagnosed until after

the death of the Covered Person, this benefit will not be paid for more than 45 days of continuous confinement prior to the date of death.

B. Extended Confinement Benefit.

Beginning on the 61st Day of any One Period of Confinement for a Covered Person as an Inpatient in a Hospital, we will pay the daily benefit amount shown in the Policy Benefits Schedule. The Hospital confinement must be for the care and treatment of Cancer. This benefit is **payable in lieu of all other benefits, other than Waiver of Premium**, which may otherwise arise during such extended confinement.

C. Private Duty Hospital Nurse Benefit.

During the first 60 Days of One Period of Confinement for the care and treatment of Cancer, we will pay the daily amount shown in the Policy Benefits Schedule if the Covered Person receives a minimum of four hours of the documented services of a private duty Nurse. Such services must be Medically Necessary and ordered by the attending Physician.

D. Hospital Drugs and Testing Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented drugs or diagnostic testing administered during One Period of Confinement for the care and treatment of Cancer. Calendar Year maximum applies.

4. CHEMOTHERAPY, RADIATION, IMMUNOTHERAPY AND RELATED BENEFITS

Drugs and medicines are covered under benefits 4(A-C) below if they are used for the purpose of modification or destruction of Cancer (please see the definition of Chemotherapy Treatment for more details). These drugs and medicines must be approved as antineoplastic drugs by the United States Food and Drug Administration (FDA). We will not deny coverage of a drug solely on the grounds that it has not been approved by the FDA for the treatment of the specific type of Cancer for which it has been prescribed, provided that such drug is recognized for treatment of that specific type of Cancer in one of the Standard Reference Compendia or in Medical Literature. Coverage does not extend to non-approved drugs, drugs found by the FDA to be contraindicated or considered by them to be experimental.

Benefits are not payable under this section for medication, such as anti-nausea medication, which is used to treat the side effects of chemotherapy, radiation, immunotherapy, and hormonal therapy. These benefits are not payable for the treatment planning, physical examinations, checkups, diagnostic x-rays, or laboratory tests that are related to radiation therapy, Chemotherapy Treatment, immunotherapy, or hormonal therapy treatment. However, such medications and procedures may be covered by other benefits under this Policy. These benefits are not payable on the same day that the Experimental Treatment Benefit is paid.

A. Inpatient/Outpatient Injected Chemotherapy Benefit.

We will pay the daily benefit amount shown in the Policy Benefits Schedule for each day in which a Covered Person receives documented services for the professional administration, by injection, of Chemotherapy Treatment which he or she receives during the first 60 Days of One Period of Confinement in a Hospital or on an Outpatient basis in an Outpatient Care Facility. This benefit is not payable for medications that are payable under Immunotherapy or Hormonal Therapy Benefit.

B. In-Home Injected Chemotherapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services, such as the filling of a prescription, for self-injected Chemotherapy Treatment or Chemotherapy Treatment which is self-administered by pump. This benefit is not payable for medications that are payable under Immunotherapy or Hormonal Therapy Benefit.

C. Non-Hormonal Oral Chemotherapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person receives documented services, such as the filling of a prescription, for oral Chemotherapy Treatment. This benefit is not

payable for medications that are payable under the Inpatient/Outpatient Injected Chemotherapy Benefit, In-Home Injected Chemotherapy Benefit, or Immunotherapy or Hormonal Therapy Benefit.

D. Radiation Benefit.

We will pay the daily benefit amount as shown in the Policy Benefits Schedule for each day in which a Covered Person undergoes or receives documented services for any radiation therapy which is received during the first 60 days of One Period of Confinement in a Hospital or on an Outpatient basis in an Outpatient Care Facility. The radiation therapy must be for the purpose of modification or destruction of Cancer.

E. Immunotherapy or Hormonal Therapy Benefit.

We will pay the monthly benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes or receives documented services for prescribed immunotherapy or hormonal therapy treatment for Cancer. This benefit is designed to cover immunotherapy drugs (such as Rituxan, Herceptin, Filgrastim, and similar medications), hormonal therapy drugs (such as Tamoxifen, Arimidex, Zoladex, and similar medications), and the administration thereof. This benefit is not payable for medications that are payable under the Inpatient/Outpatient Injected Chemotherapy Benefit, In-Home Injected Chemotherapy Benefit, or Non-Hormonal Oral Chemotherapy Benefit.

