

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number:  
Company Tracking Number: GRI-CI1-03  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness  
Limited Benefit  
Product Name: AR CI  
Project Name/Number: AR CI/GRI-CI1-03

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: AR CI

SERFF Tr Num: AMMS-128334680 State: Arkansas

TOI: H071 Individual Health - Specified Disease  
- Limited Benefit

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: H071.001 Critical Illness

Co Tr Num: GRI-CI1-03

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Jean Davis, Jennifer  
Konschake, Debra Schneider,  
Robert Stegner, Luke Peters,  
Colleen Pflug

Disposition Date: 05/16/2012

Date Submitted: 05/04/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AR CI

Status of Filing in Domicile:

Project Number: GRI-CI1-03

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/16/2012

State Status Changed: 05/16/2012

Deemer Date:

Created By: Jennifer Konschake

Submitted By: Jennifer Konschake

Corresponding Filing Tracking Number:

Filing Description:

RE: Filing Submitted for Approval

Golden Rule Insurance Company

NAIC #707-62286

Company Tracking No. GRI-CI1-03

FORMS:

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
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Product Name: AR CI  
Project Name/Number: AR CI/GRI-CII-03  
GRI-CI1-03 Critical Illness Policy  
GRI-CI1-OC-03 Critical Illness Outline of Coverage  
CI-AP-138-03 Application  
ANC-RTM-001 Request to Modify  
SA-S-9-CI Rider - Amendment to policy  
SA-S-10-CI Rider - Amendment to policy

We respectfully submit the attached individual policy forms for your formal approval.

The Data Page should be considered variable in that they will be tailored to reflect the benefits as made available and selected by the individual insured.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

We appreciate your time and attention to this filing.

If there are questions or additional information is needed, please contact me at (800) 232-5432 extension 12867. My fax number is (920) 661-9730, and my email address is [Jkonschake@goldenrule.com](mailto:Jkonschake@goldenrule.com).

State Narrative:

## Company and Contact

### Filing Contact Information

Jennifer Konschake, Product Compliance Analyst  
3100 AMS Blvd.  
Green Bay, WI 54313  
[jkonschake@goldenrule.com](mailto:jkonschake@goldenrule.com)  
800-232-5432 [Phone] 12867 [Ext]  
920-661-9861 [FAX]

### Filing Company Information

Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, IN 46278  
CoCode: 62286  
Group Code: 707  
Group Name:  
State of Domicile: Indiana  
Company Type: Life and Health  
State ID Number:

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
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Product Name: AR CI  
Project Name/Number: AR CI/GRI-CII-03  
(800) 926-7602 ext. [Phone] FEIN Number: 37-6028756  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$350.00  
Retaliatory? No  
Fee Explanation: \$50 x 6 forms + \$50 for rates = \$350.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$350.00	05/04/2012	58947693

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/16/2012	05/16/2012
Approved-Closed	Rosalind Minor	05/08/2012	05/08/2012

### 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	Rosalind Minor	05/04/2012	05/04/2012	Jennifer Korschake	05/07/2012	05/07/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy	Jennifer Korschake	05/15/2012	05/15/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change	Note To Reviewer	Jennifer Korschake	05/10/2012	05/10/2012

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
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 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-CII-03

## Disposition

Disposition Date: 05/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

This filing was re-opened in order for you to replace the policy with an amended policy. The policy is approved effective on this date.

The remainder of the forms will maintain the approval date of 5/8/12.

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):
Golden Rule Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-C11-03

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form (revised)</b>	Policy	Approved-Closed	Yes
<b>Form</b>	Policy	Replaced	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Request to Modify	Approved-Closed	Yes
<b>Form</b>	Application	Approved-Closed	Yes
<b>Form</b>	Rider	Approved-Closed	Yes
<b>Form</b>	Rider	Approved-Closed	Yes
<b>Rate</b>	Rates	Approved-Closed	Yes

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## Disposition

Disposition Date: 05/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Golden Rule 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-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Policy	Approved-Closed	Yes
Form	Policy	Replaced	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Request to Modify	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Rate	Rates	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/04/2012  
Submitted Date 05/04/2012  
Respond By Date

Dear Jennifer Konschake,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy, GRI-C11-03 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: AR CI/GRI-C11-03

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/07/2012  
Submitted Date 05/07/2012

Dear Rosalind Minor,

### Comments:

Good morning,

### Response 1

Comments: Please review the termination provision on page 10 which states that if the insured dies premium will be returned.

### Related Objection 1

Applies To:

- Policy, GRI-C11-03 (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Colleen Pflug, Debra Schneider, Jean Davis, Jennifer Konschake, Luke Peters, Robert Stegner

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 Project Name/Number: AR CI/GRI-CI1-03

**Amendment Letter**

Submitted Date: 05/15/2012

**Comments:**

Good afternoon, please find the newly attached amended policy. As explained in my note and subsequent email we only changed the notice of a premium change. Nothing else was changed. Thank you very much.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GRI-CI1-03	Policy/Contr	Policy act/Fraternal Certificate	Initial					GRI-CI1-03 051512.pdf

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Limited Benefit  
*Product Name:* AR CI  
*Project Name/Number:* AR CI/GRI-C11-03

**Note To Reviewer**

**Created By:**

Jennifer Konschake on 05/10/2012 12:55 PM

**Last Edited By:**

Jennifer Konschake

**Submitted On:**

05/10/2012 12:56 PM

**Subject:**

Change

**Comments:**

Good afternoon, first I want to thank you for your very quick review and approval of this filing. Second, unfortunately I discovered we erroneously changed the time frame for giving notice for a premium increase to 60 days. Our standard is 30 days. I misinterpreted AR 23-85-139 which speaks to payment mode not rate increases. I would like to ask you to please re-open this filing and I will submit the policy with the corrected changes on pages 1 and 12. Please be advised we just gained approval of these forms and have not begun to market them. Your help would be greatly appreciated.

Thank you for your time and consideration.

Jennifer L. Konschake, HIA

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## Form Schedule

Lead Form Number: GRI-C11-03

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/16/2012	GRI-C11-03	Policy/Cont ract/Fraternal Certificate	Policy	Initial			GRI-C11-03 051512.pdf
Approved-Closed 05/08/2012	GRI-C11-OC-03	Outline of Coverage	Outline of Coverage	Initial			GRI-C11-OC-03 042612.pdf
Approved-Closed 05/08/2012	ANC-RTM-001	Other	Request to Modify	Initial			ANC-RTM-001.pdf
Approved-Closed 05/08/2012	CI-AP-138-03	Application/ Enrollment Form	Application	Initial			CI-AP-138-03-0412.pdf
Approved-Closed 05/08/2012	SA-S-9-CI	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Initial			SA-S-9-CI.pdf
Approved-Closed 05/08/2012	SA-S-10-CI	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement	Rider	Initial			SA-S-10-CI.pdf

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nt or Rider

**GOLDEN RULE INSURANCE COMPANY**  
[Address]

**Section 1**

**CRITICAL ILLNESS INSURANCE POLICY**

We will pay benefits for a *loss* as set forth in this *policy*. This *policy* is issued in exchange for and on the basis of statements made on *your* application and payment of the first premium. It takes effect on the applicable *effective date* shown on the Data Page. It will remain in force until the first renewal date and for such further periods for which it is renewed. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

**GUARANTEED RENEWABLE [TO AGE 70] SUBJECT TO LISTED CONDITIONS**

You may keep this *policy* in force [until the next premium due date following the *primary insured's* 70<sup>th</sup> birthday], as long as premiums are paid when they are due. However, we may refuse renewal if there is fraud or a material misrepresentation made by or with the knowledge of a *covered person* in filing a claim for *policy* benefits.

From time to time, we may change the rate table used for this *policy* form. Each premium will be based on the rate table in effect on that premium due date. The age and gender of *covered persons*, tobacco use, type and level of benefits, and place of *residence* on the *policy effective date* are some factors which may be used in determining *your* premium rates. At least 30 days written notice of any plan to take an action or make a change permitted by this clause will be mailed to *you* at *your* last address as shown in *our* records.

**10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY**

If *you* decide *you* do not want this *policy* for any reason, *you* can return it within [10] days after *you* receive it. When it is returned, it will be void as though it was never issued and any premium paid will be refunded.

**IMPORTANT NOTICE:** Please read the copy of *your* application which is attached to and made part of this *policy*. [THIS *POLICY* MAY BE ISSUED ONLY TO INDIVIDUALS WHO ARE INSURED UNDER GOLDEN RULE INSURANCE COMPANY MEDICAL INSURANCE.] This *policy* is issued on the basis that the answers to all questions and ALL information shown on the application are correct and complete. Carefully check the application. Write to *us* within 30 days of the date of receipt of this *policy* if any information shown on the application is not correct or complete. Incorrect information can result in the denial of a claim or termination of this *policy*.

Signed for *the company* as of the effective date:

[Officer Signatures]

This *policy* is a legal contract between *you* and *the company*.

**This is a *critical illness*-only policy. It only provides stated benefits for specified *critical illnesses* or other benefits that may be added. This policy does not provide benefits for any other illness or condition.**

**IMPORTANT: This is a limited policy.**

**READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.**

## Table of Contents

### Section

[1	Face Page
2	Data Page
3	Benefits
4	Limitations and Exclusions
5	Effective and Termination Dates
6	Premium Provisions
7	Claims Provisions
8	General Provisions
9	Definitions]

**Section 2**

**DATA PAGE  
CRITICAL ILLNESS-ONLY INSURANCE**

**Primary Insured:** [John B. Doe  
[123 Street St.  
Anytown, USA]

**Policy Number:** [XXXXXX]

**[Initial Premium:** [\$XX.XX\*]  
[\*Payable Monthly, Quarterly, Semi-annually, Annually]  
**[Payment Method:** [Direct Bill, EFT, Credit Card]]

**[Spouse:** [Jane B. Doe]]

**Policy Effective Date:** [1/1/09]

**AMOUNT PAYABLE**

**Critical Illness Maximum Lifetime Benefit Amount**

Per covered person.....[\$1,000 - \$100,000]

**WAITING PERIOD – First *diagnosis* must be made after the applicable waiting period to be eligible for benefits**

Critical Illness Waiting Period.....[30 days]

**IMPORTANT: Benefits are paid upon first *diagnosis*, as a one time payment, not paid based on actual expenses incurred.**

<b>Critical Illness.....</b>	<b>Percentage of Critical Illness Maximum Lifetime Benefit Amount</b>
[Carcinoma in Situ.....	[25%]
[Coma.....	[100%]
[Coronary Artery Bypass Graft.....	[25%]
[Heart Attack.....	[100%]
[Life-Threatening Cancer [Diagnosed more than 90 days after <i>Effective Date</i> ].....	[100%]
[Life-Threatening Cancer [Diagnosed after the waiting period within the first 90 days of coverage].....	[10%]
[Loss of Hearing.....	[100%]
[Loss of Speech.....	[100%]
[Loss of Vision.....	[100%]
[Major Transplant.....	[100%]
[Paralysis	
[Quadriplegia].....	[100%]
[Paraplegia].....	[50-100%]
[Hemiplegia].....	[50-100%]
[Renal Failure.....	[100%]
[Stroke.....	[100%]

**Reduction Schedule**

When a covered person reaches age 65, the critical illness maximum lifetime benefit amount then in force for that covered person will automatically be reduced by 50%.

## Section 3

### BENEFITS

**Amount Payable:** We will pay the applicable Percentage of Critical Illness Maximum Lifetime Benefit Amount for Critical Illnesses as specified below, subject to the following:

1. *Your or your spouse's date of diagnosis* must occur after the *critical illness* waiting period has been satisfied;
2. The *diagnosis* must be made within the United States;
3. The *diagnosis* must be made while *you or your spouse* is a *covered person* under this *policy*;
4. The total benefits payable under this *policy* for a *covered person* for all *diagnosis* of a *critical illness* will not exceed the *critical illness maximum lifetime benefit amount*; and
5. Benefits are subject to all other terms, conditions limitations and exclusions under the *policy*.

#### **Critical Illness Diagnosis Requirements**

We reserve the right to have any *diagnosis* of a *critical illness* reviewed by a *physician* of *our* choice. In the event of any dispute or disagreement regarding the appropriateness or correctness of the *diagnosis*, we shall have the right to request an examination of either the *covered person* or the evidence used in arriving at the *diagnosis* by an independent, acknowledged expert selected by *us* in the applicable field of medicine.

#### **Critical Illness Maximum Lifetime Benefit Amount**

If a *covered person's date of diagnosis* occurs after the applicable *critical illness* waiting period indicated below, and while this *policy* in force, we will pay *you or your beneficiary* the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page].

The portion of the *critical illness maximum lifetime benefit amount* payable depends on the type of *critical illness* [as specified in Section 1/on the Data Page].

If *you or your spouse* receive(s) benefits payable for a *critical illness* of less than 100% of the *critical illness maximum lifetime benefit amount* and later receive(s) a *diagnosis* for a different *critical illness*, we will pay the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/Data Page], for the *critical illness*, less any prior amounts paid or payable under this *policy*.

Total benefits payable under this *policy* for a *covered person* will not exceed the *critical illness maximum lifetime benefit amount*.

#### **Critical Illness Waiting Period**

There is a [30-day] waiting period from each *covered person's effective date* of coverage under this *policy* before any benefits are available for any *critical illness*.

#### **[Carcinoma in Situ**

If *you or your spouse's date of diagnosis* for *carcinoma in situ* is after the [30 day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

*Carcinoma in situ* must be diagnosed pursuant to a pathological or clinical *diagnosis*.]

#### **[Coma**

If *you or your spouse's date of diagnosis* as being comatose is after the [30 day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of *coma* must indicate that neurological deficit is present.]

#### **[Coronary Artery Bypass Graft**

If *you or your spouse* receive(s) a *diagnosis* for a condition that requires a *coronary artery bypass graft*, if the *date of diagnosis* is after the [30 day] *critical illness* waiting period, and if the *covered person* receives the *coronary* GRI-C11-03

*artery bypass graft* while insured under this *policy*, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

Benefits are limited to one *coronary artery bypass graft* per covered person under this *policy*.

The *diagnosis* of the condition that necessitates the need for a *coronary artery bypass graft* must be made by a *board certified medical doctor* and based on angiographic evidence of the underlying disease.]

**[Heart Attack**

If you or your spouse's date of diagnosis for a heart attack is after the [30 day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of heart attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the *diagnosis*; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

**[Life Threatening Cancer**

If your or your spouse's date of diagnosis with life threatening cancer is more than [90] days after your or your spouse's effective date of coverage under this *policy*, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

If your or your spouse's date of diagnosis with life threatening cancer is within the [90]-day period after your or your spouse's effective date of coverage under this *policy*, but after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page] .

*Life threatening cancer* benefits are payable one time per covered person under this *policy*.

*Life threatening cancer* must be positively diagnosed by a *board-certified medical doctor* certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues or preparations from the hemic system. Such *diagnosis* shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical *diagnosis* alone does not meet this standard unless a pathological diagnosis is medically inappropriate.]

**[Loss of Hearing**

If you or your spouse's date of diagnosis for loss of hearing is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of loss of hearing must be made by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of loss of hearing must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels. Psychiatric related causes are not covered.]

**[Loss of Speech**

If you or your spouse's date of diagnosis for loss of speech is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of loss of speech must be made by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of loss of speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered.]

**[Loss of Vision (blindness)**

If *you* or *your spouse's date of diagnosis* for *loss of vision (blindness)* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of *loss of vision* must be made by a *board-certified medical doctor* in that field of medicine. Psychiatric related causes are not covered. The *diagnosis* of *loss of vision* must indicate that corrected visual acuity must be worse than [20/200] in both eyes, the field of vision must be less than [200] degrees in both eyes or there is a combination of visual defects resulting in the same degree of visual impairment as otherwise stated in this paragraph.]

**[Major Transplant**

If *you* or *your spouse* receive(s) a *major transplant* after the [30-day] *critical illness* waiting period, the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page] will be paid. The *date of diagnosis* of a condition that necessitates a *major transplant* must also be after the [30-day] *critical illness* waiting period.]

**[Paralysis**

If *you* or *your spouse's date of diagnosis* for *paralysis* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

If *you* or *your spouse* receive(s) a *diagnosis* for more than one type of *paralysis*, only the largest percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page] for *paralysis* will be paid.

The *diagnosis* of *paralysis* must include documented evidence of the physical illness or *injury* that caused the *paralysis*.

**[Renal (kidney) Failure**

If *you* or *your spouse's date of diagnosis* for *renal (kidney) failure* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of end stage renal disease must be based on chronic irreversible failure of the function of both kidneys requiring hemodialysis and necessitating kidney transplant.]

**[Stroke**

If *you* or *your spouse's date of diagnosis* for a *stroke* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of *stroke* must be made by a *board certified medical doctor* and based on documented neurological deficits and confirmatory neuroimaging studies.]

**Benefit Reduction at Age 65**

When a *covered person* reaches *age 65*, the *critical illness maximum lifetime benefit amount* then remaining for that *covered person* will automatically be reduced by 50%.

[NOTE: Receipt of *critical illness* benefits may affect eligibility for Medicaid or other government benefits and entitlements.]

## Section 4

### LIMITATIONS AND EXCLUSIONS

No benefits will be paid under this *policy* for *diagnosis* of a *critical illness* to a *covered person* for, due to or resulting from:

1. A *critical illness* for which a *covered person's date of diagnosis* occurs before satisfaction of a *covered person's critical illness* waiting period.
2. *Diagnosis* of a *critical illness* while this *policy* is not in force.
3. Attempted suicide or intentionally self-inflicted *injury* or illness while sane or insane [if committed during the first [24 months] of coverage under this *policy*].
4. Driving a motorized vehicle or operating any machinery while legally intoxicated from alcohol, or driving a motorized vehicle or operating any machinery while under the influence of drugs unless taken as prescribed by a *physician* and provided there is no warning against driving while under the influence of that drug as recommended by a pharmacist, a *physician* or indicated on the prescription drug label instructions.
5. Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as *your physician* prescribes or administers it.
6. Committing or attempting to commit a civil or criminal felony.
7. Service in the armed forces of any country, including non-military units supporting such forces.
8. Engaging in an illegal occupation.
9. Participating in a riot, rebellion or insurrection. Participating means *you* are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
10. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
11. *Injury* or illness caused by an act of declared or undeclared war.
12. Any *injury* or illness sustained while the *covered person* is incarcerated in a state or federal prison or other detention facility.
13. Voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
14. Participation in hazardous activities including but not limited to rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing any type of vehicle in an organized event.
15. Any services performed by a health-care provider or by a member of a *covered person's immediate family*.

#### **Pre-Existing Condition Limitation**

Benefits are not payable for *diagnosis* of a *critical illness* in connection with a *pre-existing condition* during the initial 12 consecutive months after the *covered person* has been enrolled for coverage, including any waiting period for coverage eligibility. *Diagnosis* of a *critical illness* resulting from a *pre-existing condition* commencing thereafter will be covered unless otherwise excluded by the *policy*.

A *pre-existing condition* means any illness or *injury* for which a *covered person* received any *diagnosis*, medical advice or treatment or had taken any prescription medications during the 24 months immediately preceding the *effective date* of the *covered person's* coverage under the *policy* or manifested symptoms which would cause an ordinarily prudent person to seek *diagnosis* or treatment within the [12] months immediately preceding the *effective date* of this *policy*.

**Beneficiary**

A *covered person* can name any person, other than the *covered person's* employer, as a beneficiary. The *covered person* can change the beneficiary at any time without the consent of the designated beneficiary by notifying *us* in writing on a form furnished by *us*. The new designation will be effective when the notice is received by *us*. If *we* pay the proceeds before *we* receive the *covered person's* change request, *we* are released from further liability to the extent of *our* payment. A new designation of beneficiary terminates the interests of the previous beneficiary.

*You* are the beneficiary for *your spouse* until *your spouse* designates a new beneficiary by notifying *us* in writing on a form furnished by *us*.

If more than one beneficiary is designated, but their respective interests are not specified, the beneficiaries will share the proceeds equally. The interest of a beneficiary who dies before the *covered person* will terminate and be shared equally by the named beneficiaries surviving the *covered person*, unless otherwise provided in the beneficiary designation. If the beneficiary dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by *us* as if the *covered person* survived the beneficiary. If there is not a designated beneficiary surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at *our* option, payment may be made to one or more of the following surviving relatives of the *covered person*:

- A. *Spouse*;
- B. Children, including legally adopted children;
- C. Parents; or
- D. Brothers and sisters.

## Section 5

### EFFECTIVE AND TERMINATION DATES

#### Effective Dates for Covered Persons

The *effective date* for all initial *covered persons* begins at 12:01 am standard time at *your* last address shown in our records on the *policy effective date* [shown in Section 2 of this *policy*].

#### Eligibility

*Your spouse* becomes eligible for insurance under this *policy* on the later of:

1. the date *you* become insured under this *policy*; or
2. [the first day of the month after] the date of becoming *your spouse*.

#### Adding Spouse Coverage

If: (A) *you* apply in writing for insurance under the *policy* on *your spouse*; (B) *you* pay the required premiums; (C) *you* furnish *proof of good health*, at no cost to *us*; and (D) *we* agree to insure *your spouse*, then the *effective date* will be shown in the written notice to *you* that *your spouse* is insured as a *covered person*.

#### Termination

A. All coverage under this *policy* will automatically stop on the earliest of the date:

1. We receive your written request to terminate coverage under this *policy*; or
2. The full *critical illness maximum lifetime benefit amount* for both *you* and *your spouse* is paid.

B. A *covered person's* coverage under this *policy* will automatically stop on the earliest of the date:

1. Of the *covered person's* death;
2. When the full *critical illness maximum lifetime benefit amount* is paid for that *covered person*; or
3. At the end of the grace period for which premium was due and remains unpaid.

If *we* accept premium for a *covered person* after the full *critical illness maximum lifetime benefit amount* for that *covered person* has been paid, such premium will be refunded.