F. Blood, Plasma and Platelets Benefit.

During the first 60 days of One Period of Confinement or in an Outpatient Care Facility, we will pay the benefit amount shown in the Policy Benefits Schedule for each unit of blood, plasma and platelets, and the administration thereof, a Covered Person receives in connection with the care and treatment of Cancer. Calendar Year maximum applies for units administered.

5. TRANSPORTATION AND TRAVEL BENEFITS

A. Ambulance Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule for two one-way trips, per One Period of Confinement, by ground and air ambulance to or from a Hospital if a Covered Person receives the documented services of a licensed professional ambulance company. The benefit is only payable if the primary cause of the Hospital visit is the evaluation of symptoms of Cancer or the Medically Necessary care or treatment of Cancer. Benefit amount differs for ground ambulance and air ambulance.

B. Covered Person and Family Transportation Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule, per round trip, if a Covered Person or any family member of the Covered Person incurs charges for qualifying travel. Where a Covered Person travels alone or with any accompanying family members, qualifying travel must be: (1) for the purpose of care or treatment of the Covered Person's Cancer; and (2) to and from a Hospital or Outpatient Care Facility more than 100 miles from the (patient) Covered Person's home. The Cancer care or treatment for which the Covered Person is traveling must be prescribed by the Covered Person's Physician.

Where a family member is traveling without the company of the Covered Person, the benefit is payable only for the mileage of a family member over the age of 18. The family member's qualifying travel must be: (1) to accompany or visit a Covered Person who is receiving treatment for Cancer on an Inpatient or Outpatient basis; and (2) to and from a Hospital or Outpatient Care Facility more than 100 miles from the (patient) Covered Person's home. The travel must be solely for the purpose of accompanying or visiting a Covered Person who is receiving Cancer treatment prescribed by his or her Physician.

This benefit is a mileage allowance for travel using the most direct route, regardless of the method of travel. Benefits will not exceed the benefit amount shown in the Policy Benefits Schedule. This benefit is limited to 2 round trips per Calendar Year, regardless of the number of Covered Persons or family members traveling on each round trip. Calendar Year maximum applies.

C. Outpatient Lodging Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person incurs charges for qualifying lodging in a motel or hotel room. The qualifying lodging must: (1) be used by the Covered Person; and (2) take place while the Covered Person receives qualifying treatment. Qualifying treatment means care or treatment for Cancer at a Hospital or Outpatient Care Facility that is more than 100 miles from the Covered Person's home. The treatment must be prescribed by the Covered Person's Physician. Benefits will not exceed the maximum daily benefit amount or maximum number of days shown in the Policy Benefits Schedule. Calendar Year maximum applies.

D. Family Member Lodging Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person's family member, who is over the age of 18, incurs charges for qualifying lodging in a motel or hotel room. The purpose of the qualifying lodging must be to accompany or visit a Covered Person who is Hospital confined for qualifying treatment. Qualifying treatment means Cancer care or treatment that is: (1) prescribed by the Covered Person's Physician; (2) received at a Hospital more than 100 miles from the (patient) Covered Person's home; and (3) received on an Inpatient basis. Benefits will not exceed the maximum daily benefit amount or maximum number of days shown in the Policy Benefits Schedule. This benefit is not payable if the Outpatient Lodging benefit is paid for the same hotel or motel room. Calendar Year maximum applies.

6. SURGICAL BENEFITS

A. Second and Third Surgical Opinion Benefit.

Once a Covered Person has received a positive Cancer diagnosis for which the attending Physician has recommended surgery, we will pay the benefit amount shown in the Policy Benefits Schedule if the Covered Person receives a documented second surgical opinion. If the second opinion contradicts the first Physician's opinion, we will also pay this benefit if the Covered Person receives a documented third opinion. The second and/or third opinion must be given by Physicians who are not associated with the Physician(s) providing the previous surgical opinions. This benefit is not payable on the same day that the National Cancer Institute Evaluation/Consultation Benefit is paid.

B. Surgical Facility Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person undergoes a Covered Surgery and receives documented services for the use of a surgical facility (e.g., operating room) within a Hospital or Outpatient Care Facility. This benefit is not to exceed the per-facility amount shown on the Policy Benefits Schedule for a surgical facility billed by a Hospital or Outpatient Care Facility for a Covered Surgery. This benefit is not payable for Skin Cancer.