The termination date for the above events stated in B. 1 and 2 above is the first of the month following the termination event.

Insurance will terminate at 12:01 a.m. standard time at *your* address on the termination date of coverage. Termination shall be without prejudice to any *loss* incurred while this *policy* was in force.

In the event of termination, *we* will return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the *effective date* of termination.

A *spouse* will cease to be a *covered person* at the end of the month which he or she ceases to be *your spouse* due to divorce.

*We* must receive notification within 31 days of the date an insured ceases to be a *covered person*. If notice is received by *us* more than 31 days from this date, any unearned premium will be credited only from the first day of the *policy* month in which *we* receive the notice.

#### Continuation for Spouse in the Event of Divorce or Death

If any *covered person* dies while this *policy* is in force, this *policy* will remain in force for the remaining *covered persons* as long as premiums continue to be paid.

If the *primary insured* dies, the *policy* may be continued by the *spouse*, if a *covered person*, as the new *primary insured*.

In the event of proof of legal divorce, we may issue a new *policy* providing the same benefits as this *policy*, to your *spouse*, if a *covered person*.

### **Reinstatement**

If your *policy* lapses due to non-payment of premium, it may be reinstated provided:

1. we receive from you a written application for reinstatement within 45 days after the date coverage lapsed;
2. the written application for reinstatement is accompanied by the required premium payment; and
3. we would agree to insure you if you were applying initially for this *policy*.

If we would not agree to insure you if you were applying initially for this *policy*, we will not reinstate coverage.

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated *policy* will pay the applicable percentage of the *critical illness maximum lifetime benefit amount* specified on the *policy* Data Page, subject to the terms, conditions, limitations and exclusions of the *policy*. However, the reinstated *policy* will not cover *critical illnesses* if the date of *diagnosis* (or receipt of major transplant services) occurs between the date this *policy* lapsed and the date it was reinstated.

Changes may be made in your *policy* in connection with the reinstatement. These changes will be sent to you for you to attach to your *policy*. In all other respects, you and we will have the same rights as before your *policy* lapsed.

## Section 6

### PREMIUM PROVISIONS

Each premium is to be paid to *us* on or before its due date. A due date is the last day of the period for which the preceding premium was paid.

#### **Change of Premium**

From time to time, *we* may change the rate table used for this *policy* form. Each premium will be based on the rate table in effect on that premium due date. The age of the *covered persons*, type and level of benefits, and place of *residence* on the *policy effective date* are some of the factors that could be used in determining *your* premium rates. At least 30 days notice of any plan to take any action or make a change permitted by this clause will be mailed to *you* at *your* last address as shown in *our* records.

#### **Grace Period**

*You* have until the 31st day following each premium due date to pay all premiums due. *We* may pay benefits for *diagnosis* of a *critical illness* during the 31 day grace period. Any such benefit payment is made in reliance on the receipt of the full premium due from *you* by the end of the grace period.

However, if *we* pay benefits for a *critical illness* during the grace period, and the full premium is not paid by the end of the grace period, *we* will require repayment of all benefits paid from *you* or any other person or organization that received payment on those claims. If repayment is due from another person or organization, *you* agree to assist and cooperate with *us* in obtaining repayment. *You* are responsible for repaying *us* if *we* are unsuccessful in recovering *our* benefits from these other sources.

#### **[Misstatement of Residence**

*Your* premium will be based on place of *residence* on the *policy effective date*. If *your residence* is misstated on *your* application, or *you* fail to notify *us* of a change of *residence*, *we* will apply the correct premium amount beginning on the first premium due date *you* resided at that place of *residence*. If the change results in lower premium, *we* will refund any excess premium. If the change results in a higher premium, *you* will owe *us* the additional premium.]

#### **[Billing/Administrative Fees**

Upon prior written notice, *we* may impose an administrative fee. *We* will charge a [\$25] fee for any check or automatic payment deduction that is returned unpaid.]

## Section 7

### CLAIMS PROVISIONS

#### Notice of Claim

Written notice of claim must be given to *us* within 30 days after the *diagnosis* of a *critical illness* or as soon as reasonably possible. Notice given to *us* at the address shown on this *policy* or to *our* authorized agent, with information sufficient to identify *you* and the claimant, shall be deemed notice to *us*.

#### Claim Forms

Upon receipt of a notice of claim, *we* will furnish such forms as are usually furnished for filing *proofs of loss*. If such forms are not furnished within 15 days after *our* receipt of notice of claim, the claimant shall be deemed to have complied with the requirements of this *policy* as to *proof of loss* upon submitting, within the time fixed in this *policy* for filing *proofs of loss*, written proof covering the occurrence, the character and the extent of the *loss* for which claim is made.

#### Proof of Loss

An insured person who is diagnosed with a *critical illness* and wishes to file a claim under this *policy*, must request payment under this *policy* and submit *proof of loss* to *us*.

The *critical illness proof of loss* must be submitted to *us* in writing within 90 days from the *date of diagnosis*. No claim will be reduced or denied by *us* if it was not reasonably possible for *you* to submit the *proof of loss* within 90 days.

*Critical illness proof of loss* submitted more than [one year late] will not be accepted unless *you* or your *spouse* had no legal capacity during that year.

#### Time of Payment of Claims

Benefits payable under this *policy* will be paid upon receipt of due written *proof of loss*.

#### Payment of Claims

All benefits are payable to *you*, or upon *your* death, to the beneficiary designated by *you*. If no beneficiary is designated, benefits are payable to *your* estate. If benefits are payable to *your* estate, *we* may at *our* discretion pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage of *yours* or a beneficiary who is deemed by *us* to be equitably entitled thereto. Any payment made by *us* in good faith pursuant to this provision shall fully discharge *us* to the extent of such payment.

#### Physical Examination and Autopsy

*We*, at *our* own expense, shall have the right and opportunity to have the *covered person* examined by a *physician* of *our* choice as often as reasonably necessary during the pendency of a claim, and to have an autopsy performed in the case of death where not forbidden by law.

#### Assignment

Benefits under this *policy* may not be assigned unless endorsed by both *you* and *us*.

## Section 8

### GENERAL PROVISIONS

#### **Entire Contract; Changes**

This *policy*, *your* signed application, and any attached riders or endorsements constitute the entire contract of insurance. No change in this *policy* shall be valid until approved by one of *our* executive officers and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this *policy* or to waive any of its provisions.

#### **Time Limit on Certain Defenses**

Any misstatement by *you* in the application for this *policy* may be used to void this *policy* or to deny a claim. This action may be taken in the first two years, with no lapse, of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement.

#### **Misstatement of Age**

If a *covered person's* age has been misstated, benefits will be paid based on the amount of premium paid for the true and correct age. If *we* would not have provided coverage for a *covered person* at the time of application based on his or her correct age, *we* will refund the excess of any premiums paid for that person less any benefits previously paid for that person.

#### **Legal Actions**

No action at law or equity shall be brought to recover on this *policy* prior to the expiration of 60 days after written *proof of loss* has been furnished in accordance with the requirements of this *policy*. No such action shall be brought after the expiration of 3 years after the time written *proof of loss* is required to be furnished.

#### **Conformity With State And Federal Statutes**

Any provision of this *policy* that on its *effective date* is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

#### **Change of Beneficiary**

*You* have the right to change the beneficiary by giving *us* notice, in writing, of such change. The consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this *policy* or to any change of beneficiary or beneficiaries, or to any other changes in this *policy*.

#### **Arkansas Department of Insurance**

You may contact the Arkansas Department of Insurance at:

1200 West Third Street  
Little Rock, AR 72201-1904  
(501) 371-2600 or 1-800-282-9134  
(501) 371-2618 Fax  
Consumers 1-800-852-5494  
Seniors 1-800-224-6330

## Section 9

### DEFINITIONS

In this *policy*, italicized words are defined. Words not defined will be given their ordinary meaning.

Whenever used in this *policy*, the following words are defined as follows:

#### **[Age 65**

The first premium due date for a *covered person* that follows the *covered person's* 65<sup>th</sup> birthday.]

#### **[Board-certified medical doctor**

A licensed *physician* who has the required education and experience and meets the testing requirements for the *doctor's* medical specialty, as established by the American Board of Medical Specialties, and has been certified as a specialist for the [*covered person's* type of *critical illness*]. With regard to any *diagnosis* under this *policy*, a *board-certified medical doctor* may not be *you*, *your insured dependent*, or a *family member*.]

#### **Covered person**

*You* and *your lawful spouse*, if any, for whom application has been made and approved by us for coverage under this *policy*.

#### **Critical illness**

One of the medical conditions defined below:

1. [**Carcinoma in Situ** means a *diagnosis* of cancer wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. *Carcinoma in Situ* includes:
  - a. Early prostate cancer diagnosed as T1N0M0 or equivalent staging; or
  - b. Melanoma not invading the dermis.

*Carcinoma in Situ* does not include:

- a. Other skin malignancies; or
- b. Pre-malignant lesions (such as intraepithelial neoplasia); or
- c. Benign tumors or polyps.

The *diagnosis* of *carcinoma in situ* must be made by a *board-certified medical doctor*.

2. [**Coma** means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in neurological deficit. *Diagnosis* must be made by a *board-certified medical doctor*.

*Coma* due to alcohol or drug misuse or medically induced as part of a treatment plan is not covered.]

3. [**Coronary Artery Bypass Graft** means undergoing coronary artery revascularization surgery performed to correct narrowing or blockage of either the left main coronary artery or of two or more other coronary arteries with bypass grafts.]
4. [**Heart Attack (myocardial infarction)** means the occurrence of the death of a portion of heart muscle due to inadequate blood supply, as diagnosed by a *board-certified medical doctor* and as evidenced by:
  - a. New electrocardiographic changes consistent with an acute myocardial infarction;
  - b. A diagnostic elevation of troponin, and
  - c. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress electrocardiograms.]

5. [**Life-Threatening Cancer** means any malignant tumor in a solid organ or system characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue and which, without treatment, would be expected to become progressively more invasive and metastatic. The term *life-threatening cancer* includes leukemia, lymphoma, Hodgkin's disease and other malignant bone marrow disorders. A *pathological diagnosis of life-threatening cancer* is required.

*Life-threatening cancer* does not include any of the following:

- a. All tumors histologically described as pre-malignant, as non-invasive or as cancer *in situ*. This includes, but is not limited to, breast *carcinoma in situ*, intraepithelial neoplasia, and dysplasia.
  - b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0 or equivalent.
  - c. Any skin cancer, other than melanoma invasive to Clark Level III or higher, or having a measured thickness of greater than 1.00 mm (millimeters).
  - d. Papillary or mixed papillary-follicular thyroid carcinoma diagnosed under age 45.]
6. [**Loss of Hearing (deafness)** means the total and irrevocable loss in both ears of the ability to hear, whether aided or unaided, as a result of a physical illness or *injury*, as measured by an audiogram and diagnosed by a *board-certified medical doctor*.]
7. [**Loss of Speech** means the total and irreversible loss of the ability to speak due to a physical illness or *injury* confirmed by a *board-certified medical doctor*.]
8. [**Loss of Vision (blindness)** means the total and irreversible loss of the sight of both eyes as a result of a physical illness or *injury*, confirmed by a *board-certified medical doctor*.]