C. Surgeon's Fee Benefit.

We will pay this benefit when a Covered Person undergoes or receives documented services for a Covered Surgery for the care and treatment of Cancer during the first 60 days of One Period of Confinement or in an Outpatient Care Facility. We will pay the lesser of the following for each covered operation: (1) the benefit amount shown in the Policy Benefits Schedule; or (2) the Relative Value Units for the operation multiplied by the value of the unit factor shown in the Policy Benefits Schedule. The amount payable under this benefit includes charges made by the surgeon for postoperative care.

Two or more surgical procedures performed through the same incision will be considered one operation. In this case, we will pay for the procedure with the greatest benefit amount. However, we will not consider the two procedures to be one operation if the second procedure is a Covered Surgery for the care and treatment of an infected incision resulting from a previous Covered Surgery.

A Covered Surgery that is a reconstructive surgery must be performed within three years of a Covered Surgery (for the care and treatment of Cancer) for which we paid a Surgeon's Fee benefit in order to be payable. A covered reconstructive surgery, as to breast surgery, includes coverage for all stages of surgery performed on a

non-diseased breast to establish symmetry with the diseased breast when reconstructive surgery is performed on a diseased breast.

D. Anesthesia Benefit.

We will pay the benefit amount shown on the Policy Benefits Schedule for anesthesia drugs and documented anesthesia services which the Covered Person receives from a Hospital, Outpatient Care Facility, or Physician. Anesthesia benefits will only be provided for a Covered Surgery or related reconstructive surgery performed during the first 60 days of One Period of Confinement or in an Outpatient Care Facility.

E. Bone Marrow Transplant Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes the permanent implantation of human bone marrow tissue solely in connection with treatment for the Covered Person's Cancer, whether such treatment is approved or experimental. If the Covered Person receives bone marrow from another person, we will also pay the Owner the Donor Benefit amount shown in the Policy Benefits Schedule. These benefits are not payable on the same day that the Experimental Treatment Benefit is paid. Benefits under this section are payable only once per Covered Person. This benefit is in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

F. Stem Cell Transplant Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes a peripheral stem cell transplant for the treatment of his or her Cancer. We will only pay this benefit once per Covered Person. This benefit is in lieu of the Surgical Facility Benefit, Surgeon's Fee Benefit, and Anesthesia Benefit.

G. Surgically Implanted Prosthesis Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule, per prosthetic device, if a Covered Person receives documented services for the surgical implantation of a prosthetic device made necessary as the direct result of a Covered Surgery. Maximum two surgically implanted prosthetic devices per Covered Person.

7. CONTINUING CARE BENEFITS

A. Annual Treatment Support Benefit.

We will pay the benefit amount listed on the Policy Benefits Schedule for each full Calendar Year following the Calendar Year during which the Covered Person was diagnosed with Cancer, if we are provided with proof that the Covered Person remains under the active care of a Physician for Cancer. This benefit is designed to cover Outpatient laboratory testing, such as routine blood work or urinalysis, and other generalized care and screening following chemotherapy and radiation treatments. This benefit is not payable for Skin Cancer and is available only for the first five years following the Calendar Year during which the Covered Person's Cancer was First Diagnosed.

B. Dental Care Services Benefit.

We will pay the benefit amount listed on the Policy Benefits Schedule if Covered Person undergoes dental services performed by a Physician or doctor of dental surgery (D.D.S.) after experiencing tooth or jaw loss, damage, or decay as a direct result of Cancer or the treatment thereof. Covered dental services include tooth extraction and reconstructive work received during Cancer treatment or within five years following the date on which the Covered Person's Cancer was First Diagnosed. Limit one benefit payment for dental services per Covered Person.

C. Post-Hospitalization Extra Care Services Benefit.

After a Covered Person has been Hospital Confined as the result Cancer for which benefits have been paid under this Policy, we will pay the daily benefit amount shown in the Policy Benefits Schedule if the Covered Person is documented as: (1) being confined for an overnight stay in a Skilled Nursing Facility; (2) being confined for an overnight stay in a rehabilitation facility; (3) receiving the service of a private duty Nurse for at least four hours during a day while confined at home; (4) receiving care from a home health care service while

confined at home; or (5) receiving the services of a registered physiotherapist other than on an Inpatient basis. The services covered under this benefit must begin during the immediate 14 days following One Period of Confinement in a Hospital. All services must be Medically Necessary and ordered by the attending Physician. This benefit will not be paid for any care or treatment more than 180 days after discharge from a Hospital confinement. This benefit is only payable for the maximum number of days shown on the Policy Benefits Schedule for each covered One Period of Confinement. The daily maximum for this benefit is the daily benefit amount shown in the Policy Benefits Schedule, regardless of the number of treatments received or the combination of covered services. This benefit is not payable on the same day the Hospital Confinement Benefit is payable for the Covered Person.