The following criteria shall define *loss of vision (blindness)*:

- a. Central visual acuity less than [20/200] in both eyes after correction; or
  - b. A field of vision reduced to [200] degrees or less of arc in both eyes; or
  - c. A combination of visual defects resulting in the same degree of visual impairment as that occurring in a. or b.]
9. [**Major Transplant** means undergoing surgery for a *listed transplant* in accordance with generally accepted medical practices.

*Listed transplant* means one of the following procedures and no others:

- a. Kidney transplant.
- b. Liver transplant.
- c. Heart transplant.
- d. Lung transplant.
- e. Pancreas transplant
- f. Bone marrow transplant.
- g. Stem cell transplant.
- h. Small intestine transplant.

The transplantation of all other organs or any other tissue transplant is excluded from this definition. The transplant must be considered *medically necessary* by a *board-certified medical doctor*.]

10. [**Paralysis** means *quadriplegia*, *paraplegia* or *hemiplegia* that lasts for a continuous period of 180 days or more from the *date of diagnosis* as confirmed by a *board-certified medical doctor*. *Quadriplegia* means the complete and irreversible paralysis of both upper and lower *limbs*. *Paraplegia* means the complete and irreversible paralysis of both lower *limbs*. *Hemiplegia* means the complete and irreversible paralysis of the upper and lower *limbs* of the same side of the body. *Limb* means an entire arm or entire leg. ]
11. [**Renal (kidney) Failure** means end-stage renal disease, which is the chronic irreversible failure of both kidneys requiring treatment with dialysis or kidney transplantation. The *diagnosis* of renal failure/end stage renal disease must be made by a *board-certified medical doctor*.]
12. [**Stroke** means a cerebrovascular accident producing a sudden-onset and permanent neurological deficit, resulting in a Modified Rankin Scale of 2 or greater 30 days after the onset of symptoms. A cerebrovascular accident includes infarction of brain tissue, intracranial and/or subarachnoid hemorrhage, or embolization from an extracranial source. There must be unequivocal evidence, by computerized tomography, magnetic resonance imaging or other advanced imaging technique that a *stroke* has occurred. The degree of impairment must be determined by a *board-certified medical doctor*.

A *stroke* does not include transient ischemic attack, reversible ischemic neurological deficit, vascular disease affecting the eye or optic nerve, cerebral symptoms due to migraine or cerebral *injury* resulting from trauma or hypoxia.]

**Critical illness maximum lifetime benefit amount**

Maximum amount that may be payable under this *policy* for all *critical illnesses*. The *critical illness maximum lifetime benefit amount* is [shown on the Data Page].

**Date of diagnosis**

First date a *diagnosis* is established by a *physician*, who is also a *board-certified medical doctor* where required by this *policy*, through the use of clinical and/or laboratory findings as supported by *your* or *your spouse's* medical records.

**Diagnosis**

Definitive establishment of a *critical illness* through the use of clinical and/or laboratory findings. The *diagnosis* must be made by a *physician* who is also a *board-certified medical doctor* where required under this *policy*.

**Effective date**

The applicable date a *covered person* becomes insured for *critical illnesses* under this *policy*. The applicable *effective date* is shown: (A) on the [face page or Data Page the *policy*] for initial *covered persons*; and (B) on the rider/Data Page adding a new *covered person* to the *policy*.

**Immediate family**

Includes parents, *spouse*, children, or siblings of any *covered person*, or any person residing with a *covered person*.

**Injury**

Bodily harm or damage to a *covered person* that is the direct result of an covered accident which results in a covered *loss* independent of *sickness*, disease, or bodily infirmity. The *injury* must occur while coverage under this *policy* is in force as to the *covered person* who sustains the *loss*.

**Loss**

An event for which benefits are payable under this *policy*. A *loss* must occur while the *covered person* is insured under this *policy*.

**Mental Disorder**

A mental or emotional disease or disorder that is:

- a. A disease of the brain with predominant behavioral symptoms;

- b. A disease of the mind or personality, evidenced by abnormal behavior; or
- c. A disorder of conduct evidenced by socially deviant behavior.

*Mental disorder* includes psychiatric illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Pathological diagnosis**

*Diagnosis of life threatening cancer* based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. A *pathological diagnosis* must be determined by a *physician* who is also a board-certified pathologist and whose *diagnosis* of malignancy conforms with the standards set by the American College of Pathology.

**Physician**

A duly licensed practitioner of the medical arts, limited to a physician holding an M.D. or D.O. degree, optometrist, dentist, podiatrist, chiropractor, or clinical psychologist. With regard to medical services provided to a *covered person*, a *physician* must be currently licensed by the state in which the services are provided, and the services must be provided within the scope of that license. With regard to consulting services provided to *us*, a *physician* must be currently licensed by the state in which the consulting services are provided.

A *physician* does not include an *immediate family* member of the *covered person*.

**Policy**

This *policy* issued and delivered to *you*. It includes the attached pages, the applications, and any amendments.

**Primary Insured**

The *covered person* identified as such on the Data Page.

**Proof of loss**

Information required by *us* to decide if a claim is payable and the amount that is payable. It includes, but is not limited to, claim forms, and medical bills or records.

**Residence**

The physical location where *you* live. If *you* live in more than one location, and *you* file a United States income tax return, the physical address (not a P.O. Box) shown on *your* United States income tax return as *your* residence will be deemed to be *your* place of residence. If *you* do not file a United States income tax return, the residence where *you* spend the greatest amount of time will be deemed to be *your* place of residence.

**Sickness**

A disease, illness or other non-*injury* related condition of a *covered person* including conditions resulting from bug bites, stings or infestations by microorganisms.

**Spouse**

*Covered person* named as *your spouse* in the application or any amendment.

**We, us, our, or the company**

Golden Rule Insurance Company.

**You, your, or yours**

Insured *covered person* named [on the face page or Data Page] in the *policy*.

# Golden Rule Insurance Company

Golden Rule Insurance Company  
[7440 Woodland Drive  
Indianapolis, IN 46278-1719]

In this outline, "you" or "your" will refer to the person for whom this outline has been prepared, and "we," "our," or "us" will refer to Golden Rule Insurance Company.

## **[Critical Illness Coverage]** **Outline of Coverage for Policy Form [GRI-CI1-03]** **(Please retain this outline for your records)**

**Read Your Policy Carefully** -- This outline sets forth a brief description of the important aspects of your policy. This is not the insurance contract. Only the actual policy will control. The policy sets forth in detail your and our rights and obligations. For this reason, It is important that you **READ YOUR POLICY CAREFULLY!**

**[Critical Illness Coverage** – Plans of this type are designed to pay a percentage of the critical illness maximum lifetime benefit amount for a critical illness diagnosis. Coverage is subject to a maximum lifetime benefit amount.]

### **Critical Illness Benefits**

We will pay the critical illness benefits as shown on the Policy Data Page if:

1. You are diagnosed with a critical illness after the waiting period and while the policy was in force;
2. The diagnosis is made in the United States; and
3. Benefits for a critical illness not otherwise excluded under the policy.

If you meet the required criteria above, we will pay the specified percentage of the critical illness maximum lifetime benefit amount on the Policy Data Page.

The portion of the critical illness maximum lifetime benefit amount payable depends on the type of critical illness as specified on the Policy Data Page.

If you receive benefits payable for a critical illness of less than 100% of the critical illness maximum lifetime benefit amount and later receive a diagnosis for a different critical illness we will pay the specified percentage of the critical illness maximum lifetime benefit amount as shown on the Policy Data Page for the critical illness, less prior amounts paid or payable under the policy.

Total benefits payable under the policy for a covered person will not exceed the critical illness maximum lifetime benefit amount.

### **What Is Not Covered**

#### **GENERAL EXCLUSIONS/LIMITATIONS**

We will not pay benefits if the critical illness occurred:

1. Prior to the effective date of the policy;
2. After the termination date of the policy; or
3. Due to a pre-existing condition during the initial 12 consecutive months after the effective date of the policy, including any waiting period for coverage eligibility.

We will not pay benefits for diagnosis of a critical illness resulting from, is caused or contributed to by any of the following:

1. An illness or injury which occurred or first manifested itself prior to the effective date of the policy;

2. As a result of your intoxication, as defined by applicable state law in the state in which the illness or injury first manifests or occurs, or use of a drug that is ingested, absorbed, injected or inhaled unless taken as administered or prescribed by a doctor;
3. Participation in hazardous activities, including but not limited to: flight in any aircraft except as a fare-paying passenger; mountaineering; sky diving; hang gliding; scuba diving; motorized racing; bungee jumping; or any extreme sports;
4. Attempted suicide or intentionally self-inflicted bodily harm (whether you are sane or insane);
5. Service in the armed forces of any country, including non-military units supporting such forces;
6. Taking part in a riot or insurrection;
7. Any act of declared or undeclared war;
8. Committing or attempting to commit a civil or criminal felony;
9. Engaging in an illegal occupation.
10. Voluntarily taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage;
11. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders;
12. Any injury or illness sustained while the covered person is incarcerated in a state or federal prison or other detention facility.

No benefits will be paid for any services performed by a health-care provider or by a member of a covered person's immediate family.

### **Term of Coverage and Renewability**

The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium. However, we may cancel the policy if there is fraud or material misrepresentation made by or with your knowledge in filing a claim.

### **Reduction Schedule**

When a *covered person* reaches age 65, the *critical illness maximum lifetime benefit amount* then in force for that *covered person* will automatically be reduced by 50%.

**REQUEST TO MODIFY**

**Policy/Certificate No.:** \_\_\_\_\_

**Primary Insured:** \_\_\_\_\_

The following requested modification will amend the [Primary Insured’s Golden Rule Insurance Company Critical Illness/ Supplemental Accident Disability Income Insurance Policy (the “Policy”)] identified above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Date of Change:** \_\_\_\_\_

I, the Primary Insured, understand and agree that this requested modification will not be in effect unless and until it is approved by Golden Rule Insurance Company. The effective date, if approved, will be determined by Golden Rule Insurance Company and may be later than the requested date of change. All other terms of the Application for Insurance previously completed and submitted for the Policy will remain in effect. The Policy will be modified only to the extent expressly stated in this Request to Modify.

Dated at: \_\_\_\_\_ By: X \_\_\_\_\_  
*City and State* *Signature*

Dated on: \_\_\_\_\_

**My signature below acknowledges that the modified Policy may be subject to a policy fee/or monthly service fee (if applicable).**

Date: \_\_\_\_\_ By: X \_\_\_\_\_  
*Signature*

If you have questions call [800-232-5432]. You may fax this form to [920-662-3761], or you may mail it to:  
Golden Rule Insurance Company  
[P.O. Box 19032  
Green Bay, WI 54307-9032]

**Please attach a copy of the quote you received for the modification(s) you are requesting.**

[Broker Use Only (if required)]

By: \_\_\_\_\_ License No.: \_\_\_\_\_  
*Signature* *(Florida only)*



**COVERAGE INFORMATION — Must complete this for all new applications.**

[4.] Requested Effective Date: \_\_\_/\_\_\_/\_\_\_

**AVAILABLE PRODUCTS**

[5.] **Please select only one plan.** [You may select more than one optional benefit for that plan.]