D. Hospice Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule where documented care is provided by a licensed Hospice facility or service provider to a Covered Person who is Terminally Ill. Benefit amount reduces by 50% on the 31st day of Hospice care. Lifetime maximum applies.

E. Non-Surgical Prosthesis Benefit.

We will pay the benefit amount shown in the Policy Benefits Schedule when a Covered Person receives documentation evidencing the use or procurement of prosthetic devices or related supplies, prescribed as a direct result of Cancer treatment and that do not require surgical implantation. This benefit is payable for such devices as special bras, ostomy pouches, wigs, and hairpieces.

8. PEACE OF MIND BENEFITS

A. Pain Management and Alternative Care Benefit.

We will pay the monthly benefit amount listed in the Policy Benefits Schedule if a Covered Person receives documented services for pain management or alternative care during Cancer care or treatment, including follow-up care. The care must be received for the purpose of alleviating the effects of Cancer or the effects of Cancer treatment itself. The care must be administered or prescribed by a licensed health care practitioner or licensed mental health care professional. This benefit is payable for care and treatment such as acupuncture, behavioral or emotional counseling, pain medication (other than over-the-counter medication), respiratory therapy, magnetic therapy, and herbal medicine. The benefit also covers other chemical substances and related medical supplies that are administered, or used in administration, in connection with antineoplastic drugs, including anti-nausea drugs and other medication prescribed for the side effects of chemotherapy and radiation therapy. To receive this benefit for drugs and medicines, we must be provided with evidence of a filled prescription. This benefit is not payable for Skin Cancer and is not available while the Hospice Benefit is payable for the Covered Person. This benefit is not payable for chiropractic care. This benefit is payable for a maximum of 12 months following the date on which the Covered Person's Cancer was First Diagnosed.

B. Experimental Treatment Benefit.

We will pay the daily benefit amount shown in the Policy Benefits Schedule if a Covered Person undergoes experimental Cancer treatment for the purpose of modifying or destroying abnormal tissue. Treatment must be consistent with one or more National Cancer Institute-sponsored protocols. This benefit is not payable for laboratory tests, diagnostic x-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. However, such procedures may be covered by other Policy benefits. This benefit is not payable on the same day that any Inpatient/Outpatient Injected Chemotherapy Benefit, Radiation Benefit, or Bone Marrow Transplant Benefit is paid.

C. Fertility Treatment Benefit.

We will pay the benefit amount shown on the Policy Benefits Schedule if a Covered Person undergoes Standard Fertility Preservation Treatments after the Coverage Effective Date, and after Cancer other than Skin Cancer is First Diagnosed, if a Physician has determined that treatment for Cancer may directly or indirectly cause the Covered Person to suffer iatrogenic infertility. This benefit is a lump sum that is payable only once per Covered Person. Cancer must be First Diagnosed following the Coverage Effective Date of the Policy.

D. Pet Boarding Benefit.

We will pay the daily benefit amount shown on the Policy Benefits Schedule if a Covered Person incurs charges for boarding services at a licensed kennel or veterinarian's office for his or her pet or pets while that Covered Person is Hospital confined for Cancer treatment. This benefit is payable the same number of days that a Covered Person is payable as a single benefit, regardless of the number of pets boarded.

E. Waiver of Premium Benefit.

If the Primary Insured becomes Totally Disabled for more than 90 days as the result of Cancer which is First Diagnosed more than 30 days after the Coverage Effective Date, we will waive the premiums that fall due for this Policy and any attached Riders while the Total Disability continues. The Total Disability must begin before the Policy anniversary following the Primary Insured's 60th birthday. Upon approval of this benefit, waiver of premium will begin on the Renewal Date next following 90 days of continuous Total Disability. The premium must be paid during this waiting period. Once the Total Disability ends for at least 30 days, any future Total Disability will be considered a new period of Total Disability. After the period of Total Disability ends for which premiums have been waived, the Policy will continue in force by timely payment of premiums as they become due. This benefit does not apply to the disability of a Spouse or Child insured under this Policy. This benefit is payable in addition to the Extended Confinement Benefit.

EXCLUSIONS AND LIMITATIONS

No benefits are provided for services or supplies that are not Medically Necessary. We will not pay benefits for care or treatment that is:

1. not due to Cancer;
2. made necessary due to medical malpractice occurring during the treatment of Cancer;
3. in excess of any maximum benefit amount in the Policy Benefits Schedule or otherwise described in this Policy; or
4. attributable to Cancer that is First Diagnosed within 30 days following the Coverage Effective Date. If Cancer is First Diagnosed within 30 days following the Coverage Effective Date for a Covered Person, the Express Payment Benefit will not be payable, and benefits for any care and treatment of that specific condition will only be paid for the care and treatment received more than 2 years after the Coverage Effective Date.

This Policy is designed to cover Cancer and surgical incision infections arising directly out of a Covered Surgery. This Policy will also provide benefits for a condition or disease directly caused or aggravated by Cancer (for which benefits are payable under the Policy) or the treatment of Cancer. However, benefits will not be provided for care and treatment of such illnesses as pneumonia, thrombosis, bacterial or viral infection (other than infections at the incision site of a Covered Surgery), adverse reactions to anesthesia, and adverse reactions to medication unless the Company is provided with a specific written statement from the treating Physician and supportive medical documentation which confirms that the illness was directly caused or aggravated by a covered Cancer or the treatment of a covered Cancer.

If a covered Hospital confinement or expense is due to more than one covered Cancer, benefits will be payable only for the covered Cancer with the greater expense. If a confinement or expense due to a covered Cancer is also due to a disease that is not covered, benefits will be payable only for the part of the confinement or expense attributable to the covered Cancer.

PREEXISTING CONDITIONS LIMITATION

This Policy and any Riders attached to the Policy, including any changes approved by us which the Owner requests which increase Policy or Rider benefits, do not cover Preexisting Conditions for a Covered Person for the 2 years following the Coverage Effective Date for that person.

Persons or conditions excluded in the Application are never covered unless there is an amendment attached to this Policy that waives the exclusion. The preexisting condition limitation does not apply to a Child born to or adopted by the Primary Insured after this Policy is in force.

PREMIUMS

Payment of Premium. The first premium is due on the Issue Date. This Policy may be continued to the next Renewal Date by timely payment of premium. All premiums are to be paid to us, and are due on the last day of the term for which the most recent premium was paid. The premium for this Policy may change, as stated in the *Renewal Premiums* provision below.

Refund of Prepaid Premiums. If the death of a Covered Person requires a change to the Plan selected (for instance, changing from a Family Plan to a One Parent Plan), we will refund to the Owner any prepaid premiums attributable to the Covered Person for any period beyond the end of the Policy month in which the death occurred. The refund will be available when we are provided written notice and proper evidence of the death. It is the duty of the Owner, executor, or administrator of the estate of the Covered Person, or their designee, to provide us with prompt notice of the death of the Covered Person.

Renewal Premiums. Renewal premiums will be at the premium rates in effect on each Renewal Date. We may change the premium rates for this Policy. If we do change the premium rates, we will do so only if we change the premium rates for all policies of this form number and premium classification issued in the same state as this Policy. Premium classification is determined by issue age, type and level of benefits, underwriting classification, and payment method. We will notify the Owner in writing at the Owner's last known address at least 31 days before the change becomes effective.

TERMINATION OF COVERAGE

Termination of Policy. This Policy will terminate and coverage will end for all Covered Persons on the earliest of:

1. the Renewal Date if the required premium is not paid when due, subject to the Grace Period; or
2. the date of the Owner's death, subject to the *Continuation of Policy After Owner's Death* provision.

No benefits for Cancer treatment incurred after the termination of this Policy will be payable for any Covered Person except for Hospital confinement benefits, if the Hospital confinement begins before the coverage ended and ends after the coverage has terminated. Hospital confinement benefits will be paid for a period not to exceed 90 days.

Grace Period. This Policy has a 31-day Grace Period. This means that if a premium is not paid on or before the Renewal Date, it may be paid during the 31 days following the Renewal Date.

Reinstatement. If the renewal premium is not paid before the Grace Period ends, the Policy will lapse as of the Renewal Date. After the Policy lapses, if we accept premium but do not require a completed application for reinstatement, we will reinstate this Policy, effective on the date we accept the premium.

If we require an application for reinstatement, our Home Office will send the Owner a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. The application will be deemed approved on the 45th day after the date of the conditional receipt, unless we have previously written the Owner of our disapproval. If the Policy is reinstated, the reinstatement application will be subject to the *Incontestable* provision beginning from the reinstatement approval date.