**PLAN SELECTION**

- Plan A
- Plan B
- Plan C
- Plan D
- Plan E
- Plan F]

**[OPTIONAL BENEFITS**

- Benefit 1
- Benefit 2
- Benefit 3
- Benefit 4
- Benefit 5]

**BILLING (or attach a health quote printout)**

[6.] **Initial Payment With Application:**  Check  EFT  Credit Card  
**Ongoing Payments:**  Monthly (EFT)  List Bill (include forms)  Quarterly Direct Bill  
 Semi-annual Direct Bill  Annual Direct Bill]

Base Premium Amount	\$	_____	
[Benefit 1	+	_____	Optional]
[Benefit 2	+	_____	Optional]
[Benefit 3	+	_____	Optional]
[Benefit 4	+	_____	Optional]
[Benefit 5	+	_____	Optional]

**Total Annual Payment** = \$ \_\_\_\_\_  
 [+ \_\_\_\_\_]

**Initial Payment** = \$ \_\_\_\_\_ Make check payable to [\_\_\_\_\_]

**[If Semi-annual, Total Annual Payment x .52** = \$ \_\_\_\_\_  
 [+ \_\_\_\_\_]

**Initial Payment** = \$ \_\_\_\_\_ Make check payable to [\_\_\_\_\_]

**[If Quarterly, Total Annual Payment x .27** = \$ \_\_\_\_\_  
 [+ \_\_\_\_\_]

**Initial Payment** = \$ \_\_\_\_\_ Make check payable to [\_\_\_\_\_]

**[If Monthly, Total Annual Payment x .08333** = \$ \_\_\_\_\_  
 [+ \_\_\_\_\_]

**Initial Payment** = \$ \_\_\_\_\_ Make check payable to [\_\_\_\_\_]

**IMPORTANT: Premium will be verified and may be adjusted up or down during the underwriting process.**

**UNDERWRITING QUESTIONS: Must be completed for all new applications and reinstatements. For adding a [spouse/domestic partner], complete this only for the [spouse/domestic partner].**

	Primary (You)	[Spouse / Domestic Partner]
[7.] a. Do you or your [spouse/domestic partner] have or are currently applying for other critical illness or lump sum benefit coverage for cancer or other specified conditions? ..... If your answer to 7a. is yes, please complete question 7b. Otherwise, skip to question 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you intend for this GRIC policy to replace existing coverage? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____ Primary Amount; Name of Company _____		
\$ _____ [Spouse/Domestic Partner] Amount; Name of Company _____		
[8.] Have you or your [spouse/domestic partner] been previously declined for critical illness or lump sum benefit insurance for cancer or other specified conditions? Provide date and reason for decline: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[9.] Has any applicant smoked cigarettes or used tobacco in any form (including smokeless tobacco) or nicotine substitute within the past 12 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[10.] <b>During the past 24 months, have you or your [spouse/domestic partner]:</b>		
a. Consulted a health care provider for any condition or symptom(s) for which a diagnosis has not been established? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been advised to undergo any treatment, hospitalization, or surgery which has not yet been completed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[11.] <b>In the last 10 years, have you or your [spouse/domestic partner] been diagnosed with or received medical care from a member of the medical profession for any of the following:</b>		
a. Heart attack, Cardiomyopathy, bypass/stents/angioplasty, atrial fibrillation, implant of pacemaker/defibrillator, heart surgery (including valve replacement or correction), congestive heart failure? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Stroke/transient ischemic attack? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Chronic Obstructive Pulmonary Disease (COPD) or chronic lung disease, Emphysema, Sarcoidosis, pulmonary fibrosis? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Diabetes (except gestational diabetes) organ transplant (or awaiting an organ transplant), kidney disease or disorder (not including stones), liver disease or disorder (excluding Hepatitis A, Hepatitis B or C? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Acquired AIDS, ARC, HIV infection or any AIDS related condition? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Any cancer (other than a single occurrence of skin cancer), Carcinoma in Situ, Leukemia, Hodgkin's or Non-Hodgkin's Lymphoma, Alzheimer's or senile dementia? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Paralysis, Multiple Sclerosis, Muscular Dystrophy, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Glaucoma or macular degeneration? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Cochlear implants or Meniere's Disease? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[12.] <b>During the past 24 months, have you or your [spouse/domestic partner] been diagnosed with, received medical care from a member of the medical profession for, or experienced symptoms of any of the following:</b>		
a. Unexplained weight loss, unexplained fatigue, unexplained dizziness? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Recurrent breast tumors, or unexplained tumors/growths, abnormal pap smear without normal follow-up pap smear? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Disorder of the heart or circulatory system, vascular insufficiency (circulatory problems), pulmonary hypertension, chest pains, irregular heart beat, Tachycardia? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Recurrent Human Papillomavirus (HPV)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Systemic Lupus Erythematosus (SLE), Cystic Fibrosis? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Alcohol abuse, drug abuse? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Any disease or disorder which has led or may lead to a permanent or progressive loss of vision, hearing, or speech? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If the primary applicant answers "yes" to any underwriting questions [(#7-12)] above, a policy will not be issued. If the [spouse/domestic partner] answers "yes" to any underwriting questions [(#7-12)] above, the [spouse/domestic partner] will not be covered under the policy.**

**SPECIAL INSTRUCTIONS**

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

**STATEMENT OF UNDERSTANDING — Review the completed application and read the section below carefully before signing.**

I personally completed this application. I represent that the answers and statements on it are true, complete, and correctly recorded. **I understand and agree that:**

- (1) This application and the initial payment do not give me immediate coverage.
- [(2) There will be no benefits for any loss incurred in the first 12 months of coverage due to a preexisting condition.]
- (3) **Incorrect or incomplete information on this application may result in voidance of coverage and/or claim denial.**
- (4) This completed application, and any supplements or amendments, will be a part of any policy/certificate, if issued.
- (5) The broker may only submit the application and initial payment, and may not promise me coverage, modify [Company Name]’s underwriting policy or terms of coverage, or change or waive any right or requirement.
- (6) The broker may receive copies of any correspondence about my medical history when correspondence is required.

- (7) I must notify [Company Name] of any medical conditions or treatment arising between the date of this application and the effective date of my coverage.
- (8) I represent that I have made such investigations as are necessary to assure the truth and accuracy of all statements made in this application regarding all applicants.
- [(9) If [Company Name] rejects this application, under no circumstances will any benefits be payable. Receipt of money, cashing of my check, or charging my credit card by [Company Name] does not constitute approval of my application or create [Company Name] coverage.]
- (10) [Company Name] may request additional information, and this may delay the processing of this application. If the health care provider charges a fee for these services, [Company Name] will determine its payment, and I will be responsible for any difference.
- (11) [Company Name] has the right to rely upon the answers and statements in this application, without requesting medical records from any provider.

[I have received a Notice of Information Practices, an Outline of Coverage and a Conditional Receipt or Conditions Prior to Coverage. Additionally, I am not covered by any Title XIX Program (Medicaid or similar.)]

X \_\_\_\_\_ / /  
Primary Applicant (You) Date

X \_\_\_\_\_ / /  
[Spouse/Domestic Partner] (If to be covered) Date

# Rider-Amendment to Policy

Golden Rule Insurance Company, Indianapolis, Indiana

To be attached to and form a part of Policy Number [XXX-XXX-XXX]

Issued to [Policyholder Name]

By the attachment of this rider it is understood and agreed that the insurance under this policy is amended as follows:

[ ]

\*\*\*\*\*

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions or limitations of this Policy, other than as herein provided. [This Rider-Amendment to Policy is not applicable to any life insurance.]

This Rider is effective as of [DATE].

Countersigned by [signature]  
Authorized Representative

[signature]  
President

**Rider-Amendment to Policy**

**Golden Rule Insurance Company, Indianapolis, Indiana**

To be attached to and form a part of Policy Number [XXX-XXX-XXX]

Issued to [Insured Name]

By the attachment of this rider it is understood and agreed that the insurance under this policy is amended as follows:

[ ]

\*\*\*\*\*

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions or limitations of this Policy, other than as herein provided. [This Rider-Amendment to Policy is not applicable to any life insurance.]

This Rider is effective as of [DATE].

Accepted \_\_\_\_\_  
Insured

Countersigned by [signature]  
Authorized Representative

[signature]  
President

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number:  
 Company Tracking Number: GRI-CII-03  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness  
 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-CII-03

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** %  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:** n/a

**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):
Golden Rule Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number:  
 Company Tracking Number: GRI-C11-03  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness  
 Limited Benefit  
 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-C11-03

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/08/2012	Rates	GRI-C11-03	New		Rates.pdf

**Golden Rule Insurance Company  
Critical Illness Premium Rates**

**Annual Premium Rates  
Per \$1,000 of Coverage**

Female

Issue Ages	Non-tobacco	Tobacco
18-29	\$8.30	\$9.40
30-34	\$11.00	\$13.80
35-39	\$14.60	\$18.30
40-44	\$18.50	\$26.50
45-49	\$25.70	\$39.10
50-54	\$34.80	\$55.80
55-59	\$42.10	\$70.70

Male

Issue Ages	Non-tobacco	Tobacco
18-29	\$8.80	\$9.90
30-34	\$11.60	\$14.60
35-39	\$15.40	\$19.40
40-44	\$20.00	\$28.50
45-49	\$29.20	\$44.60
50-54	\$42.40	\$68.10
55-59	\$54.10	\$90.80

Premium rates are computed as follows:

- Note the appropriate issue age, gender and tobacco class
- Select the annual premium rate per \$1,000
- Let the annual premium rate equal the product of the annual rate per \$1,000 times the benefit increment (for example, a \$30,000 benefit = 30 x annual.)
- Let the other modal premium rates be the annual premium rate times the following modal factors:

Semi-Annual - 0.52000  
Quarterly - 0.27000  
Monthly - 0.08333

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number:  
 Company Tracking Number: GRI-C11-03  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness  
 Limited Benefit  
 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-C11-03

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability.pdf	Approved-Closed	05/08/2012
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Please see forms schedule tab <b>Comments:</b>	Approved-Closed	05/08/2012
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachment:</b> Actl Memo.pdf	Approved-Closed	05/08/2012
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Please see forms schedule tab <b>Comments:</b>	Approved-Closed	05/08/2012

READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

READABLE (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);

LEGIBLE (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contact); and

IN LOGICAL ORDER AND FORMAT (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:



May 4, 2012  
Date

---

Julie A. Van Straten  
Vice-President, General Counsel and Secretary

SERFF Tracking Number: AMMS-128334680 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number:  
 Company Tracking Number: GRI-C11-03  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness  
 Limited Benefit  
 Product Name: AR CI  
 Project Name/Number: AR CI/GRI-C11-03

## 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)
05/04/2012	Form	Policy	05/15/2012	GRI-C11-03 042612.pdf (Superseded)

**GOLDEN RULE INSURANCE COMPANY**  
[Address]

**Section 1**

**CRITICAL ILLNESS INSURANCE POLICY**

We will pay benefits for a *loss* as set forth in this *policy*. This *policy* is issued in exchange for and on the basis of statements made on *your* application and payment of the first premium. It takes effect on the applicable *effective date* shown on the Data Page. It will remain in force until the first renewal date and for such further periods for which it is renewed. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

**GUARANTEED RENEWABLE [TO AGE 70] SUBJECT TO LISTED CONDITIONS**

You may keep this *policy* in force [until the next premium due date following the *primary insured's* 70<sup>th</sup> birthday], as long as premiums are paid when they are due. However, we may refuse renewal if there is fraud or a material misrepresentation made by or with the knowledge of a *covered person* in filing a claim for *policy* benefits.

From time to time, we may change the rate table used for this *policy* form. Each premium will be based on the rate table in effect on that premium due date. The age and gender of *covered persons*, tobacco use, type and level of benefits, and place of *residence* on the *policy effective date* are some factors which may be used in determining *your* premium rates. At least 60 days written notice of any plan to take an action or make a change permitted by this clause will be mailed to *you* at *your* last address as shown in *our* records.

**10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY**

If *you* decide *you* do not want this *policy* for any reason, *you* can return it within [10] days after *you* receive it. When it is returned, it will be void as though it was never issued and any premium paid will be refunded.

**IMPORTANT NOTICE:** Please read the copy of *your* application which is attached to and made part of this *policy*. [THIS *POLICY* MAY BE ISSUED ONLY TO INDIVIDUALS WHO ARE INSURED UNDER GOLDEN RULE INSURANCE COMPANY MEDICAL INSURANCE.] This *policy* is issued on the basis that the answers to all questions and ALL information shown on the application are correct and complete. Carefully check the application. Write to *us* within 30 days of the date of receipt of this *policy* if any information shown on the application is not correct or complete. Incorrect information can result in the denial of a claim or termination of this *policy*.

Signed for *the company* as of the effective date:

[Officer Signatures]

This *policy* is a legal contract between *you* and *the company*.

**This is a *critical illness*-only policy. It only provides stated benefits for specified *critical illnesses* or other benefits that may be added. This policy does not provide benefits for any other illness or condition.**

**IMPORTANT: This is a limited policy.**

**READ YOUR POLICY CAREFULLY WITH THE OUTLINE OF COVERAGE.**

## Table of Contents

### Section

[1	Face Page
2	Data Page
3	Benefits
4	Limitations and Exclusions
5	Effective and Termination Dates
6	Premium Provisions
7	Claims Provisions
8	General Provisions
9	Definitions]

**Section 2**

**DATA PAGE  
CRITICAL ILLNESS-ONLY INSURANCE**

**Primary Insured:** [John B. Doe  
[123 Street St.  
Anytown, USA]

**Policy Number:** [XXXXXX]

**[Initial Premium:** [\$XX.XX\*]  
[\*Payable Monthly, Quarterly, Semi-annually, Annually]  
**[Payment Method:** [Direct Bill, EFT, Credit Card]]

**[Spouse:** [Jane B. Doe]]

**Policy Effective Date:** [1/1/09]

**AMOUNT PAYABLE**

**Critical Illness Maximum Lifetime Benefit Amount**

Per covered person.....[\$1,000 - \$100,000]

**WAITING PERIOD – First *diagnosis* must be made after the applicable waiting period to be eligible for benefits**

Critical Illness Waiting Period.....[30 days]

**IMPORTANT: Benefits are paid upon first *diagnosis*, as a one time payment, not paid based on actual expenses incurred.**

<b>Critical Illness.....</b>	<b>Percentage of Critical Illness Maximum Lifetime Benefit Amount</b>
[Carcinoma in Situ.....	[25%]
[Coma.....	[100%]
[Coronary Artery Bypass Graft.....	[25%]
[Heart Attack.....	[100%]
[Life-Threatening Cancer [Diagnosed more than 90 days after <i>Effective Date</i> ].....	[100%]
[Life-Threatening Cancer [Diagnosed after the waiting period within the first 90 days of coverage].....	[10%]
[Loss of Hearing.....	[100%]
[Loss of Speech.....	[100%]
[Loss of Vision.....	[100%]
[Major Transplant.....	[100%]
[Paralysis	
[Quadriplegia].....	[100%]
[Paraplegia].....	[50-100%]
[Hemiplegia].....	[50-100%]
[Renal Failure.....	[100%]
[Stroke.....	[100%]

**Reduction Schedule**

When a covered person reaches age 65, the critical illness maximum lifetime benefit amount then in force for that covered person will automatically be reduced by 50%.

## Section 3

### BENEFITS

**Amount Payable:** We will pay the applicable Percentage of Critical Illness Maximum Lifetime Benefit Amount for Critical Illnesses as specified below, subject to the following:

1. Your or your spouse's date of diagnosis must occur after the critical illness waiting period has been satisfied;
2. The diagnosis must be made within the United States;
3. The diagnosis must be made while you or your spouse is a covered person under this policy;
4. The total benefits payable under this policy for a covered person for all diagnosis of a critical illness will not exceed the critical illness maximum lifetime benefit amount; and
5. Benefits are subject to all other terms, conditions limitations and exclusions under the policy.

#### Critical Illness Diagnosis Requirements

We reserve the right to have any diagnosis of a critical illness reviewed by a physician of our choice. In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, we shall have the right to request an examination of either the covered person or the evidence used in arriving at the diagnosis by an independent, acknowledged expert selected by us in the applicable field of medicine.

#### Critical Illness Maximum Lifetime Benefit Amount

If a covered person's date of diagnosis occurs after the applicable critical illness waiting period indicated below, and while this policy is in force, we will pay you or your beneficiary the specified percentage of the critical illness maximum lifetime benefit amount [as shown in Section 1/on the Data Page].

The portion of the critical illness maximum lifetime benefit amount payable depends on the type of critical illness [as specified in Section 1/on the Data Page].

If you or your spouse receive(s) benefits payable for a critical illness of less than 100% of the critical illness maximum lifetime benefit amount and later receive(s) a diagnosis for a different critical illness, we will pay the specified percentage of the critical illness maximum lifetime benefit amount [as shown in Section 1/Data Page], for the critical illness, less any prior amounts paid or payable under this policy.

Total benefits payable under this policy for a covered person will not exceed the critical illness maximum lifetime benefit amount.

#### Critical Illness Waiting Period

There is a [30-day] waiting period from each covered person's effective date of coverage under this policy before any benefits are available for any critical illness.

#### [Carcinoma in Situ

If you or your spouse's date of diagnosis for carcinoma in situ is after the [30 day] critical illness waiting period, we will pay the indicated percentage of the critical illness maximum lifetime benefit amount [shown in Section 1/Data Page].

Carcinoma in situ must be diagnosed pursuant to a pathological or clinical diagnosis.]

#### [Coma

If you or your spouse's date of diagnosis as being comatose is after the [30 day] critical illness waiting period, we will pay the indicated percentage of the critical illness maximum lifetime benefit amount [shown in Section 1/Data Page].

The diagnosis of coma must indicate that neurological deficit is present.]

#### [Coronary Artery Bypass Graft

If you or your spouse receive(s) a diagnosis for a condition that requires a coronary artery bypass graft, if the date of diagnosis is after the [30 day] critical illness waiting period, and if the covered person receives the coronary

*artery bypass graft* while insured under this *policy*, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

Benefits are limited to one *coronary artery bypass graft* per covered person under this *policy*.

The *diagnosis* of the condition that necessitates the need for a *coronary artery bypass graft* must be made by a *board certified medical doctor* and based on angiographic evidence of the underlying disease.]

**[Heart Attack**

If you or your spouse's date of diagnosis for a heart attack is after the [30 day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of heart attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the *diagnosis*; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.]

**[Life Threatening Cancer**

If your or your spouse's date of diagnosis with life threatening cancer is more than [90] days after your or your spouse's effective date of coverage under this *policy*, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

If your or your spouse's date of diagnosis with life threatening cancer is within the [90]-day period after your or your spouse's effective date of coverage under this *policy*, but after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page] .

*Life threatening cancer* benefits are payable one time per covered person under this *policy*.

*Life threatening cancer* must be positively diagnosed by a *board-certified medical doctor* certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues or preparations from the hemic system. Such *diagnosis* shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical *diagnosis* alone does not meet this standard unless a pathological diagnosis is medically inappropriate.]

**[Loss of Hearing**

If you or your spouse's date of diagnosis for loss of hearing is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of loss of hearing must be made by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of loss of hearing must include audiometric and sound-threshold tests. The auditory threshold cannot be more than 90 decibels. Psychiatric related causes are not covered.]

**[Loss of Speech**

If you or your spouse's date of diagnosis for loss of speech is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of loss of speech must be made by a *board-certified medical doctor* in that field of medicine. The *diagnosis* of loss of speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered.]

**[Loss of Vision (blindness)**

If *you* or *your spouse's date of diagnosis* for *loss of vision (blindness)* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of *loss of vision* must be made by a *board-certified medical doctor* in that field of medicine. Psychiatric related causes are not covered. The *diagnosis* of *loss of vision* must indicate that corrected visual acuity must be worse than [20/200] in both eyes, the field of vision must be less than [200] degrees in both eyes or there is a combination of visual defects resulting in the same degree of visual impairment as otherwise stated in this paragraph.]

**[Major Transplant**

If *you* or *your spouse* receive(s) a *major transplant* after the [30-day] *critical illness* waiting period, the specified percentage of the *critical illness maximum lifetime benefit amount* [as shown in Section 1/on the Data Page] will be paid. The *date of diagnosis* of a condition that necessitates a *major transplant* must also be after the [30-day] *critical illness* waiting period.]

**[Paralysis**

If *you* or *your spouse's date of diagnosis* for *paralysis* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

If *you* or *your spouse* receive(s) a *diagnosis* for more than one type of *paralysis*, only the largest percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page] for *paralysis* will be paid.

The *diagnosis* of *paralysis* must include documented evidence of the physical illness or *injury* that caused the *paralysis*.

**[Renal (kidney) Failure**

If *you* or *your spouse's date of diagnosis* for *renal (kidney) failure* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data page].

The *diagnosis* of end stage renal disease must be based on chronic irreversible failure of the function of both kidneys requiring hemodialysis and necessitating kidney transplant.]

**[Stroke**

If *you* or *your spouse's date of diagnosis* for a *stroke* is after the [30-day] *critical illness* waiting period, we will pay the indicated percentage of the *critical illness maximum lifetime benefit amount* [shown in Section 1/Data Page].

The *diagnosis* of *stroke* must be made by a *board certified medical doctor* and based on documented neurological deficits and confirmatory neuroimaging studies.]

**Benefit Reduction at Age 65**

When a *covered person* reaches *age 65*, the *critical illness maximum lifetime benefit amount* then remaining for that *covered person* will automatically be reduced by 50%.

[NOTE: Receipt of *critical illness* benefits may affect eligibility for Medicaid or other government benefits and entitlements.]