If the Policy is reinstated, we will pay benefits only for Cancer that is First Diagnosed after the 10th day following the reinstatement approval date, unless the Cancer was First Diagnosed previously while the Policy was in force. For purposes of any Riders, the reinstated coverage will cover only loss from injury sustained after the reinstatement approval date, or sickness that is First Diagnosed or other covered procedures that are incurred after the 10th day following the reinstatement approval date. Except for any conditions added because of reinstatement, both the Owner's rights and ours will be the same as before the Policy or any Rider lapsed.

Plan Changes. In the event of the death of the Primary Insured's Spouse (if such Spouse is a Covered Person), upon written notice of such death and written request to change the Plan from the Owner, we will change the Plan of insurance to one which reflects the termination of the Spouse's coverage.

A Child's insurance will automatically terminate at the end of the Policy month in which that Child ceases to meet the definition of a Child. The Owner must notify us of any request to change the Plan type (e.g., if the Primary Insured does not have any remaining covered Children, and the Owner wishes to change from a One Parent Plan to an Individual Plan).

Changes of any Plan type which result in a lower premium due to a termination in coverage of a Child or Spouse may be made up to 12 months retroactive to the date of the request, but not earlier than the date on which there were no persons meeting the definition of a Child or Spouse (as appropriate). Premiums will be refunded for the difference between the old Plan and the new Plan, but no refunds greater than this excess for 12 months will be made. Our acceptance of premium for such terminated Covered Person does not mean that we will provide benefits under the Policy.

ADDING OR DELETING COVERED PERSONS

Adding New Covered Persons. An application must be completed and approved by the Home Office if: (1) the Individual Plan or One Parent Plan was initially selected, and the Owner wishes to add coverage for the Primary Insured's Spouse and/or Children; or (2) the Family Plan was initially selected, coverage was terminated on the Primary Insured's former spouse, and the Owner wishes to add coverage for the Primary Insured's new spouse and/or new stepchildren.

Proof must be furnished that the persons are insurable by our underwriting standards, and any additional premium due because of a change in the Plan type must be paid. The additional coverage requested will not be effective until the application has been approved by our Home Office. The new Covered Person's coverage will be subject to the exclusions for Preexisting Conditions and waiting period. The Coverage Effective Date for a Covered Person added after the Issue Date will be shown on a revised Schedule Page.

Deletion of Covered Persons. If a plan was initially selected which included the Primary Insured's Spouse and/or Children, the Owner may change the plan to delete coverage for the Spouse and/or Children. To change the plan type to delete Covered Persons, the Owner must notify us in writing. The change will be effective as of the end of the Policy month next following the date we receive notice, or at the end of a later Policy month if requested.

If we accept premium for a Covered Person whose coverage is terminated, we will refund any excess premium paid for the terminated Covered Person effective as of the end of the Policy month in which the coverage was terminated. Our acceptance of premium for such terminated Covered Person does not provide benefits under the Policy other than a return of the excess premium.

CONVERSION AND CONTINUATION PRIVILEGE

Conversion Of Child's Coverage. When a Child's coverage ends because he or she is no longer eligible as a Child, coverage for the Child may be converted to a new policy. An application must be completed for the new policy and the required premium paid within 31 days of the date that the Child's coverage terminates. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the child's state of residence which is most similar to this Policy, and the new policy will contain any limitations contained in this Policy for the child. All waiting periods that have been satisfied under this Policy will be considered as being met under the new policy. Coverage under the new policy will begin on the date next following the date the Child's coverage terminates under this Policy.

Conversion Of Spouse's Coverage. When the Owner requests termination of a covered Spouse's coverage due to divorce or legal separation, the Spouse may convert his/her coverage to a new policy. To be issued a new policy, the Spouse must complete an application and pay any required premium within 31 days of the date that the Spouse's coverage under this Policy ends. The new policy will be issued without requiring evidence of good health. We will use the policy form we are then offering in the Spouse's state of residence which is most similar to this Policy, and the new policy will contain any limitations contained in this Policy for the Spouse. All waiting periods that have been satisfied under this Policy will be considered as being met under the new policy. Coverage under the new policy will begin on the date next following the date the Spouse's coverage terminates under this Policy. At the option of the Spouse, any Children covered under this Policy (for whom the Spouse has the legal obligation of support) may also be converted to the new policy. Conversion for any Children is subject to the same conditions as the Spouse's conversion.