## Section 4

### LIMITATIONS AND EXCLUSIONS

No benefits will be paid under this *policy* for *diagnosis* of a *critical illness* to a *covered person* for, due to or resulting from:

1. A *critical illness* for which a *covered person's date of diagnosis* occurs before satisfaction of a *covered person's critical illness* waiting period.
2. *Diagnosis* of a *critical illness* while this *policy* is not in force.
3. Attempted suicide or intentionally self-inflicted *injury* or illness while sane or insane [if committed during the first [24 months] of coverage under this *policy*].
4. Driving a motorized vehicle or operating any machinery while legally intoxicated from alcohol, or driving a motorized vehicle or operating any machinery while under the influence of drugs unless taken as prescribed by a *physician* and provided there is no warning against driving while under the influence of that drug as recommended by a pharmacist, a *physician* or indicated on the prescription drug label instructions.
5. Voluntarily taking any sedative or drug, or inhalation of any gas, unless taken or inhaled as *your physician* prescribes or administers it.
6. Committing or attempting to commit a civil or criminal felony.
7. Service in the armed forces of any country, including non-military units supporting such forces.
8. Engaging in an illegal occupation.
9. Participating in a riot, rebellion or insurrection. Participating means *you* are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law.
10. Mental and/or physical manifestations of symptoms due to an underlying mental disorder defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
11. *Injury* or illness caused by an act of declared or undeclared war.
12. Any *injury* or illness sustained while the *covered person* is incarcerated in a state or federal prison or other detention facility.
13. Voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
14. Participation in hazardous activities including but not limited to rock climbing or mountaineering, bungee jumping, skydiving, parachuting, hang gliding, scuba diving, extreme sports, or racing any type of vehicle in an organized event.
15. Any services performed by a health-care provider or by a member of a *covered person's immediate family*.

#### **Pre-Existing Condition Limitation**

Benefits are not payable for *diagnosis* of a *critical illness* in connection with a *pre-existing condition* during the initial 12 consecutive months after the *covered person* has been enrolled for coverage, including any waiting period for coverage eligibility. *Diagnosis* of a *critical illness* resulting from a *pre-existing condition* commencing thereafter will be covered unless otherwise excluded by the *policy*.

A *pre-existing condition* means any illness or *injury* for which a *covered person* received any *diagnosis*, medical advice or treatment or had taken any prescription medications during the 24 months immediately preceding the *effective date* of the *covered person's* coverage under the *policy* or manifested symptoms which would cause an ordinarily prudent person to seek *diagnosis* or treatment within the [12] months immediately preceding the *effective date* of this *policy*.

**Beneficiary**

A *covered person* can name any person, other than the *covered person's* employer, as a beneficiary. The *covered person* can change the beneficiary at any time without the consent of the designated beneficiary by notifying *us* in writing on a form furnished by *us*. The new designation will be effective when the notice is received by *us*. If we pay the proceeds before we receive the *covered person's* change request, we are released from further liability to the extent of *our* payment. A new designation of beneficiary terminates the interests of the previous beneficiary.

You are the beneficiary for *your spouse* until *your spouse* designates a new beneficiary by notifying *us* in writing on a form furnished by *us*.

If more than one beneficiary is designated, but their respective interests are not specified, the beneficiaries will share the proceeds equally. The interest of a beneficiary who dies before the *covered person* will terminate and be shared equally by the named beneficiaries surviving the *covered person*, unless otherwise provided in the beneficiary designation. If the beneficiary dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by *us* as if the *covered person* survived the beneficiary. If there is not a designated beneficiary surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at *our* option, payment may be made to one or more of the following surviving relatives of the *covered person*:

- A. *Spouse*;
- B. Children, including legally adopted children;
- C. Parents; or
- D. Brothers and sisters.

## Section 5

### EFFECTIVE AND TERMINATION DATES

#### Effective Dates for Covered Persons

The *effective date* for all initial *covered persons* begins at 12:01 am standard time at *your* last address shown in our records on the *policy effective date* [shown in Section 2 of this *policy*].

#### Eligibility

*Your spouse* becomes eligible for insurance under this *policy* on the later of:

1. the date *you* become insured under this *policy*; or
2. [the first day of the month after] the date of becoming *your spouse*.

#### Adding Spouse Coverage

If: (A) *you* apply in writing for insurance under the *policy* on *your spouse*; (B) *you* pay the required premiums; (C) *you* furnish *proof of good health*, at no cost to *us*; and (D) *we* agree to insure *your spouse*, then the *effective date* will be shown in the written notice to *you* that *your spouse* is insured as a *covered person*.

#### Termination

A. All coverage under this *policy* will automatically stop on the earliest of the date:

1. We receive your written request to terminate coverage under this *policy*; or
2. The full *critical illness maximum lifetime benefit amount* for both *you* and *your spouse* is paid.

B. A *covered person's* coverage under this *policy* will automatically stop on the earliest of the date:

1. Of the *covered person's* death;
2. When the full *critical illness maximum lifetime benefit amount* is paid for that *covered person*; or
3. At the end of the grace period for which premium was due and remains unpaid.

If *we* accept premium for a *covered person* after the full *critical illness maximum lifetime benefit amount* for that *covered person* has been paid, such premium will be refunded.

The termination date for the above events stated in B. 1 and 2 above is the first of the month following the termination event.

Insurance will terminate at 12:01 a.m. standard time at *your* address on the termination date of coverage. Termination shall be without prejudice to any *loss* incurred while this *policy* was in force.

In the event of termination, *we* will return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the *effective date* of termination.

A *spouse* will cease to be a *covered person* at the end of the month which he or she ceases to be *your spouse* due to divorce.

*We* must receive notification within 31 days of the date an insured ceases to be a *covered person*. If notice is received by *us* more than 31 days from this date, any unearned premium will be credited only from the first day of the *policy* month in which *we* receive the notice.

#### Continuation for Spouse in the Event of Divorce or Death

If any *covered person* dies while this *policy* is in force, this *policy* will remain in force for the remaining *covered persons* as long as premiums continue to be paid.

If the *primary insured* dies, the *policy* may be continued by the *spouse*, if a *covered person*, as the new *primary insured*.

In the event of proof of legal divorce, we may issue a new *policy* providing the same benefits as this *policy*, to your *spouse*, if a *covered person*.

### **Reinstatement**

If your *policy* lapses due to non-payment of premium, it may be reinstated provided:

1. we receive from you a written application for reinstatement within 45 days after the date coverage lapsed;
2. the written application for reinstatement is accompanied by the required premium payment; and
3. we would agree to insure you if you were applying initially for this *policy*.

If we would not agree to insure you if you were applying initially for this *policy*, we will not reinstate coverage.

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated *policy* will pay the applicable percentage of the *critical illness maximum lifetime benefit amount* specified on the *policy* Data Page, subject to the terms, conditions, limitations and exclusions of the *policy*. However, the reinstated *policy* will not cover *critical illnesses* if the date of *diagnosis* (or receipt of major transplant services) occurs between the date this *policy* lapsed and the date it was reinstated.

Changes may be made in your *policy* in connection with the reinstatement. These changes will be sent to you for you to attach to your *policy*. In all other respects, you and we will have the same rights as before your *policy* lapsed.

## Section 6

### PREMIUM PROVISIONS

Each premium is to be paid to *us* on or before its due date. A due date is the last day of the period for which the preceding premium was paid.

#### **Change of Premium**

From time to time, *we* may change the rate table used for this *policy* form. Each premium will be based on the rate table in effect on that premium due date. The age of the *covered persons*, type and level of benefits, and place of *residence* on the *policy effective date* are some of the factors that could be used in determining *your* premium rates. At least 60 days notice of any plan to take any action or make a change permitted by this clause will be mailed to *you* at *your* last address as shown in *our* records.

#### **Grace Period**

*You* have until the 31st day following each premium due date to pay all premiums due. *We* may pay benefits for *diagnosis* of a *critical illness* during the 31 day grace period. Any such benefit payment is made in reliance on the receipt of the full premium due from *you* by the end of the grace period.

However, if *we* pay benefits for a *critical illness* during the grace period, and the full premium is not paid by the end of the grace period, *we* will require repayment of all benefits paid from *you* or any other person or organization that received payment on those claims. If repayment is due from another person or organization, *you* agree to assist and cooperate with *us* in obtaining repayment. *You* are responsible for repaying *us* if *we* are unsuccessful in recovering *our* benefits from these other sources.

#### **[Misstatement of Residence**

*Your* premium will be based on place of *residence* on the *policy effective date*. If *your residence* is misstated on *your* application, or *you* fail to notify *us* of a change of *residence*, *we* will apply the correct premium amount beginning on the first premium due date *you* resided at that place of *residence*. If the change results in lower premium, *we* will refund any excess premium. If the change results in a higher premium, *you* will owe *us* the additional premium.]

#### **[Billing/Administrative Fees**

Upon prior written notice, *we* may impose an administrative fee. *We* will charge a [\$25] fee for any check or automatic payment deduction that is returned unpaid.]

## Section 7

### CLAIMS PROVISIONS

#### Notice of Claim

Written notice of claim must be given to *us* within 30 days after the *diagnosis* of a *critical illness* or as soon as reasonably possible. Notice given to *us* at the address shown on this *policy* or to *our* authorized agent, with information sufficient to identify *you* and the claimant, shall be deemed notice to *us*.

#### Claim Forms

Upon receipt of a notice of claim, *we* will furnish such forms as are usually furnished for filing *proofs of loss*. If such forms are not furnished within 15 days after *our* receipt of notice of claim, the claimant shall be deemed to have complied with the requirements of this *policy* as to *proof of loss* upon submitting, within the time fixed in this *policy* for filing *proofs of loss*, written proof covering the occurrence, the character and the extent of the *loss* for which claim is made.

#### Proof of Loss

An insured person who is diagnosed with a *critical illness* and wishes to file a claim under this *policy*, must request payment under this *policy* and submit *proof of loss* to *us*.

The *critical illness proof of loss* must be submitted to *us* in writing within 90 days from the *date of diagnosis*. No claim will be reduced or denied by *us* if it was not reasonably possible for *you* to submit the *proof of loss* within 90 days.

*Critical illness proof of loss* submitted more than [one year late] will not be accepted unless *you* or your *spouse* had no legal capacity during that year.

#### Time of Payment of Claims

Benefits payable under this *policy* will be paid upon receipt of due written *proof of loss*.

#### Payment of Claims

All benefits are payable to *you*, or upon *your* death, to the beneficiary designated by *you*. If no beneficiary is designated, benefits are payable to *your* estate. If benefits are payable to *your* estate, *we* may at *our* discretion pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage of *yours* or a beneficiary who is deemed by *us* to be equitably entitled thereto. Any payment made by *us* in good faith pursuant to this provision shall fully discharge *us* to the extent of such payment.

#### Physical Examination and Autopsy

*We*, at *our* own expense, shall have the right and opportunity to have the *covered person* examined by a *physician* of *our* choice as often as reasonably necessary during the pendency of a claim, and to have an autopsy performed in the case of death where not forbidden by law.

#### Assignment

Benefits under this *policy* may not be assigned unless endorsed by both *you* and *us*.

## Section 8

### GENERAL PROVISIONS

#### **Entire Contract; Changes**

This *policy*, *your* signed application, and any attached riders or endorsements constitute the entire contract of insurance. No change in this *policy* shall be valid until approved by one of *our* executive officers and unless such approval is endorsed hereon or attached hereto. No agent has the authority to change this *policy* or to waive any of its provisions.

#### **Time Limit on Certain Defenses**

Any misstatement by *you* in the application for this *policy* may be used to void this *policy* or to deny a claim. This action may be taken in the first two years, with no lapse, of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement.

#### **Misstatement of Age**

If a *covered person's* age has been misstated, benefits will be paid based on the amount of premium paid for the true and correct age. If *we* would not have provided coverage for a *covered person* at the time of application based on his or her correct age, *we* will refund the excess of any premiums paid for that person less any benefits previously paid for that person.

#### **Legal Actions**

No action at law or equity shall be brought to recover on this *policy* prior to the expiration of 60 days after written *proof of loss* has been furnished in accordance with the requirements of this *policy*. No such action shall be brought after the expiration of 3 years after the time written *proof of loss* is required to be furnished.

#### **Conformity With State And Federal Statutes**

Any provision of this *policy* that on its *effective date* is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

#### **Change of Beneficiary**

*You* have the right to change the beneficiary by giving *us* notice, in writing, of such change. The consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this *policy* or to any change of beneficiary or beneficiaries, or to any other changes in this *policy*.

#### **Arkansas Department of Insurance**

You may contact the Arkansas Department of Insurance at:

1200 West Third Street  
Little Rock, AR 72201-1904  
(501) 371-2600 or 1-800-282-9134  
(501) 371-2618 Fax  
Consumers 1-800-852-5494  
Seniors 1-800-224-6330

## Section 9

### DEFINITIONS

In this *policy*, italicized words are defined. Words not defined will be given their ordinary meaning.

Whenever used in this *policy*, the following words are defined as follows:

#### **[Age 65**

The first premium due date for a *covered person* that follows the *covered person's* 65<sup>th</sup> birthday.]

#### **[Board-certified medical doctor**

A licensed *physician* who has the required education and experience and meets the testing requirements for the *doctor's* medical specialty, as established by the American Board of Medical Specialties, and has been certified as a specialist for the [*covered person's* type of *critical illness*]. With regard to any *diagnosis* under this *policy*, a *board-certified medical doctor* may not be *you*, *your insured dependent*, or a *family member*.]

#### **Covered person**

*You* and *your lawful spouse*, if any, for whom application has been made and approved by us for coverage under this *policy*.

#### **Critical illness**

One of the medical conditions defined below:

1. [**Carcinoma in Situ** means a *diagnosis* of cancer wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. *Carcinoma in Situ* includes:
  - a. Early prostate cancer diagnosed as T1N0M0 or equivalent staging; or
  - b. Melanoma not invading the dermis.

*Carcinoma in Situ* does not include:

- a. Other skin malignancies; or
- b. Pre-malignant lesions (such as intraepithelial neoplasia); or
- c. Benign tumors or polyps.

The *diagnosis* of *carcinoma in situ* must be made by a *board-certified medical doctor*.

2. [**Coma** means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in neurological deficit. *Diagnosis* must be made by a *board-certified medical doctor*.

*Coma* due to alcohol or drug misuse or medically induced as part of a treatment plan is not covered.]

3. [**Coronary Artery Bypass Graft** means undergoing coronary artery revascularization surgery performed to correct narrowing or blockage of either the left main coronary artery or of two or more other coronary arteries with bypass grafts.]
4. [**Heart Attack (myocardial infarction)** means the occurrence of the death of a portion of heart muscle due to inadequate blood supply, as diagnosed by a *board-certified medical doctor* and as evidenced by:
  - a. New electrocardiographic changes consistent with an acute myocardial infarction;
  - b. A diagnostic elevation of troponin, and
  - c. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress electrocardiograms.]

5. [**Life-Threatening Cancer** means any malignant tumor in a solid organ or system characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue and which, without treatment, would be expected to become progressively more invasive and metastatic. The term *life-threatening cancer* includes leukemia, lymphoma, Hodgkin's disease and other malignant bone marrow disorders. A *pathological diagnosis of life-threatening cancer* is required.

*Life-threatening cancer* does not include any of the following:

- a. All tumors histologically described as pre-malignant, as non-invasive or as cancer *in situ*. This includes, but is not limited to, breast *carcinoma in situ*, intraepithelial neoplasia, and dysplasia.
  - b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0 or equivalent.
  - c. Any skin cancer, other than melanoma invasive to Clark Level III or higher, or having a measured thickness of greater than 1.00 mm (millimeters).
  - d. Papillary or mixed papillary-follicular thyroid carcinoma diagnosed under age 45.]
6. [**Loss of Hearing (deafness)** means the total and irrevocable loss in both ears of the ability to hear, whether aided or unaided, as a result of a physical illness or *injury*, as measured by an audiogram and diagnosed by a *board-certified medical doctor*.]
7. [**Loss of Speech** means the total and irreversible loss of the ability to speak due to a physical illness or *injury* confirmed by a *board-certified medical doctor*.]
8. [**Loss of Vision (blindness)** means the total and irreversible loss of the sight of both eyes as a result of a physical illness or *injury*, confirmed by a *board-certified medical doctor*.]

The following criteria shall define *loss of vision (blindness)*:

- a. Central visual acuity less than [20/200] in both eyes after correction; or
  - b. A field of vision reduced to [200] degrees or less of arc in both eyes; or
  - c. A combination of visual defects resulting in the same degree of visual impairment as that occurring in a. or b.]
9. [**Major Transplant** means undergoing surgery for a *listed transplant* in accordance with generally accepted medical practices.

*Listed transplant* means one of the following procedures and no others:

- a. Kidney transplant.
- b. Liver transplant.
- c. Heart transplant.
- d. Lung transplant.
- e. Pancreas transplant
- f. Bone marrow transplant.
- g. Stem cell transplant.
- h. Small intestine transplant.

The transplantation of all other organs or any other tissue transplant is excluded from this definition. The transplant must be considered *medically necessary* by a *board-certified medical doctor*.]

10. [**Paralysis** means *quadriplegia*, *paraplegia* or *hemiplegia* that lasts for a continuous period of 180 days or more from the *date of diagnosis* as confirmed by a *board-certified medical doctor*. *Quadriplegia* means the complete and irreversible paralysis of both upper and lower *limbs*. *Paraplegia* means the complete and irreversible paralysis of both lower *limbs*. *Hemiplegia* means the complete and irreversible paralysis of the upper and lower *limbs* of the same side of the body. *Limb* means an entire arm or entire leg. ]
11. [**Renal (kidney) Failure** means end-stage renal disease, which is the chronic irreversible failure of both kidneys requiring treatment with dialysis or kidney transplantation. The *diagnosis* of renal failure/end stage renal disease must be made by a *board-certified medical doctor*.]
12. [**Stroke** means a cerebrovascular accident producing a sudden-onset and permanent neurological deficit, resulting in a Modified Rankin Scale of 2 or greater 30 days after the onset of symptoms. A cerebrovascular accident includes infarction of brain tissue, intracranial and/or subarachnoid hemorrhage, or embolization from an extracranial source. There must be unequivocal evidence, by computerized tomography, magnetic resonance imaging or other advanced imaging technique that a *stroke* has occurred. The degree of impairment must be determined by a *board-certified medical doctor*.

A *stroke* does not include transient ischemic attack, reversible ischemic neurological deficit, vascular disease affecting the eye or optic nerve, cerebral symptoms due to migraine or cerebral *injury* resulting from trauma or hypoxia.]

**Critical illness maximum lifetime benefit amount**

Maximum amount that may be payable under this *policy* for all *critical illnesses*. The *critical illness maximum lifetime benefit amount* is [shown on the Data Page].

**Date of diagnosis**

First date a *diagnosis* is established by a *physician*, who is also a *board-certified medical doctor* where required by this *policy*, through the use of clinical and/or laboratory findings as supported by *your* or *your spouse's* medical records.

**Diagnosis**

Definitive establishment of a *critical illness* through the use of clinical and/or laboratory findings. The *diagnosis* must be made by a *physician* who is also a *board-certified medical doctor* where required under this *policy*.

**Effective date**

The applicable date a *covered person* becomes insured for *critical illnesses* under this *policy*. The applicable *effective date* is shown: (A) on the [face page or Data Page the *policy*] for initial *covered persons*; and (B) on the rider/Data Page adding a new *covered person* to the *policy*.

**Immediate family**

Includes parents, *spouse*, children, or siblings of any *covered person*, or any person residing with a *covered person*.

**Injury**

Bodily harm or damage to a *covered person* that is the direct result of an covered accident which results in a covered *loss* independent of *sickness*, disease, or bodily infirmity. The *injury* must occur while coverage under this *policy* is in force as to the *covered person* who sustains the *loss*.

**Loss**

An event for which benefits are payable under this *policy*. A *loss* must occur while the *covered person* is insured under this *policy*.

**Mental Disorder**

A mental or emotional disease or disorder that is:

- a. A disease of the brain with predominant behavioral symptoms;

- b. A disease of the mind or personality, evidenced by abnormal behavior; or
- c. A disorder of conduct evidenced by socially deviant behavior.

*Mental disorder* includes psychiatric illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Pathological diagnosis**

*Diagnosis of life threatening cancer* based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. A *pathological diagnosis* must be determined by a *physician* who is also a board-certified pathologist and whose *diagnosis* of malignancy conforms with the standards set by the American College of Pathology.

**Physician**

A duly licensed practitioner of the medical arts, limited to a physician holding an M.D. or D.O. degree, optometrist, dentist, podiatrist, chiropractor, or clinical psychologist. With regard to medical services provided to a *covered person*, a *physician* must be currently licensed by the state in which the services are provided, and the services must be provided within the scope of that license. With regard to consulting services provided to *us*, a *physician* must be currently licensed by the state in which the consulting services are provided.

A *physician* does not include an *immediate family* member of the *covered person*.

**Policy**

This *policy* issued and delivered to *you*. It includes the attached pages, the applications, and any amendments.

**Primary Insured**

The *covered person* identified as such on the Data Page.

**Proof of loss**

Information required by *us* to decide if a claim is payable and the amount that is payable. It includes, but is not limited to, claim forms, and medical bills or records.

**Residence**

The physical location where *you* live. If *you* live in more than one location, and *you* file a United States income tax return, the physical address (not a P.O. Box) shown on *your* United States income tax return as *your* residence will be deemed to be *your* place of residence. If *you* do not file a United States income tax return, the residence where *you* spend the greatest amount of time will be deemed to be *your* place of residence.

**Sickness**

A disease, illness or other non-*injury* related condition of a *covered person* including conditions resulting from bug bites, stings or infestations by microorganisms.

**Spouse**

*Covered person* named as *your spouse* in the application or any amendment.

**We, us, our, or the company**

Golden Rule Insurance Company.

**You, your, or yours**

Insured *covered person* named [on the face page or Data Page] in the *policy*.