Continuation Of Policy After Owner's Death. In the event of the Owner's death, Covered Persons insured under this Policy have the right to continue their coverage by paying the required premium when due or within the Grace Period.

CLAIM PROVISIONS

Notice Of Claim. Written notice of claim must be given to us within 90 days after a covered loss starts or as soon as reasonably possible. The notice must be given to us at our Home Office. Notice should include the name of the Covered Person and Policy number. Providing a proper notice of claim within the provisions contained in this Policy is an express condition precedent to any claim payment. Failure to submit a notice of claim within these provisions will be deemed prejudicial to us.

Claim Forms. When we receive notice of claim, we will send forms for filing proof of loss. If these forms are not sent within 15 days after we receive proper notice of claim, proof of loss requirements will be met by the Owner providing us with billing records evidencing the nature and extent of the loss. We must receive this statement within the time limit stated in the *Proof of Loss* provision.

Proof of Loss. As an express condition precedent to receiving any benefits under this policy, written proof of loss must be furnished to us within 90 days after the covered loss starts. It is the Owner's responsibility to provide proof of loss documents to the Company. It is not the responsibility of the Company to retrieve such documents from the medical facility or health care provider. Except in the absence of legal capacity, proof must be furnished as soon as reasonably possible, and in no event later than 12 months from the start of the covered loss. Failure to submit proof of loss within these provisions will be deemed prejudicial to us.

Authorization To Obtain Medical Information. If necessary to determine our liability, as part of proof of loss, we may require: (1) proof of eligibility; (2) itemized bills stating the extent of loss; and (3) other information that might affect our liability. We may request your authorization for release of medical data from providers of medical services and from other sources. If any information is not furnished or the release of data is not authorized, we reserve the right to withhold benefits.

Fraud Warning. Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a crime. Penalties include imprisonment, fines and denial of insurance benefits.

Time Of Payment Of Claims. Benefits payable under this Policy will be paid as soon as we receive proper written proof of loss.

Payment Of Claims. We will pay all benefits to the Owner. If the company reasonably believes that it faces a possibility of competing claims for the Policy proceeds, it will be permitted to interplead the Policy proceeds into a court's registry. Such action is not to be construed as a breach of contract or bad faith. Unless prohibited by law, the Company may offset the Policy proceeds for any expenses incurred in relation to this judicial proceeding.

Unpaid Premium. When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

Claim Appeal Process. Our practice is to treat each claim submission fairly, based on the facts we are provided. We will inform the Owner if a claim or any part of a claim is denied. The Owner may have additional information that could change a claim decision. If the Owner believes that our decision is in error, we will re-evaluate the claim. The request for re-evaluation must be in writing and should include the names, addresses, and telephone numbers of any Physicians who treated the Covered Person or facilities that provided care or treatment. The request should be sent to us within 3 years of the time written notice of proof of loss was filed or should have been filed. After we re-evaluate the claim, we will notify the Owner of our decision in writing. Any benefits due as a result of our re-evaluation will be paid as provided in the *Time of Payment of Claims* provision.

Physical Examination and Autopsy. At our expense, we have the right to have a Covered Person examined as often as reasonably necessary while a claim is pending and, where it is not prohibited by law, to require an autopsy when death occurs. We also reserve the right to have a Physician of our choice and at our expense review the medical records to confirm the diagnosis.

GENERAL PROVISIONS

Assignment. This Policy may be assigned. However, to be binding on the Company, any assignment of this Policy must: (1) be in writing; (2) specifically reference our Company by name; and (3) be received by Company prior to the payment of benefits. The Company shall not be charged with notice of assignment until it is recorded in the books and records of the Home Office. The Company is not responsible for the validity of any assignment. The Company shall have no liability for any reasonable decision or action made based on an invalid assignment, including the distribution of Policy benefits. After the Company receives a signed copy of the notarized assignment, the rights of the Owner, the interest of any Covered Person, or the interest of any other person will be subject to the assignment. The rights of any assignee shall be inferior to any indebtedness on this Policy, whether created before or after such assignment.

Conformity with State Statutes. Any provision of this Policy which conflicts with the laws of the state in which the Application for this Policy was signed is amended to conform to the minimum requirements of such state's laws.

Contact Information. The Owner is responsible for notifying the Company of a change of address or telephone number for a party relevant to this Policy (Owner, Primary Insured, Covered Person, Policy payor, etc.). Failure to ensure the Company has the correct telephone number or address may result in a delay or inability to receive premium notices, general correspondence, or other important information regarding this Policy. If the Owner fails to submit and/or maintain current contact information on file with the Company, we will not be responsible for any information not received.

Duplicate Policy Request. At the request of the Owner, we will provide a copy of the insurance policy. An administrative fee may be charged for this service. By ordering a duplicate Policy, the Owner is attesting that the Policy has been lost or destroyed, and that the Policy has not been assigned, hypothecated, or pledged in any way without previously notifying the Company. If the original Policy is found, the Owner agrees to return the duplicate policy to us, our successors, or our assignees.

Entire Contract; Changes. This Policy is a legal contract between the Company and the Owner. This contract is comprised of: (1) this Policy; (2) the initial Application (a copy of which is attached to and made a part of this Policy); (3) any later Applications which we may require for increases in benefits, additional benefit riders, or reinstatement; (4) any riders attached to this Policy; and (5) any endorsements.

Any additional benefit rider attached to this Policy will become a part of this Policy and will be subject to all the terms and conditions of this Policy (unless we state otherwise in writing). Any statement made in the Application(s) by or on behalf of any Covered Person will be, in the absence of fraud, considered a representation and not a warranty. Any written or verbally recorded statement made in or regarding the Application(s) may be used to deny a claim or void this Policy, subject to the *Incontestable* provision.

In order to become effective, any change or waiver of the Policy terms must be: (1) in writing; (2) signed by the President, Vice President, or Secretary of the Company; and (3) endorsed on this Policy. Only these individuals have the authority to change, amend, or waive any provision of this contract.

Incontestable. After this Policy has been in force for a period of 2 years during the Covered Person's lifetime (excluding any period during which he or she is disabled) or 2 years after the date of reinstatement, if later, the Policy shall become incontestable as to the statements contained in the Application regarding the applicable Covered Person, except for fraudulent misstatements. If the Owner applies and is approved for an increase of benefits under this Policy (e.g. upgrading from the Basic Program to the Green Program, or adding a new rider), the increase in benefits shall become incontestable as to the statements contained in the application for increase in benefits after 2 years from the date of such Application (except for fraudulent misstatements).

Legal Action. No legal action may be brought to recover on this Policy: (1) unless notice of claim and proof of loss was provided to the Company within the provisions contained in this Policy; (2) within 60 days after written proof of loss has been given as required by this Policy; and (3) after 3 years from the time written proof of loss is required to be provided to the Company.

Misstatement Of Age. If, due to misstatement of a Covered Person's age, premiums paid for the plan purchased were incorrect, the plan will be changed to a correct plan which the amount paid would have purchased, if such plan is available; otherwise, total benefits paid under the Policy will be limited to the amount of premiums paid.

Nonparticipation. This Policy shall not participate in the surplus of the Company.

Other Insurance With Us. A Covered Person cannot be covered under more than one of our Cancer policies at a time. If we issue more than one such policy, the Owner must select one policy to cancel. We will refund the premiums paid for the cancelled policy for the time duplicate coverage was in effect. If the Owner does not select one policy to cancel, we will automatically cancel the policy purchased most recently.

Ownership. The Owner may exercise all rights and receive all benefits subject to: any written assignment of record with the Company that complies with the *Assignment* provision; and any limitations contained in the application or endorsed on the Policy. These rights include: assigning this Policy; changing ownership; adding or deleting Covered Persons; increasing or decreasing benefits; enjoying all Policy benefits; and exercising all Policy options.

Succession of Ownership. In the event of the Owner's death, the rights of ownership shall pass to the estate of the deceased Owner. Alternatively, the Owner may name a contingent owner in writing if the Owner submits a written request which is: (1) submitted prior to the death of the Owner; (2) received and approved by the Home Office; and (3) recorded in the books and records of the Home Office. This would allow the rights of ownership to pass to the contingent owner upon the death of the Owner.

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

CANCER INSURANCE POLICY

CAUTION: THIS IS A LIMITED POLICY. READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE. THIS IS A CANCER-ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE. IF CANCER IS FIRST DIAGNOSED WITHIN 30 DAYS FOLLOWING THE COVERAGE EFFECTIVE DATE FOR A COVERED PERSON, BENEFITS FOR ANY CARE AND TREATMENT OF THAT SPECIFIC CONDITION WILL ONLY BE PAID FOR THE CARE AND TREATMENT RECEIVED MORE THAN 2 YEARS AFTER THE COVERAGE EFFECTIVE DATE.